2027 Commercial Formulary Changes—Updated October 1, 2026

The drug products listed in the following table were reviewed by the MVP Health Care® (MVP) Pharmacy and Therapeutics Committee for the Commercial Formulary. If you have recently used one of the impacted medications, we will notify you of these formulary changes at least 90 days before the effective date change.

In certain situations, you may receive a notification at least 30 days before the change goes into effect. An example of this is when a Brand Name drug moves to a higher Tier because its generic version has become available on the market for the first time.

Each Formulary change listed in the table below will go into effect on your Pharmacy "Plan Year" start date. To find your Pharmacy "Plan Year" start date, sign in to Gia® at **my.mvphealthcare.com** and select *My Plan*, then *My Benefits*. There are two exceptions when Formulary changes can take effect on a specified date regardless of your Pharmacy "Plan Year" start date:

1. Safety concerns put out by the Food and Drug Administration (FDA).
2. Moving a Brand Name drug to a higher Tier when its generic version becomes available on the market for the first time.

Ask your health care provider if the alternative drug listed here is appropriate for you. If you have any questions regarding the MVP Commercial Formulary, please call the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

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2027 Changes to the Commercial Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*
January 1, 2027	Adalimumab-fkjp	Addition	Yearly Formulary change	
January 1, 2027	Insulin Glargine-yfgn	Addition	Yearly Formulary change	
January 1, 2027	Omlyclo	Addition	Yearly Formulary change	
January 1, 2027	Dapagliflozin-metformin (generic Xigduo)	Addition	Yearly Formulary change	
January 1, 2027	Sofosbuvir/Velpatasvir (generic Epclusa)	Addition	Yearly Formulary change	
Refer to your Pharmacy "Plan Year" start date.	Adapalene gel 0.1%	Excluded	Yearly Formulary change	Available over the counter
Refer to your Pharmacy "Plan Year" start date.	Basaglar	Excluded	Yearly Formulary change	Insulin Glargine-yfgn, Lantus, Toujeo
Refer to your Pharmacy "Plan Year" start date.	Chantix (brand) & Chantix Starting Month pak (brand)	Excluded	Yearly Formulary change	Varenicline (Generic Chantix)
Refer to your Pharmacy "Plan Year" start date.	Diclofenac gel 1%	Excluded	Yearly Formulary change	Available over the counter
Refer to your Pharmacy "Plan Year" start date.	Epclusa and Epclusa Pak (brand)	Excluded	Yearly Formulary change	Ledipasvir and Sofosbuvir 90mg-400mg (generic Harvoni), Sofosbuvir/Velpatasvir (generic Epclusa) and Mavyret

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2027 Changes to the Commercial Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*
Refer to your Pharmacy "Plan Year" start date.	Epipen (brand) and Epipen Jr (brand)	Excluded	Yearly Formulary change	Epinephrine autoinjector/injection (generic Epipen); Neffy
Refer to your Pharmacy "Plan Year" start date.	Farxiga (brand)	Excluded	Yearly Formulary change	Dapagliflozin (generic Farxiga)
Refer to your Pharmacy "Plan Year" start date.	Harvoni and Harvoni Pak (brand)	Excluded	Yearly Formulary change	Ledipasvir and Sofosbuvir 90mg-400mg (generic Harvoni), Sofosbuvir/Velpatasvir (generic Epclusa) and Mavyret
Refer to your Pharmacy "Plan Year" start date.	Ofev (brand)	Excluded	Yearly Formulary change	Nintedanib (Generic Ofev)
Refer to your Pharmacy "Plan Year" start date.	Opsumit (brand)	Excluded	Yearly Formulary change	Macitentan (Generic Opsumit)
Refer to your Pharmacy "Plan Year" start date.	Pentasa (brand)	Excluded	Yearly Formulary change	Mesalamine ER (generic Pentasa)
Refer to your Pharmacy "Plan Year" start date.	Priftin (brand)	Excluded	Yearly Formulary change	Rifapentine (Generic Priftin)
Refer to your Pharmacy "Plan Year" start date.	Rhofade (brand)	Excluded	Yearly Formulary change	Oxymetazoline 1% cream (generic Rhofade)

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2027 Changes to the Commercial Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*
Refer to your Pharmacy "Plan Year" start date.	Sovaldi	Excluded	Yearly Formulary change	Ledipasvir and Sofosbuvir 90mg-400mg (generic Harvoni), Sofosbuvir/Velpatasvir (generic Epclusa) and Mavyret
Refer to your Pharmacy "Plan Year" start date.	Tamiflu (brand) capsules & suspension	Excluded	Yearly Formulary change	Oseltamivir (generic Tamiflu)
Refer to your Pharmacy "Plan Year" start date.	Tyvaso (brand)	Excluded	Yearly Formulary change	Yutrepia
Refer to your Pharmacy "Plan Year" start date.	Velsipity	Excluded	Yearly Formulary change	Zeposia
Refer to your Pharmacy "Plan Year" start date.	Vosevi	Excluded	Yearly Formulary change	Ledipasvir and Sofosbuvir 90mg-400mg (generic Harvoni), Sofosbuvir/Velpatasvir (generic Epclusa) and Mavyret
Refer to your Pharmacy "Plan Year" start date.	Urea cream 40%	Excluded	Yearly Formulary change	Available over the counter
Refer to your Pharmacy "Plan Year" start date.	Xeljanz (brand) & Xeljanz XR (brand)	Excluded	Yearly Formulary change	Tofacitinib (generic Xeljanz), Tofacitinib ER (generic Xeljanz XR)
Refer to your Pharmacy "Plan Year" start date.	Xigduo	Excluded	Yearly Formulary change	Dapagliflozin- Metformin (generic Xigduo XR)

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Refer to your Pharmacy "Plan Year" start date.	Xolair	Excluded	Yearly Formulary change	Omlyclo (biosimilar to Xolair)
Refer to your Pharmacy "Plan Year" start date.	Cequa	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Miebo	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Restasis	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Tyrvaya	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Tryptyr	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Xiidra	Excluded	Yearly Formulary change	generic cyclosporine (ophth) emulsion 0.05%
Refer to your Pharmacy "Plan Year" start date.	Janumet (brand)	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	Sitagliptan-Metformin (generic Janumet)

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Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*
Refer to your Pharmacy "Plan Year" start date.	Janumet XR (brand)	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	Sitagliptan-Metformin ER (generic Janumet XR)
Refer to your Pharmacy "Plan Year" start date.	Januvia (brand)	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	Sitagliptan (generic Januvia)
Refer to your Pharmacy "Plan Year" start date.	Viibryd (brand)	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	Vilazodone (generic Viibryd)
Refer to your Pharmacy "Plan Year" start date.	Wegovy injection	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	
Refer to your Pharmacy "Plan Year" start date.	Wegovy tablet	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	
Refer to your Pharmacy "Plan Year" start date.	Zepbound	Tier Change from Tier 2 to Tier 3	Yearly Formulary change	
Refer to your Pharmacy "Plan Year" start date.	Zoryve cream & foam	Quantity Limit added: 60g per 30 days	Yearly Formulary change	

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