



2024 Commercial and Marketplace Formulary Changes—Updated February 1, 2024

The drug products listed in the following table were reviewed by the MVP Health Care® (MVP) Pharmacy and Therapeutics Committee for the Commercial and Marketplace Formularies. If you have recently used one of the impacted medications, we will notify you of these formulary changes at least 90 days before the effective date change.

In certain situations, you may receive a notification at least 30 days before the change goes into effect. An example of this is when a Brand Name drug moves to a higher Tier because its generic version has become available on the market for the first time.

Each Formulary change listed in the table below will go into effect on your Pharmacy “Plan Year” start date. To find your Pharmacy “Plan Year” start date, sign in to your MVP Member Online Account and select *My Plan*, then *My Benefits*. There are two exceptions when Formulary changes can take effect on a specified date regardless of your Pharmacy “Plan Year” start date:

1. Safety concerns put out by the Food and Drug Administration (FDA)
2. Moving a Brand Name drug to a higher Tier when it’s generic version becomes available on the market for the first time.

Ask your health care provider if the alternative drug listed here is appropriate for you. If you have any questions regarding the MVP Commercial or Marketplace Formulary, please call MVP’s Customer Care Center at the phone number listed on the back of your ID card.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

2024 Changes to the Commercial, Self -Funded and Marketplace Formularies

Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
Refer to your Pharmacy “Plan Year” start date.	Levemir, Levemir Flexpen, and Levemir FlexTouch	Excluded	Yearly Formulary change	Basaglar and Lantus	NA
Refer to your Pharmacy “Plan Year” start date.	Aemcolo	Excluded	Yearly Formulary change	Xifaxan	NA
Refer to your Pharmacy “Plan Year” start date.	Advair Diskus, Advair HFA	Excluded	Yearly Formulary change	Wixela, fluticasone-salmeterol (generic Advair)	NA
Refer to your Pharmacy “Plan Year” start date.	Fluticasone furoate-vilanterol (generic Breo Ellipta)	Excluded	Yearly Formulary change	Breo Ellipta (brand)	NA
Refer to your Pharmacy “Plan Year” start date.	Symbicort (brand)	Excluded	Yearly Formulary change	Budesonide-formoterol fumarate (generic Symbicort)	NA
Refer to your Pharmacy “Plan Year” start date.	Saxenda	<ul style="list-style-type: none"> • Prior Authorization required • Twelve-month lifetime quantity limit removed 	Yearly Formulary change	Phentermine, benzphetamine, diethylpropion, Qsymia, and Contrave are available with a 365-day lifetime limit	NA
Refer to your Pharmacy “Plan Year” start date.	Wegovy	<ul style="list-style-type: none"> • Prior Authorization required 	Yearly Formulary change	Phentermine, benzphetamine, diethylpropion, Qsymia,	NA

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Change Goes into Effect On:	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
		<ul style="list-style-type: none"> Twelve-month lifetime quantity limit removed 		and Contrave are available with a 365-day lifetime limit	
Refer to your Pharmacy “Plan Year” start date.	Flovent Diskus, Flovent HFA	Move from Tier 2 to Tier 3 (non-Formulary for Child Health Plus [CHP] members).	Yearly Formulary change	Generic Flovent HFA (fluticasone proprionate HFA), Arnuity Ellipta, Qvar Redihaler, or budesonide inhalation suspension	Tier 1 and Tier 2
Refer to your Pharmacy “Plan Year” start date.	Pulmicort Flexhaler	Move from Tier 2 to Tier 3 (non-Formulary for CHP members).	Yearly Formulary change	Generic Flovent HFA (fluticasone proprionate HFA), Arnuity Ellipta, Qvar Redihaler, or budesonide inhalation suspension	Tier 1 and Tier 2
January 1, 2024	Condylox 0.5% gel	Move from Tier 2 to Tier 3 (non-Formulary for CHP members).	Generic (podofilox 0.5% gel) is available	podofilox 0.5% gel	Tier 1