

MVP FASTFAX

News for West Region – Rochester/Buffalo Providers

PHARMACY FORMULARY UPDATES EFFECTIVE 3/1/2018

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

New Drugs (prior authorization required)

| Drug Name | Indication | Commercial & Marketplace Tier | Medicare Part D Tier | MVP Medicaid |
|--------------|-----------------------------|-------------------------------|----------------------|---------------|
| Yescarta | B-Cell Lymphoma | Medical | Medical (Part B) | Medical |
| Benznidazole | Chagas disease | Tier 3 | Non-formulary | Non-formulary |
| Calquence | Mantle Cell Lymphoma | Tier 3 | Tier 5 | Non-formulary |
| Fasenra | Severe asthma | Medical | Non-formulary | Medical |
| Rebinyn | Hemophilia B | Medical | Medical (Part B) | Medical |
| Vyzulta | Glaucoma | Tier 3 | Non-formulary | Non-formulary |
| Hemlibra | Hemophilia A | Tier 3 | Part B | Non-formulary |
| Mepsevii | Sly syndrome | Medical | Medical (Part B) | Medical |
| Prevymis | Cytomegalovirus prophylaxis | Tier 3 | Non-formulary | Non-formulary |
| Cinvanti | Chemotherapy N/V | Medical | Medical (Part B) | Medical |
| Ozempic | Type 2 diabetes | Tier 3 | Non-formulary | Non-formulary |
| Odactra | Allergic rhinitis | Tier 3 | Non-formulary | Non-formulary |
| Hepelisav-B | Hepatitis B | Medical | Non-formulary | Medical |
| Juluca | HIV-1 | Tier 3 | Tier 5 | Non-formulary |
| Luxturna | Retinal dystrophy | Medical | Medical (Part B) | Medical |
| Varubi Inj | Chemotherapy N/V | Medical | Medical (Part B) | Medical |
| Sublocade | Opioid use disorder | Medical | Medical (Part B) | Medical |

For Commercial & Exchange (non-Medicare) business:

| Formulary additions/changes | | | |
|-----------------------------|--------------------|--|--------------------|
| Drug Name | Tier | Drug Name | Tier |
| Carvedilol ER | 1(Tier 2 Exchange) | Sildenafil 25mg, 50mg, 100mg ^{QL} | 1(Tier 2 Exchange) |
| Tenofovir 300mg | 1(Tier 2 Exchange) | Efavirenz | 1(Tier 2 Exchange) |

Drugs removed from PA for Commercial & Exchange business:

| | | | | | |
|--------|----------|--------|--------|----------------------|-----------|
| Zejula | Alunbrig | Rydapt | Xadago | Imfinzi ^M | Intrarosa |
|--------|----------|--------|--------|----------------------|-----------|

*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.

