



2021 Upcoming Changes to MVP Health Care's Medicare Part D Formulary for Employer-based Plans

Updated: 12/2021

Formulary ID 21478, Version 14

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
12/01/2021	NEBIVOLOL HCL TAB 2.5MG, 5MG, 10MG, 20MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
12/01/2021	PANRETIN GEL 0.1%	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/01/2021	^{PA} TRUSELTIQ CAP 50MG, 75MG, 100MG, 125MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/01/2021	VARENICLINE TAB 0.5MG, 0.1MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
12/01/2021	DIFLUPREDNATE OPHTH EMULSION 0.05%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
12/01/2021	WELIREG TAB 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/1/2021	PROPARACAINE HCL OPHTH SOLN 0.5%	Removal of drug from formulary	Drug removed by CMS	--	--
11/1/2021	^{QL} XOFLUZA TAB 40MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
11/1/2021	E.E.S. 400 TAB 400MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
11/1/2021	^{PA} SUNITINIB CAP 12.5MG, 25MG, 37.5MG, 50MG	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
11/1/2021	^{PA} PAREZUROCK TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/1/2021	POTASSIUM CL MICRO TAB 15MEQ ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
11/1/2021	^{PA} DUPIXENT INJ 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/1/2021	^{PA} INGREZZA CAP 60MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/1/2021	TIROSINT-SOL SOL 37.5MCG/ML, 44MCG/ML, 62.5MCG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
11/1/2021	XCOPRI PAK 50-200MG	Removal of drug from formulary	Drug removed by CMS	--	--
11/1/2021	XOFLUZA TAB 20MG, 40MG PACK	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	^{PA} ARFORMOTEROL 0.0075 MG/ML INHALATION SOLUTION	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/1/2021	^{PA} FORMOTEROL FUMARATE 0.01 MG/ML INHALATION SOLUTION	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/1/2021	ETRAVIRINE 100 MG, 200 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2021	EXSERVAN 50 MG FILM	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/1/2021	LOPINAVIR 100 MG / RITONAVIR 25 MG ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/1/2021	LOPINAVIR 200 MG / RITONAVIR 50 MG ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/1/2021	THEOPHYLLINE 450 MG EXTENDED RELEASE 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
10/1/2021	^{PA} LUMAKRAS 120 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2021	^{PA, QL} TRIKAFTA PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2021	^{PA} AYVAKIT 25 MG, 50 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2021	LITHIUM CITRATE 60 MG/ML ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	KINRIX INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	PROCTOSOL CREAM	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	TRILYTE POWDER FOR ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	HEPATAMINE 8 INJECTABLE SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	CLOVIQUE 250 MG ORAL CAPSULE	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	XPOVIO 40 MG ONCE WEEKLY CARTON	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	XPOVIO 40 MG TWICE WEEKLY (80 MG TOTAL WEEKLY DOSE) CARTON	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	XPOVIO 60 MG ONCE WEEKLY CARTON	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	XPOVIO 80 MG ONCE WEEKLY CARTON	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	XPOVIO 100 MG ONCE WEEKLY CARTON	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	ALINIA 500 MG ORAL TABLET	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
10/1/2021	ALINIA ORAL SUSPENSION	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2021	HUMATROPE 5 MG INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	RUFINAMIDE 200 MG ORAL TABLET	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
9/1/2021	RUFINAMIDE 400 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
9/1/2021	BEPOTASTINE BESILATE 15 MG/ML OPHTHALMIC SOLUTION	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
9/1/2021	INFANRIX PREFILLED SYRINGE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
9/1/2021	ETHINYL ESTRADIOL 0.02 MG / FERROUS FUMARATE 75 MG / NORETHINDRONE ACETATE 1 MG PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
9/1/2021	NEXTSTELLIS 28 DAY PACK	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
9/1/2021	^P ASKYRIZI 150 MG AUTO-INJECTOR, PREFILLED SYRINGE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
9/1/2021	MAPROTILINE HCL 25 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	MAPROTILINE HCL 50 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	MAPROTILINE HCL 75 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	INFANRIX INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	HYDROCHLOROTHIAZIDE 15 MG / METHYLDOPA 250 MG ORAL TABLET	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
9/1/2021	HYDROCHLOROTHIAZIDE 25 MG / METHYLDOPA 250 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	HYDROCHLOROTHIAZIDE 25 MG / PROPRANOLOL HYDROCHLORIDE 40 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	HYDROCHLOROTHIAZIDE 25 MG / PROPRANOLOL HYDROCHLORIDE 80 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	APTIVUS ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	GUANIDINE HYDROCHLORIDE 125 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2021	ASPIRIN 325 MG / OXYCODONE HYDROCHLORIDE 4.84 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	TIOPRONIN 100 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	XCOPRI 250 MG MAINTENANCE PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	^P A ^X POVIO 40 MG ONCE WEEKLY CARTON-40 MG TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	^P A ^X POVIO 60 MG ONCE WEEKLY CARTON-60 MG TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	^P A ^X POVIO 80 MG ONCE WEEKLY CARTON-40 MG TABLETS	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	^P A ^X POVIO 100 MG ONCE WEEKLY CARTON-50 MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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	TABLETS				
8/1/2021	PAXPOVIO 40 MG TWICE WEEKLY (80 MG TOTAL WEEKLY DOSE- 40 MG TABLETS) CARTON	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2021	12 HR ALBUTEROL 4 MG EXTENDED RELEASE ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	12 HR ALBUTEROL 8 MG EXTENDED RELEASE ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	MELODETTA 24 FE CHEWABLE 28 DAY	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	CAPTOPRIL 25 MG / HYDROCHLOROTHIAZIDE 15 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	CAPTOPRIL 25 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	CAPTOPRIL 50 MG / HYDROCHLOROTHIAZIDE 15 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2021	CAPTOPRIL 50 MG / HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2021	BRINZOLAMIDE 10 MG/ML OPHTHALMIC SUSPENSION	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
7/1/2021	VESTURA PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
7/1/2021	XTANDI 40 MG, 80 MG ORAL TABLET	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
7/1/2021	DOLISHALE 28 DAY	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
7/1/2021	ZAFEMY TRANSDERMAL SYSTEM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
7/1/2021	^{PA} FOTIVDA 0.89 MG, 0.34 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2021	UNITHROID 0.137 MG ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
7/1/2021	^{PA} HUMIRA PEN 80 MG/0.8 ML - STARTER PACKAGE FOR ULCERATIVE COLITIS	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2021	CALCIPOTRIENE 0.05 MG/ML TOPICAL FOAM	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
7/1/2021	^{QL} TRAMADOL ER 100 MG, 200 MG, 300 MG ORAL CAP	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2021	SOTALOL HYDROCHLORIDE 120 MG ORAL TABLET	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
6/1/2021	^{QL} TRIJARDY EXTENDED RELEASE ORAL TABLET	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2021	XHANCE METERED DOSE NASAL SPRAY	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2021	DESOGESTREL 0.15 MG / ETHINYL ESTRADIOL 0.03 MG / INERT INGREDIENTS 1 MG PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
6/1/2021	^{QL} DROXIDOPA 100 MG, 200 MG, 300 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2021	IMPAVIDO ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2021	^{PA} CYCLOPHOSPHAMIDE 25 MG, 50 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
6/1/2021	AC CUTANE 20 MG, 30 MG, 40 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2021	^Q LOZEMPIC 1.34 MG/ML PEN INJECTOR	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2021	^{PA} UKONIQ 200 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2021	CRIXIVAN 200 MG ORAL CAPSULE	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2021	NEPHRAMINEINJECTABLE SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	LOTEPREDNOL ETABONATE 0.005 MG/MG OPHTHALMIC GEL	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2021	EMTRICITABINE 100 MG / TENOFOVIR DISOPROXIL FUMARATE 150 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	EMTRICITABINE 133 MG / TENOFOVIR DISOPROXIL FUMARATE 200 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	EMTRICITABINE 167 MG / TENOFOVIR DISOPROXIL FUMARATE 250 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	DISULFIRAM 500 MG ORAL TABLET	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2021	LYLLANA TRANSDERMAL SYSTEM	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2021	TEMIXYS ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	MAYZENT 0.25 MG STARTER PACK	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
5/1/2021	PERIOGARD MOUTHWASH	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2021	NYMYO 28 DAY PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2021	TRI-NYMYO 28 DAY PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2021	^{PA,QL} LUPKYNIS 7.9 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	^{PA} TEPMETKO 225 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	^{PA} XELJANZ ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2021	^{QL} LUBIPROSTONE 8 MCG, 24 MCG ORAL CAPSULE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2021	ROWEEPRA 500 MG ORAL TABLET	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2021	PROPANTHELINE 15 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	ANADROL-50 ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	METAPROTERENOL SULFATE 2 MG/ML ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	SOMATULINE 240 MG, 300 MG PREFILLED SYRINGE	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	LIDOCAINE HYDROCHLORIDE 0.02 MG/MG TOPICAL GEL	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	BYDUREON 3.08 MG/ML PEN INJECTOR	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2021	TRAMADOL HYDROCHLORIDE 100 MG, 200 MG, 300 MG ER ORAL CAPSULE	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
4/1/2021	TRELEGY INHALER 0.2 MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2021	^{PA} ACYSTADROPS OPHTHALMIC SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2021	LYLEQ 28 DAY PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2021	ORGOVYX ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2021	NITAZOXANIDE 500 MG ORAL TABLET	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2021	^{PA} ICLUSIG 10 MG, 30 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2021	IVERMECTIN 5 MG/ML TOPICAL LOTION	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2021	FLUOCINONIDE 0.5 MG/ML TOPICAL CREAM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2021	TILIA FE PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2021	NYLIA 7/7/7 28 DAY PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2021	^{PA} DIFICID ORAL SUSPENSION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2021	CORTISONE ACETATE 25 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2021	DIDANOSINE 250 MG, 400 MG DELAYED RELEASE ORAL CAPSULE	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2021	STAVUDINE 15 MG, 20 MG, 30 MG, 40 MG ORAL CAPSULE	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2021	HAVRIX 1 ML INJECTION	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
4/1/2021	PLEGRIDY STARTER PACK PREFILLED SYRINGE	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2021	PLEGRIDY PEN STARTER PACK	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2021	DILTIAZEM HYDROCHLORIDE EXTENDED-RELEASE TABLET 180 MG, 240 MG, 300 MG, 360 MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
3/1/2021	ASENAPINE SUBLINGUAL TABLET 2.5 MG, 5 MG, 10 MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
3/1/2021	ICOSAPENT ETHYL 1000 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
3/1/2021	RUFINAMIDE 40 MG/ML ORAL SUSPENSION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	DIMETHYL FUMARATE 120 MG/ DIMETHYL FUMARATE 240 MG PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	ETHINYL ESTRADIOL 0.02 MG/ FERROUS FUMARATE 75 MG/ NORETHINDRONE ACETATE 1 MG PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
3/1/2021	ABIRATERONE ACETATE 500 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	^{PA} HUMIRA AUTO-INJECTOR	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	ALA-CORT TOPICAL CREAM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
3/1/2021	^{PA} ONUREG ORAL TABLET 200 MG, 300 MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	^{PA} RETACRIT 10,000 UNIT/ML, 20,000 UNIT/ML	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
3/1/2021	^{PA} ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	ICLEVIA 91 DAY	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
3/1/2021	^{PA} EPCLUSA ORAL TABLET 200 MG/50 MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2021	HUMIRA PREFILLED SYRINGE	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2021	LOPREEZA 1/0.5 28 DAY	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2021	CRIXIVAN ORAL CAPSULE 400 MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	^{QL} TRULICITY 3 MG, 4.5 MG AUTO-INJECTOR	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2021	GEMMILY 28 DAY PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2021	FLUOROURACIL 5 MG/ML TOPICAL CREAM	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	EFAVIRENZ 600 MG / EMTRICITABINE 200 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	LAPATINIB 250 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	EMTRICITABINE 200 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	ASCORBIC ACID 4700 MG / POLYETHYLENE GLYCOL 3350 100000 MG / POTASSIUM CHLORIDE 1015 MG / SODIUM	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
	ASCORBATE 5900 MG / SODIUM CHLORIDE 2690 MG / SODIUM SULFATE 7500 MG POWDER FOR ORAL SOLUTION				
2/1/2021	^{PA} TOLVAPTAN 15 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	FOSFOMYCIN 3000 MG POWDER FOR ORAL SOLUTION	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2021	EFAVIRENZ 600 MG / LAMIVUDINE 300 MG / TENOFIVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	TRIDERM TOPICAL CREAM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2021	^{QL} DIMETHYL FUMARATE 120 MG DELAYED RELEASE ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{QL} DIMETHYL FUMARATE 240 MG DELAYED RELEASE ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{PA} SAPROPTERIN DIHYDROCHLORIDE 500 MG POWDER FOR ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{PA} SAPROPTERIN DIHYDROCHLORIDE 100 MG POWDER FOR ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{PA} SAPROPTERIN DIHYDROCHLORIDE 100 MG ORAL TABLET	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
2/1/2021	PRESERVATIVE-FREE TIMOLOL 5 MG/ML OPHTHALMIC SOLUTION	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2021	SPINOSAD 9 MG/ML MEDICATED SHAMPOO	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2021	^{PA} TOBAMYCIN 75 MG/ML INHALATION SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{PA} FARYDAK 15 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	DEFERIPRONE 500 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	EMTRICITABINE 200 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2021	EFAVIRENZ 400 MG / LAMIVUDINE 300 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	^{PA} DIACOMIT ORAL CAPSULE and POWDER FOR ORAL SUSPENSION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	MENQUADFI INJECTION	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2021	METYROSINE 250 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	BREZTRI METERED DOSE INHALER	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2021	BAFIERTAM DELAYED RELEASE ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2021	KIONEX ORAL SUSPENSION	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
2/1/2021	DEPO-PROVERA 400 MG/ML INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	LORCET 5/325 MG, 10/325MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	DISULFIRAM 500 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	PEGANONE 250 MG ORAL TABLET	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	STIMATE METERED DOSE NASAL SPRAY	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	NALOXONE HYDROCHLORIDE 5 MG/ML AUTO INJECTOR	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	JUXTAPID 40 MG, 60 MG ORAL CAPSULE	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	PEGASYS PROCLICK 180 MCG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2021	GOLYTELY POWDER FOR ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	^{PA} TOLVAPTAN 30 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	LAMOTRIGINE 100 MG/ LAMOTRIGINE 25 MG/ LAMOTRIGINE 50 MG PACK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
1/1/2021	DEFERASIROX 90 MG, 180 MG, 360 MG ORAL GRANULES	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	ORTIKOS 6 MG, 9 MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	ZEPOSIA ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	KYNMOBI SUBLINGUAL FILM	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
1/1/2021	SIRTURO 20 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	TIVICAY 5 MG TABLET FOR ORAL SUSPENSION	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2021	^{PA} DUPIXENT AUTO-INJECTOR	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	RUKOBIA 600 MG ORAL TABLET	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	MYCAPSSA 20MG ORAL CAPSULE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	FINTEPLA ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	^{PA} XPOVIO CARTON PACKS	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	DOJOLVI ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	^{PA} INQOVI 5 TABLET PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	^{PA, QL} EVRYSDI ORAL SOLUTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	KESIMPTA PEN INJECTOR	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	^{PA} ENSPRYNG PREFILLED SYRINGE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	^{PA} ENBREL 50 MG INJECTION	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2021	CIPROFLOXACIN 3 MG/ML / DEXAMETHASONE 1 MG/ML OTIC SUSPENSION	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
1/1/2021	SAMSCA 30 MG ORAL TABLET	Removal of brand name drug from formulary	Generic drug added to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
1/1/2021	AMINOSYN II 10 % INJECTABLE SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	SYLATRON INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	ZOSTAVAX INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	NORMOSOL-R INJECTABLE SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	DURAMORPH INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	DESOGESTREL 0.15 MG / ETHINYL ESTRADIOL 0.03 MG / INERT INGREDIENTS 1 MG	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	DEXAMETHASONE 1 MG/ML ORAL SOLUTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	GLUCOSE 50 MG/ML / SODIUM CHLORIDE 2.25 MG/ML INJECTION	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2021	ACUVAIL OPHTHALMIC SOLUTION	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.

ST=Step Therapy

QL= Quantity Limit

PA=Prior Authorization

If you are taking a medication that has prior authorization (PA), quantity limit (QL), or step therapy (ST) 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").

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