HEALTHY PRACTICES JULY 2013 UPDATES

FROM MVP HEALTH CARE'S PHARMACY DEPARTMENT

POLICY UPDATES

Effective July 1, 2013

Mepron (NEW) (effective July 1, 2013)

Establishes prior authorization to ensure appropriate utilization

Weight Loss (NEW) (effective July 1, 2013)

- Prior authorization will be required for all BRAND (only) weight loss products.
- Criteria includes but is not limited to a BMI of 30 or 27 with co-morbidities and/or risk factors.

Lyme Disease/IV Antibiotic Treatment

 Policy language was updated to more clearly reflect the prior authorization process by which IV antibiotic treatment is reviewed.

Effective August 1, 2013

Daliresp (ARCHIVE)

Policy was archived due to appropriate utilization

Tysabri

 Criteria for JVC antibody testing was added to reflect recent changes to the Prescribing Information

Effective October 1, 2013

Migraine Agents

- Prior authorization will be required for all multi-source brand oral migraine agents.
- Examples include but are not limited to brand Amerge, Maxalt and Imitrex.

Intranasal Steroids

 Prior authorization will be required for all multi-source brand intranasal steroids. An example includes but is not limited to Flonase.

Compounded (Extemporaneous) Medications

 All compounded medications will be moved to Tier 3. Prior authorization will be required for Tier 2 plans including but not limited to Option, Option Family, Option Child and Healthy NY



The following policies were reviewed and approved without any changes to criteria:

- MS Injectables
- Xolair
- Cystic Fibrosis
- Advanced Agents for Pulmonary Hypertension
- Cough and Cold Products (Brands)

Formulary Updates for Commercial and Option Members

New drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Option/MVP Option Family)

Drug Name Indication

Fulyzag Non-infectious diarrhea

Kadcyla* Breast cancer
Nesina Type 2 diabetes
Pomalyst+ Multiple myeloma
Ravicti* Urea cycle disorders

Tecfidera* Multiple sclerosis (relapsing forms)

Invokana Type 2 diabetes
Onmel Onychomycosis
Uceris Ulcerative colitis
Kazano Type 2 diabetes
Oseni Type 2 diabetes

llevro Cataract surgery pain

Generic drugs added to Formulary (Tier 1)

acyclovir ointment (Zovirax)

zoledronic acid (Reclast and Zometa)

fluvoxamine ext-rel (Luvox CR)

Drugs removed from prior authorization (all medications are non-formulary, Tier 3 unless otherwise noted)

Binosto

Forfivo XL

Prepopik

Rayos

Sklice

Stribild

Tudorza Pressair

Zaltrap*

*Medical drug + Must be obtained from CuraScript Specialty Pharmacy



Levoxyl Shortage

King Pharmaceuticals has initiated a voluntary recall of Levoxyl due to complaints from pharmacists and patients of an uncharacteristic odor caused by an oxygen-absorbing canister in select bottles of product used to enhance the stability of the product. Due to this recall, there is a current shortage of Levoxyl product on the market. This shortage is anticipated to last in to 2014. MVP has sent letters to members currently taking Levoxyl asking them to contact their prescribing practitioner to discuss an alternative product.

Medicaid Standardized Prior Authorization Form

Effective **July 8, 2013**, all prior authorization and formulary exception requests for MVP Option and MVP Option Family members can be submitted on the new Medicaid standardized prior authorization form. This form is available now and can be found on our website by <u>clicking here</u>.

