

This communication should be viewed by:

Primary Care Providers
Behavioral Health Providers
Clinical staff

Pharmacy Formulary Updates Effective January 1, 2024

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.

New Drugs (prior authorization required)

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Sohonos™ (palovarotene)	For the reduction in the volume of new heterotopic ossification in females ages 8 years and older and in males ages 10 years and older with fibrodysplasia ossificans progressiva	Prior Authorization, Tier 3	NYRx Medicaid Transition	Part D-Nonformulary	Prior Authorization, Tier 3
Balfaxar® (prothrombin complex concentrate, human-lans)	The urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adults with need for an urgent surgery/invasive procedure	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary (Med D=N)	Prior Authorization, Medical
NEW COMBINATIONS/FORMULATIONS					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Lodoco® (colchicine)	The risk reduction of myocardial infarction, stroke, coronary revascularization, and cardiovascular death in adults with established atherosclerotic disease or with multiple risk factors for cardiovascular disease	Prior Authorization, Tier 3	NYRx Medicaid Transition	Part D-Nonformulary	Prior Authorization, Tier 3
Rykindo® (risperidone extended release)	The treatment of schizophrenia, and as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder, in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary (Med D=N)	Prior Authorization, Medical
Altuviio™ ([antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehl])	Use in adults and pediatrics with hemophilia A for routine prophylaxis to reduce the frequency of bleeding episodes, for on-demand treatment and control of bleeding episodes, and for perioperative management of bleeding	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical

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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.



Marketplace Formulary changes

Medications Moving from Tier 2 to Tier 1 on the Marketplace Formulary January 1, 2024

Medication
Calcitriol capsules 0.25mg
Ropinirole immediate release
Sucrafata tablet 1gm
Acamprosate Calcium Delayed Release tablet 333mg
Levalbuterol nebulizer solution
Naloxone Nasal Spray 4mg/0.1ml
Nebivololol tablet
Pramipexole tablet
Generic Suprep: Sod Sulfate-Pot Sulf- SOL 17.5-3.13-1.6 GM/177ML

It's Time to Recertify Your Patients!*

The Families First Coronavirus Response Act has expired. To learn how MVP can help your patients continue their coverage, visit mvphealthcare.com/recertification.

*Applies to Members enrolled in Medicaid, Child Health Plus (CHP), Health and Recovery Plan (HARP), and the Essential Plan (EP).

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