

## Pharmacy Formulary Updates Effective 8/1/2019

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
Inbrija	Parkinson's disease	Tier 3	Non-formulary	Non-formulary
Apadaz	Short-term severe pain management	Tier 3	Non-formulary	Non-formulary
Cablivi (medical)	Acquired thrombotic thrombocytopenic purpura (aTTP)	Medical	Non-formulary	Medical
Spravato (medical)	Treatment-resistant depression	Medical	Non-formulary	Medical
Mayzent	Relapsing forms of multiple sclerosis (MS)	Tier 3	Non-formulary	Non-formulary
Diacomit	Seizures associated with Dravet syndrome	Tier 3	Not covered	Non-formulary
Balversa	Locally advanced or metastatic urothelial carcinoma	Tier 3	Tier 5	Non-formulary
Evenity (medical)	Osteoporosis in postmenopausal women	Medical	Non-formulary	Medical
Prograf Granules	Immunosuppression	Tier 3	Non-formulary	Non-formulary
Dextenza (medical)	Ocular pain post ophthalmic surgery	Medical	Not covered	Medical
Rocklatan	Elevated intraocular pressure	Tier 3	Non-formulary	Non-formulary
Mavenclad	Relapsing forms of multiple sclerosis (MS)	Tier 3	Non-formulary	Non-formulary
Dovato	HIV	Tier 3	Tier 5	Tier 2

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

New generic formulary additions	
Drug Name	Tier
ranolazine (Ranexa)	1 (Tier 2 Exchange)
aliskiren (Tekturna)	1 (Tier 2 Exchange)
diclofenac epolamine (Flector)	1 (Exclude for Exchange)
albuterol HFA (Proventil HFA)	1
clocortolone cream (Cloderm)	Exclude
deferasirox (Exjade)	1 with PA (Tier 2 Exchange with PA)
solifenacin (Vesicare)	1 (Tier 2 Exchange)

### Drugs removed from PA for Commercial & Exchange business:

Pifeltro	Copiktra	Talzenna
Perseris (medical)	Inveltys	Xerava (medical)
Nivistym SC / Nivistym IV (IV is medical and subject to retro review)	Libtayo (medical)	Xofluza (quantity limits in place)
Delstrigo	Lumoxiti (medical)	Retacrit