

PHARMACY FORMULARY UPDATES EFFECTIVE 6/1/2017

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 |
|-----------|---------------------------------|----------------------------------|-------------------------|---------------|
| Trulance | Chronic idiopathic constipation | Tier 3 | Non-formulary | Non-formulary |
| Emflaza | Duchenne muscular dystrophy | Tier 3 | Non-formulary | Non-formulary |
| Xermelo | Carcinoid syndrome diarrhea | Tier 3 | Non-formulary | Non-formulary |
| Kisqali | Metastatic breast cancer | Tier 3 | Tier 5 | Non-formulary |
| Bavencio | Merkel cell carcinoma | Medical | Tier 5 | Medical |
| Dupixent | Atopic dermatitis | Tier 3 | Non-formulary | Non-formulary |
| Ocrevus | Multiple sclerosis | Medical | Non-formulary | Medical |
| Triferic | Anemia | Medical | Non-formulary | Medical |
| Xultophy | Type 2 DM | Tier 3 | Non-formulary | Non-formulary |
| Arymo ER | Severe pain | Tier 3 | Non-formulary | Non-formulary |
| Rhofade | Rosacea | Tier 3 | Non-formulary | Non-formulary |

For Commercial & Exchange (non-Medicare) business:

| Formulary additions/changes | | | | | |
|-----------------------------|--------------------|-------------------------------------|--------------------|--|--|
| Drug Name | Tier | Drug Name | Tier | | |
| Flurandrenolide oint. | 1(Tier 2 Exchange) | Desvenlafaxine SR (generic Pristiq) | 1(Tier 2 Exchange) | | |
| Prednisolone sol 10mg/5ml | 1(Tier 1 Exchange) | Prednisolone sol 20mg/5ml | 1(Tier 1 Exchange) | | |
| Mibelis 24 FE | 1(Tier 1 Exchange) | | | | |

Drugs removed from PA for Commercial & Exchange business:

| Γ | Otovel |
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*May be covered under Part B if administered in the office or outpatient setting. *Step Therapy QL-Quantity Limits apply M - Medical benefit

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.

