

MVP Medicaid SGLT2 Coverage

This is a reminder that as of January 1, 2022, MVP Health Care® (MVP) requires prior authorization for coverage of **Farxiga** for NY Medicaid Members. MVP recognizes the unique aspects of each individual treatment plan, and there are alternatives on the MVP Formulary that do not require prior authorization (such as Segluromet and Steglatro). The MVP Formulary can be found at **mvphealthcare.com/Providers**, and select *Pharmacy*, then *MVP Formularies*.

If a Member's therapy requires Farxiga, you must complete a prior authorization request, and include clinical documentation to support the use of Farxiga in one the following ways:

- A. Visit **mvphealthcare.com/Providers** and *Sign In* to your Provider online account to use the new electronic prior authorization tool powered by Novologix[®].
- B. Complete the appropriate MVP prior authorization form, which can be accessed at **mvphealthcare.com/Providers**, then select *Forms*, then under *Prior Authorization*, select the appropriate form in the Pharmacy section. Then, fax completed request form to MVP at **1-800-376-6373**.
- C. Submit a request through **Surescripts.com** or **CoverMyMeds.com**.

Farxiga may be considered for coverage when used for one of the applicable FDA-approved indications including:

- 1. For the reduction of heart failure hospitalizations in adults with Type 2 diabetes mellitus and established cardiovascular (CV) disease or multiple CV risk factors
- 2. For the treatment of heart failure with reduced ejection fraction (NYHA classes II to IV) to reduce the risk of cardiovascular death and hospitalization for heart failure
- 3. For the treatment of chronic kidney disease to reduce the risk of sustained eGFR decline, endstage kidney disease, cardiovascular death, and hospitalization for heart failure in those at-risk of disease progression

