



Pharmacy Policy and Formulary Update Effective February 1, 2010

New Fax Phone Numbers for Medication Prior Authorizations

Effective **December 1, 2009**, please use the following fax numbers when submitting prior authorization requests for medications:

For members in a Commercial product: (800) 376-6373

For members in a Medicare product: (800) 401-0915

You can obtain updated forms at <https://www.mvphealthcare.com/provider/ny/forms.html>.

Policy Updates

Kuvan

- Must be prescribed by a specialist or prescriber with experience in the intensive management of PKU
- Patient must be motivated to control PKU and maintain dietary restrictions which includes diet logs

Osteoporosis

- Criteria was updated to include Reclast for the treatment of osteopenia (low bone mass)

Sabril

- New policy
- Criteria established to ensure benefits outweigh the significant risks for this drug for the treatment of infantile spasms and refractory complex partial seizures in adults

Patient Medication Safety

- Criteria changed to allow MVP to take immediate action when inappropriate medication utilization is identified

The following policies were reviewed and approved with no changes to criteria:

- Growth Hormone
- Restasis
- Dermatologicals for Inflammation
- Cosmetic Drugs

Nuvigil and Provigil Quantity Limit

Effective February 1, 2009, Nuvigil and Provigil will be subject to quantity limits of 30 doses per 30 days. In addition, these medications will no longer be available through the Medco Pharmacy, MVP's mail order vendor.

Formulary Updates for Commercial Members

The MVP Formulary is updated after each Pharmacy and Therapeutics Committee meeting. The most current version is available online at www.mvphealthcare.com. Simply visit the site's *Provider* section and under *Pharmacy*, click on *Formulary*. The MVP Formulary can be

downloaded to a PDA device from www.epocrates.com. There is a link to ePocrates® on the MVP Web site. Please update your e-Pocrates account if your computer or PDA is set up to automatically download the Formulary. Unless otherwise noted, the following Formulary information is effective Feb. 1, 2010.

New drugs *(recently approved by the FDA, prior authorization required, Tier 3)*

Arzerra (medical benefit)	Votrient
Berinert (medical benefit)	Prolastin-C (medical benefit)
Twynsta	Welchol Suspension
Jenloga	Gammaplex (medical benefit)
Fibricor	

Drugs added to Formulary (Tier 1)

lansoprazole (generic Prevacid)
ketorolac ophthalmic (generic Acular LS)
tramadol ext-rel (generic Ultram ER)
fexofenadine/pseudo (generic Allegra-D 12 Hour)
perindopril (Aceon)

Drugs removed from Formulary* (change from Tier 2 to Tier 3)

Naftin	Soriatane CK
Aldara	Fluoroplex
Foltx	

**Affected members on drugs removed from the formulary will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative)*

Drugs removed from prior authorization

Uloric	Firmagon
Nucynta	