

PHARMACY FORMULARY UPDATES EFFECTIVE 3/1/2017

MVP Health Care's 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 www.mvphealthcare.com

New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Inflectra	Crohn's, UC, RA, PS, AS	Medical	Non-formulary	Medical
Lartruvo	Soft tissue sarcoma	Medical	Tier 5*	Medical
Vemlidy	HBV	Tier 3	Non-formulary	Non-formulary
Zinplava	Reduce recurrence of C. Diff.	Medical	Non-formulary*	Medical
Adlyxin	Type 2 DM	Tier 3	Non-formulary	Non-formulary
Soliqua	Type 2 DM	Tier 3	Non-formulary	Non-formulary
Epaned	HTN, HF	Tier 3	Non-formulary	Non-formulary
Basaglar	DM	Tier 3	Non-formulary	Non-formulary
Spinraza	Spinal muscular atrophy	Medical	Not covered*	Medical
Rubraca	Ovarian cancer	Tier 3	Tier 5	Non-formulary
Eucrisa	Atopic dermatitis	Tier 3	Non-formulary	Non-formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes			
Drug Name	Tier	Drug Name	Tier
Quetiapine XR	1(Tier 2 Exchange)	Ergotamine w/caffeine	1(Tier 2 Exchange)
Osetamivir caps ^{QL}	1(Tier 2 Exchange)	Rasagiline	1(Tier 2 Exchange)
Ezetimibe	1(Tier 2 Exchange)	Aprepitant caps ^{QL}	1(Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

Cabometyx	Briviact	Tecentriq ^M	Probuphine Implant ^M
Bevespi Aerosphere	Byvalson	Qbrelis	Xiidra

*May be covered under Part B if administered in the office or outpatient setting. M- Medical benefit + Step Therapy
QL-Quantity Limits apply

**If you have any questions with respect to this notice,
please contact your Professional Relations Representative.**

