

This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff
- Specialist
- Claims and Billing Department
- Facility/Practice staff

Pharmacy Formulary Updates Effective December 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 CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Rytelo™ (imetelstat)	The treatment of transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks in adults with low- to intermediate-1 risk myelodysplastic syndromes who have failed to respond to, have lost response to, or are ineligible for erythropoiesis-stimulating agents	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Nonformulary	Prior Authorization, Medical
Ohtuvayre™ (ensifentrine)	The maintenance treatment of chronic obstructive pulmonary disease in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Sofdra™ (sofipironium)	The treatment of primary axillary hyperhidrosis, in patients ages 9 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Kisunla™ (donanemab)	The treatment of early symptomatic Alzheimer's disease	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)	Prior Authorization, Medical

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NEW CHEMICAL ENTITIES CONTINUED					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Piasky ® (crovalimab-akkz)	The treatment of paroxysmal nocturnal hemoglobinuria in patients ages 13 years and older and with body weight of at least 40 kg	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Nonformulary	Prior Authorization, Medical
Vafseo ® (vadadustat)	The treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least 3 months	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Tecelra ® (afamitresgene autoleucel)	The treatment of adults with unresectable or metastatic synovial sarcoma 14 who have received prior chemotherapy, are HLA-A*02:01P, -A*02:02P, 15 - A*02:03P, or -A*02:06P positive and whose tumor expresses the 16 MAGE-A4 antigen as determined by FDA-approved or cleared 17 companion diagnostic devices.	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Nonformulary	Prior Authorization, Medical
Voranigo ® (Vorasicenib)	The treatment of residual or recurrent grade 2 glioma in patients with an IDH1 or IDH2 mutation	Prior Authorization, Tier 3 and oral chemo copy	NYRX Medicaid Transition	Part D, Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copy
Nemluvio ® (nemolizumab-ilto)	The treatment of severe pruritus associated with moderate-to-severe prurigo nodularis in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Livdelzi ® (seladelpar)	The management of primary biliary cholangitis, including pruritus, in adults without cirrhosis or with compensated cirrhosis (Child	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3

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NEW COMBINATIONS/FORMULATIONS					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
	Pugh A) who are inadequate responders or intolerant to ursodeoxycholic acid				
Zoryve® cream (roflumilast)	Indicated for the topical treatment of mild to moderate atopic dermatitis and plaque psoriasis, including intertriginous areas in adult and pediatric patients 6 years of age and older.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Vigafyde™ (vigabatrin)	The monotherapy treatment of infantile spasms in patients ages 1 month to 2 years for whom the potential benefits outweigh the potential risk of vision loss	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Crexont® (carbidopa/levodopa extended release)	Indicated for treatment of Parkinson's Disease post-encephalitic parkinsonism, and parkinsonism that may follow carbon monoxide intoxication or manganese intoxication in adults.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Neffy® (epinephrine nasal spray)	The treatment of allergic reactions, including anaphylaxis, in adults and children weighing at least 30 kg	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3

NEW GENERICS <i>(all brands will be non-formulary, Tier 3)</i>				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Victoza	Liraglutide	Brand Tier 2 with QL and Generic Non-Formulary (brand moving to tier 3 effective 01/01/2025)	NYRX Medicaid Transition	Brand Tier 2 with QL and Generic Non-Formulary (brand moving to tier 3 effective 01/01/2025)
Radicava	Edaravone	Prior Authorization per Radicava policy, Medical	Prior Authorization per Radicava policy, Medical	Prior Authorization per Radicava policy, Medical

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Endari	Glutamine powder	Tier 1	NYRX Medicaid Transition	Tier 2
Corlanor	Ivabradine tablets	Tier 1	NYRX Medicaid Transition	Tier 2

Formulary Updates

2025 Commercial and Marketplace Updates	
Medication	Change
Gonal-F and Gonal-F RFF Redi-ject	Excluded
Brand Austedo and Austedo XR	Excluded
Qnasl and Qnasl Children	Excluded
Nutropin AQ Nuspin	Excluded
Ajovy	Excluded
Brand Aubagio	Excluded
Victoza	Tier Change- Move from Tier 2 to Tier 3
Opsynvi	Addition- Tier 3 with prior authorization per Pulmonary Hypertension Agents policy
Miebo	Addition- Tier 2
Cequa	Addition- Tier 3
Tyrvaya	Addition- Tier 3
Humatrope	Addition- Tier 2 with prior authorization per Growth Hormone Therapy Policy
Omnitrope	Addition- Tier 2 with prior authorization per Growth Hormone Therapy Policy
Velsipity	Addition- Tier 2 with prior authorization per Etrasimod policy *NEW*
Tezspire injection and solution	Addition- Tier 2 with prior authorization per Select Injectables for Asthma policy
Qulipta	Addition- Tier 2 with a quantity limit of 30 tablets per 30 days
Entyvio SC	Addition- Tier 3, Continue prior authorization per Entyvio policy
Aimovig	Removal of prior authorization with the addition of a quantity limit of 70mg per 28 days, 140mg per 28 days
Emgality	Removal of prior authorization with the addition of a quantity limit: 300mg inj per 28 days and 120mg inj per 28 days
Brand name triptans	Migraine Agents policy archived. Brand name triptans move from "Prior Authorization Required" to Excluded from Formulary
D.H.E. 45 inj. /Dihydroergotamine mesylate	Migraine Agents policy archived. Move from "Prior Authorization Required" to Excluded from Formulary
Migergot Suppositories /Ergotamine/caffeine	Migraine Agents policy archived. Move from "Prior Authorization Required" to Excluded from Formulary

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Migranal® Nasal Spray /dihydroergotamine mesylate	Migraine Agents policy archived. Move from "Prior Authorization Required" to Excluded from Formulary
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2025 Commercial and Exchange Updates Continued

Medication	Change
Sumatriptan-Naproxen tablets (generic for Treximet)	Migraine Agents policy archived. Move from "Prior Authorization Required" to Excluded from Formulary
Treximet	Migraine Agents policy archived. Move from "Prior Authorization Required" to Excluded from Formulary
Reyvow	Migraine Agents policy archived. Remove Prior Authorization. Remain at Tier 3 with current quantity limit
Gonal-F and Gonal-F RFF Redi-ject	Excluded
Brand Austedo and Austedo XR	Excluded
Qnasl and Qnasl Children	Excluded
Nutropin AQ Nuspin	Excluded

2025 Commercial Updates

Medication	Change
Lacrisert	Excluded
Cabenuva	Addition to Pharmacy Formulary as Tier 2. Cabenuva is available on the medical benefit for both Commercial and Exchange without prior authorization

2025 Exchange Updates

Medication	Change
Phoslyra	Excluded
Velphoro	Excluded
Buprenorphine SL tablets	Tier change- Move from Tier 2 to Tier 1

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