

**Change is Coming
to Healthy Practices
April 2019**
Stay tuned...

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MVP Provider Directory

You can search the current MVP Provider Network for primary care physicians and specialists. Visit mvphealthcare.com and select *Find a Doctor*.



Un-Cashed Checks?

Visit longlostmoney.com to see if MVP has any un-cashed checks in your name or in the name of your business.

MVP Professional Relations

MVP Corporate	
Headquarters	1-888-363-9485
Southern Tier	1-800-688-0379
Central New York	1-800-888-9635
Midstate New York	1-800-568-3668
Mid-Hudson	1-800-666-1762
Buffalo/Rochester	1-800-684-9286

Denise V. Gonick

Chief Executive Officer
MVP Health Care, Inc.

We welcome your comments.

HEALTHY PRACTICES
MVP HEALTH CARE
PROFESSIONAL RELATIONS DEPT
PO BOX 2207
SCHENECTADY NY 12301-2207

mvphealthcare.com

Professional Relations Updates

MVP Wants to Know How You're Fighting the Opioid Epidemic

Let us know what tools and resources you find most helpful when prescribing opioids. Your responses will help us develop programs that will make the greatest impact so we can support providers and members in the fight against the opioid epidemic.

Please take the short survey at bitly.com/2SzWhKf. Your feedback is greatly appreciated!

MVP Provider Resource Manual

MVP updates provider policies and procedures in the Provider Resource Manual (PRM) on a quarterly basis and posts them on our website. Policy updates are published 30 days in advance of the effective date to allow providers to review policy changes.

All policies are effective on the first day of each quarter unless otherwise stated in the PRM. MVP's contracts require providers to follow all MVP policies and procedures, so it is imperative that providers review the PRM on a quarterly basis for all policy updates. To view the MVP Provider Resource Manual, visit mvphealthcare.com and *Sign In/Register*, and then select *Resources*.

myVisitNow®—24/7 Online Doctor Visits

MVP offers **myVisitNow**, a telemedicine benefit powered by American Well, where eligible MVP members can access health care professionals through a smartphone, tablet, or computer with a web cam from the comfort and convenience of their home, or anywhere in the United States. Members can access adult and pediatric urgent care doctors 24/7/365, and conveniently self-schedule appointments with behavioral health specialists, psychiatrists, dietitians, and lactation consultants.

Five things you should know about myVisitNow that you might not have known.

1. **myVisitNow** is not meant to replace the very valuable Primary Care Physician (PCP).
2. By offering **myVisitNow**, MVP is giving members more options and greater access to care.
3. **myVisitNow** is less expensive than urgent care and low-acuity emergency room visits, but the cost-share for members who use the benefit is equivalent to a PCP sick visit.
4. With the behavioral health and psychiatry services, **myVisitNow** allows members to receive treatment in the comfort of their own home, which removes a possible reason to skip appointments.
5. You can join the Online Care Group and you can be a **myVisitNow** provider too!

MVP is working with American Well, a leading telehealth technology platform, and the Online Care Group (OCG), its affiliated virtual provider group and the nation's first and largest primary care group devoted to telehealth. All OCG health care professionals

myVisitNow—24/7 Online Doctor Visits continued from page 1

have an average of 15 years experience in primary and urgent care and are U.S. board-certified, licensed, and credentialed. They also have profiles and are rated by other patients, so you can see their education, practice experience, and patient satisfaction reviews.

To join, visit americanwell.com and select *Join Our Medical Group* under *Providers*.

For more information about MVP's Telemedicine Benefit, visit mvphealthcare.com and select *Providers*, then *Search Providers*, then *myVisitNow®—24/7 Online Doctor Visits*, or contact your MVP Professional Relations representative.

Keep Your Online Demographics Up-to-Date

The new online form allows providers to communicate easily when they are changing or adding a new address, updating their Tax ID information, or even notifying MVP that a provider has left their group. Providers can submit the form electronically and will receive a reference number to check on the status of a change. This process makes it easier to submit changes, saving you time to focus on patient care.

MVP now requires all provider changes of information be submitted online¹. To access the online form, visit mvphealthcare.com/demographics.

If you have any additional questions, please contact your MVP Professional Relations representative.

¹In some cases, a facility may still be required to provide a paper form.

Utilization Management Updates

Musculoskeletal Management Program

Starting January 1, 2019, MVP will work with Magellan Healthcare¹ to implement a musculoskeletal (MSK) management program. This program will require prior authorization for MVP members for select non-emergent MSK procedures, including outpatient interventional pain

management services (IPM), inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries. This program will include all lines of business, including select self-funded plans administered by MVP. Please contact MVP Provider Services to verify if a self-funded plan requires review by Magellan.

MVP will oversee the MSK program and maintain responsibility for claims. There are no changes in the contractual relationship between MVP and its provider network.

¹National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

Quality Improvement Updates

It's HEDIS Season!

The 2019 HEDIS Medical Record Review project will begin in February and run through mid-May. MVP will soon call offices to validate contact information and to request medical record access or an on-site review. Members for our HEDIS review sample are randomly selected. If your office does not receive this call from us, no patients from your practice are in the random sample.

Our fax requests will include a pull list of selected MVP members and provide a detailed explanation of the documentation required for each HEDIS measure.

Your office staff can help facilitate the HEDIS process in several ways:

- **On-site reviews:** Our nurse will require enough space to accommodate a laptop, desktop scanner, and your EMR system or your stack of paper charts. An electrical outlet will be necessary for the laptop, as well.

A note about Protected Health Information (PHI): Reviewers will download the records onto an encrypted and password protected flash drive directly from your EMR. Alternatively, paper charts will be scanned to the laptop and securely filed to MVPs HEDIS software program.

- **Faxed records:** If your office has fewer than six members to audit, we will request the records be sent to us by fax within 10 working days. In the best interest of time

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and efficiency, we ask that your staff submit **only** the documentation indicated on the record requests, observing any time frames or dates of service (DOS) specified. All office notes require a provider signature; and, ensuring that each record shows the patient name, DOB, and DOS will reduce the need for return calls to your office.

• If you employ a medical record retrieval service:

Vendors can require long time frames to fulfill requests during HEDIS season. If your office uses one of these services, please provide those details in the designated box on our fax request form, and return it to us as soon as possible.

Use of Private Health Information (PHI)

PHI that is used or disclosed for purposes of treatment, payment, or health care operations is permitted by HIPAA Privacy Rules and does not require consent or authorization from the member/patient. All MVP network care practices must provide the requested medical record information to comply with state and federal regulatory and accreditation requirements. This requirement is outlined in your Participation Agreement.

We appreciate your cooperation and timeliness in providing the requested medical records during this busy review season. Happy HEDIS!

Medicare Updates

Medicare Advantage Plans Introduce Condition-Specific Benefits

The Centers for Medicare & Medicaid Services (CMS) has expanded the opportunity for health plans to provide supplemental benefits that offer additional services or reduced cost sharing for services and/or items that are tied to a specific health status or chronic disease state.

For 2019, MVP Medicare Advantage plans include targeted benefits for members with the following diagnoses:

- **Diabetes:** Members diagnosed with diabetes will pay a \$0 co-pay for routine podiatry visits.
- **Stroke:** Members who have suffered a stroke are allowed up to \$250 per year for bathroom safety and assistance devices purchased from DME Supply USA, a division of Lincare. Eligible devices must be on MVP's approved list, available at dmesupplyusa.com/mvp.
- **Hypertension:** Members diagnosed with hypertension have a \$0 co-pay for one blood pressure cuff per year

purchased from DME Supply USA, a division of Lincare. Eligible devices must be on MVP's approved list, available at dmesupplyusa.com/mvp.

MVP Medicare Advantage plan members must have a confirmed diagnosis to qualify for these benefits.

2019 Updates for Federal Employee Health Benefit Plan (FEHBP) Members

Effective January 1, 2019, retiree members enrolled in the Standard Option plan along with Medicare Part A, *and* Medicare Part B will be eligible to have their Medicare Part B co-pays and co-insurance costs waived for certain services.

Eligible services include:

- Medicare Deductible
- Outpatient Physician Care
- Preventive Care
- Lab and Diagnostic Services
- Outpatient Hospital Care
- Outpatient Surgical Services
- Urgent Care
- Emergency Care
- PT/OT/ST
- Chiropractic Care
- Annual Eye Exam (lenses/frames not covered)

How will the Medicare Part B co-pays and co-insurance costs be waived?

If a participating provider renders services, that provider must submit the claim to Medicare. Once the Medicare Explanation of Benefits (EOB) is received, the provider will submit the claim to MVP. MVP will process the claim; reviewing the Part B Medicare EOB and waiving the member cost share. Members will not have to submit any additional paperwork such as claims, EOBs, or reimbursement forms. If services are received from a non-participating provider, the member will need to submit a claim with their Medicare EOB.

What if the provider requires payment at the time of service?

The provider can call the MVP Provider Services Department phone number listed on the back of the member's MVP Member ID card to verify the member's eligibility and waive the cost.

Medicaid Updates

New Children and Family Treatment and Support Services (CTFSS) Available January 1, 2019

As of January 1, 2019, children with non-Supplemental Security Income (SSI) Medicaid Managed Care (MMC) will have coverage for behavioral health treatment and support services for their families under their MVP Medicaid Managed Care Plan.

These services place strong emphasis on early identification and access to treatment. The intention is to prevent the onset or progression of behavioral health conditions and a need for long-term services. Some of these services will allow the child to be treated in the home and other natural, community-based settings where children/youth and their families live. The program will be phased-in over the next 18 months, with the first three services being implemented on January 1, 2019. Additional services will be implemented in April and July of 2019, and January 2020.

What are the First Three Services?

The services that will be effective January 1, 2019 include:

1. Other Licensed Practitioner (OLP)—lets children get individual, group, or family therapy where they are most comfortable.
2. Psychosocial Rehabilitation (PSR)—helps children relearn skills to help them in the community.
3. Community Psychiatric Supports and Treatment (CPST)—helps children stay in their home, as well as communicate better with family, friends, and others.

How Will These Services Be Rendered?

Beacon Health Options has a provider network that will render the services listed above. Beacon will also be responsible for the administration of claims and MVP will provide Care Management services.

Little FootprintsSM Program

MVP offers a high-risk prenatal care program called *Little Footprints*. The Little Footprints program includes phone calls from a registered nurse specializing in high-risk maternity for one-on-one education, case management support, and intervention during a high-risk pregnancy. Those members who are not eligible for the Little

Footprints program are referred to the *Healthy Starts* program for an educational packet via mail. The Healthy Starts program gives mothers-to-be information that helps them stay healthy, learn about pregnancy, and prepare for delivery. MVP Medicaid Managed Care members who are not eligible or decline the high risk program, will receive the same mailings as those enrolled in Little Footprints. If you would like to refer one of your patients to either of these programs, please call the MVP Health Care Operations Department at **1-866-942-7966**.

Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the November meeting. Some of the medical policies may reflect new technology while others clarify existing benefits. **Healthy Practices** and/or **FastFax** will continue to inform your office about new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the Benefit Interpretation Manual (BIM) located on mvphealthcare.com. To access the BIM, log in to your account, visit Online Resources and select BIM under Policies. The Current Updates page of the BIM lists all medical policy updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Medical Policy Updates Effective January 1, 2019

Hyaluronic Acid Derivatives: After review of the medical literature, MVP will no longer cover the use of hyaluronic acid derivatives for osteoarthritis of the knee. All plans, with the exception of Medicare plans, will require prior authorization. For Medicare products, the use of hyaluronic acid derivatives will be covered under the criteria outlined in the Medicare variation of the policy. Prior authorization will now be managed through the prospective review Utilization Management department and not the Pharmacy department.

Medical Policy Updates Effective February 1, 2019

Breast Surgery for Gynecomastia: No changes

Bronchial Thermoplasty; Cosmetic and Reconstructive Services: No changes

Dermabrasion: No changes

External Breast Prosthesis: No changes

Habilitation Services: No changes

Investigational Procedures, Devices, Medical Treatments, and Tests: LINX Reflux Management System is not covered and considered experimental and investigational. Serum antibodies for the diagnosis and monitoring of inflammatory bowel disease have been removed from the policy. A new policy regarding coverage of Serological Testing for Inflammatory Bowel Disease will be effective April 1, 2019.

Oxygen and Oxygen Equipment: The Breathe Technologies Life2000 Ventilation System has been added to the policy. It was determined that it is not medically necessary because there are no literature reviews, evidence of improved medical outcomes or research by specialists that describe the safety, value, or effectiveness (success) for this ventilator over other ventilators.

Prostatic Urethral Lift (PUL) System UroLift: The Prostatic Urethral Lift procedure (e.g., UroLift System) is considered medically necessary for the treatment of symptomatic benign prostatic hyperplasia (BPH) age 50 or above, estimated prostate volume <80 cc, no obstructive median lobe of the prostate identified on cystoscopy and failure, contraindication, or intolerance to at least three months of conventional medical therapy for BPH. See policy for exclusions.

Robotic and Computer Assisted Surger: No changes

Tear Osmolarity Testing for Dry Eye Disease: Tear osmolarity testing can now be performed by an ophthalmologist, pediatric ophthalmologist, or a licensed optometrist.

Ventricular Reduction Surgery: No changes

Pharmacy Updates

Pharmacy Policy Updates Effective January 1, 2019

Addyi: No changes

Benlysta: No changes

CAR-T Cell Therapy:

- Clarified Kymriah and Yescarta are immunotherapy
- Added exclusion of ECOG score greater than two for Kymriah

Excluded Drug List: No changes

Formulary Exception for Non-Covered Drugs: No changes

Gabapentin ER:

- Clarified creatinine clearance restriction is for Gralise only

Immunoglobulin Therapy:

- Updated Stiff-man syndrome to Stiff-person syndrome
- Updated age restrictions for Gammagard, Gamunex-C, and Gammaked

Multiple Sclerosis Agents:

- Updated Gilenya criteria to age 10 and older

Nuedexta: No changes

Oral Allergen Immunotherapy Medications:

- Added Odactra

Prostate Cancer:

- Updated Provenge criteria to reflect current NCCN guidelines
- Added criteria for Erleada

Respiratory Syncytial Virus/Synagis: No changes

Transgender Hormone Policy (Commercial/Marketplace):

- Updated to reflect New York State requirements

Select Hypnotics: No changes

Spinraza: No changes

Weight Loss Agents: No changes

Xiidra (Medicaid and HARP): **NEW POLICY**

Xyrem: No changes

Pharmacy Policy Updates Effective December 1, 2018

Antibiotic/Antiviral (oral) Prophylaxis: No changes

Compounded (Extemporaneous) Medications:

- Added language for topical compounds
- Updated exclusion criteria
- Added Medicaid variation
- Added language regarding specialty compounds

Doryx/Oracea:

- Clarified chart notes are required documenting failure to formulary alternatives
- Updated approval length for Oracea

Government Programs Over-The-Counter (OTC)

Drug Coverage:

- Added proton pump inhibitors

Hepatitis C Treatment: No changes

Immunoglobulin Therapy:

- Added Vermont variation

Mepron (Atovaquone):

- Clarified prior authorization is required only if quantity limit is exceeded

Minocycline ER: No changes

Pharmacy Programs Administration:

- Updated Medicare variation
- Added language for medications used during a procedure

Quantity Limits for Prescription Drugs:

- Added Bonjesta
- Added Victoza
- Clarified all ED products have quantity limits
- Removed ASO variation for smoking cessation
- Added diclofenac 1% gel to Medicaid variation

Zinplava:

- Updated Jcode
- Removed metronidazole from
- Updated exclusion criteria

Formulary Updated for Commercial, Marketplace, and Medicaid

New drugs—recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid plans

Drug Name	Indicator
Qbrexza	Primary axillary hyperhidrosis
Takhzyro	Prophylaxis of hereditary angioedema attacks
Poteligeo (medical)	Relapsed or refractory mycosis fungoides (Sezary Syndrome)
Mulpleta	Thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure
Ilumya	Plaque psoriasis
Onpattro (medical)	Polyneuropathy of hereditary transthyretin-mediated amyloidosis
Galafold	Fabry Disease
Jivi (medical)	Hemophilia A

Drug Name	Indicator
Pifeltro	HIV-1
Ajovy	Migraine prevention
Perseris (medical)	Schizophrenia
Nivestym	Decrease incidence of infection in patients receiving myelosuppressive anti-cancer regimens
Delstrigo	HIV-1
Copiktra	CLL, SLL, or FL
Emgality	Migraine prevention
Epidiolex	Lennox-Gastaut seizures or Dravet syndrome
Inveltys	Post-operative inflammation and pain following ocular surgery
Libtayo (medical)	Metastatic cutaneous squamous cell carcinoma
Lumoxiti (medical)	Hairy cell leukemia
Talzenna	BRCA-HER2-negative locally advanced or metastatic breast cancer
Tegsedi	Poloneuropathy of hereditary transthyretin-mediated amyloidosis
Vizimpro	NSCLC with EGFR exon 19 deletion or exon 21 L858R substitution mutations
Xepi	Impetigo
Xerava (medical)	Complicated intra-abdominal infections
Xofluza	Acute uncomplicated influenza
Altreno	Acne vulgaris
Arikayce	MAC
Minolara	Acne vulgaris
Nocdurna	Nocturia due to nocturnal polyuria
Panzyga (medical)	Primary humoral immunodeficiency and Chronic immune thrombocytopenia
Tiglutik	ALS

Drugs Added to Formulary

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

Albendazole (Non-Formulary for Medicaid)

clobazam

dalfampridine ER (Prior authorization required)

itraconazole susp (Prior authorization required)

nevirapine susp

tadalafil 2.5mg, 5mg (Prior authorization required)

tadalafil 10mg, 20mg (Not covered for Medicaid)

tadalafil 20mg (Prior authorization required)

testosterone 1.62%

Drugs Removed from Prior Authorization

Bonjesta

Cimduo

Firvanq

Lucemyra

Rhopressa

Symfi/Lo

Trogarzo (medical)

Drugs Excluded from the Formulary Effective January 1, 2019

Anusol-HC supp

Azor (brand)

Belladonna-opium supp

Catapres (brand)

Cifrazol

Donnatol

Dutoprol

Forfivo (brand and generic)

Hemmorex-HC supp

Inderal XL/Innopran XL (brand)

Inspra (brand)

Lanoxin (brand)

Metoclopramide ODT

Nascobal

Nicodan

Ortho-D/Ortho-DF

Pamelor (brand)

Phenhytro

Skelaxin (brand)

Tenormin (brand)

Tronvite

Viagra (brand)

Wellbutrin (brand)

Zebutal

Zestoretic (brand)

2019 Commercial/Exchange Formulary Updates

Drug Name	Current Status Commercial	2019 Status Commercial	Current Status Exchange	2019 Status Exchange
DPP-4 Inhibitors				
Janumet	Tier 2	Tier 2	Tier 2	Tier 2
Janumet XR	Tier 2	Tier 2	Tier 2	Tier 2
Januvia	Tier 2	Tier 2	Tier 2	Tier 2
Jentadueto	Tier 2	Excluded	Tier 2	Excluded
Jentadueto XR	Tier 2	Excluded	Tier 2	Excluded
Tradjenta	Tier 2	Excluded	Tier 2	Excluded
SGLT2 Inhibitors				
Farxiga	Tier 2	Tier 2	Tier 2	Tier 2
Invokamet	Tier 2	Excluded	Tier 2	Excluded
Invokamet XR	Tier 2	Excluded	Tier 2	Excluded
Invokana	Tier 2	Excluded	Tier 2	Excluded
Jardiance	Tier 3	Tier 2	Tier 3	Tier 2
Segluromet	Excluded	Excluded	Excluded	Excluded
Steglatro	Excluded	Excluded	Excluded	Excluded
Synjardy	Tier 3	Tier 2	Tier 3	Tier 2
Synjardy XR	Tier 3	Tier 2	Tier 3	Tier 2
Xigduo XR	Tier 2	Tier 2	Tier 2	Tier 2

Drug Name	Current Status Commercial	2019 Status Commercial	Current Status Exchange	2019 Status Exchange
SGLT2-DPP-4 Combos				
Glyxambi	Tier 3	Tier 2	Tier 3	Tier 2
Qtern	Tier 3	Tier 2	Tier 3	Tier 2
Steglujan	Excluded	Excluded	Excluded	Excluded
Incretin Mimetic Agents				
Adlyxin	Tier 3	Excluded	Tier 3	Excluded
Byetta	Tier 2	Tier 3	Tier 3	Tier 3
Bydureon	Tier 2	Tier 3	Tier 3	Tier 3
Bydureon Bcise	Tier 2	Tier 3	Tier 3	Tier 3
Bydureon Pen	Tier 2	Tier 3	Tier 3	Tier 3
Ozempic	Tier 2	Tier 2	Tier 2	Tier 2
Trulicity	Tier 3	Tier 2	Tier 3	Tier 2
Victoza	Tier 2	Tier 2	Tier 2	Tier 2
Incretin Mimetic Agents/Insulin Combo				
Adlyxin	Tier 3	Excluded	Tier 3	Excluded
Byetta	Tier 2	Tier 3	Tier 3	Tier 3
Inflammatory Bowel Disease–Oral Agents				
Generics	Tier 1	Tier 1	Tier 1/2	Tier 1/2
Apriso	Tier 3	Tier 2	Tier 3	Tier 2
Delzicol	Tier 2	Excluded	Tier 3	Excluded
Dipentum	Tier 3	Excluded	Tier 3	Excluded
Giazo	Tier 3	Tier 3	Tier 3	Tier 3
Lialda	Tier 3	Excluded	Tier 3	Excluded
Pentasa	Tier 2	Tier 2	Tier 2	Tier 2
Uceris 9mg	Tier 3	Tier 3	Tier 3	Tier 3
Irritable Bowel Syndrome–Constipation				
Amitiza	Tier 3	Tier 2	Tier 3	Tier 2
Linzess	Tier 3	Tier 2	Tier 3	Tier 2
Trulance	Tier 3	Tier 3	Tier 3	Tier 3
Anticholinergic Beta Agonist Combination Inhalers				
Anoro Ellipta	Tier 2	Tier 2	Tier 2	Tier 2
Bevespi Aerosphere	Tier 3	Tier 2	Tier 3	Tier 2
Stiolto Respimat	Tier 3	Excluded	Tier 3	Excluded
Utibron	Tier 3	Excluded	Tier 3	Excluded

Drug Name	Current Status Commercial	2019 Status Commercial	Current Status Exchange	2019 Status Exchange
Steroid-Beta Agonist Inhalers				
Generics	Tier 1	Tier 1	Tier 1/2	Tier 1/2
Advair Diskus	Tier 2	Tier 2	Tier 2	Tier 2
Advair HFA	Tier 2	Tier 2	Tier 2	Tier 2
Airduo Respiclick	Excluded	Excluded	Excluded	Excluded
Breo Ellipta	Tier 2	Tier 2	Tier 2	Tier 2
Dulera	Tier 3	Excluded	Tier 3	Excluded
Symbicort	Tier 2	Tier 2	Tier 2	Tier 2

Medicaid Formulary Updates Effective January 1, 2019

Drug Name	Current 2018 Status	2019 Status
Basal Insulins		
Basaglar	Tier 2	Tier 2
Lantus/Solostar	Tier 2	Tier 3/NF
Levemir/Flextouch	Tier 2	Tier 3/NF
Toujeo	Tier 3/NF	Tier 3/NF
Tresiba	Tier 3/NF	Tier 3/NF
Incretin Mimetic Agents		
Adlyxin	Tier 3/NF	Tier 3/NF
Byetta	Tier 3/NF	Tier 3/NF
Bydureon	Tier 3/NF	Tier 3/NF
Ozempic	Tier 2	Tier 2
Trulicity	Tier 3/NF	Tier 2
Victoza	Tier 2	Tier 2
Anticholinergic Inhalers		
Incruse Ellipta	Tier 3/NF	Tier 2
Seebri Neohaler	Tier 3/NF	Tier 3/NF
Spiriva	Tier 3/NF	Tier 3/NF
Spiriva Respimat	Tier 2	Tier 3/NF
Tudorza Pressair	Tier 3/NF	Tier 3/NF
Total member impact: 729		
Dry Eye		
Restasis	Tier 3/NF	Tier 3/NF
Xiidra	Tier 3/NF	Tier 2 w/ PA



To find the MVP Formularies, visit mvphealthcare.com and select *Providers*, then *Pharmacy*, then *MVP Formularies*.