

Pharmacy Formulary Updates Effective January 1, 2022

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)

Drug Name	Indication	Commercial and Marketplace Tier	Medicare Part D Tier	MVP Medicaid
Nexvazyme	The treatment of late onset Pompe disease (glycogen storage disease type II) in patients aged 1 year and older	Medical	Non-Formulary	Medical
Welireg	The treatment of adults with von Hippel-Lindau disease who require therapy for associated renal cell carcinoma, central nervous system hemangioblastomas, or pancreatic neuroendocrine tumors, not requiring immediate surgery	Tier 3	Non-Formulary	Non-Formulary
Loreev XR	Management of anxiety disorders or short-term (≤4 months) relief of anxiety	Tier 3	Non-Formulary	Non-Formulary

2022 Formulary Updates for Commercial and Exchange

Drug Name	Action
Aimovig, Emgality, and Ajoovy	Move from Tier 3 to Tier 2
Stelara and Tremfya	Move from Tier 3 to Tier 2 for Psoriatic Arthritis. Prior authorization still required.
Zeposia	Move from Tier 3 to Tier 2 for Ulcerative Colitis. Prior authorization still required.

2022 Formulary Updates for Medicaid

Drug Name	Action	Notes
Segluromet and Steglatro	Move to preferred Tier 2	
Invokamet, Invokamet XR, Invokana, and Xigduo XR	Exclude	
Farxiga	Add prior authorization, Tier 2	New policy created
Advair HFA and Symbicort	Exclude	
Fasenra pen	Move to preferred Tier 2/specialty	
Norditropin Injection (ALL formulations)	Move to preferred Tier 2/specialty	Growth Hormone Therapy policy updated
Viokace and Zenpep	Move to preferred Tier 2	
Movantik	Move to preferred Tier 2	
Nurtec	Move to preferred Tier 2	Quantity limit of 15 tablets/30 days remains the same. Will only require prior authorization if exceeding the quantity limit.
sofosbuvir-velpatasvir (generic Epclusa)	Move to preferred Tier 2 with a quantity limit of 84 tablets/year	Quantity reflects standard 12 weeks of therapy

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