

PHARMACY FORMULARY UPDATES EFFECTIVE 5/1/2018

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
Solosec	Bacterial Vaginosis	Tier 3	Non-formulary	Non-formulary
Steglatro	Type 2 DM	Exclude	Non-formulary	Exclude
Lutathera	GEP-NET	Medical	Medical	Medical
Parsabiv	Hyperparathyroidism	Medical	Medical	Medical
Adzenys ER	ADHD	Exclude	Non-formulary	Exclude
Lyrica CR	DPH, PHN	Tier 3	Non-formulary	Non-formulary
Steglujan	Type 2 DM	Exclude	Non-formulary	Exclude
Sinuva	Nasal polyps	Medical	Non-formulary	Medical
Biktarvy	HIV	Tier 3	Tier 5	Non-formulary
Noctiva	Nocturia	Tier 3	Non-formulary	Non-formulary
Segluromet	Type 2 DM	Exclude	Non-formulary	Exclude

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes			
Drug Name	Tier	Drug Name	Tier
Estradiol vaginal cream	1(Tier 2 Exchange)	Efavirenz 600mg	1(Tier 2 Exchange)
Memantine XR	1(Tier 2 Exchange)		1(Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

Nerlynx	Idhifa	Rituxan Hycela ^M	Besponsa ^M
Lynparza	Armonair	Vyxeos ^M	

*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.

