

PHARMACY FORMULARY UPDATES EFFECTIVE 2/1/2016

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
Tresiba	Diabetes	Tier 3	Non-formulary	Non-formulary
Onivyde	Metastatic adenocarcinoma of the pancreas	Medical	Non-formulary*	Medical
Yondelis	Metastatic liposarcoma	Medical	Non-formulary*	Medical
Strensiq`	Hypophosphatasia	Tier 3	Non-formulary	Non-formulary
Genvoya	HIV	Tier 3	Tier 5	Non-formulary
Imlygic	Melanoma	Medical	Non-formulary*	Medical
Gleostine	Metastatic brain tumor/HL	Tier 3	Non-formulary	Non-formulary
Belbuca	Pain management	Tier 3	Non-formulary	Non-formulary
Cotellic	Melanoma	Tier 3	Tier 5	Non-formulary
Tagrisso	NSCLC	Tier 3	Tier 5	Non-formulary
Viberzi	IBS-D	Tier 3	Non-formulary	Non-formulary
Viviodex	OA/RA	Tier 3	Non-formulary	Non-formulary
Veltassa	Hyperkalemia	Tier 3	Non-formulary	Non-formulary
Ninlaro	Multiple Myeloma	Tier 3	Tier 5	Non-formulary
Empliciti	Multiple Myeloma	Medical	Non-formulary*	Medical
Seebri Neohaler	COPD	Tier 3	Non-formulary	Non-formulary
Utibron Neohaler	COPD	Tier 3	Non-formulary	Non-formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes			
Drug Name	Tier	Drug Name	Tier
Trimipramine	1(Tier 2 Exchange)	Dutasteride-tamsulosin	
Linezolid suspension	1(Tier 2 Exchange)	Olopatadine ophth	
Repaglinide/metformin	1(Tier 2 Exchange)		

Drugs removed from PA for Commercial & Exchange business:

Aptensio XR	Corlanor	Invega Trinza ^M	Irenka	Stiolto Respimat
-------------	----------	----------------------------	--------	------------------

*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.

