

PHARMACY FORMULARY UPDATES EFFECTIVE 1/1/2019

The MVP Health Care® (MVP) 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 mvphealthcare.com

New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Copiktra	For chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma (SLL), or follicular lymphoma (FL)	Tier 3	Tier 5	Non- formulary
Emgality	Migraine prevention	Tier 3	Non-formulary	Non- formulary
Epidiolex	For the treatment of seizures associated with Lennox- Gastaut or Dravet syndrome	Tier 3	Tier 5	Non- Formulary
Inveltys	Post-operative eye drop	Tier 3	Non – formulary	Non – formulary
Libtayo*	For cutaneous squamous cell carcinoma (CSCC)	Medical	Tier 5	Medical
Lumoxiti*	For hairy cell leukemia (HCL)	Medical	Tier 5	Medical
Talzenna	HER—negative breast cancer	Tier 3	Tier 5	Non- formulary
Tegsedi	Polyneuropathy of hereditary transthyretin- mediated amyloidosis	Tier 3	Non- formulary	Non-formulary
Vizimpro	Kinase inhibitor	Tier 3	Tier 5	Non-formulary
Xepi	Topical quinolone antibiotic	Tier 3	Non-formulary	Non- formulary
Xerava*	Injectable tetracycline antibiotic	Medical	Non- formulary	Non- formulary
Xofluza	Acute uncomplicated influenza	Tier 3	Non-formulary	Non- formulary
Altreno	Topical tretinoin for acne vulgaris	Tier 3	Non- formulary	Non- formulary
Arikayce	Aminoglycoside antibiotic	Tier 3	Non- formulary	Non- formulary
Nocdurna	Treatment of nocturia	Tier 3	Non- formulary	Non- formulary
Panzyga*	Primary humoral deficiency	Medical	Non- formulary	Medical
Tiglutek	Amyotrophic lateral sclerosis (ALS)	Tier 3	Non- formulary	Non- formulary

For Commercial & Exchange (non-Medicare) business:

Formulary additions/changes	
Drug Name	Tier
dalfampridine ER	1 (Tier 2 Exchange) PA required
testosterone 1.62 % gel	1 (Tier 2 Exchange) PA required/QL
clobazam	1 (Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

baclofen 5mg tablets	Lucemyra- QL
----------------------	--------------

*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.

