

## Pharmacy Formulary Updates Effective August 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](http://mvphealthcare.com).

NEW CHEMICAL ENTITIES					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Grafapex™ (treosulfan)	Preparative regimen for allogeneic hematopoietic stem cell transplantation in patients ages 1 year and older with acute myeloid leukemia or myelodysplastic syndrome, in combination with fludarabine	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
Gomekli™ capsule (mirdametinib)	Treatment of neurofibromatosis type 1 in patients ages 2 years and older with symptomatic plexiform neurofibromas not amenable to complete resection	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity Limitation, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Gomekli™ oral suspension (mirdametinib)	Treatment of neurofibromatosis type 1 in patients ages 2 years and older with symptomatic plexiform neurofibromas not amenable to complete resection	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity Limitation, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Zunveyl® (benzgalantamine)	Treatment of mild-to-moderate dementia of the Alzheimer's type in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Romvimza™ (vimseltinib)	Treatment of symptomatic tenosynovial giant cell tumor in adults for which surgical resection will potentially cause worsening functional limitation or severe morbidity	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
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	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Tier 3
Ryoncil® (remestemcel-L-rknd)	Treatment of steroid-refractory acute graft versus host disease in patients 2 months of age and older	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical
Revuforj® (revumenib)	Treatment of relapsed or refractory acute leukemia with a lysine methyltransferase 2A gene (KMT2A) translocation in patients ages 1 year and older	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity Limitation, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
Rapiblyk™ (landiolol)	Short-term reduction of ventricular rate in adults with supraventricular tachycardia, including atrial fibrillation and atrial flutter	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical

Encelto™ (revakinagene taroretcel-lwey)	Treatment of idiopathic macular telangiectasia type 2 in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Vanrafia® (atrasentan)	Reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Qfitlia® (fitusiran)	Routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients aged 12 years and older with hemophilia A or hemophilia B with or without inhibitors	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

**NEW COMBINATIONS/FORMULATIONS**

<b>DRUG NAME</b>	<b>INDICATION</b>	<b>COMMERCIAL</b>	<b>MEDICAID</b>	<b>MEDICARE</b>	<b>EXCHANGE</b>
Onapgo™ (apomorphine infusion pump)	Continuous treatment of motor fluctuations ("off" episodes) in adults with Parkinson's Disease	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Xromi® (hydroxyurea)	Reduction in the frequency of painful crises and need for blood transfusions in patients ages 6 months and older with sickle cell anemia with recurrent moderate-to-severe painful crises	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Raldesy™ (trazodone)	Treatment of major depressive disorder in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Prior Authorization, Quantity Limitation, Tier 4	Prior Authorization, Tier 3
Inzirqo™ (hydrochlorothiazide)	Treatment of hypertension alone or in combination with other antihypertensive agents, and treatment of edema associated with congestive heart failure, hepatic cirrhosis and renal disease including nephrotic syndrome, in adults and pediatrics	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Epysqli® (eculizumab-aagh)	Treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis, treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy, and treatment of generalized myasthenia gravis in adults who are anti-AChR antibody-positive (biosimilar of Soliris)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Vykat XR™ (diazoxide choline)	Treatment of hyperphagia in patients ages 4 years and older with Prader-Willi syndrome	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Tezruly™ (terazosin)	Treatment of signs and symptoms of benign prostatic hyperplasia, and treatment of hypertension alone or with other antihypertensive agents, to lower blood pressure	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

<b>NEW GENERICS</b> <i>(all brands will be non-formulary, Tier 3)</i>				
<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>COMMERCIAL</b>	<b>MEDICAID</b>	<b>EXCHANGE</b>
Purixan	Mercaptopurine suspension	Tier 1 and oral chemo copay	NYRX Medicaid Transition	Tier 1 and oral chemo copay
Xarelto	Rivaroxaban	Tier 1 (Brand is Tier 2)	NYRX Medicaid Transition	Tier 2 (Brand is Tier 2)
Auryxia	Ferric Citrate	Tier 1	NYRX Medicaid Transition	Tier 1

To view all communications, visit [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax)

