

MVP FASTFAX

News for Providers

Pharmacy Formulary Updates Effective 11/1/2018

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
Tibsovo	Relapsed or refractory acute myeloid leukemia (AML)	Tier 3	Tier 5	Non- formulary
Orilissa	Moderate to severe endometriosis pain	Tier 3	Non-formulary	Non- formulary
Lokelma	Hyperkalemia	Tier 3	Non – formulary	Non- formulary
Plenvu	An osmotic laxative indicated for colonoscopy preparation	Tier 3	Non – formulary	Non – formulary
Symtuza	A four drug antiretroviral combination for HIV-1	Tier 3	Tier 5	Non- formulary
Macrilen	Indicated for the diagnosis of adult growth hormone deficiency	Medical	Not covered	Medical
Zemdri	An antibacterial indicated for complicated urinary tract infections including pyelonephritis	Medical	Non- formulary	Medical
Braftovi	For metastatic melanoma with a BRAF V600E or V600K mutation	Tier 3	Tier 5	Non- formulary
Mektovi	For metastatic melanoma with a BRAF V600E or V600K mutation	Tier 3	Tier 5	Non formulary
Fulphila	Febrile neutropenia	Tier 3	Non-formulary	Non- formulary

For Commercial & Exchange (non-Medicare) business

Formulary additions/changes	
Drug Name	Tier
desoximetasone 0.25% spray	1 (Tier 2 Exchange)
crotamiton lotion 10%	1 (Tier 2 Exchange)
Dorzolamide/timolol PF solution	1 (Tier 2 Exchange)

Drugs removed from PA for Commercial & Exchange business:

Sinuva (medical)	Biktarvy
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If you have any questions with respect to this notice, please contact your Professional Relations Representative.

