

## Pharmacy Formulary Updates Effective 10/1/2019

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
Polivy	Lymphoma	Medical	Non-formulary	Non-formulary, Medical
Ruzurgi	Lambert-Eaton myasthenic syndrome	Tier 3	Non-formulary	Non-formulary
Nucala SQ	Asthma	Tier 3	Non-formulary	Non-formulary

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

New generic formulary additions	
Drug Name	Tier
lotepredol (Lotemax)	1 (Tier 2 Exchange)
ambrisentan (Letairis)	1 with PA (Tier 2 with PA Exchange)
bosentan (Tracleer)	1 with PA (Tier 2 with PA Exchange)