2025 Upcoming Changes to MVP Health Care's Medicare Part D Formulary for Employer-based Plans

Updated: 12/2025 ***Formulary ID 25354, Version 11***

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
12/01/2025	DROXIA CAP 200MG, 300MG, 400MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
12/01/2025	PA, QL HERNEXEOS TAB 60MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/01/2025	KLOXXADO SPR 8MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
12/01/2025	PA, QL MODEYSO CAP 125MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
12/01/2025	VALTYA 1/35 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
11/01/2025	PA, QL ADEMPAS TAB 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	PA, QL BRUKINSA TAB 160MG	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
11/01/2025	PA, QL FANAPT PAK PACK B	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
11/01/2025	LEVONOR/ETHI TAB ESTRADIO	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
11/01/2025	LUIZZA TAB 1/20, 1.5/30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
11/01/2025	MAGNESIUM SU INJ 50%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
11/01/2025	PREZCOBIX TAB 675/150	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	PA, QL PYZCHIVA INJ 45/0.5ML PEN/VIAL	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
11/01/2025	PA, QL PYZCHIVA INJ 90MG/ML PEN	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	PA, QL TREMFYA INJ 100MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	PA, QL UPTRAVI PACK TAB 200/800	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	PA, QL UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2025	ZELVYSIA POW 100MG, 500MG	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
11/01/2025	ABELCET INJ 5MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
11/01/2025	ETHYNODIOL TAB 1-50	Removal of drug from formulary	Drug removed by CMS	--	--
11/01/2025	IDACIO 2-SYR INJ 40/0.8ML	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	PA, QL BOSENTAN TAB 32MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	QL ERZOFRI INJ 117/0.75ML, 156MG/ML, 234/1.5ML, 351/2.25ML, 78/0.5ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	QL ERZOFRI INJ 39/0.25ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/01/2025	FIDAXOMICIN TAB 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	PA, QL IBTROZI CAP 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	QL KERENDIA TAB 40MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/01/2025	NORETH/ETHIN TAB 1.5/30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
10/01/2025	PENMENVY INJ	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
10/01/2025	PA, QL PYZCHIVA INJ 45/0.5ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	QL RIVAROXABAN SUS 1MG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
10/01/2025	QL SACUB/VALSAR TAB 24-26MG, 49-51MG, 97-103MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
10/01/2025	PA, QL ZYPREXA RELP INJ 210MG, 300MG, 405MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2025	BRONCHITOL CAP 40MG	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	CALQUENCE CAP 100MG	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	ENTRESTO TAB 24-26MG, 49-51MG, 97-103MG	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	IXCHIQ INJ	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	NORETH/ETHIN TAB FE	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	NORETH/ETHIN TAB FE 1/20	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	OZEMPIC INJ 2/1.5ML	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
10/01/2025	REGRANEX GEL 0.01%	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2025	TRECATOR TAB 250MG	Removal of drug from formulary	Drug removed by CMS	--	--
09/01/2025	ABIGALE LO TAB 0.5-0.1	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
09/01/2025	ABIGALE TAB 1-0.5MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
09/01/2025	PA, QL AVMAPKI PAK FAKZYNJA	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2025	PA BONSITY INJ 560/2.24	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2025	DESO/ETHINYL TAB ESTRADIOL	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
09/01/2025	PA, QL FANAPT PAK PACK C	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
09/01/2025	GALBRIELA CHW	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
09/01/2025	MELEYA TAB 0.35MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
09/01/2025	MEROPENEM INJ 2GM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--

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09/01/2025	ORQUIDEA TAB 0.35MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
09/01/2025	PA, QL TOPIRAMATE SOL 25MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
09/01/2025	PA WYOST INJ 120/1.7	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2025	PA, QL YUTREPIA CAP 26.5MCG, 53MCG, 79.5MCG, 106MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2025	EUTHYROX TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	Removal of drug from formulary	Drug removed by CMS	--	--
09/01/2025	LEVONOR/ETHI TAB ESTRADIOL	Removal of drug from formulary	Drug removed by CMS	--	--
09/01/2025	TRIVORA-28 TAB	Removal of drug from formulary	Drug removed by CMS	--	--
08/01/2025	DEXAMETH PHO INJ 10MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	EDURANT PED TAB 2.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2025	EMTRIC/RILPI TAB TENOF DF	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2025	ESLICARBAZEP TAB 200MG, 400MG, 600MG, 800MG	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
08/01/2025	PA, QL IVERMECTIN TAB 6MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	JAIMIESS TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	KALETRA SOL	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
08/01/2025	LOJAIMIESS TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	PA, QL NILOTINB HCL CAP 50MG, 150MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2025	PA, QL PERAMPANEL TAB 4MG, 6MG, 8MG, 10MG, 12MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2025	PA, QL PERAMPANEL TAB 2MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	ROSYRAH TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
08/01/2025	PA, QL YONSA TAB 125MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2025	DESO/ETHINYL TAB ESTRADIOL	Removal of drug from formulary	Drug removed by CMS	--	--
08/01/2025	ALTOPREV TAB 20MG ER, 40MG ER, 60MG ER	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
07/01/2025	PA, QL ABIRTEGA TAB 250MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
07/01/2025	PA MORPHINE SUL INJ 2MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
07/01/2025	NATACYN SUS 5% OP	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
07/01/2025	QL PAXLOVID PAK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
07/01/2025	QL PYZCHIVA INJ 130/26ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2025	PA, QL PYZCHIVA INJ 45/0.5ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
07/01/2025	PA, QL PYZCHIVA INJ 90MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2025	PA, QL ROMVIMZA CAP 14MG, 20MG, 30MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2025	SUNLENCA TAB 300MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2025	TICAGRELOR TAB 60MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
07/01/2025	VIMKUNYA INJ 40/0.8ML	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--

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07/01/2025	XELRIA FE CHW 0.4MG-35	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
07/01/2025	QL YESINTEK INJ 130/26ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
07/01/2025	PA, QL YESINTEK INJ 45/0.5ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
07/01/2025	PA, QL YESINTEK INJ 90MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2025	NORETH/ETHIN TAB 1.5/30	Removal of drug from formulary	Drug removed by CMS	--	--
07/01/2025	LIBERVANT MIS 10MG, 12.5MG, 15MG, 5MG, 7.5MG	Removal of drug from formulary	Drug removed by CMS	--	--
06/01/2025	PA AMNESTEEM CAP 30MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
06/01/2025	CEFAZOLIN/DEX SOL 3GM/50ML-2%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
06/01/2025	CLINDAMYCIN INJ 300/2ML, 600/4ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
06/01/2025	QL GEMTESA TAB 75MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
06/01/2025	PA, QL GOMEKLI CAP 1MG & 2MG, TAB 1MG	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
06/01/2025	PA, QL RALDESY SOL 10MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
06/01/2025	PA, QL REVUFORJ TAB 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
06/01/2025	TICAGRELOR TAB 90MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
06/01/2025	PA, QL TREMFYA CROH INJ 200/2ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
06/01/2025	PA VIVIMUSTA INJ 100/4ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
06/01/2025	PA, QL XPOVIO PAK 10MG (40 MG ONCE WEEKLY)	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
06/01/2025	ZERVIATE DRO 0.24%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
05/01/2025	XARAH FE TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
05/01/2025	VIVOTIF CAP EC	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
05/01/2025	VALTYA 1/50 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
05/01/2025	TABLOID TAB 40MG	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
05/01/2025	QL RIVAROXABAN TAB 2.5MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
05/01/2025	MERCAPTOPURINE SUS 20MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2025	MEMAN/DONEPZ CAP 21-10MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
05/01/2025	LEUKERAN TAB 2MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2025	PA FRINDOVYX INJ 1GM/2ML, 2GM/4ML, 500MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2025	FEIRZA TAB 1.5/30, 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
05/01/2025	ISOSORB MONO TAB 10MG, 20MG	Removal of drug from formulary	Drug removed by CMS	--	--
05/01/2025	LEENA TAB	Removal of drug from formulary	Drug removed by CMS	--	--
05/01/2025	NORETH/ETHIN CHW FE	Removal of drug from formulary	Drug removed by CMS	--	--
05/01/2025	AMOX/K CLAV CHW 400MG	Removal of drug from formulary	Drug removed by CMS	--	--
04/01/2025	PA, QL ALYFTREK TAB 10-50-125 MG, 4-20-50 MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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04/01/2025	TOPIRAMATE CAP 50MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2025	QL LEVETIRACETAM TAB 250MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2025	SIKLOS TAB 100MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2025	SIKLOS TAB 1000MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2025	PA, QL DANZITEN TAB 71MG, 95MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2025	PA, QL IMKELDI SOL 80MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2025	PA, QL REVUFORJ TAB 110MG, 160MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2025	TDVAX INJ 2-2 LF	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2025	DROXIA CAP 200MG, 300MG, 400MG	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2025	PREHEVBRIO SUS 10MCG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2025	PA IMCIVREE INJ 10MG/ML	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
02/01/2025	PA WEGOVY INJ 0.25MG, 0.5MG, 1.7MG, 1MG, 2.4MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2025	PA ZEPBOUND INJ 10/0.5ML, 12.5MG, 15/0.5ML, 2.5MG, 5/0.5ML, 7.5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2025	QLABILIFY ASIM INJ 720MG, 960MG, 300MG, 400MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL ADALIMU-AACF INJ 40/0.8ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	QL AIRSUPRA AER 90-80MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2025	AMETHIA TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL AUGTYRO CAP 160MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	AZITHROMYCIN POW 1GM PAK	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	CARBAMAZEPIN CHW 200MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	CEFAZOL/DEX SOL 1GM, 2GM	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2025	CEFAZOLIN INJ DEXTROSE	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
02/01/2025	PA, QL COBENFY CAP 100-20MG, 125-30MG, 50-20MG, STRT PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA CYCLOPHOSPH INJ 1GM/2ML, 2GM/4ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL DASATINIB TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA DIP/TET PED INJ 25-5LFU	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
02/01/2025	QL EZALLOR SPR CAP 10MG, 20MG, 40MG, 5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2025	GALLIFREY TAB 5MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL HUMIRA PEN KIT PED UC	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	HYDRO SOD SU INJ 100MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL ITOVEBI TAB 3MG, 9MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL KISQALI 200 PAK FEMARA	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL LAZCLUZE TAB 240MG, 80MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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02/01/2025	PA, QL LUMAKRAS TAB 240MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	QL LYBALVI TAB 10-10MG, 15-10MG, 20-10MG, 5-10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	NALOXONE HCL SPR 4MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	NICOTROL INH	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2025	NOVOLOG INJ 100/ML, FLEXPEN, PENFILL	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2025	PA, QL OMNIPOD 5 DX MIS POD G7G6, 5 LB KIT INTRO G6, 5 LB MIS PODS G6	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2025	PA PACLITAXEL INJ 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	SPS SUS 30GM/120	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL TAZAROTENE CRE 0.05%	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL TECENTRIQ INJ HYBREZA	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL THALOMID CAP 150MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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02/01/2025	TIVICAY TAB 10MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2025	TIVICAY TAB 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	PA, QL TREMFYA INJ 200/20ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	TRI-NYMYO TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2025	PA, QL TRUQAP PAK 160MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	VAXCHORA SUS	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
02/01/2025	PA, QL VORANIGO TAB 10MG, 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2025	FENTANYL OT LOZ 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2025	SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	Removal of drug from formulary	Drug removed by CMS		
02/01/2025	VRAYLAR CAP 1.5-3MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2025	ZYPREXA RELP INJ 210MG, 300MG, 405MG	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 **0**=$0 Cost Share

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").

Y0051_1621_508 Accepted 09/14/2012