

## Pharmacy Formulary Updates Effective 12/1/2018

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](http://www.mvphealthcare.com)

### New Drugs (Prior Authorization Required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Qbrexa	For primary hyperhidrosis	Tier 3	Not covered	Non-formulary
Takhzyro	To prevent attacks of HAE (hereditary angioedema)	Tier 3	Non-formulary	Non-formulary
Poteligeo*	For relapsed mycosis fungoides or Sézary Syndrome	Medical	Non-formulary	Medical
Mulpleta	For thrombocytopenia in chronic liver disease patients	Tier 3	Non-formulary	Non-formulary
Ilumya	For moderate to severe plaque psoriasis	Tier 3	Non-formulary	Non-formulary
Onpattro*	For polyneuropathy in hereditary transthyretin-mediated amyloidosis patients	Medical	Not covered	Medical
Galafold	Fabry Disease	Tier 3	Non-formulary	Non-formulary
Jivi*	Factor VIII product for hemophilia A	Medical	Not covered	Medical
Pifeltro	Antiretroviral agent for HIV-1	Tier 3	Tier 5	Non-formulary
Ajovy	For migraine prophylaxis	Tier 3	Non-formulary	Non-formulary
Perseris*	Antipsychotic for schizophrenia	Medical	Non-formulary	Medical
Nivestym	For febrile neutropenia	Tier 3	Non-formulary	Non-formulary
Delstrigo	Antiretroviral combo for HIV-1	Tier 3	Tier 5	Non-formulary

### Formulary Additions/Changes for Commercial & Exchange (Non-Medicare) Business:

Drug Name	Tier
imiquimod pump	1 (Tier 2 Exchange)
nevirapine suspension	1 (Tier 2 Exchange)
taladafil (Adcirca)	1 (Tier 2 Exchange) PA required
tadalafil (Cialis)	1 (Tier 2 Exchange) PA required/QL
albendazole	1 (Tier 2 Exchange)
itraconazole suspension	1 (Tier 2 Exchange) PA required

### Drugs Removed from PA for Commercial & Exchange Business:

Bonjesta-QL	Zypitamag	Trogarzo (Medical)	Rhopressa
Firvanq	Symfi	Symfi LO	Cimduo

\*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.**

