



2019 Upcoming Changes to MVP Health Care's Medicare Part D Formulary
Employer-based plan Formulary

Updated: 9/2018

Formulary ID 19584, Version 5

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
01/01/2019	No updates at this time	No updates at this time	No updates at this time	No updates at this time	No updated at this time

* 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”).