

## 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](http://www.mvphealthcare.com). MVP Formularies are also available from E-pocrates at [www.epocrates.com](http://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		
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\*May be covered under Part B if administered in the office or outpatient setting.

M - Medical benefit

+ - Must be obtained from Specialty Vendor

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-999-3920

