



2026 Upcoming Changes to MVP Health Care's Medicare Part D Formulary

Updated: 04/2026

Formulary ID 26114, Version 3

We will notify you of any formulary changes at least 60 days before the date the change becomes effective. If the Food and Drug Administration decides a drug on the Formulary is unsafe or the drug's manufacturer removes the drug from the market, we will notify you as soon as possible and remove the drug from the formulary immediately.

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
04/01/2026	BLISOVI FE TAB 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	CEFTAROLINE INJ 400MG, 600MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
04/01/2026	DILTIAZEM CAP 120MG ER, 180MG ER, 240MG ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	^{PA} GAMMGD ERC INJ 5GM/50ML, 10/100ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
04/01/2026	HAILEY FE TAB 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	^{PA, QL} HYRNUO TAB 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
04/01/2026	JENCYCLA TAB 0.35MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	^{QL} LEVETIRACETA TAB 500MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2026	MAGNESIUM SU INJ 3G/100ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
04/01/2026	QL SHINGRIX INJ 50/0.5ML	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
04/01/2026	SOD POLY SUL SUS 15GM/60	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2026	HALOETTE MIS	Removal of drug from formulary	Drug removed by CMS	--	--
04/01/2026	NISOLDIPINE TAB 20MG ER, 25.5MG, 30MG ER, 40MG ER	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	PA, QL ADALIMU-BWWD INJ 40/0.4ML AUTOINJECTOR, SYRINGE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN II SOL 15%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN INJ 10%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN-PF INJ 10%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	BESIFLOXACIN SUS 0.6%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2026	PA, QL ENSACOVE CAP 100MG, 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL KOMZIFTI CAP 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	POT CHL/NACL INJ 20MEQ/L, 40MEQ/L	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2026	SUBVENITE SUS 10MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
03/01/2026	PA, QL TERIPARATIDE INJ 560/2.24	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL VRAYLAR CAP 0.5MG, 0.75MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL XPOVIO PAK 80MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA XTRENBO SOL 120/1.7	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	NEO-POLYCIN OIN HC 1%OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	NEO-POLYCIN OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	POLYCIN OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	SULFACET SOD OIN 10% OP	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	QL BILDYOS INJ 60MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	BLUJEPa TAB 750MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	PA, QL BRUKINSA TAB 160MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	D5W/NAcl INJ 0.45%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	DEXTROSE INJ 10%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--

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02/01/2026	^{PA} DOPTELET SPR CAP 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	DROXIA CAP 200MG, 300MG, 400MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	^{QL} ELIQUIS TAB 0.5MG, 1.5MG, 2MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	^{QL} ELIQUIS CAP 0.15MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	ETHYNODIOL TAB 1-50	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} EXXUA TAB 18.2MG, 36.3MG, 54.5MG, 72.6MG, TITRATION TAB 18.2MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	^{PA} HERCESSI INJ 150MG, 420MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} INLURIYO TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} KEYTRUDA INJ QLEX	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	KLOR-CON 10 TAB 10MEQ ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} KOSELUGO CAP 5MG, 7.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	LACTATED RIN IN	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	LIOMNY TAB 25MCG, 50MCG, 5MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--

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02/01/2026	LOMUSTINE CAP 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	LOMUSTINE CAP 10MG. 40MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	LUIZZA 1/20 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	LUIZZA TAB 1.5/30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	NORETH/ETHIN TAB FE	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	NORETH/ETHIN TAB FE 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	^{QL} OSPOMYV INJ 60MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} PAZOPANIB TAB 400MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} PERAMPANEL SUS 0.5MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	^{PA, QL} TREMFYA INJ 100MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	TYDEMY TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	VALTYA 1/35 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	^{PA} ZELVYSIA POW 100MG, 500MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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02/01/2026	DIFICID TAB 200MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	OCELLA TAB 3-0.03MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	OGSIVEO TAB 50MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	TOBRAMYCIN INJ 40MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	VIGPODER POW 500MG	Removal of drug from formulary	Drug removed by CMS	--	--

* Ask your doctor if the alternative drug listed here is appropriate for you. If you have any questions regarding the MVP Health Care Medicare Part D Formulary, please call MVP's Medicare Customer Care Center at the phone number listed on the back of your ID card.

QL= Quantity Limit

PA=Prior Authorization

0=\$0 Cost Share

If you are taking a medication that has prior authorization (PA), or quantity limits (QL), you can ask MVP to make an exception to our coverage rules. For more information, refer to the MVP Health Care Medicare Part D Formulary ("How do I request an exception to MVP's Medicare Part D Formulary").