



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

Updated: 5/2018

Formulary ID 18473, Version 9

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
5/1/2018	NALOXONE INJ 0.4MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	DIGOX TAB 0.25MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	^{QL} DIGOX TAB 0.125MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	ZENPEP CAP	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
5/1/2018	HALOPERIDOL INJ 5MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	METHOTREXATE INJ 25MG/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2018	^{PA} ERLEADA TAB 60MG	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
		5)			
5/1/2018	BIKTARVY TAB	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2018	EFAVIRENZ CAP 200MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	ABACAVIR SOL 20MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	VIDEX EC CAP 125MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
5/1/2018	^{PA} TRIENTINE CAP 250MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
5/1/2018	EFAVIRENZ TAB 600MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
5/1/2018	LEVONOR/ETHI TAB ESTRADIO	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2018	^{QL} SUMAT-NAPROX TAB 85- 500MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
5/1/2018	TRISENOX SOL 10MG/10M	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
5/1/2018	GENTAMICIN INJ 10MG/ML	Removal of drug from formulary	Drug removed by CMS		
5/1/2018	DIDANOSINE CAP 125MG	Removal of drug from formulary	Drug removed by CMS		
5/1/2018	HC/ACET ACID SOL OTIC	Removal of drug from formulary	Drug removed by CMS		
4/1/2018	ALTAVERA TAB	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2018	^{PA} ALUNBRIG PAK	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2018	^{PA} ALUNBRIG TAB 90MG; 180MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2018	ATAZANAVIR CAP 150MG; 200MG; 300MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2018	CARVEDILOL CAP 10MG ER; 20MG ER; 40MG ER	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2018	DORIPENEM INJ 500MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2018	ELIQUIS ST P TAB 5MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2018	ENSKYCE TAB	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
		2)			
4/1/2018	ESTRADIOL CRE 0.01%	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2018	HERCEPTIN INJ 150MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
4/1/2018	KURVELO TAB 0.15/30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2018	LEVONOR/ETHI TAB ESTRADIO	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2018	MEDROXYPR AC INJ 150MG/ML	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
4/1/2018	METHYLPHENID CAP 20MG ER; 40MG ER	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2018	SELZENTRY SOL 20MG/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2018	SHINGRIX INJ 50MCG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2018	TENOFOVIR TAB 300MG	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
4/1/2018	XIGDUO XR TAB 2.5-1000	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
4/1/2018	ZENPEP CAP	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
4/1/2018	NYATA POW 100000	Removal of drug from formulary	Drug removed by CMS		
4/1/2018	CORMAX SCALP SOL 0.05%	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	ADACEL INJ	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	^{QL} GLATIRAMER INJ 20MG/ML; 40MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	ZENPEP CAP 20000UNT	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	KADCYLA INJ 160MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	PIPER/TAZOBA INJ 2-0.25GM	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	HALOPER DEC INJ 100MG/ML	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
03/01/2018	OXALIPLATIN INJ 100MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	ISIBLOOM TAB 0.15-30	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	KLOR-CON PAK 20MEQ	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	LARTRUVO INJ 190/19ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	XATMEP SOL 2.5MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	HUMALOG JR INJ 100/ML	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	^{PA,QL} BENLYSTA INJ 200MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} IDHIFA TAB 50MG; 100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} NERLYNX TAB 40MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} LYNPARZA TAB 100MG; 150MG	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
03/01/2018	^{PA} VYXEOS INJ 44-100MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} MYLOTARG INJ 4.5MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} ALIQOPA INJ 60MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} VERZENIO TAB 50MG; 100MG; 150MG; 200MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{PA} BOSULIF TAB 400MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	JULUCA TAB 50-25MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	^{QL} BYDUREON INJ BCISE	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	TRISENOX INJ 12MG/6ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	EFAVIRENZ CAP 50MG; 200MG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	^{QL} ELETRIPTAN TAB 20MG	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
03/01/2018	FOSAMPRENAVI TAB 700MG	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	LANTHANUM CHW 500MG; 750MG; 1000MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	ARIPIPRAZOLE SOL 1MG/ML	Addition of drug to the formulary (Tier 5)	New drug to the formulary	--	--
03/01/2018	HAVRIX INJ 720UNIT; 1440UNIT	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	TWINRIX INJ	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	PRASUGREL TAB 5MG; 10MG	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	ESTRADIOL VAG TAB 10MCG	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	LEVO-T TAB 25MCG; 50MCG; 75MCG; 88MCG; 100MCG; 112MCG; 125MCG; 137MCG; 150MCG; 175MCG; 200MCG; 300MCG	Addition of drug to the formulary (Tier 1)	New drug to the formulary	--	--
03/01/2018	PEG 3350 SOL ELECTROL	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
03/01/2018	VAQTA INJ 25/0.5ML; 50/ML	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
03/01/2018	DESO/ETHINYL TAB ESTRADIO	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	ETHY ETH EST TAB 1-35	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
03/01/2018	^{QL} TRAMADOL HCL TAB 100MG ER; 200MG ER; 300MG ER	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	CARVEDILOL CAP 10MG ER; 20MG ER; 40MG ER, 80MG ER;	Addition of drug to the formulary (Tier 3)	New drug to the formulary	--	--
03/01/2018	LORTAB TAB 5-325MG; 7.5- 325MG; 10-325MG	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	ACETASOL HC SOL OTIC	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	DORIBAX INJ 500MG	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	NECON TAB 10/11-28	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	CLINDAMAX GEL 1%	Removal of drug from formulary	Drug removed by CMS		
03/01/2018	BUDESONIDE SUS 32MCG NASAL	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
01/01/2018	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").