



**New Member Prescription Transition Form
For Elmira City School District**

Dear New Member: If you, or a member of your family, are currently taking any of the medication(s) listed below, you may be eligible to receive an approval for a one-time waiver providing up to one month of coverage during the first 90 days using your MVP prescription drug benefit. This will allow you to continue taking the medication while asking your doctor to submit documentation for review to ensure continued MVP coverage.

WHAT IS PRIOR AUTHORIZATION AND STEP THERAPY?

Prior Authorization is the process of obtaining approval from MVP Health Care before a prescription drug can be covered. It helps ensure the safe, appropriate and cost-effective use of drug therapy. Drugs that are subject to prior authorization are determined by the Pharmacy & Therapeutics Committee, a panel of practicing physicians and pharmacists. Decisions are based on available clinical research literature and current Food and Drug Administration (FDA) approved indications based on the effectiveness and safety of the drug.

Step Therapy is a type of prior authorization which requires the member to first try one drug to treat a medical condition before MVP will cover another drug for that condition. For example, if Drug A and Drug B both treat a medical condition, MVP may prefer Drug A to start therapy. If Drug A does not work well, then MVP may cover Drug B after prior authorization. This helps control costs, lowering copayments and overall healthcare costs. Step therapy may be automated through claims history; however, when criteria are not met, prior authorization will be required.

Only the medications listed below are eligible for this New Member Prescription Transition Waiver subject to your new MVP benefit. A prior authorization review will be required within 30 days of filling the initial prescription or the medication will no longer be covered. For information on other medications requiring prior authorization on the MVP Drug Formulary, please visit www.mvphealthcare.com.

- **COMPLETE A SEPARATE FORM FOR EACH FAMILY MEMBER**
- **PLEASE PRINT BELOW DRUGS CURRENTLY TAKEN**
- **INDICATE THE NUMBER OF DOSES AFTER EACH DRUG**

Last Name:	First Name:	Middle Initial:	Date of Birth:
Phone Number: ()	Employer Group Name: Elmira City School District		Effective date of your coverage with MVP: 7/1/18
Prescribing Physician's Full Name:	Physician's Address:	Physician's Phone Number: ()	Physician's Fax Number ()

	LIST Long Acting PAIN MEDICATION (i.e. Oxycontin®, Duragesic®): _____
	LIST Brand Name HYPNOTIC (i.e. Ambien/CR, Lunesta, Sonata, Rozerem): _____

FAX completed form(s) to MVP Health Care Pharmacy Department at 1-518-388-2030 or mail to the following address:

**MVP Health Care
Attention: Pharmacy Department
625 State Street
Schenectady, NY 12305**



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

MVP PRESCRIPTION DRUG FORMULARY

Drugs that require Step Therapy

Pain Relievers	Sedative/Hypnotics (sleep aids)
Buprenorphine TD patch	Zolpidem SL
Fentanyl patch	Rozerem
Morphine ER/24HR	Ambien/CR
Oxycodone/ER	Belsomra
Oxymorphone ER	Edluar
Arymo ER	Intermezzo
Butrans	Lunesta
Duragesic	Sonata
Embeda	Zolpimist
Exalgo	
Fentanyl ptch 37.5, 62.5, 87.5	
Hysingla ER	
Kadian	
Morphabond	
MS Contin	
Opana ER	
Oxycontin	
Xartemis XR	
Xtampza ER	
Zohydro ER	

- Members should reference the MVP Formulary as quantity limits may apply to these drugs as well as step therapy.
- Members can access the MVP Prescription Drug Formulary at <https://www.mvphealthcare.com/members/prescription-benefits/> 2018 MVP Commercial/Child Health Plus Formulary
- Members should check the drug formulary closer to the 7/1/18 effective date for changes to the formulary.