

Pharmacy Formulary Updates effective 4/1/2019

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 on mvphealthcare.com.

New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Arakoda	Prophylaxis of malaria	Tier 3	Non- formulary	Non- formulary
Lorbrena	Anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC)	Tier 3	Tier 5	Non- formulary
Revcovi* (medical)	Adenosine deaminase severe combined immune deficiency	Medical	Tier 5	Medical
Yupelri	Chronic obstructive pulmonary disease (COPD)	Tier 3	Non- formulary	Non- formulary
Oxervate	Neurotrophic keratitis	Tier 3	Non- formulary	Non- formulary
Daurismo	Acute Myeloid Leukemia	Tier 3	Tier 5	Non- formulary
Xospata	Acute Myeloid Leukemia	Tier 3	Tier 5	Non- formulary
Vitrakvi	Solid tumors	Tier 3	Tier 5	Non- formulary
Nuzyra (IV* and tablets)	Community-acquired bacterial pneumonia (CABP) and bacterial skin and skin structure infections	Medical/Tier 3	Medical/Non-formulary	Medical/Non-formulary
Aemcolo	Travelers' diarrhea	Tier 3	Non- formulary	Non- formulary
Firdapse	Lambert-Eaton myasthenic syndrome (LEMS)	Tier 3	Non-formulary	Non- formulary
Seysara	Inflammatory lesions of non-nodular moderate to severe acne vulgaris	Tier 3	Non- formulary	Non- formulary
Ultomiris* (medical)	Paroxysmal nocturnal hemoglobinuria (PNH)	Medical	Non- formulary	Medical
Gamifant (medical)	Primary hemophagocytic lymph histiocytosis	Medical	Non- formulary	Medical
Sympazan	Seizures associated with Lennox-Gastaut syndrome	Tier 3	Non- formulary	Non- formulary
Xelpros	Open-angle glaucoma and ocular hypertension	Tier 3	Non- formulary	Non- formulary
Xyosted	Testosterone deficiency or Low T	Tier 3	Non- formulary	Non- formulary
Abilify Mycite	Schizophrenia, bipolar I disorder, manic and mixed episodes, and major depressive disorder. Drug-device combination with an Ingestible Event Marker (sensor intended to track drug ingestion)	Tier 3	Non- formulary	Non- formulary
Khapzory* (medical)	Metastatic colorectal cancer in combination with fluorouracil	Medical	Non- formulary	Medical
Udenyca	Febrile neutropenia	Tier 3	Non-formulary	Non- formulary
Cequa	Keratoconjunctivitis Sicca	Tier 3	Non- formulary	Non- formulary
Tolsura	Onychomycosis of the toenail	Tier 3	Non- formulary	Non- formulary
Yutiq (medical)	Chronic non-infectious uveitis	Medical	Non- formulary	Medical

Generic Drug Formulary Additions for Commercial (Tier 1) & Exchange (Tier 2)

estradiol patch-(Minivelle)	minocycline ER-requires PA	abiraterone	silodosin
mesalamine suppository	pimecrolimus		

*May be covered under Part B if administered in the office or outpatient setting.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-999-3920.

