

Pharmacy Formulary Updates Effective January 1, 2021

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.

New Drugs (prior authorization required)

Drug Name	Indication	Commercial & Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Ongentys	Parkinson's Disease	Tier 3	Non-Formulary	Non-Formulary
Monoferic	Iron Deficiency Anemia	Medical	Not Covered	Medical
Gavreto	Non-Small Cell Lung Cancer (NSCLC)	Tier 3 and Oral Chemo Copay	Tier 5	Non-Formulary
Lampit	Chagas Disease	Tier 3	Non-Formulary	Non-Formulary
Kesimpta	Relapsing Multiple Sclerosis	Tier 3	Tier 5	Non-Formulary
Onureg	Acute Myeloid Leukemia (AML)	Tier 3 and Oral Chemo Copay	Tier 5	Non-Formulary
Semglee	Diabetes	Exclude	Non-Formulary	Exclude
Sevenfact	Hemophilia	Medical	Not Covered	Medical

Commercial and Exchange (non-Medicare) New Generic Formulary Additions

Drug Name	Tier
tobramycin nebulizer solution (Bethkis)	Tier 1 (Tier 2 Exchange)

Continued

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Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



December 2020 Change

Commercial, Exchange, and Medicaid (non-Medicare)

Brand Tecfidera will move from 2T to 3T as the generic is now available.
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January 2021 Change

Commercial and Exchange Formulary Changes

Medication	Action	Notes
Nutropin AQ, Nutropin Nuspin	Exclude	Genotropin and Norditropin preferred
Cinqair	Exclude	Dupixent, Fasenra, Nucala/inj, Xolair preferred specialty
Bydureon, Byetta	Exclude	Ozempic, Trulicity, Victoza preferred
Rybelsus	Add to Preferred Tier 2	
Omnipod and V GO	Move to Preferred Tier 2	
Cipro HC, Ciprodex, Coly-Mycin-S, Otovel	Exclude	Generic equivalents preferred
Tobradex ointment	Move to Non-Preferred, Tier 3 for Commercial	
Mirvaso, Noritate	Exclude	Soolantra preferred

Medicaid Over the Counter Formulary Changes

Excluded	Formulary Alternatives
All brand topical products. Example: Aveeno	Generic topical products. Example: Moisturizing Lotion Oatmeal

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