



2024 Upcoming Changes to MVP Health Care's Medicare Part D Formulary

Updated: 04/2025

Formulary ID 25352, Version 3

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
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	--	--
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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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	^{QL} ABILIFY 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	--	--
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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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	--	--
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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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	--	--
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 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").

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