MVPFASTFAX

July 30, 2026 – 2026.27

Important News for Providers

**This communication should be viewed by:**
Primary Care Providers, Clinical staff, Specialist, Claims and Billing Department, Facility/Practice

# Formulary Updates Effective September 1, 2026

MVP Health Care® (MVP) appreciates your continued support of our Members. The MVP Pharmacy and Therapeutics (P&T) Committee has determined that the recently FDA-approved drugs listed below will require prior authorization for at least six months after market availability. Current Formularies and Prior Authorization forms are available at **mvphealthcare.com**.

| **New Chemical Entities** | | | | | |
|---|---|---|---|---|---|
| **DRUG NAME** | **INDICATION** | **COMMERCIAL** | **MEDICAID** | **MEDICARE** | **EXCHANGE** |
| **Idvynso™** (doravirine and islatravir) | Used to treat HIV-1 in adults. | Prior Authorization, Tier 3 | NYRX Medicaid Transition | Part D, Non-Formulary | Prior Authorization, Tier 3 |
| **Bysanti™** (milsaperidone) | Used for the treatment of schizophrenia and the acute treatment of manic or mixed episodes associated with bipolar I disorder in adults. | Prior Authorization, Tier 3 | NYRX Medicaid Transition | Part D, Non-Formulary | Prior Authorization, Tier 3 |
| **Xtoro®** (finafloxacin otic suspension) | A quinolone antimicrobial indicated for the treatment of acute otitis externa (AOE) caused by susceptible strains of Pseudomonas aeruginosa and Staphylococcus aureus. | 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** |
| **Widaplik™** (telmisartan, amlodipine, and indapamide) | 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 |
| **Quiofic® solution** (folic acid solution) | Treatment of megaloblastic anemias due to folic acid deficiency in adult and pediatric patients. | Prior Authorization, Tier 3 | NYRX Medicaid Transition | Part D, Non-Formulary | Prior Authorization, Tier 3 |
| **Saphnelo® pen** (anifrolumab-fnia) | Treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE) who are receiving standard therapy. | Tier 3 | NYRX Medicaid Transition | Part D, Non-Formulary | Tier 3 |
| **Zolymbus™ gel** (bimatoprost) | Ocular hypertension and glaucoma. | 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** |
| Astagraf XL | Tacrolimus ER capsule | Tier 1 | NYRX Medicaid Transition | Tier 2 |

To view all communications, visit **mvphealthcare.com/FastFax.**

MVP HEALTH CARE