

This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff

Pharmacy Formulary Updates Effective April 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
Aphexda™ (motixafortide)	The mobilization of hematopoietic stem cells for autologous transplantation in patients with multiple myeloma, in combination with filgrastim	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
Zurzuvae™ (zuranolone)	The treatment of severe postpartum depression in adults	Prior Authorization, Tier 3	NYRx Medicaid Transition	Tier 5	Prior Authorization, Tier 3
Voquezna™ (vonoprazan)	The treatment of non-erosive gastroesophageal reflux disease in adults	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Inpefa® (sotagliflozin)	Risk reduction of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adults with heart failure, or type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Fruzaqla™ (fruquintinib)	The treatment of refractory metastatic colorectal cancer	Prior Authorization, Tier 3 and oral chemo copay	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Truqap™ (capivasertib)	The treatment of HR-positive, HER2-negative locally advanced or	Prior Authorization,	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization,

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	metastatic breast cancer following treatment with an aromatase inhibitor, in combination with fulvestrant	Tier 3 and oral chemo copay			Tier 3, and oral chemo copay
Augtyro™ (repotrectinib)	The treatment of ROS1-positive metastatic non-small cell lung cancer in patients who have not been treated with a ROS1 tyrosine kinase inhibitor	Prior Authorization, Tier 3 and oral chemo copay	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Loqtorzi™ (toripalimab-tpzi)	The first-line treatment of adults with metastatic or recurrent, locally advanced nasopharyngeal carcinoma (NPC) in combination with cisplatin and gemcitabine and, as a single agent, for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after platinum-containing chemotherapy	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D- Tier 5 if RxCUI becomes available	Prior Authorization, Medical
Adzynma (ADAMTS13, recombinant-krhn)	indicated for prophylactic or on-demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D- Nonformulary	Prior Authorization, Medical
Ogsiveo™ (nirogacestat)	The treatment of progressive, unresectable, recurrent, or refractory desmoid tumors or deep fibromatosis in adults	Prior Authorization, Tier 3 and oral chemo copay	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay

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New Combinations/Formulations					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Xphozah® (tenapanor)	The reduction of serum phosphorus in adults with chronic kidney disease on dialysis as add-on therapy in patients who have an inadequate response to phosphate binders or who are intolerant of any dose of phosphate binder therapy	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Zepbound™ (tirzepatide)	As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial BMI of ≥ 30 kg/m ² (obesity) or ≥ 27 kg/m ² (overweight) in the presence of ≥ 1 weight-related comorbid condition (e.g., cardiovascular disease, dyslipidemia, hypertension, obstructive sleep apnea, type 2 diabetes mellitus)	Prior Authorization, Tier 3	NYRx Medicaid Transition	Excluded	Prior Authorization, Tier 3

NEW GENERICS <i>(all brands will be non-formulary, Tier 3)</i>				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Livalo	Pitavastatin tablet	Tier 1	NYRX Medicaid Transition	Tier 2
Forteo	Teriparatide injection	Tier 1 (brand Tier 2)	NYRX Medicaid Transition	Tier 2 (brand Tier 2)
Ozobax	Baclofen oral solution	Tier 1	NYRX Medicaid Transition	Tier 2
Condylox gel 0.5%	Podofilox gel	Tier 1 (brand moving Tier 2 to Tier 3)	NYRX Medicaid Transition	Tier 2 (brand moving Tier 2 to Tier 3)
Risperdal Injection	Risperidone microsphere IM	Medical	Medical	Medical

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Formulary Updates

- Commercial NDC's for Paxlovid added as Tier 3 to Commercial, Marketplace and Self-Funded formularies
- Brand Condylox gel 0.5% moving from Tier 2 to Tier 3

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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