

PHARMACY FORMULARY UPDATES EFFECTIVE 7/1/2016

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
Taltz	Plaque psoriasis	Tier 3	Non-formulary	Non-formulary
Defitello	VOD, SOS	Medical	Medical	Medical
Cinqair	Severe asthma	Tier 3	Non-formulary	Non-formulary
Venclexta	CLL	Tier 3	Tier 5	Non-formulary
Impavido	Leishmaniasis	Tier 3	Non-formulary	Non-formulary
Evomela	Multiple Myeloma	Medical	Medical	Medical
Adzenys XR	ADHD	Tier 3	Non-formulary	Non-formulary
Zembrace	Migraine	Tier 3	Non-formulary	Non-formulary
Descovy	HIV	Tier 3	Tier 5	Non-formulary
Vraylar	Schizophrenia	Tier 3	Tier 5	Non-formulary
Vistogard	Fluorouracil overdose	Tier 3	Not covered	Non-formulary
Odefsey	HIV	Tier 3	Tier 5	Non-formulary
Otiprio	Otitis media	Medical	Medical	Non-formulary
Spritam	Seizures	Tier 3	Tier 4	Non-formulary
Allzital		Tier 3	Non-formulary	Non-formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes

Drug Name	Tier	Drug Name	Tier
Zolpidem SL ⁺	1(Tier 2 Exchange)	Mometasone nasal	1(Tier 2 Exchange)
frovatriptan	1(Tier 2 Exchange)		

Drugs removed from PA for Commercial & Exchange business:

Tolak	Odomzo	Lonsurf	Aristada ^M	Varubi	Zarxio		
Synjardy	Envarsus XR	Darifenacin ER					

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

M- medical benefit + Step Therapy

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

