

This communication should be viewed by:
 Primary Care Providers
 Behavioral Health Providers
 Clinical staff

Pharmacy Formulary Updates Effective August 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
Filsuvez® (birch triterpenes)	The treatment of wounds associated with dystrophic and junctional epidermolysis bullosa in patients ages 6 months and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non formulary	Prior Authorization, Tier 3
Amtagvi™ (lifileucel)	The treatment of unresectable or metastatic melanoma in adults who progressed on or after prior PD-1/L1 inhibitor therapy, and if BRAF V600 positive, a BRAF inhibitor with or without a MEK inhibitor. Amtagvi is the first FDA approved T-cell therapy for a solid tumor and first treatment option for advanced melanoma after anti-PD-1 and targeted therapy	Prior Authorization per Amtagvi policy, Medical	Prior Authorization per Amtagvi policy, Medical	Prior Authorization per Amtagvi policy, Part B Part D, Non formulary	Prior Authorization per Amtagvi policy, Medical

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Rezdiffra™ (resmetirom)	For use in conjunction with diet and exercise for the treatment of adults with noncirrhotic non-alcoholic steatohepatitis with moderate to advanced liver fibrosis (consistent with stages F2 and F3 fibrosis)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non formulary	Prior Authorization, Tier 3
Lenmeldy™ (atidarsagene autotemcel)	The treatment of children: Metachromatic leukodystrophy, early juvenile type, Pre-symptomatic or early symptomatic Metachromatic leukodystrophy, late infantile type, Pre-symptomatic	Prior Authorization per Lenmeldy policy, Medical	Prior Authorization per Lenmeldy policy, Medical	Prior Authorization per Lenmeldy policy, Part B Part D, Non formulary	Prior Authorization per Lenmeldy policy, Medical

NEW CHEMICAL ENTITIES

DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Winrevair™ (sotatercept-csrk)	The treatment of adults with pulmonary arterial hypertension to increase exercise capacity, improve WHO functional class, and reduce the risk of clinical worsening events	Prior Authorization per Pulmonary Hypertension (Advanced Agents) Commercial policy, Tier 3	NYRX Medicaid Transition	Prior Authorization, Medical Part D, Non formulary	Prior Authorization per Pulmonary Hypertension (Advanced Agents) Commercial policy, Tier 3
Voydeya™ (danicopan)	The treatment of extravascular hemolysis in adults with paroxysmal nocturnal hemoglobinuria as an add-on therapy to Ultomiris (ravulizumab) or Soliris (eculizumab)	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
-----------	------------	------------	----------	----------	----------

To view all faxed messages, visit mvphealthcare.com/FastFax.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Zymfentra™ (infliximab-dyyb)	The maintenance treatment of moderately-to-severely active Crohn's disease or moderately-to-severely active ulcerative colitis in adults, following treatment with an infliximab product administered intravenously	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non formulary	Prior Authorization, Tier 3
Alyglo™ (Immune globulin intravenous, human-stwk 10%)	The treatment of primary humoral immunodeficiency in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D, Non formulary	Prior Authorization, Medical
Opsynvi® (macitentan/tadalafil)	The treatment of pulmonary arterial hypertension in adults in WHO Group 1 functional class II or III	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non formulary	Prior Authorization, Tier 3

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Alvaiz™ (eltrombopag choline)	The treatment of chronic immune thrombocytopenia in patients ages 6 yrs & older with insufficient response to corticosteroids, immunoglobulins, or splenectomy; the treatment of thrombocytopenia in adults with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy; and treatment of adults with severe aplastic anemia with insufficient response to immunosuppressive therapy	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non formulary	Prior Authorization, Tier 3
---	---	-----------------------------	--------------------------	-----------------------	-----------------------------

NEW GENERICS (all brands will be non-formulary, Tier 3)				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Rectiv ointment	Nitroglycerin ointment 0.4%	Tier 1	NYRX Medicaid Transition	Tier 2
Bromsite	Bronfenac ophthalmic 0.075%	Tier 1	NYRX Medicaid Transition	Tier 2
Alrex suspension	Lotepredol ophthalmic	Tier 1	NYRX Medicaid Transition	Tier 2
Thiola EC	Tiopronin tab delayed release	Brand Tier 3, generic non-formulary	NYRX Medicaid Transition	Brand Tier 3, generic non-formulary
Lithium solution	Lithium oral solution	Brand Tier 3, generic non-formulary	NYRX Medicaid Transition	Brand Tier 3, generic non-formulary

To view all faxed messages, visit mvphhealthcare.com/FastFax.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

