

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:

Otovel

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

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

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

