



# 2025 Commercial and Marketplace Formulary Changes—Updated October 1, 2024

The drug products listed in the following table were reviewed by the MVP Health Care® (MVP) Pharmacy and Therapeutics Committee for the Commercial and Marketplace Formularies. 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 your MVP Member Online Account 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 it’s 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 or Marketplace Formulary, please call MVP’s Customer Care Center at the phone number listed on the back of your ID card.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

## 2025 Changes to the Commercial, Self -Funded and Marketplace Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
Refer to your Pharmacy "Plan Year" start date.	Gonal-F & Gonal-F Redi-ject	Excluded	Yearly Formulary change	Follistim	
Refer to your Pharmacy "Plan Year" start date.	Brand Austedo and Austedo XR	Excluded	Yearly Formulary change	Ingrezza, Xenazine, tetrabenazine <i>Please note alternatives require prior authorization</i>	
Refer to your Pharmacy "Plan Year" start date.	Qnasl and Qnasl Children	Excluded	Yearly Formulary change	Beconase, Omnaris, Xhance, mometasone nasal spray, Zetonna, over-the-counter equivalents such as fluticasone (Flonase)	
Refer to your Pharmacy "Plan Year" start date.	Nutropin AQ Nuspin	Excluded <i>Please note that Nutropin is being discontinued by the manufacturer</i>	Yearly Formulary change	Humatrope, Omnitrope, Norditropin <i>Please note alternatives require prior authorization</i>	
Refer to your Pharmacy "Plan Year" start date.	Ajovy	Excluded	Yearly Formulary change	Aimovig, Emgality, Nurtec, Qulipta and Ubrovelvy	
Refer to your Pharmacy "Plan Year" start date.	Aubagio	Excluded	Yearly Formulary change	Teriflunomide (generic Aubagio)	

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Refer to your Pharmacy "Plan Year" start date.	Victoza	Tier change-moving Tier 2 to Tier 3	Yearly Formulary change		Tier 2 alternatives include Mounjaro, Ozempic, Rybelsus, Trulicity
Refer to your Pharmacy "Plan Year" start date.	Desoximetasone ointment 0.05% & 0.25%	Excluded	Yearly Formulary change	Clobetasol propionate cream, gel, lotion, ointment, Fluocinonide gel, ointment, solution, cream Halobetasol cream, ointment	
Refer to your Pharmacy "Plan Year" start date.	Diflorasone diacetate cream 0.05%	Excluded	Yearly Formulary change	Clobetasol propionate cream, gel, lotion, ointment, Fluocinonide gel, ointment, solution, cream Halobetasol cream, ointment	
Refer to your Pharmacy "Plan Year" start date.	Hydrocortisone butyrate lotion 0.1%	Excluded	Yearly Formulary change	Mometasone cream, ointment, solution Triamcinolone cream, ointment, lotion Fluocinolone cream, oil, ointment, solution Betamethasone valerate foam, cream, lotion, ointment	
Refer to your Pharmacy "Plan Year" start date.	Dihydroergotamine injection, nasal spray Migranal	Excluded	Yearly Formulary change	Generic triptans, Aimovig, Emgality, Nurtec, Qulipta and Ubrelvy	

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		<i>These products previously were on formulary with prior authorization</i>			
Refer to your Pharmacy "Plan Year" start date.	Frova, Imitrex injection/spray/tablets, Maxalt, Onzetra, Relpax, Tosymra, Zembrace, Zomig	Excluded  <i>These products previously were on formulary with prior authorization</i>	Yearly Formulary change	Generic triptans, Aimovig, Emgality, Nurtec, Qulipta and Ubrelvy	
Refer to your Pharmacy "Plan Year" start date	Lacrisert	Excluded for Commercial and Self-Funded Formularies only	Yearly Formulary change	Miebo, Cequa, Tyrvaya, Restasis, Xiidra	
Refer to your Pharmacy "Plan Year" start date.	Phoslyra	Excluded for Marketplace formulary only	Yearly Formulary change	Renagel, Renvela, sevelamer, Fosrenol, lanthanum carbonate, Auryxia	
Refer to your Pharmacy "Plan Year" start date.	Velphoro	Excluded for Marketplace formulary only	Yearly Formulary change	Renagel, Renvela, sevelamer, Fosrenol, lanthanum carbonate, Auryxia	
Refer to your Pharmacy "Plan Year" start date.	Soolantra cream	Tier change for Marketplace formulary only - moving Tier 2 to Tier 3.	Yearly Formulary change	Ivermectin cream (generic Soolantra)	Tier 1

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<b>Change Goes into Effect On:</b>	<b>Name of Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug*</b>	<b>Alternative Drug Tier</b>
Refer to your Pharmacy "Plan Year" start date.	Viibryd	Tier change for Marketplace formulary only - moving Tier 2 to Tier 3	Yearly Formulary change	Vilazodone (generic Viibryd)	Tier 1
Refer to your Pharmacy "Plan Year" start date.	Mydayis	Tier change for Marketplace formulary only - moving Tier 2 to Tier 3	Yearly Formulary change	Amphetamine/dextroamphetamine Extended Release (generic Mydayis)	Tier 1
Refer to your Pharmacy "Plan Year" start date.	Dibenzyliline	Tier change for Marketplace formulary only - moving Tier 2 to Tier 3	Yearly Formulary change	Metyrosine capsules, phenoxybenzamine capsules	Tier 1
Refer to your Pharmacy "Plan Year" start date.	Lanoxin	Tier change for Marketplace formulary only - moving Tier 2 to Tier 3	Yearly Formulary change	Digoxin	Tier 1