

**This communication should be viewed by:**

Clinical staff

Facility/Practice staff

## Pharmacy Formulary Updates Effective June 1, 2023

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 Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
<b>Rebyota</b> ® (fecal microbiota, live-jslm)	The prevention of recurrence of Clostridioides difficile infection (CDI) in adults, following antibiotic treatment for recurrent CDI	Medical	Medical	Medical
<b>Krazati</b> ® (adagrasib)	The treatment of adults with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer who have received at least 1 prior systemic therapy	Tier 3 and oral chemo copay	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 5
<b>Lunsumio</b> ™ (mosunetuzumab-axgb)	The treatment of relapsed or refractory follicular lymphoma in adults who have received at least 2 prior systemic therapies	Medical	Medical	Medical
<b>Sunlenca</b> ® (lenacapavir)	The treatment of human immunodeficiency virus (HIV)-1 infection in heavily treatment experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations, in combination with an optimized background regimen	Tier 3	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 5

<b>Briumvi™</b> (ublituximab-xiiy)	The treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults	Medical	Medical	Medical
<b>Leqembi™</b> (lecanemab-irmb)	The treatment of early-stage Alzheimer's disease	Medical	Medical	Medical
<b>NexoBrid®</b> (anacaulase-bcdb)	The removal of eschar in adults with deep partial thickness and/or full-thickness thermal burns	Medical	Medical	Medical
<b>Jaypirca™</b> (pirtobrutinib)	The treatment of relapsed or refractory mantle cell lymphoma in patients previously treated with a BTK inhibitor	Tier 3 and oral chemo copay	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 5
<b>Orserdu™</b> (elacestrant)	The treatment of advanced or metastatic estrogen receptor-positive, HER2-negative breast cancer	Tier 3 and oral chemo copay	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 5
<b>Filspari™</b> (sparsentan)	The treatment of immunoglobulin A nephropathy in adults	Tier 3	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 5
<b>Stimufend®</b> (pegfilgrastim-fpgk)	Use to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically	Tier 3	Not applicable. Pharmacy benefit transitioned to New York	Medical

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	significant incidence of febrile neutropenia (biosimilar of Neulasta)		State's Fee For Service program NYRX.	
<b>Sezaby™</b> (phenobarbital)	The treatment of neonatal seizures in term and preterm infants	Medical	Medical	Medical
<b>Tlando</b> (testosterone undecanoate)	The treatment of conditions associated with a deficiency or absence of endogenous testosterone in adult men	Tier 3	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Non-Formulary
<b>Aponvie™</b> (aprepitant)	The prevention of postoperative nausea and vomiting in adults	Medical	Medical	Medical
<b>Amjevita™</b> (adalimumab-atto)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, ulcerative colitis, and plaque psoriasis in adults and the treatment of juvenile idiopathic arthritis in patients four years of age and older (biosimilar of Humira)	Tier 3	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Non-Formulary
<b>Vegzelma®</b> (bevacizumab-adcd)	The treatment of metastatic colorectal cancer; unresectable, locally advanced, recurrent, or metastatic non-squamous non-small cell lung cancer; recurrent glioblastoma; metastatic renal cell carcinoma; persistent, recurrent, or metastatic cervical cancer; and epithelial ovarian, fallopian tube, or primary peritoneal cancer (biosimilar of Avastin)	Medical	Medical	Medical
<b>Syfovre™</b> (pegcetacoplan)	The treatment of geographic atrophy associated with dry age-related macular degeneration	Medical	Medical	Medical

<b>NEW GENERICS</b> (all brands will be non-formulary, Tier 3)				
<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>COMMERCIAL</b>	<b>MEDICAID</b>	<b>EXCHANGE</b>
Xyrem	Sodium Oxybate solution	Tier 3 with PA per GABA-Receptor Modulator policy and QL (Daily Dose Limit= 18)	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 3 with PA per GABA-Receptor Modulator policy and QL (Daily Dose Limit= 18)
Cambia	Diclofenac packets	Tier 1 with QL (QL= 9 packets per 45 days)	T Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 2 with QL (QL= 9 packets per 45 days)
Hetloz	Tasimelteon	Tier 1 with prior authorization per Select Hypnotics policy	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 2 with prior authorization per Select Hypnotics policy
Mirvaso gel	Brimonidine tartrate gel	Tier 1	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 2
Trokendi XR	Topiramate capsules ER	Tier 1	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Tier 2
Treanda	Benamustine	Medical	Medical	Medical
Adrenalin Inj 1mg/ml	Epinephrine inj 1mg/ml	Brand Tier 2, Generic Tier 1	Not applicable. Pharmacy benefit transitioned to New York State's Fee For Service program NYRX.	Brand Tier 2, Generic Tier 2

### Formulary Updates

<b>Formulary Updates for Commercial &amp; Exchange</b>	
<b>Drug Name</b>	<b>Action</b>
Brand Latuda	Move to Tier 3

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# MVPFASTFAX

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Important News for **Providers**

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Lurasidone (generic)	Add at Tier 1
Brand Aubagio	Move to Tier 3
Teriflunomide (generic)	Add at Tier 1

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