

This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff

Pharmacy Formulary Updates Effective June 1, 2024

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)

New Chemical Entities					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Fabhalta® (iptacopan)	The treatment of paroxysmal nocturnal hemoglobinuria in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Casgevy™ (exagamglogene autotemcel)	The treatment of sickle cell disease in patients aged 12 years and older with recurrent vaso-occlusive crises	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
Lyfgenia™ (lovotibeglogene autotemcel)	The treatment of sickle cell disease in patients ages 12 years and older with a history of vaso-occlusive events	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
New Chemical Entities					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Wainua™ (eplontersen)	The treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Zilbrysq® (zilucoplan)	The treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor antibody positive	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Agamree® (vamorolone)	The treatment of Duchenne muscular dystrophy in patients ages 2 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3

Rivfloza™ pre-filled syringes	The lowering of urinary oxalate levels in patients ages 9 years and older with primary hyperoxaluria type 1 and relatively preserved kidney function	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Rivfloza™ vials	The lowering of urinary oxalate levels in patients ages 9 years and older with primary hyperoxaluria type 1 and relatively preserved kidney function	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D= Nonformulary	Prior Authorization, Medical
Vevye® 0.1% (cyclosporine)	The treatment of the signs and symptoms of dry eye disease	Exclude	NYRX Medicaid Transition	Nonformulary	Exclude
Idose TR® (travoprost)	The reduction of intraocular pressure in patients with ocular hypertension or open-angle glaucoma	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D- Nonformulary	Prior Authorization, Medical
New Combinations/Formulations					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Zoryve foam® (roflumilast)	The treatment of seborrheic dermatitis in patients ages 9 years and older	Excluded	NYRX Medicaid Transition	Nonformulary	Excluded
lwilfin™ (eflornithine)	The reduction in risk of relapse in patients with high-risk neuroblastoma who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Eohilia™ (budesonide oral suspension)	Indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EoE).	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3

NEW GENERICS (all brands will be non-formulary, Tier 3)

Brand Name	Generic Name	Commercial	Medicaid	Exchange
Farxiga	Dapagliflozin	Brand Tier 2, Non-formulary	NYRX Medicaid Transition	Brand Tier 2, Non-formulary
Xigduo XR	Dapagliflozin-Metformin	Brand Tier 2, Non-formulary	NYRX Medicaid Transition	Brand Tier 2, Non-formulary
Prolensa	Bromfenac ophthalmic solution	Tier 1	NYRX Medicaid Transition	Tier2
Indocin	Indomethacin suspension	Exclude	NYRX Medicaid Transition	Exclude
Korlym	Mifepristone	Brand Tier 3 with prior authorization; generic Tier 1 with prior authorization	NYRX Medicaid Transition	Brand Tier 3 with prior authorization; generic Tier 2 with prior authorization
Gralise	Gabapentin ER	Brand Tier 3 with prior authorization; generic Tier 1 with prior authorization	NYRX Medicaid Transition	Brand Tier 3 with prior authorization; generic Tier 2 with prior authorization
Emflaza	Deflazacort	Brand Tier 3 with prior authorization; generic Tier 1 with prior authorization	NYRX Medicaid Transition	Brand Tier 3 with prior authorization; generic Tier 2 with prior authorization

Formulary Updates

- Asmanex HFA added to the Commercial, Exchange and Self-Funded formularies for members 10 years and younger
- Generic Flovent (fluticasone HFA and fluticasone diskus) moved from Tier 2 to Tier 1 for the Exchange Formularies

It's Time to Recertify Your Patients!*

The Families First Coronavirus Response Act has expired. To learn how MVP can help your patients continue their coverage, visit mvphealthcare.com/recertification.

*Applies to Members enrolled in Medicaid, Child Health Plus (CHP), Health and Recovery Plan (HARP), and the Essential Plan (EP).

Contact MVP with questions:



Contact your MVP Professional Relations Representative.



Call the MVP Customer Care Center for Provider Services at **1-800-684-9286**



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