



2023 Upcoming Changes to MVP Health Care's Medicare Part D Formulary

Updated: 12/2023

Formulary ID 23177, Version 13

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
12/1/2023	LITHIUM CITRATE 60 MG/ML ORAL SOLUTION	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
12/1/2023	BREO ELLIPTA INH 50-25MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
12/1/2023	^{PA} OJJAARA TAB 100MG, 150MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/1/2023	^{PA} AKEEGA TAB 50/500MG, 100/500MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/1/2023	BEYFORTUS INJ 50/0.05ML, 100MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/1/2023	ORTIKOS CAP 6MG ER, 9MG ER	Removal of drug from formulary	Drug removed by CMS	--	--
10/1/2023	ABRYSVO INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/1/2023	AREXVY INJ 120MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/1/2023	^{PA} AUSTEDO XR TAB TITR KIT	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

10/1/2023	MULT ELECTRO INJ PH 5.5	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/1/2023	PREDNISOLONE TAB 5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/1/2023	^{PA} VANFLYTA TAB 17.7MG, 26.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2023	VIGADRONE TAB 500MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/1/2023	PEN G PROC INJ 600000	Removal of drug from formulary	Drug removed by CMS	--	--
9/1/2023	TIROSINT CAP 37.5MCG, 44MCG, 62.5MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
9/1/2023	LUPRON DEPOT INJ PED 6-MONTH	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
9/1/2023	^{PA} ZEJULA TAB 100MG, 200MG, 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
9/1/2023	^{PA} TALZENNA CAP 0.1MG, 0.35MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
9/1/2023	PROCTO-PAK CRE 1%	Removal of drug from formulary	Drug removed by CMS	--	--
8/1/2023	UDENYCA INJ 6MG/0.6 AUTOINJECTOR	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	TAFINLAR TAB 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	^{PA} MEKINIST SOL 0.05/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	NITISINONE CAP 20MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	METHSUXIMIDE CAP 300MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
8/1/2023	UZEDY INJ 50MG, 75MG, 100MG, 125MG, 150MG, 200MG, 250MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

8/1/2023	PA, QL VOWST CAP	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	PA KALYDECO GRA 13.4MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	DARUNAVIR TAB 600MG, 800MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
8/1/2023	AMPICILLIN INJ 2GM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
8/1/2023	QNAPRIL/HCTZ TAB 10-12.5MG, 20-12.5MG, 20-25MG	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2023	TOPIRAMATE CAP 200MG ER	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
7/1/2023	QL GILENYA CAP 0.25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2023	PA AUSTEDO XR TAB 6MG, 12MG, 24MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2023	PRIMIDONE TAB 125MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
7/1/2023	PA POSACONAZOLE SUS 40MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2023	PA GEFITINIB TAB 250MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2023	QL ABILIFY ASIM INJ 720MG, 960MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
7/1/2023	MYORISAN CAP 10MG, 20MG, 30MG, 40MG	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2023	EMOQUETTE TAB	Removal of drug from formulary	Drug removed by CMS	--	--
7/1/2023	LEVOFLOXACIN INJ 25MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2023	QL ENDOCET TAB 2.5-325	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

6/1/2023	ERLEADA TAB 240MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
6/1/2023	TYBLUME CHW 0.1-0.02	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2023	DILTIAZEM TAB 120MG ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
6/1/2023	VANCOMYCIN SOL 25MG/ML, 50MG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
6/1/2023	GENTAK OIN 0.3% OP	Removal of drug from formulary	Drug removed by CMS	--	--
6/1/2023	OLOPATADINE SOL 0.2%	Removal of drug from formulary	Drug removed by CMS	--	--
5/1/2023	^{PA} SOVALDI TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	^{PA} LYTGOBI TAB 4MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	^{PA} TAKHZYRO INJ 150/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	LAMOTRIGINE ODT KIT 25/50MG, 50/100MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2023	LURASIDONE TAB 20MG, 40MG, 60MG, 80MG, 120MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
5/1/2023	^{PA} LUMAKRAS TAB 320MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	^{PA} TASIMELTEON CAP 20MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	^{QL} TERIFLUNOMIDE TAB 7MG, 14MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2023	LAMOTRIGINE KIT START 35, 98, 49	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2023	SUBVENITE TAB 25MG, 100MG, 150MG, 200MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

5/1/2023	SUBVENITE KIT START 35, 49, 98	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2023	PIRMELLA TAB 1/35	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2023	TOPIRAMATE CAP ER 25MG, 50MG, 100MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2023	^{PA} HEPLISAV-B INJ 20/0.5ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2023	LEUPROLIDE INJ 22.5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2023	^{QL} OZEMPIC 2MG/3ML INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2023	^{PA, QL} SOD OXYBATE SOL 500MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2023	ESTRAD VAL INJ 10MG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2023	^{PA} JAYPIRCA TAB 50MG, 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2023	ORSERDU TAB 86MG, 345MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2023	DIGITEK TAB 0.25MG	Removal of drug from formulary	Drug removed by CMS	--	--
4/1/2023	FEMYNOR TAB 0.25-35	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2023	GLEOSTINE CAP 10MG, 40MG, 100MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
3/1/2023	ROFLUMILAST TAB 250MCG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
3/1/2023	AUVELITY TAB 45-105MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
3/1/2023	^{PA} SKYRIZI INJ 180/1.2	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

3/1/2023	OXBRYTA TAB 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	LOKELMA PAK 10GM	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
3/1/2023	^{PA} TECVAYLI INJ 30MG/3ML, 153/1.7	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	^{PA} KRAZATI TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	SUNLENCA TAB 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	SUNLENCA INJ	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	TURALIO CAP 125MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	^{PA} PIRFENIDONE CAP 267MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	BENDAMUSTINE INJ 25MG, 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
3/1/2023	PRED-G S.O.P OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2023	AMCINONIDE CRE 0.1%	Removal of drug from formulary	Drug removed by CMS	--	--
3/1/2023	PASER GRA 4GM	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	^{QL} FINGOLIMOD CAP 0.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	ROFLUMILAST TAB 500MCG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2023	DABIGATRAN CAP 75MG, 150MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2023	LLENALIDOMIDE CAP 2.5MG, 20MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

2/1/2023	NORETH/ETHIN TAB FE	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2023	ICOSAPENT CAP 0.5GM	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2023	TIMOLOL MAL SOL 0.25% OP	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2023	PENCICLOVIR CRE 1%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2023	TAZAROTENE GEL 0.05%, 0.1%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2023	HYFTOR GEL 0.2%	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	^{PA} PIRFENIDONE TAB 534MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	^{PA} IMBRUVICA SUS 70MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	TICOVAC INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2023	^{PA} TYVASO DPI POW 16MCG, 32MCG, 48MCG, 64MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	^{PA} TYVASO DPI POW 16-32MCG, 16-32-48MCG, 32-48MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	^{PA} ZTALMY SUS 50MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	REZLIDHIA CAP 150MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2023	LARISSIA TAB	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	DIGITEK TAB 0.125MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	CHOLESTYRAM POW 4GM LITE	Removal of drug from formulary	Drug removed by CMS	--	--

2/1/2023	FML OIN 0.1% OP	Removal of drug from formulary	Removal of drug from formulary	--	--
2/1/2023	PENTACEL INJ	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	BLEPHAMIDE OIN S.O.P.	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	FUROSEMIDE INJ 10MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2023	PRED-G SUS OP	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2023	QUADRACEL INJ 0.5ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	PRIORIX INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	^{PA} SKYRIZI INJ 360/2.4	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2023	SODIUM/POTAS SOL MAGNESIUM	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2023	TENIVAC INJ 5-2LF	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	PENTACEL INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	^{PA} RECOMBIVA HB INJ 5MCG/0.5	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	^{PA} ENGERIX-B INJ 20MCG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	YF-VAX INJ	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
1/1/2023	^{PA} CALQUENCE TAB 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2023	QUETIAPINE TAB 150MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

1/1/2023	VENLAFAXINE TAB 112.5MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	CAPLYTA CAP 10.5MG, 21MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2023	ZONISADE SUS 100MG/5	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
1/1/2023	^{PA} ORKAMBI GRA 75-94MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
1/1/2023	CAZIANP PAK	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2023	DIGOX TAB 0.125MG, 0.25MG	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2023	PROCALAMINE INJ 3%	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2023	LINDANE SHA 1%	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").