

Pharmacy Formulary Updates Effective February 1, 2020

The MVP Health Care® (MVP) Pharmacy and Therapeutics (P&T) Committee has determined 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 to the market. The most current versions of the MVP Formularies and Prior Authorization forms are available by visiting mvphealthcare.com and selecting *Providers*, then *Pharmacy*.

New Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Asparlas	Lymphoblastic Leukemia	Medical	Not covered	Medical
Aklief	Acne	Excluded	Non-formulary	Excluded
Beovu	Neovascular (Wet) Age-Related Macular Degeneration (AMD)	Medical	Non-formulary	Medical
Trikafta	Cystic Fibrosis	Tier 3	Non-formulary	Non-formulary
Drizalma Sprinkle	Major Depressive Disorder, Generalized Anxiety Disorder, Diabetic Peripheral Neuropathic Pain, Chronic Musculoskeletal Pain	Tier 3	Non-formulary	Non-formulary
Xembify	Primary Humoral Immunodeficiency	Medical	Non-formulary	Medical
Ozobax	Spasticity Resulting from Multiple Sclerosis	Tier 3	Non-formulary	Non-formulary
Fasenra	Asthma	Tier 2	Non-formulary	Non-formulary
Ogivri	Various Cancers	Medical, Prior Authorization Not Required	Non-formulary	Medical, Prior Authorization Not Required

For Commercial and Exchange (non-Medicare) Business

New generic formulary additions	
Drug Name	Tier
ivermectin 1% cream (Soolantra)	1 (Tier 2 Exchange)

For Commercial and Exchange and Medicaid (non-Medicare) Business

Prior authorization removed	
Drug Name	Tier
Kanjinti	Medical
Mvasi	Medical