

PHARMACY FORMULARY UPDATES EFFECTIVE 5/1/2016

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. MVP Formularies are also available from E-pocrates at www.epocrates.com

New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Bendeka	CLL and NHL	Medical	Tier 5	Medical
Uptravi	PAH	Tier 3	Non-formulary	Non-formulary
Dyanavel XR	ADHD	Tier 3	Non-formulary	Non-formulary
Quillichew ER	ADHD	Tier 3	Non-formulary	Non-formulary
Propel Implant	Chronic sinusitis	Medical	Non-formulary	Medical
Xuriden	Hereditary orotic aciduria	Tier 3	Non-formulary	Non-formulary
Nucala	Eosinophilic phenotype asthma	Medical	Non-formulary	Medical
Iressa	NSCLC	Tier 3	Tier 5	Non-formulary
Darzalex	Multiple Myeloma	Medical	Tier 5	Medical
Kanuma	LAL	Medical	Non-formulary	Medical
Portrazza	NSCLC	Medical	Tier 5	Medical
Alecensa	NSCLC	Tier 3	Tier 5	Non-formulary
Enstilar	Plaque psoriasis	Tier 3	Non-formulary	Non-formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes			
Drug Name	Tier	Drug Name	Tier
Imatinib	1(Tier 2 Exchange)	Naftifine cream 2%	1(Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

Entresto	Natpara	Rexulti	Prestalia

*May be covered under Part B if administered in the office or outpatient setting.
M- medical benefit + -Must be obtained from Specialty Vendor

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

