



2018 Upcoming Changes to MVP Health Care's Medicare Part D Formulary
Updated: 3/2018
Formulary ID 18464, Version 8

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
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	--	--
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	--	--

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

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

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
03/01/2018	PEG 3350 SOL ELECTROL	Addition of drug to the formulary (Tier 2)	New drug to the formulary	--	--
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	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		
01/01/2018	No updates at this time	No updates at this time	No updates at this time	No updates at this time	No updates at this time

ST=Step Therapy

^{QL}= Quantity Limit

^{PA}=Prior Authorization

* 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.

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”).

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