

PHARMACY FORMULARY UPDATES EFFECTIVE 11/1/2017

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
Triptodur	Central Precocious Puberty	Medical	Non-formulary	Medical
Nuwiq	Hemophilia A	Medical	Medical (Part B)	Medical
Kymriah	ALL	Medical	Medical (Part B)	Medical
Bevyxxa	VTE	Tier 3	Non-formulary	Non-formulary
Mylotarg	AML	Medical	Tier 5	Medical
Aliqopa	Relapsed Follicular Lymphoma	Medical	Tier 5	Medical
Duzallo	Gout	Tier 3	Non-formulary	Non-formulary
Gocovri	Parkinson's Disease	Tier 3	Non-formulary	Non-formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes

Drug Name	Tier	Drug Name	Tier
Vigabatrin powder	1 (Tier 2 Exchange)	Fosrenol tab	1 (Tier 2 Exchange)
Paroxetine 7.5mg cap	1 (Tier 2 Exchange)	Carbamazepine ER 100mg	1 (Tier 2 Exchange)
Fosamprenavir tab	1 (Tier 2 Exchange)		

Drugs removed from PA for Commercial & Exchange business:

Ocrevus ^M	Rubraca	Trulance	Xermelo	Kisqali	Bavencio	Triferic	Xultophy
----------------------	---------	----------	---------	---------	----------	----------	----------

**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

