



2022 Upcoming Changes to MVP Health Care's Medicare Part D Formulary

**Updated: 10/2021**

**Formulary ID 22537, Version 1**

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
1/1/2022	<sup>PA</sup> TRIKAFTA PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> ARFORMOTEROL NEB 15/2ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2022	AYVAKIT TAB 25MG, 50MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> DUPIXENT INJ 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	E.E.S. 400 TAB 400MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2022	ETRAVIRINE TAB 100MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	EXSERVAN FILM 50MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> FORMOTEROL NEB 20/2ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> INGREZZA CAP 60MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	LOPINAVIR 100 MG / RITONAVIR 25 MG ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--

<b>Effective Date</b>	<b>Name of Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug*</b>	<b>Alternative Drug Tier</b>
1/1/2022	LOPINAVIR 200 MG / RITONAVIR 50 MG ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> LUMAKRAS TAB 120MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	POTASSIUM CL MICRO TAB 15MEQ ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> REZUROCK TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	<sup>PA</sup> SUNITINIB CAP 12.5MG, 25MG, 37.5MG, 50MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	THEOPHYLLINE TAB 450MG ER	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2022	TIROSINT-SOL SOL 37.5 MCG/ML, 44MCG/ML, 62.5MCG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2022	<sup>QL</sup> XOFLUZA TAB 40MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2022	BROVANA NEB 15MCG	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--
1/1/2022	CLOVIQUE CAP 250MG	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2022	HUMATROPE INJ 5MG	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2022	INTELENCE TAB 100MG, 200MG	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--
1/1/2022	KALETRA TAB 100-25MG, 200-50MG	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--
1/1/2022	TRILYTE SOL	Removal of drug from formulary	Drug removed by CMS	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
1/1/2022	PERFOROMIST NEB 20MCG	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--
1/1/2022	SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--
1/1/2022	XCOPRI PAK 50-200MG	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2022	XOFLUZA TAB 20MG PACK	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2022	XOFLUZA TAB 40MG PACK	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

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").