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Facility/Practice staff

Clinical staff

Pharmacy Formulary Updates Effective January 1, 2023

To keep our valued care delivery partners up to date, MVP Health Care® (MVP) is providing you with Pharmacy Formulary Updates effective January 1, 2023. The 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.

New Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tiers	MVP Medicaid	Medicare Part D Tier
Zynteglo [®] (betibeglogene autotemcel)	The treatment of beta-thalassemia in patients who require regular red blood cell transfusions	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary
Spevigo [®] (spesolimab)	The treatment of generalized pustular psoriasis flares	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary
Xenpozyme [™] (olipudase alfa)	The treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (also known as Niemann-Pick disease) in adult and pediatric patients	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary
Sotyktu [™] (deucravacitinib)	The treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy	Prior Authorization, Tier 3	Prior Authorization, Tier 3/ Non-Formulary	Nonformulary
Skysona (elivaldogene autotemcel)	The treatment of cerebral adrenoleukodystrophy in males aged 17 years and younger	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary

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Ryaltris [®] (mometasone/ olopatadine)	The treatment of seasonal allergic rhinitis in patients aged 12 years and older	Prior Authorization, Tier 3	Prior Authorization, Tier 3/ Non-Formulary	Nonformulary
Pheburane [®] (sodium phenylbutyrate)	Adjunctive therapy to diet, for the chronic management of urea cycle disorders involving deficiencies of carbamyl phosphate synthetase, ornithine transcarbamylase or argininosuccinic acid synthetase, in adult and pediatric patients	Prior Authorization, Tier 3	Prior Authorization, Tier 3/ Non-Formulary	Nonformulary
Tadliq [®] (tadalafil)	The treatment of adults with WHO Group 1 pulmonary arterial hypertension to improve exercise ability	Prior Authorization, Tier 3	Prior Authorization, Tier 3/ Non-Formulary	Prior Authorization, Tier 5
Kyzatrex [™] (testosterone undecanoate)	Testosterone replacement therapy in adult males for conditions associated with deficiency or absence of endogenous testosterone	Prior Authorization, Tier 3	Prior Authorization, Tier 3/ Non-Formulary	Nonformulary
Cimerli [™] (ranibizumab-eqrn)	Treatment of neovascular (wet) age-related macular degeneration (AMD) Biosimilar of Lucentis (ranibizumab)	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary

NEW GENERICS (all brands will be non-formulary, Tier 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Suprep	Sodium Sulfate/Potassium Sulfate/MG Sulfate oral solution	Tier 1	Tier 1 (Brand is Tier 2)	Tier 2
Vascepa	Icosapent	Tier 1	Tier 1 (Brand is Tier 2)	Tier 2
Tazorac gel	Tazarotene 0.05% gel	Tier 1	Tier 1	Tier 2

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