

**This communication should be viewed by:**

Primary Care Providers  
Behavioral Health Providers  
Clinical staff

## Formulary Updates Effective February 1, 2026

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
<b>Exxua™</b> (gepirone)	Treatment of major depressive disorder (MDD) in adults	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
<b>Zurnai™</b> (nalmeferene)	For emergency treatment of known or suspected opioid overdose induced by natural or synthetic opioids in adults and pediatric patients aged 12 years and older, as manifested by respiratory and/or central nervous system depression	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Brekiya®</b> (dihydroergotamine)	Indicated for the acute treatment of migraine with or without aura and the acute treatment of cluster headaches in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Blujepa®</b> (gepotidacin)	The treatment of females ages 12 years and older weighing at least 40 kg with uncomplicated urinary tract infections caused by the following susceptible microorganisms: Escherichia coli, Klebsiella pneumoniae, Citrobacter freundii complex, Staphylococcus saprophyticus, and Enterococcus faecalis	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Inlexzo™</b> (gemcitabine intravesical system)	The treatment of adults with Bacillus Calmette-Guerin-unresponsive, non-muscle invasive bladder cancer with carcinoma in situ, with or without papillary tumors	Prior authorization, Medical	Prior authorization, Medical	Prior Authorization per Cancer Guidance Program, Medical (Part B)	Prior authorization, Medical
<b>Avtozma®</b> (tocilizumab-anoh)	The treatment of adults with moderately-to-severely active rheumatoid arthritis who have had an inadequate response to 1 or more disease-modifying anti-rheumatic drugs, the treatment of giant cell arteritis in adults, the treatment of active polyarticular juvenile idiopathic arthritis in patients ages 2 years and older, the treatment of active systemic juvenile idiopathic arthritis in patients ages 2 years and older, and the treatment of COVID-19 in hospitalized adults who are receiving systemic	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical

	corticosteroids and require supplemental oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (biosimilar of Actemra)				
<b>Tyruko</b> (natalizumab-szt)	The treatment of adults with relapsing forms of multiple sclerosis, and for inducing and maintaining clinical response and remission in adults with moderately-to-severely active Crohn's disease who also have evidence of inflammation and have had an inadequate response or inability to tolerate conventional therapies and inhibitors of tumor necrosis factor (biosimilar of Tysabri)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)  Part D, Non-Formulary	Prior Authorization, Medical

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

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Tracleer	Bosentan	Tier 1 post PA per Pulmonary Hypertension Commercial policy	NYRX Medicaid Transition	Tier 2 post PA per Pulmonary Hypertension Commercial policy
Endometrin	Progesterone	Tier 1	NYRX Medicaid Transition	Tier 2
Ravicti	Glycerol Phenbutyrate	Tier 1 post PA per Orphan Drugs and Biologicals policy	NYRX Medicaid Transition	Tier 2 post PA per Orphan Drugs and Biologicals policy
Premarin	Conjugated estrogens	Tier 1 (brand Premarin will move Tier 2 to Tier 3 effective January 1, 2026)	NYRX Medicaid Transition	Tier 2 (brand Premarin is already at Tier 3)