

**This communication should be viewed by:**

Primary Care Providers

Behavioral Health Providers

Clinical staff

## Pharmacy Formulary Updates Effective January 1, 2026

MVP Health Care® (MVP) appreciates the work that you do to support our Members.

The 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](https://mvphealthcare.com).

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
<b>Papzimeos™</b> (zopapogene imadenovec-drba)	The treatment of recurrent respiratory papillomatosis in adults	Prior Authorization, Medical	Prior Authorization, Medical	Part D, Non-Formulary	Prior Authorization, Medical
<b>Dawnzera™</b> (donidalorsen)	The prophylaxis of hereditary angioedema attacks in patients ages 12 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Unloxcyt™</b> (cosibelimab-ipdl)	The treatment of adults with locally advanced or metastatic cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, NonFormulary	Prior Authorization, Medical
<b>Wayrilz™</b> (rilzabrutinib)	The treatment of adults with persistent or chronic immune thrombo-cytopenia who have had an insufficient response to a previous treatment.	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>Kirsty™</b> (insulin aspart-xjhz)	Use to improve glycemic control in adults and pediatrics with diabetes mellitus (interchangeable biosimilar of NovoLog)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Jobevne™</b> (bevacizumabnwgd)	The treatment of metastatic colorectal cancer; unresectable, locally advanced, recurrent or metastatic nonsquamous non-small cell lung cancer; recurrent glioblastoma; metastatic renal cell carcinoma; persistent, recurrent, or metastatic advanced cervical cancer; and epithelial ovarian, fallopian tube, or primary peritoneal cancer (biosimilar of Avastin)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
<b>Kyxata™</b> (carboplatin)	The initial treatment of advanced ovarian carcinoma in combination with other agents, and as a single agent for recurrent ovarian carcinoma in adults previously treated with chemotherapy	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
<b>Leqembi IQLIK</b> (lecanemab-irmb)	The treatment of early Alzheimer's disease in the maintenance phase of therapy	Prior Authorization per Monoclonal Antibodies for Alzheimer's Disease, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization per Monoclonal Antibodies for Alzheimer's Disease, Tier 3

NEW GENERICS (all brands will be non-formulary, Tier 3)				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Saxenda	Liraglutide	Tier 1	NYRX Medicaid Transition	Tier 2
Arnuity Ellipta	Fluticasone Furoate	Brand to adjudicate Tier 2. Generic to adjudicate nonformulary.	NYRX Medicaid Transition	Brand to adjudicate Tier 2. Generic to adjudicate non-formulary.

To view all communications, visit [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax).

