

## Pharmacy Formulary Updates Effective 9/1/2019

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](http://mvphealthcare.com).

### New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Skyrizi	Psoriasis	Tier 3	Non-formulary	Non-formulary
Vyndaqel	Cardiomyopathy	Tier 3	Non-formulary	Non-formulary
Vyndamax	Cardiomyopathy	Tier 3	Non-formulary	Non-formulary
Zykadia	Small cell lung cancer	Tier 3	Tier 5	Non-formulary
Zolgensma ( <i>medical</i> )	Gene therapy for pediatric patients with spinal muscular atrophy (SMA)	Medical	Not covered	Medical
Piqray	Breast cancer	Tier 3	Tier 5	Non-formulary
Insulin Lispro	Diabetes	Tier 3	Tier 3	Non-formulary
Cutaquig ( <i>medical</i> )	Primary humoral immunodeficiency	Medical	Tier 5	Medical
Jornay PM	ADHD	Tier 3	Non-formulary	Non-formulary

### For Commercial & Exchange (non-Medicare) business:

New generic formulary additions	
Drug Name	Tier
mesalamine DR (Delzicol*)	1 (Tier 2 Exchange)
penicillamine oral capsule (Cupramine)	1 with PA (Tier 2 with PA Exchange)
erlotinib (Tarceva)	1 (Tier 2 Exchange)

\*Brand name Delzicol is excluded