

MVPFASTFAX

Important News for Providers

This communication should be viewed by:

Primary Care Providers
Behavioral Health Providers
Clinical staff

Pharmacy Formulary Updates Effective September 1, 2025

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
1. Zevtera® (ceftobiprole)	The treatment of acute bacterial skin and skin structure infections in adults, Staphylococcus aureus bacteremia in adults, and community-acquired bacterial pneumonia in patients 3 months to less than 18 years old	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
2. Imaavy™ (nipocalimab-aahu)	The treatment of generalized myasthenia gravis in patients ages 12 years and older who are anti-AchR or anti-MUSK antibody positive	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
3. Ryzneuta® (efbemalenograstim alfa-vuxw)	Decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
4. Avmapki™ (avutometinib and defactinib)	Indicated for the treatment of adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
New Chemical Entities					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
5. Emblaveo™ (aztreonam and avibactam)	When used in combination with metronidazole, is indicated in patients 18 years and older who have limited or no alternative options for the treatment of complicated intra-abdominal infections (cIAI)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical

6. Emrelis™ (telisotuzumab vedotin)	The treatment of adult patients with locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [$\geq 50\%$ of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
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New Combinations/Formulations

Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
7. Symbravo® (meloxicam/rizatriptan)	The acute treatment of migraines with or without aura in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
8. Tepylute® (thiotepa)	The treatment of adenocarcinoma of the breast or ovary	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
9. Yutrepia™ (treprostinil)	The treatment of pulmonary arterial hypertension to improve exercise ability in adults with New York Heart Association functional class II-III symptoms	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
10. Khindivi® (hydrocortisone)	Pediatric patients with adrenocortical insufficiency.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

New Generics (all brands will be non-formulary, Tier 3)

Brand Name	Generic Name	Commercial	Medicaid	Exchange
Anoro Ellipta	Meclidinium-vilanterol	Non-Formulary, Brand adjudicated Tier 2	NYRX Medicaid Transition	Non-Formulary, Brand adjudicated Tier 2
Brilinta	Ticagrelor	Tier 1; Brand adjudicated Tier 2	NYRX Medicaid Transition	Tier 2; Brand adjudicated Tier 2
Qsymia	Phentermine-Topiramate	Tier 1 with QL (365 days per lifetime)	NYRX Medicaid Transition	Tier 2 with QL (365 days per lifetime)
Jynarque pak	Tolvaptan	Tier 1, prior authorization per Jynarque Policy	NYRX Medicaid Transition	Tier 2, prior authorization per Jynarque Policy
Jynarque	Tolvaptan	Tier 1 with QL. (QL: 60 tabs per 180 days)	NYRX Medicaid Transition	Tier 2 with QL. QL: 60 tabs per 180 days
Promacta	Eltrombopag	Tier 1	NYRX Medicaid Transition	Tier 2
Aptiom	Eslicarbazepine	Tier 1	NYRX Medicaid Transition	Tier 2
Tasigna	Nilotinib	Tier 1 and oral chemo copay	NYRX Medicaid Transition	Tier 2 and oral chemo copay
Complera	Emtricitabine-Rilpivirine-tenofovir	Tier 1	NYRX Medicaid Transition	Tier 2

Formulary Updates for Commercial and Marketplace Formularies Effective January 1, 2026

2026 Formulary Updates

Medication	Change	Line of Business
Nitrostat	Moving Tier 2 to Tier 3	Marketplace & Commercial
Celontin capsules	Moving Tier 2 to Tier 3	Marketplace & Commercial
K-Phos tab	Moving Tier 2 to Tier 3	Marketplace & Commercial
Welchol	Moving Tier 2 to Tier 3	Marketplace & Commercial
Sunosi	Moving Tier 2 to Tier 3	Marketplace & Commercial
Cyclosporine modified capsules	Moving Tier 2 to Tier 1	Marketplace
Olanzapine ODT	Moving Tier 2 to Tier 1	Marketplace
Doxycycline hyclate tablets	Moving Tier 2 to Tier 1	Marketplace
Doxycycline hyclate capsules	Moving Tier 2 to Tier 1	Marketplace
Doxycycline monohydrate tablet	Moving Tier 2 to Tier 1	Marketplace
Eplerenone	Moving Tier 2 to Tier 1	Marketplace
Metronidazole cream 0.75%	Moving Tier 2 to Tier 1	Marketplace
Vilazodone	Moving Tier 2 to Tier 1	Marketplace
Clonidine ER 0.1mg	Moving Tier 2 to Tier 1	Marketplace
Ezetimibe-Simvastatin	Moving Tier 2 to Tier 1	Marketplace
Krintafel	Adding as Tier 3 with a quantity limit of 2 tablets per 180 days	Marketplace

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