

MVP FASTFAX

News for Providers

PHARMACY FORMULARY UPDATES EFFECTIVE 9/1/2018

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
Admelog	Diabetes Mellitus	Tier 3	Non-formulary	Non-formulary
Olumiant	Rheumatoid Arthritis	Tier 3	Non-formulary	Non-formulary
Roxybond	Pain	Tier 3	Non-formulary	Non-formulary
Eskata	Seborrheic Keratosis	Medical	Not covered	Medical
Siklos	Sickle Cell Anemia	Tier 3	Non-formulary	Non-formulary
Imvexxy	Dyspnea	Tier 3	Non-formulary	Tier 3

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes	
Drug Name	Tier
budesonide 9mg	1 (Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

Prevymis TABLETS	Ozempic	Juluca	Sublocade (<i>medical</i>)
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**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.

