



2018 Upcoming Changes to MVP Health Care's Medicare Part D
Employer-based plan Formulary

Updated: 2/2019

Formulary ID 19584, Version 6

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
2/1/2019	KETOPROFEN 25 MG CAPSULE	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2019	^{QL} MORPHINE SULFATE 40 MG ER CAPSULE	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	TIBSOVO TAB 250MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} VIZIMPRO TAB 15MG, 30MG, 45MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} COPIKTRA CAP 15MG, 25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} BRAFTOVI CAP 50MG, 75MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} TALZENNA CAP 0.25MG, 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
2/1/2019	NAFCILLIN INJ 2GM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2019	SYMTUZA TAB	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} ANUPLAZID TAB 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} ANUPLAZID CAP 34MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} MEKTOVI TAB 15MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA,QL} DALFAMPRIDINE TAB 10MG ER	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	DELSTRIGO TAB	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	ABIRATERONE TAB 250MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	PIFELTRO TAB 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA, QL} TADALAFIL TAB 2.5MG, 5MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	^{PA} ADCIRCA TAB 20MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} LETAIRIS TAB 5MG, 10MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{QL} BUPRENORPHINE DISC 5MCG/HR, 10MCG/HR,	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
	15MCG/HR, 20 MCG/HR				
2/1/2019	CANASA SUP 1000MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	VESICARE TAB 5MG, 10MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	^{PA} EPIDIOLEX SOL 100MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	AZELAIC ACID GEL 15%	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2019	CLOBAZAM TAB 10MG, 20MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	CLOBAZAM SUS 2.5MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
2/1/2019	ZORTRESS TAB 1MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} PANZYGA	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} ORKAMBI GRANULES 100-125MG, 150-188MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} LENVIMA 4MG, 12MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} LORBRENA 25MG, 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	MOLINDONE 5MG, 10MG, 25MG	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
2/1/2019	^{PA} XOLAIR INJ 75/0.5ML, ^{PA} XOLAIR INJ 150MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	ERTAPENEM INJ 1GM	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} GALAFOLD 123MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	GRANIX INJ 480/1.6ML GRANIX INJ 300/1ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	TESTOSTERONE GEL 1.62%	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
2/1/2019	VANCOMYCIN INJ 250MG, 750MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
2/1/2019	^{PA} MULPLETA 3MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	^{PA} TAKHZYRO INJ 300/2ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
2/1/2019	TRIAMCINOLONE ACETONIDE AER 55MCG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	NECON TAB 7/7/7	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	KIMIDESS TAB	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	PERIOGARD SOL 0.12%	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	CEFOTAXIME INJ 2GM	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
2/1/2019	HEXALEN CAP 50MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	NORVIR CAP 100MG	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	SOD CHLORIDE INJ 2.5/ML	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	VERSACLOZ SUS 50MG/ML	Removal of drug from formulary	Drug removed by CMS	--	--
2/1/2019	AFEDITAB TAB 60MG CR	Removal of drug from formulary	Drug removed by CMS	--	--
1/1/2019	No updates for this month	No updates for this month	No updates for this month	No updates for this month	No updates for this month

* 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.

ST=Step Therapy

^{QL}= Quantity Limit

^{PA}=Prior Authorization

If you are taking a medication that has prior authorization (PA), quantity limit (QL), or step therapy (ST) 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").