



2022 Upcoming Changes to MVP Health Care's Medicare Part D Formulary for Employer-based Plans

Updated: 07/2022

Formulary ID 22538, Version 7

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
7/1/2022	VARENICLINE PAK 0.5X1MG (STARTING MONTH BOX)	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
7/1/2022	CYCLOSPORINE EMU 0.05%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
7/1/2022	^{PA} PREHEVBRIO SUS 10MCG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
7/1/2022	ZIMHI SOL	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
7/1/2022	^{PA} TAKHZYRO INJ 300/2ML PREFILLED SYRINGE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2022	^{PA} RINVOQ TAB 45MG ER	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2022	DEFERIPRONE TAB 1000MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2022	^{QL} DEXLANSOPRAZOLE CAP 30MG DR, 60MG DR	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
7/1/2022	LACOSAMIDE TAB 100MG, 150MG, 200MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
7/1/2022	XIIDRA DRO 5%	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
7/1/2022	PREVIFEM TAB	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2022	IVERMECTIN LOT 0.5%	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2022	^{QL} OZEMPIC INJ 2MG/1.5ML (2-PACK)	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2022	ANDROGEL GEL 1.62% PACKET	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2022	QUADRACEL INJ 0.5ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2022	MERZEE CAP 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
6/1/2022	LENALIDOMIDE CAP 5MG, 10MG, 15MG, 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2022	LACOSAMIDE TAB 50MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
6/1/2022	BETAINE ANHY POW	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
6/1/2022	^{QL} LOREEV XR CAP 1.5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
6/1/2022	MAYZENT PAK STARTER	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2022	MAYZENT TAB 1MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2022	TRIUMEQ PD TAB	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2022	^{QL} OZEMPIC INJ 8MG/3ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2022	GAVILYTE-N SOL FLAV PK	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
6/1/2022	KINRIX INJ	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2022	SUPRAX CAP 400MG	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2022	TEKTURNA HCT TAB 150-12.5MG, 150-25MG	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	MARAVIROC TAB 150MG, 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2022	CARGLUMIC TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2022	^{QL} KLOXXADO SPR 8MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
5/1/2022	DESCOVY TAB 120-15MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2022	AMINOSYN-PF INJ 7%	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	CEFUROXIME INJ 7.5GM	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	BLEPHAMIDE SUS OP	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	OXYCODONE ER TAB 15MG, 30MG, 60MG	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	AMLOD/VALSAR/HCTZ TAB 5-160-12.5MG, 5-160-25MG, 10-160-12.5MG, 10-160-25MG, 10-320-25MG	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2022	ANDROGEL GEL 1%(50MG)	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2022	BRIMO/TIMOLO SOL 0.2/0.5%	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
4/1/2022	ACCUTANE CAP 10MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2022	BIKTARVY TAB	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2022	EPRONTIA SOL 25MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2022	SF 5000 PLUS CRE 1.1%	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2022	^{PA} TALZENNA CAP 0.5MG, 0.75MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2022	^{PA} PROCRIT INJ 2000/ML, 3000/ML, 4000/ML, 10000/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2022	^{PA} PROCRIT INJ 20000/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2022	^{PA, QL} PROCRIT INJ 40000/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2022	^{PA} CORTROPHIN GEL 80UNIT	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2022	TRI-PREVIFEM TAB	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2022	HEPATAMINE SOL 8%	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2022	VIRAMUNE SUS 50MG/5ML	Removal of drug from formulary	Drug removed by CMS	NEVIRAPINE SUS 50MG/5ML	3
4/1/2022	K-TAB TAB 8MEQ CR	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2022	KETOPROFEN CAP 75MG	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2022	NYLIA TAB 1/35	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
3/1/2022	MICROGESTIN 24 TAB FE 1/20	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
3/1/2022	^{PA} SCEMBLIX TAB 20MG, 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	^{PA} EVEROLIMUS TAB 1MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	LIVTENCITY TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	^{PA} EXKIVITY CAP 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	^{QL} NALOXONE HCL NASAL SPRAY 4MG/0.1ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
3/1/2022	OXBRYTA TAB 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	BESREMI SOL 500MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2022	XARELTO SUS 1MG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
3/1/2022	ZARAH TAB 3-0.03MG	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2022	VANCOMYCIN INJ 250MG	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2022	MORPHINE SULF CAP 40MG ER	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2022	KETOPROFEN CAP 50MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2022	DIFLUPREDNAT EMU 0.05%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2022	NEBIVOLOL TAB 2.5MG, 5MG, 10MG, 20MG	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
2/1/2022	^{PA} EVEROLIMUS TAB 2MG, 3MG, 5MG, 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{QL} XOFLUZA TAB 80MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2022	^{PA} TRUSELTIQ CAP 50MG, 75MG, 100MG, 125MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	WELIREG TAB 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{PA} DUPIXENT INJ 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{PA} MAVYRET PAK 50-200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{PA} EPCLUSA PAK 150-37.5MG, 200-50MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{QL} LOREEV XR CAP 1MG, 2MG, 3MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2022	LYBALVI TAB 5-10MG, 10-10MG, 15-10MG, 20-10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	^{QL} INVEGA HAFYERA INJ 1092MG, 1560MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	TAVNEOS CAP 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2022	RESTASIS MUL EMU 0.05%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2022	PENTACEL INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2022	PAROXETINE SUS 10MG/5ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2022	^{PA} AZATHIOPRINE TAB 75MG, 100MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
2/1/2022	VARENICLINE TAB 0.5MG, 1MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2022	PROPARACAINE SOL 0.5%	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2022	XPOVIO PAK 40MG, 60MG, 80MG, 100MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2022	BESER 0.05% LOTION	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2022	CYCLAFEM TAB 1/35, 7/7/7	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2022	^{PA} TRIKAFTA PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	^{PA} 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	^{PA} 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	^{PA} FORMOTEROL NEB 20/2ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2022	^{PA} 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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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	^{PA} 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	^{PA} REZUROCK TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2022	^{PA} 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	^{QL} 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	--	--
12/1/2021	PANRETIN GEL 0.1%	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

* 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 limit (QL) requirements 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").

