

## **PHARMACY FORMULARY UPDATES EFFECTIVE 9/1/2018**

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)

### **New Drugs (prior authorization required)**

| <b>Drug Name</b> | <b>Indication</b>    | <b>Commercial &amp; Marketplace Tier</b> | <b>Medicare Part D Tier</b> | <b>MVP Medicaid</b> |
|------------------|----------------------|--|-----------------------------|---------------------|
| Admelog          | Diabetes Mellitus    | Tier 3                                   | Non-formulary               | Non-formulary       |
| Olumiant         | Rheumatoid Arthritis | Tier 3                                   | Non-formulary               | Non-formulary       |
| Roxybond         | Pain                 | Tier 3                                   | Non-formulary               | Non-formulary       |
| Eskata           | Seborrheic Keratosis | Medical                                  | Not covered                 | Medical             |
| Siklos           | Sickle Cell Anemia   | Tier 3                                   | Non-formulary               | Non-formulary       |
| Imvexy           | Dyspnea              | Tier 3                                   | Non-formulary               | Tier 3              |

### **For Commercial & Exchange (non-Medicare) business:**

| <b>Formulary additions/changes</b> |                     |
|------------------------------------|---------------------|
| <b>Drug Name</b>                   | <b>Tier</b>         |
| budesonide 9mg                     | 1 (Tier 2 Exchange) |

### **Drugs removed from PA for Commercial & Exchange business:**

|                  |         |        |                              |
|------------------|---------|--------|------------------------------|
| Prevymis TABLETS | Ozempic | Juluca | Sublocade ( <i>medical</i> ) |
|------------------|---------|--------|------------------------------|

\*May be covered under Part B if administered in the office or outpatient setting.

M - Medical benefit    + Step Therapy    QL-Quantity Limits apply

**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 1-800-684-9286**

