

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

Formulary Updates Effective April 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.

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Inluriyo™ (Imlunestrant)	Treatment of adults with ER-positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
Palsonify™ (paltusotine)	Treatment of adults with acromegaly who had an inadequate response to surgery and/or for whom surgery is not an option.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Rhapsido® (remibrutinib)	Treatment of chronic spontaneous urticaria (CSU) in adult patients who remain asymptomatic despite H1 antihistamine treatment	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Forzinity™ (elamipretide)	Use to improve muscle strength in patients with Barth syndrome weighing at least 30 kg	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Jascayd® (nerandomilast)	The treatment of idiopathic pulmonary fibrosis (IPF) and progressive pulmonary fibrosis (PPF) in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Lynkuet® (elinzanetant)	The treatment of moderate-to-severe vasomotor symptoms due to menopause	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Komzifti™ (ziftomenib)	The treatment of relapsed or refractory NPM1-mutant acute myeloid leukemia in adults who have no satisfactory alternative treatment options	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
Lymphir™ (denileukin diftitox)	The treatment of relapsed or refractory stage I-III cutaneous T- cell lymphoma after at least 1 prior systemic therapy in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization per Cancer Guidance Program, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical

Redempro® (plozasiran)	Use as an adjunct to diet to reduce triglycerides in adult with familial chylomicronemia syndrome (FCS)	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Hyrnuo® (sevabertinib)	Treatment of adult patients with locally advanced or metastatic non- squamous non-small cell lung cancer (NSCLC) whose tumors have HER2 (ERBB2) tyrosine kinase domain (TKD) activating mutations, as detected by an FDA-approved test, and who have received a prior systemic therapy.	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
Voyxact® (sibeprenlimabszsi)	Reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) are at risk for disease progression.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Omlonti® (omidenepeg isopropyl)	The reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension	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
Keytruda QLEX™ (pembrolizumab/berahyaluronidase alfa-pmph)	Use in the treatment of adult and pediatric patients (12 years and older) with solid tumor indications approved for the intravenous (IV) formulation of Keytruda (pembrolizumab; Merck)	Prior Authorization, Cancer Guidance policy, Medical	Prior Authorization, Cancer Guidance policy, Medical	Part D, Non-Formulary	Prior Authorization, Cancer Guidance policy, Medical
Yimmugo® (immune globulin intravenous, human-dira)	Treatment of primary humoral immunodeficiency (PI) in patients 2 years of age or older	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Enbumyst™ (bumetanide nasal spray)	Treatment of edema associated with congestive heart failure, hepatic and renal disease, including nephrotic syndrome in adults.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Vyscoxa™ (celecoxib)	The treatment of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis in adults and the treatment of juvenile rheumatoid arthritis in patients ages 2 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Tonmya™ (cyclobenzaprine)	Used for the treatment of fibromyalgia in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Subvenite® suspension (lamotrigine)	The treatment of partial seizures, primary generalized tonic-clonic seizures, and generalized seizures of Lennox- Gastaut syndrome, and the treatment of bipolar disorder	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

Lasix® Onyu (furosemide)	Treatment of edema due to fluid overload in adults with:Chronic heart failure or Chronic kidney disease (including nephrotic syndrome)	Prior Authorization, Medical	Prior Authorization, Medical	Part D, Non-Formulary	Prior Authorization, Medical
Javadin™ (clonidine hydrochloride)	Treatment of hypertension in adult patients, to lower blood pressure.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Itvisma® (onasemnogene abeparovovecbrve)	Treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years of age and older with confirmed mutation in SMN1 gene.	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
Gralise	Gabapentin ER	Tier 1 with Prior Authorization	NYRX Medicaid Transition	Tier 2 with Prior Authorization
Lomustine	Gleostine	Tier 1 and oral chemo copay	NYRX Medicaid Transition	Tier 2 and oral chemo copay
Cladribine	Mavenclad	Tier 1 with Prior Authorization	NYRX Medicaid Transition	Tier 1 with Prior Authorization

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