

## Pharmacy Formulary Updates Effective September 1, 2021

The MVP Health Care® (MVP) Pharmacy and 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 and Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Jemperli	Endometrial Cancer	Medical	Tier 5 if RxCui becomes available	Medical
Zynlonta	Relapsed or Refractory Large B-Cell Lymphoma	Medical	Tier 5 if RxCui becomes available	Medical
Accrufer	Iron Deficiency	Tier 3	Excluded	Non-Formulary
Empaveli	Paroxysmal Nocturnal Hemoglobinuria	Tier 3	Non-Formulary	Non-Formulary
Rybrevant	Non-Small Cell Lung Cancer	Medical	Tier 5 if RxCui becomes available	Medical
Nextstellis	Contraception	Tier 3	Non-Formulary	Non-Formulary
Exservan	Amyotrophic Lateral Sclerosis (ALS)	Tier 3	Non-Formulary	Non-Formulary
Kimyrsa	Bacterial Skin and Skin Structure Infections	Medical	Non-Formulary	Medical

### Commercial and Exchange (non-Medicare)

New generic formulary additions	
Drug Name	Tier
calcitonin (salmon) injection (Miacalcin)	Exclude (Tier 2 Exchange)
tiopronin (Thiola)	Tier 1 (Tier 2 Exchange)
sodium fluoride rinse 0.2% (Prevident Solution 0.2%)	Tier 1 (Tier 2 Exchange)

All brands will be non-formulary, Tier 3

### Miscellaneous Updates

#### Exchange Formulary

Effective January 1, 2022:

Exchange 2022 Benchmark Additions	
Medication	Action
Hydromorphone ER 8mg	Add to Tier 2 with quantity limit and step therapy per the Pain Medications policy
Lidocaine/tetracaine cream	Add to Tier 3 with quantity limit 30g per 30 days
Amitriptyline-Perphenazine	Add to Tier 1
Amitriptyline-Chlordiazepoxide	Add to Tier 1
Duexis	Add to Tier 3 with quantity limit 90 tablets per 30 days
Metipranolol	Add to Tier 1
Oxycodone-ibuprofen	Add to Tier 1
Esomeprazole-Naproxen (generic Vimovo)	Add to Tier 2 with prior authorization and quantity limit per the Proton Pump Inhibitor Policy
diphenhydramine 50mg/ml injection	Add to Tier 1

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Cortisporin-TC	Add to Tier 3
<b>Exchange 2022 Benchmark Moving Tier 2 to Tier 3</b>	
<b>Medication</b>	
Epzicom	
Viread	
Norvir	
Pristiq	

**Commercial and Exchange Formulary  
Effective September 1, 2021:**

<b>High-Cost Drug Exclusions and Utilization Management for Commercial and Exchange</b>		
<b>Drugs to Review</b>	<b>Action</b>	<b>Formulary Alternatives</b>
Ergotamine-Caffeine tablets	Add a quantity limit of 40 tablets per 28 days	Prior authorization only required if the quantity limit is exceeded
Isordil 40mg and isosorbide dinitrate 40mg	Exclude	Multiple strengths of isosorbide dinitrate and isosorbide mononitrate
Orphenadrine/Aspirin/Caffeine	Exclude	baclofen, orphenadrine ER, tizanidine

**Formulary Updates for Commercial and Exchange**

<b>Drug</b>	<b>Action</b>	<b>Effective Date</b>
All brand name Weight loss: Saxenda, Qsymia, Contrave; Adipex-P, Lomaira, Suprenza, Bontril PDM, Regimex, Tenuate, Dospan, Xenical	Remove prior authorization and keep quantity limits	9/1/21
Atovaquone suspension	Remove prior authorization and keep the quantity limit	9/1/21
Benlysta	Remove prior authorization	9/1/21
Dovato	Move to Tier 2	7/1/21
Itraconazole (generic Sporanox)	Remove prior authorization and add a quantity limit of 360 capsules per 365 days or 3600ml per 365 days	9/1/21
Minocycline ER	Remove prior authorization and add a quantity limit of 84 days per 365 days	9/1/21
Qbrexza	Remove prior authorization	7/1/21
Rituxan	Remove prior authorization	9/1/21
Symfi and Symfi Lo	Move to Tier 3	9/1/21
Terbinafine	Increase the quantity limit to 168 per 365 days	7/1/21
Triumeq	Move to Tier 2	7/1/21
Zilretta	Remove prior authorization; will remain non-formulary for Medicaid	7/1/21

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## Medicaid Formulary

Medicaid Over-the-Counter Exclusions			
Drug	Action	Formulary Alternatives	Effective Date
Miconazole vaginal kit	Exclude	Miconazole vaginal cream 2%, miconazole vaginal suppository 100mg	7/1/21
Diphenhydramine chewable tablets and elixir	Exclude	Diphenhydramine capsules, tablets, and liquid	7/1/21
Meclizine chewable tablets	Exclude	Meclizine tablets	9/1/21
Pramoxine aerosol 1%	Exclude	Lidocaine cream	7/1/21
Replesta	Exclude	Various vitamin D3 formulations	9/1/21
Calciferol drops	Exclude	Various vitamin D3 formulations	7/1/21
IS-D capsules	Exclude	Various vitamin D3 formulations	7/1/21
Niacin capsules (inositol niacinate)	Exclude	Niacin tablets	7/1/21
Povidone-iodine solution/ First Aid solution 10%/ Betadine solution 7.5%	Exclude	Category is not covered by Fee-For-Service	7/1/21

### Effective September 1, 2021:

High-Cost Drug Exclusions and Utilization Management for Medicaid		
Drug	Action	Formulary Alternatives
Isordil 40mg and isosorbide dinitrate 40mg	Exclude	Multiple strengths of isosorbide dinitrate and isosorbide mononitrate
Orphenadrine/Aspirin/Caffeine	Exclude	baclofen, orphenadrine ER, tizanidine

Formulary Updates for Medicaid		
Drug	Action	Effective Date
Atovaquone suspension	Remove prior authorization and keep the quantity limit	9/1/21
Benlysta	Remove prior authorization	9/1/21
Bystolic	Add to the formulary at Tier 2	7/1/21
Daytrana	Add to formulary at Tier 2	7/1/21
Itraconazole (generic Sporanox)	Remove prior authorization and add a quantity limit of 360 capsules per 365 days or 3600ml per 365 days	9/1/21
Minocycline ER	Remove prior authorization and add a quantity limit of 84 days per 365 days	9/1/21
Movantik	Add to the formulary at Tier 2	7/1/21
Quillivant	Add to the formulary at Tier 2 with quantity limit of 360ml per 30 days	7/1/21
Rituxan	Remove prior authorization	9/1/21
Suprep	Add to the formulary at Tier 2	7/1/21
Terbinafine	Increase the quantity limit to 168 per 365 days	7/1/21
Xcopri	Add to the formulary at Tier 2	7/1/21
Zolpidem ER	Add to the formulary at Tier 1	7/1/21
Rukobia	Move from Tier 3 to Tier 2	8/1/21

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