

**This communication should be viewed by:**

Primary Care Providers  
Behavioral Health Providers  
Clinical staff

**Formulary Updates Effective October 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](http://mvphealthcare.com).

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
<b>Zevaskyn™</b> (prademagenezamikeracel)	Treatment of wounds in adult and pediatric patients with recessive dystrophic 13 epidermolysis bullosa (RDEB)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
<b>Leqselvi™</b> (deuruxolitinib)	Treatment of adults with severe alopecia areata (aa)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Ensacove™</b> (ensartinib)	Treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally Advanced or metastatic non-small cell lung cancer (NSCLC) who have not previously received an ALK-inhibitor.	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
<b>Zelsuvmi™</b> (berdazimer topical gel)	Topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older. First FDA-approved topical drug indicated for MC that can be administered at home	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Enflonsia™</b> (clerovimab-cfor)	Prevention of RSV lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season.	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
<b>Ibtrozi™</b> (taletrectinib)	The treatment of adult patients with locally advanced or metastatic ROS1 positive non-small cell lung cancer (NSCLC)	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay

<b>Averi™</b> (desogestrel-ethinyl estradiol-FE)	Oral contraceptive with iron	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Andembry®</b> (garadacimab-gxii)	Prophylaxis to prevent attacks of HAE in adult and pediatric patients aged 12 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

New Combinations/Formulations					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
<b>Merilog™</b> (insulin aspart-szjj)	Improve glycemic control in adults and pediatric patients with diabetes mellitus. Biosimilar to Novolog (insulin aspart)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Arbli™</b> (losartan)	Treatment of hypertension, to lower blood pressure in adults and children greater than 6 years old. Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions. Reduction of the risk of stroke in patients with hypertension and left ventricular hypertrophy. Treatment of diabetic nephropathy with an elevated serum creatinine and proteinuria in patients with type 2 diabetes and a history of hypertension.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Zusduri™</b> (mitomycin)	The treatment of adult patients with recurrent, low-grade, intermediate- risk, non-muscle invasive bladder cancer (LG-IR-NMIBC) who have relapsed after undergoing transurethral resection of the bladder tumor (TURBT)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
NEW GENERICS (all brands will be non-formulary, Tier 3)					
BRAND NAME	GENERIC NAME	COMMERCIAL		MEDICAID	EXCHANGE
Fycompa	Perampanel tablets	Tier 1		NYRX Medicaid Transition	Tier 2