

**This communication should be viewed by:**

Clinical staff  
Facility/Practice staff

## Pharmacy Formulary Updates Effective August 1, 2023

The MVP Health Care® (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](http://mvphealthcare.com).

### New Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
<b>Filspari™</b> (sparsentan)	The reduction in proteinuria in adults with primary immunoglobulin A nephropathy at risk of rapid disease progression (generally a urine protein-to-creatinine ratio greater than or equal to 1.5 g/g)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary
<b>Skyclarys™</b> (omaveloxolone)	The treatment of Friedreich's ataxia in patients aged 16 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary
<b>Lamzede®</b> (velmanase alfa-tycv)	The treatment non-central nervous system manifestations of alpha-mannosidosis in adults and pediatrics	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D - Nonformulary
<b>Daybue™</b> (trofinetide)	The treatment of Rett syndrome in patients aged 2 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary
<b>Zynzy™</b> (retifanlimab-dlwr)	The treatment of metastatic or recurrent locally advanced Merkel cell carcinoma in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D – Tier 5 if RxCUI becomes available
<b>Joenja®</b> (leniolisib)	The treatment of activated phosphoinositide 3-kinase delta syndrome in patients aged 12 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary
<b>Konvomep™</b> (omeprazole/sodium bicarbonate)	The treatment of active benign gastric ulcer and the reduction of risk of upper gastrointestinal bleeding in critically ill patients, in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary

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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.



<b>Atorvaliq®</b> (atorvastatin)	The reduction in risk of myocardial infarction (MI), stroke, revascularization procedures, and angina in adults with multiple risk factors for coronary heart disease (CHD) but without clinically evident CHD, the reduction of risk of MI and stroke in adults with type 2 diabetes mellitus with multiple risk factors for CHD but without clinically evident CHD, the reduction in risk of non-fatal MI, fatal and non-fatal stroke, revascularization procedures, hospitalization for congestive heart failure, and angina in adults with clinically evident CHD; as an adjunct to diet to reduce low-density lipoprotein (LDL-C) in adults with primary hyperlipidemia and in patients aged 10 years and older with heterozygous familial hypercholesterolemia; as an adjunct to other LDL-C lowering therapies to reduce LDL-C in patients aged 10 years and older with homozygous familial hypercholesterolemia; and as an adjunct to diet for the treatment of primary dysbetalipoproteinemia or hypertriglyceridemia in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary
<b>Rezvoglar™</b> (insulin glargine-aglr)	Biosimilar of Lantus (insulin glargine). The improvement of glycemic control in adults and pediatrics with type 1 diabetes mellitus, and in adults with type 2 diabetes mellitus.	Prior Authorization, Tier 3 and diabetic copay	NYRX Medicaid Transition	Nonformulary
<b>Iheezo™ Gel</b> (chloroprocaine hydrochloride 3%)	Ocular surface anesthesia and intraoperative pain management during ocular surgery	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D – Nonformulary (Med D=N)
<b>Cuvrior</b> (trientine)	The treatment of adults with stable Wilson's disease who are de-coppered and tolerant to penicillamine	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary

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

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Aubagio	Teriflunomide	Tier 1 (brand Aubagio moves from Tier 2 to Tier 3)	NYRX Medicaid Transition	Tier 1 (brand Aubagio moves from Tier 2 to Tier 3)
Millipred	Prednisolone tablets	Tier 1	NYRX Medicaid Transition	Tier 2
Fleqsuvy	Baclofen suspension	Tier 1	NYRX Medicaid Transition	Tier 2
Naftin	Naftifine gel 2%	Tier 1	NYRX Medicaid Transition	Tier 2

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