2026 Commercial and Marketplace Formulary Changes—Updated October 1, 2025

The drug products listed in the following table were reviewed by the MVP Health Care® (MVP) Pharmacy and Therapeutics Committee for the Commercial and Marketplace Formularies. If you have recently used one of the impacted medications, we will notify you of these formulary changes at least 90 days before the effective date change.

In certain situations, you may receive a notification at least 30 days before the change goes into effect. An example of this is when a Brand Name drug moves to a higher Tier because its generic version has become available on the market for the first time.

Each Formulary change listed in the table below will go into effect on your Pharmacy "Plan Year" start date. To find your Pharmacy "Plan Year" start date, sign in to Gia® at **my.mvphealthcare.com** and select *My Plan*, then *My Benefits*. There are two exceptions when Formulary changes can take effect on a specified date regardless of your Pharmacy "Plan Year" start date:

1. Safety concerns put out by the Food and Drug Administration (FDA).
2. Moving a Brand Name drug to a higher Tier when its generic version becomes available on the market for the first time.

Ask your health care provider if the alternative drug listed here is appropriate for you. If you have any questions regarding the MVP Commercial or Marketplace Formulary, please call the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

2026 Changes to the Commercial, Self-Funded, and Marketplace Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
Refer to your Pharmacy "Plan Year" start date.	Nitrostat	Moving Tier 2 to Tier 3	Yearly Formulary change	Nitroglycerin SL tablet, Nitroglycerin TD patch, Nitro-DUR	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Celontin capsules	Moving Tier 2 to Tier 3	Yearly Formulary change	Methsuximide	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	K-Phos tab	Moving Tier 2 to Tier 3	Yearly Formulary change		
Refer to your Pharmacy "Plan Year" start date.	Welchol	Moving Tier 2 to Tier 3	Yearly Formulary change	Colesevelam, prevalite, colestipol, cholestyramine	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Sunosi	Moving Tier 2 to Tier 3	Yearly Formulary change	Armodafinil, modafinil	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	One Touch Test strips	Excluded	Yearly Formulary change	Freestyle, Accu-chek	
Refer to your Pharmacy "Plan Year" start date.	Tolmetin TABLETS	Excluded	Yearly Formulary change	celecoxib, diclofenac/DR/ER tablets, naproxen, etodolac, fluriprofen, ibuprofen, indomethacin, meloxicam, sulindac	Tier 1, Tier 2

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Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
Refer to your Pharmacy "Plan Year" start date.	Brand Name Oral Weight Loss Medications: Qsymia, Xenical, Adipex	Excluded	Yearly Formulary change	benzphetamine, diethylpropion, phendimetrazine, phentermine, phentermine hcl-topiramate, orlistat	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Hypnotics/Sleep Medications -Brand Name Hypnotics: Ambien/CR, Lunesta, Belsomra, Dayvigo, Quviviq, Rozerem, Silenor (brand) -Zolpidem SL	Excluded	Yearly Formulary change	zolpidem/ER tablets, ramelteon, eszopiclone, doxepin	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Amcinonide 0.1% cream	Excluded	Yearly Formulary change	Fluocinonide, Mometasone furoate, Betamethasone dipropionate, Desoximetasone, Clobetasol Propionate, Fluticasone propionate, Triamcinolone acetonide	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Brand Name Brilinta	Excluded	Yearly Formulary change	generic Brilinta (ticagrelor)	Tier 1, Tier 2

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Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
Refer to your Pharmacy "Plan Year" start date.	Gilenya	Excluded	Yearly Formulary change	Zeposia, fingolimod (generic Gilenya), Mayzent	Tier 1, Tier 2
Refer to your Pharmacy "Plan Year" start date.	Brand name Revlimid	Excluded	Yearly Formulary change	Lenalidomide (generic Revlimid), Thalomid	Tier 1, Tier 2
January 1, 2026	Nuplazid	Excluded	Yearly Formulary change		
Refer to your Pharmacy "Plan Year" start date.	Brand Entresto TABLETS	Excluded	Yearly Formulary change	Entresto capsules, sacubitril-valsartan tablets (generic Entresto tablets)	Tier 1, Tier 2