

Pharmacy Formulary Updates Effective June 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
Imcivree	Weight Loss/Management	Tier 3	Not Covered (Non-Formulary for Med D EG plans)	Excluded
Orgovyx	Prostate Cancer	Tier 3	Tier 5 (Prior Authorization Not Required)	Non-Formulary
Zokinvy	Hutchinson-Gilford Progeria Syndrome (HGPS)	Tier 3	Tier 5	Non-Formulary
Gemtesa	Overactive Bladder (OAB)	Excluded	Non-Formulary	Non-Formulary
Klisyri	Actinic Keratosis (AK)	Tier 3	Non-Formulary	Non-Formulary
Verquvo	Chronic Heart Failure	Tier 3	Non-Formulary	Non-Formulary
Cabenuva	HIV-1 Infection	Medical	Tier 5	Medical
Lupkynis	Lupus Nephritis	Tier 3	Tier 5	Non-Formulary
Bronchitol	Cystic Fibrosis	Tier 3	Non-Formulary	Non-Formulary
Tepmetko	Metastatic Non-Small Cell Lung Cancer (NSCLC)	Tier 3	Tier 5	Non-Formulary
Ukoniq	Relapsed or Refractory Follicular Lymphoma (FL)	Tier 3	Tier 5	Non-Formulary
Breyanzi	Large B-Cell Lymphoma *CAR-T Cell Therapy*	Medical	Not Covered	Medical
Evkeeza	Homozygous Familial Hypercholesterolemia (HoFH)	Medical	Non-Formulary	Medical
Cosela	Extensive-Stage Small Cell Lung Cancer (ES-SCLC)	Medical	Not Covered	Medical

Commercial & Exchange (non-Medicare)

New generic formulary additions	
Drug Name	Tier
glucagon (RDNA) kit (Glucagon Kit) *	Tier 1 (Tier 2 Exchange)
epoprostenol injection (Veletri)	Medical with prior authorization
zolmitriptan spray (Zomig Spray)	Tier 1 (Tier 2 Exchange) Current UM in place for the brand will also apply

All brands will be non-formulary, Tier 3

*Brand will be Tier 2

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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.



Miscellaneous Updates

Commercial / Exchange Formulary

Effective April 1, 2021:

- Sutab will be added to Tier 3 (and to the ACA program)
- Prepopik will be excluded (and removed from the ACA program)

Effective June 1, 2021:

- Brand Amitiza to move to Tier 3
- Brand Tecfidera will be excluded
- High-cost drug changes listed below

June 2021 High-Cost Drug Exclusions and Utilization Management Changes:

High-Cost Drug Exclusions and Utilization Management for Commercial and Exchange Formularies		
Drugs to Review	Action	Formulary Alternatives
Acyclovir cream	Exclude	• Acyclovir ointment
Calcipotriene ointment and cream	Add quantity limit 60g/30 days	• No prior authorization required when within the quantity limit
Chlorzoxazone 500mg	Exclude	• Baclofen, carisoprodol, cyclobenzaprine, fexmid, methocarbamol, tizanidine
Diflorasone 0.05% ointment	Add quantity limit 60g/30 days	• No prior authorization required when within the quantity limit
Hydrocortisone 0.1% cream and ointment	Exclude NDC for the manufacturer Oceanside	• Other NDCs available from different manufacturers
Hydrocortisone 0.1% lotion	Add quantity limit 59mL/30 days. NDC Block for the manufacturer Oceanside.	• No prior authorization required when within the quantity limit. • Other NDCs available from different manufacturers.
Lidocaine 5% ointment	Exclude NDC for the manufacturer Teligent	• Other NDCs available from different manufacturers
Metaxalone 800mg	Exclude	• Baclofen, carisoprodol, cyclobenzaprine, fexmid, methocarbamol, tizanidine
Pimecrolimus cream	Exclude NDC for the manufacturer Oceanside	• Other NDCs available from different manufacturers

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