2026 Upcoming Changes to MVP Health Care's Medicare Part D Formulary for Employer-based Plans

Updated: 11/2026 ***Formulary ID 26113, Version 10***

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
11/01/2026	EPINEPHRINE INJ 1MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
11/01/2026	QL SITAG/MET ER TAB 100-1000MG, 50-1000MG, 50-500MG	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
11/01/2026	PA,QL ZENBEXUS CAP 0.75MG, 1MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
11/01/2026	AMP-SULBACTA INJ 1.5GM	Removal of drug from formulary	Drug removed by CMS	--	--
11/01/2026	HUMULIN R INJ U-500	Removal of drug from formulary	Drug removed by CMS	--	--
10/01/2026	PA,QL BESREMI PEN INJ 500MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2026	PA,QL CAVHANZA TAB 60MG, 80MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2026	PA,QL DM/QUINIDINE CAP 20-10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2026	PA,QL JIDEYTRO TAB 100MG, 25MG	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
10/01/2026	RIFAPENTINE TAB 150MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
10/01/2026	PA,QL SKYRIZI INJ 55/0.37	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
10/01/2026	PA,QL UPTRAVI TAB 100MCG, 150MCG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	QL AUVELITY TAB TITRATION PACK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	PA,QL BOSUTINIB TAB 100MG, 400MG, 500MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	QL BREZTRI AERO AER 18MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
09/01/2026	PA,QL BYSANTI TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	PA,QL BYSANTI TAB PACK A, PACK B, PACK C	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
09/01/2026	PA,QL CEQUR EXT WR MIS INSERTER	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
09/01/2026	PA,QL CEQUR SIMPL KIT 1U EXTND, 2U EXTND	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
09/01/2026	PA,QL EBGLYSS INJ 250/2ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	QL PELLIX SOL 0.005%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
09/01/2026	PA,QL TOFACITINIB SOL 1MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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09/01/2026	PA,QL TOFACITINIB TAB 5MG, 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	PA,QL TOFACITINIB TAB 11MG ER, 22MG ER	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	PA,QL VEPPANU TAB 100MG, 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
09/01/2026	DENGVAXIA SUS	Removal of drug from formulary	Drug removed by CMS	--	--
09/01/2026	IMPAVIDO CAP 50MG	Removal of drug from formulary	Drug removed by CMS	--	--
09/01/2026	LEVO-T TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300 MCG	Removal of drug from formulary	Drug removed by CMS	--	--
08/01/2026	IDVYNSO TAB 100-0.25	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2026	PA,QL JOURNAVX TAB 50MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
08/01/2026	PA,QL LIDOCAINE GEL 2%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
08/01/2026	PA,QL LIDOCAINE GEL 2% JELLY	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
08/01/2026	PA,QL MACITENTAN TAB 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2026	QL SITAG/METFOR TAB 50-1000MG, 50-500MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
08/01/2026	QL SITAGLIPTIN TAB 100MG, 25MG, 50MG	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
08/01/2026	PA,QL TYMLOS INJ	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2026	PA,QL VYNDAMAX CAP 61MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
08/01/2026	PA,QL YULITHIRA TAB 10MG, 2.5MG, 5MG, 7.5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
08/01/2026	EZALLOR SPR CAP 10MG, 20MG, 40MG, 5MG	Removal of drug from formulary	Drug removed by CMS	--	--
08/01/2026	KISQALI 400 PAK FEMARA, 600 PAK FEMARA	Removal of drug from formulary	Drug removed by CMS	--	--
08/01/2026	TAZICEF INJ 1GM	Removal of drug from formulary	Drug removed by CMS	--	--
07/01/2026	QL AZILSARTAN TAB 40MG, 80MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
07/01/2026	CYCLOPHOSPHA INJ 500/2.5	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
07/01/2026	KLOR-CON 8 TAB 8MEQ ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
07/01/2026	PA,QL LIFYORLI CAP 125MG DS, 150MG DS	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2026	NITROGLYCER OIN 2%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
07/01/2026	PA,QL OZEMPIC TAB 1.5MG, 4MG, 9MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
07/01/2026	RELGAABI CAP 300MG, 400MG	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
07/01/2026	PA TACROLIMUS CAP 0.5MG ER, 1MG ER	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
07/01/2026	PA TACROLIMUS CAP 5MG ER	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
07/01/2026	MAGNESIUM SU INJ 80MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
07/01/2026	NALOXONE SPR 4MG	Removal of drug from formulary	Drug removed by CMS	--	--
06/01/2026	CYCLOPHOSPH INJ 1GM/5ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
06/01/2026	QL DAPAG/MET ER TAB 10-1000MG, 10-500MG, 5-1000MG, 5-500MG	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
06/01/2026	GVOKE HYPO 1 INJ 0.5/.1ML, 1/0.2ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
06/01/2026	GVOKE HYPO 2 INJ 0.5/.1ML, 1/0.2ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
06/01/2026	GVOKE KIT SOL 1/0.2ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
06/01/2026	GVOKE PFS INJ 1/0.2ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
06/01/2026	QL IPRATROPIUM AER 17MCG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
06/01/2026	QL LUBIPROSTONE CAP 24MCG, 8MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
06/01/2026	PA,QL NINTEDANIB CAP 100MG, 150MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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06/01/2026	BACITRACIN OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
06/01/2026	TAZVERIK TAB 200MG	Removal of drug from formulary	Drug removed by CMS	--	--
05/01/2026	PA, QL BRIVARACETAM SOL 10MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2026	PA, QL BRIVARACETAM TAB 100MG, 10MG, 25MG, 50MG, 75MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2026	PA GAMMGD ERC INJ 10/100ML, 5GM/50ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2026	PA, QL POMALIDOMIDE CAP 1MG, 2MG, 3MG, 4MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2026	RILPIVIRINE TAB 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
05/01/2026	VERAPAMIL CAP 240MG ER	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
05/01/2026	GAMMAGARD INJ 10GM/100ML, 5GM/50ML	Removal of drug from formulary	Drug removed by CMS	--	--
04/01/2026	BLISOVI FE TAB 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	CEFTAROLINE INJ 400MG, 600MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
04/01/2026	DILTIAZEM CAP 120MG ER, 180MG ER, 240MG ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	PA GAMMGD ERC INJ 5GM/50ML, 10/100ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--

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04/01/2026	HAILEY FE TAB 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	PA, QL HYRNUO TAB 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
04/01/2026	JENCYCLA TAB 0.35MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
04/01/2026	QL LEVETIRACETA TAB 500MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2026	MAGNESIUM SU INJ 3G/100ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
04/01/2026	QL SHINGRIX INJ 50/0.5ML	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
04/01/2026	SOD POLY SUL SUS 15GM/60	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
04/01/2026	HALOETTE MIS	Removal of drug from formulary	Drug removed by CMS	--	--
04/01/2026	NISOLDIPINE TAB 20MG ER, 25.5MG, 30MG ER, 40MG ER	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	PA, QL ADALIMU-BWWD INJ 40/0.4ML AUTOINJECTOR, SYRINGE	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN II SOL 15%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN INJ 10%	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	PA AMINOSYN-PF INJ 10%	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
03/01/2026	BESIFLOXACIN SUS 0.6%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2026	PA, QL ENSACOVE CAP 100MG, 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL KOMZIFTI CAP 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	POT CHL/NACL INJ 20MEQ/L, 40MEQ/L	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2026	SUBVENITE SUS 10MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL TERIPARATIDE INJ 560/2.24	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL VRAYLAR CAP 0.5MG, 0.75MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA, QL XPOVIO PAK 80MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2026	PA XTRENBO SOL 120/1.7	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2026	NEO-POLYCIN OIN HC 1%OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	NEO-POLYCIN OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	POLYCIN OIN OP	Removal of drug from formulary	Drug removed by CMS	--	--
03/01/2026	SULFACET SOD OIN 10% OP	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
02/01/2026	QL BILDYOS INJ 60MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	BLUJEPA TAB 750MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	PA, QL BRUKINSA TAB 160MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	D5W/NACL INJ 0.45%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	DEXTROSE INJ 10%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	PA DOPTELET SPR CAP 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	DROXIA CAP 200MG, 300MG, 400MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	QL ELIQUIS TAB 0.5MG, 1.5MG, 2MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	QL ELIQUIS CAP 0.15MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	ETHYNODIOL TAB 1-50	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	PA, QL EXXUA TAB 18.2MG, 36.3MG, 54.5MG, 72.6MG, TITRATION TAB 18.2MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	PA HERCESSI INJ 150MG, 420MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	PA, QL INLURIYO TAB 200MG	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
02/01/2026	PA, QL KEYTRUDA INJ QLEX	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	KLOR-CON 10 TAB 10MEQ ER	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	PA, QL KOSELUGO CAP 5MG, 7.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	LACTATED RIN IN	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	LIOMNY TAB 25MCG, 50MCG, 5MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
02/01/2026	LOMUSTINE CAP 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	LOMUSTINE CAP 10MG. 40MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	LUIZZA 1/20 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	LUIZZA TAB 1.5/30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	NORETH/ETHIN TAB FE	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	NORETH/ETHIN TAB FE 1/20	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	QL OSPOMYV INJ 60MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
02/01/2026	PA, QL PAZOPANIB TAB 400MG	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
02/01/2026	PA, QL PERAMPANEL SUS 0.5MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	PA, QL TREMFYA INJ 100MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	TYDEMY TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	VALTYA 1/35 TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
02/01/2026	PA ZELVYSIA POW 100MG, 500MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
02/01/2026	DIFICID TAB 200MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	OCELLA TAB 3-0.03MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	OGSIVEO TAB 50MG	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML	Removal of drug from formulary	Drug removed by CMS		
02/01/2026	TOBRAMYCIN INJ 40MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
02/01/2026	VIGPODER POW 500MG	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").

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