

Pharmacy Formulary Updates Effective December 1, 2021

The MVP Health Care® (MVP) Pharmacy and 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 and Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Brexafemme	Vulvovaginal Candidiasis	Tier 3	Non-Formulary	Non-Formulary
Kerendia	Diabetic Kidney Disease	Tier 3	Non-Formulary	Non-Formulary
Bylvy	Progressive Familial Intrahepatic Cholestasis	Tier 3	Non-Formulary	Non-Formulary
Saphnelo	Moderate-to-Severe Systemic Lupus Erythematosus	Medical	Non-Formulary	Medical
Azstarys	Attention Deficit Hyperactivity Disorder	Tier 3	Non-Formulary	Non-Formulary
Kloxxado	Opioid Overdose	Tier 3	Non-Formulary	Non-Formulary
Rylaze	Lymphoblastic Leukemia and Lymphoblastic Lymphoma in Patients who are Allergic to E. Coli-derived Asparaginase Products	Medical	Tier 5, if RxCui becomes available	Medical

Miscellaneous Updates

All Lines of Business

Due to recent attention of off-label use of ivermectin tablets for COVID-19 treatment, MVP has added a point-of-sale safety edit with a quantity limit of 6 tablets per 180 days. This applies to all lines of business.

Commercial and Exchange Formulary

Effective January 1, 2022

2022 Formulary Updates for Commercial and Exchange		
Drug	Action	Notes
Betaseron	Remove prior authorization. Move from Tier 3 to Tier 2	Multiple Sclerosis policy will be updated and brought to October 2021 P&T Meeting.
Saxenda	Move from Tier 3 to Tier 2	
Wegovy	Move from Tier 3 to Tier 2	
Zenpep	Move from Tier 3 to Tier 2	

Effective December 1, 2021

High-Cost Drug Exclusions and Utilization Management for Commercial and Exchange		
Drug	Action	Formulary Alternatives
Mefenamic capsules	Add a quantity limit of 14 capsules per 30 days	Etodolac ER, ibuprofen tablets, meloxicam, nabumetone

Page 1 of 3

To receive future FastFax messages by email, go to mvphealthcare.com/provideremail

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Flurandrenolide cream 0.05%	Add a quantity limit of 60g per 30 days	Prior authorization only required if the quantity limit is exceeded
Flurandrenolide lotion 0.05%	Exclude high cost NDC (51672-5298-08) and add a quantity limit of 120ml per 30 days	Prior authorization only required if the quantity limit is exceeded
Flurandrenolide ointment 0.05%	Add a quantity limit of 60g per 30 days	Prior authorization only required if the quantity limit is exceeded
Triamcinolone ointment 0.05%	Exclude	Triamcinolone ointment 0.1%
Diflorasone cream	Add a quantity limit of 60g per 30 days	Prior authorization only required if the quantity limit is exceeded
Ketoconazole cream	Add a quantity limit of 120g per 30 days	Prior authorization only required if the quantity limit is exceeded
Clobetasol ointment 0.05%	Add a quantity limit of 120g per 30 days	Prior authorization only required if the quantity limit is exceeded

Medicaid Formulary

Effective October 1, 2021 (December 1, 2021, for current utilizers):

Medicaid Over the Counter Exclusions		
Drug	Action	Formulary Alternatives
Liquid Multivitamins not covered on FFS (GPI 7831000000900) such as Centrum liquid, Alive, Lysiplex	Exclude	Various multivitamin with minerals as tablets, capsules
Gummy multivitamins not covered on FFS (GPI 78421000000500) such as Zoo Friends, Vitachew, Flintstones, Vitalets	Exclude	Various multivitamins as tablets, capsules, suspensions, drops, chewables
Eye vitamins that are not covered on FFS (GPI 7831000000100) examples: Preservision, OcuVite, Viteyes, Zyvana, Multipro	Exclude	Various Multi-vitamin capsules under GPI 7820000000100 and Dekas Plus capsules
Immune system vitamins that are not covered on FFS (GPI 78310000000800) such as Airshield, Airborne, Berocca	Exclude	Not a covered service; alternatives would be various multi-vitamin capsules
Multivitamins not covered on FFS (GPI 78350000000300) such as Essential one tablets, One-A-Day, Signacal tablets	Exclude	Various multivitamins as tablets, capsules
Chewable Multivitamins with iron not covered on FFS (GPI 78430000000515) such as Bite-A-Mins, QC Children's, Fruity Chews	Exclude	Various pediatric multi-vitamins with irons (drops, chewable tablets 18mg) under GPIs 78430000002010, 78430000000518, 78430000002012
Acetaminophen chewable and disintegrating tablets	Exclude	Acetaminophen tablets, suspension, solution, suppository
Albumin test strips	Exclude	Not a covered service
Simethicone liquid	Exclude	Simethicone chewables, tablets and suspension
Antihistamine-pseudoephedrine combinations (such as fexofenadine + pseudoephedrine, loratadine +	Exclude	Individual ingredients covered

To receive future FastFax messages by email, go to mvphealthcare.com/provideremail

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

pseudoephedrine, cetirizine + pseudoephedrine		
Throat lozenges (Dentiva, Salese)	Exclude	Not a covered service
Dextromethorphan/guaifenesin granules	Exclude	Dextromethorphan/guaifenesin syrup, tablets, liquid
Omega-3 fatty acid capsules, delayed release, and liquid (such as Fish Oil, Ovega-3, Theromega, Eskimo)	Exclude	Not a covered service
Phenazopyridine 95mg, 97.5mg tablets	Exclude	Phenazopyridine 100mg, 200mg tablets
Docosahexaenoic acid capsules (DHA) such as Super DHA, Atabex	Exclude	Various Prenatal vitamins with DHA
Hydrocortisone 1% gel, lotion, and with aloe vera	Exclude	Hydrocortisone 1% cream, ointment
Miconazole 2% powder (such as Zeasorb-AF powder)	Exclude	Tolnaftate powder
Cobalamin combination tablets (GPI 82991000000300) such as Folic+ B12 tablets,	Exclude	Individual ingredients covered
Prevident Solution 0.2%, Sodium Fluoride solution 0.2%	Exclude	Dentagel 1.1%, denta 5000 cream plus
Fluticasone 50MCG nasal spray (prescription version)	Exclude	Fluticasone 50MCG nasal spray (OTC version)
Levomefolic acid (5-MTHF) capsule	Exclude	Not a covered service

Effective December 1, 2021

High-Cost Drug Exclusions and Utilization Management for Medicaid		
Drug	Action	Formulary Alternatives
Triamcinolone ointment 0.05%	Exclude	Triamcinolone ointment 0.1%
Ketoconazole cream	Add a quantity limit of 120g per 30 days	Prior authorization only required if the quantity limit is exceeded

To receive future FastFax messages by email, go to mvphealthcare.com/provideremail

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.