

Pharmacy Formulary Updates Effective 1/1/2020

The MVP Health Care® (MVP) Pharmacy & Therapeutics (P&T) Committee has determined that the following drugs, which have been recently approved by the FDA, will require prior authorization for at least the first six months following the date they are available on the market. The most current versions of our Formularies and Prior Authorization forms are available at mvphealthcare.com.

For Medicaid plans:

Prior Authorization removed	
Drug Name	Tier
Armour Thyroid	Tier 2
Clonidine ER	Tier 1

Pharmaceutical Policies Available for Providers at mvphealthcare.com

For a listing of all current medical and pharmaceutical policies, visit mvphealthcare.com/providers and select *Resources*, then *Medical Policies*. All policies are reviewed at least once annually. A FastFax will be sent out one month prior to the effective date listing the policies and their status. These policies can fall into one of the following categories:

- **New** – Denotes a new policy.
- **Updated** – Updated policies have content changes that may affect coverage criteria for services and/or drugs.
- **Review/No Changes**– Policies that have been reviewed but have no content change.
- **Archived** – Denotes a policy that is not active.

The following policies are effective February 2020 (unless otherwise noted) and will be available for viewing on or before January 1, 2020. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Atopic Dermatitis	Updated
Calcitonin Gene-Related Peptide (CGRP) Antagonists	Updated
Infliximab	Updated