

This communication should be viewed by:

Primary Care Providers
 Behavioral Health Providers
 Clinical staff
 Specialist
 Claims and Billing Department
 Facility/Practice staff

Pharmacy Formulary Updates Effective June 1, 2025

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 CHEMICAL ENTITIES					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Crenessity™ capsules (crinecerfont)	Adjunctive treatment to glucocorticoid replacement to control androgens in patients ages 4 years and older with classic congenital adrenal hyperplasia	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Crenessity™ oral solution (crinecerfont)	Adjunctive treatment to glucocorticoid replacement to control androgens in patients ages 4 years and older with classic congenital adrenal hyperplasia	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Bizengri® (zenocutuzumab-zbco)	The treatment of advanced, unresectable, or metastatic non-small cell lung cancer or pancreatic adenocarcinoma harboring a NRG1 gene fusion with disease progression on or after prior systemic therapy, in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
NEW CHEMICAL ENTITIES					
Tryngolza™ (olezarsen)	An adjunct to diet to reduce triglycerides in adults with familial	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

	chylomicronemia syndrome				
Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor)	The treatment of cystic fibrosis in patients ages 6 years and older who have at least 1 F508del mutation or another responsive mutation in the CFTR modulator gene	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity Limitation, Tier 5	Prior Authorization, Tier 3
Kebilidi™ (eladocagene exuparvovec-tneq)	The treatment of aromatic L-amino acid decarboxylase deficiency in adults and pediatrics	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Alhemo® (concizumab)	Routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients ages 12 years and older with hemophilia A or hemophilia B with inhibitors	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Datroway® (datopotamab deruxtecan)	Treatment of adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease	Prior Authorization, Medical	Prior Authorization, Medical	Part D, Non-Formulary	Prior Authorization, Medical
NEW CHEMICAL ENTITIES					
Niktimvo™ (axatilimab-csfr)	The treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Journavx™ (suzetrigine)	Indicated for the treatment of moderate to severe acute pain in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
NEW COMBINATIONS/FORMULATIONS					
Imkeldi (imatinib)	Imkeldi is the first oral liquid formulation of imatinib	Tier 1	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity	Prior Authorization, Tier 3 and oral chemo copay

				Limitation, Tier 5	
Qlosi™ (pilocarpine)	The treatment of presbyopia in adults	Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

NEW GENERICS <i>(all brands will be non-formulary, Tier 3)</i>				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Motegrity	Prucalopride	Tier 1	NYRX Medicaid Transition	Tier 2
Nexium granules	Esomeprazole DR suspension	Tier 1 with QL (60 per 30 days)	NYRX Medicaid Transition	Tier 2 with QL (60 per 30 days)
Mesna	Mesnex	Tier 1 AND oral chemo copay	NYRX Medicaid Transition	Tier 1 AND oral chemo copay
Entresto	Sacubitril-valsartan	Tier 1	NYRX Medicaid Transition	Tier 2
Betimol	Timolol oph soln	Tier 1	NYRX Medicaid Transition	Tier 2
Namzaric	Memantine-Donepezil	Tier 1	NYRX Medicaid Transition	Tier 2

Formulary Updates

Drug	Change	Policy Action
Diclofenac 3%	Prior authorization has been removed. A quantity limit of 100gm per 365 days has been added.	Diclofenac (Topical) has been archived effective April 1, 2025
Doxepin 5% cream Prudoxin cream 5% Zonalon 5%	Prior authorization has been removed. A quantity limit of 45gm per 365 days has been added.	Topical Agents for Pruritus has been archived effective April 1, 2025

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