

Pharmacy Formulary Updates Effective April 1, 2022

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 Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
Scemblix® (asciminib)	The treatment of adults with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP) previously treated with 2 or more tyrosine-kinase inhibitors, and the treatment of Ph+ CML in CP with the T315I mutation	Tier 3	Non-Formulary	Medical Part D-Tier 5, if RxCui becomes available
Besremi® (ropeginterferon alfa-2b)	The treatment of polycythemia vera	Tier 3	Non-Formulary	Non-Formulary
Voxzogo™ (vosoritide)	Use to increase linear growth in patients aged 5 years and older with achondroplasia with open epiphyses	Tier 3	Non-Formulary	Non-Formulary
Fyarro™ (sirolimus)	The treatment of adults with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor	Medical	Medical	Medical
Livtency™ (maribavir)	The treatment of post-transplant cytomegalovirus infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet in patients aged 12 years and older and weighing at least 35 kg	Tier 3	Non-Formulary	Non-Formulary
Tyrvaya™ (varenicline)	The treatment of signs and symptoms of dry eye disease	Tier 3	Non-Formulary	Non-Formulary
Eprontia™ Oral Solution (topiramate)	The treatment of partial-onset or primary generalized tonic-clonic seizures in patients aged 2 years and older; the adjunctive therapy for the treatment of partial-onset seizures, primary generalized tonic-clonic seizures, and seizures associated with Lennox-Gastaut syndrome in patients aged 2 years and older; and the preventive treatment of migraine in patients aged 12 years and older	Tier 3	Non-Formulary	Tier 5
Vuity™ Solution (pilocarpine)	The treatment of presbyopia in adults	Tier 3	Non-Formulary	Non-Formulary
Elyxyb™ Solution (celecoxib)	The acute treatment of migraine with or without aura in adults	Tier 3	Non-Formulary	Non-Formulary

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Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Formulary Updates

Formulary Updates for Commercial, Exchange, and Medicaid	
Drug Name	Action
Nurtec ODT	Quantity limit increase to 16 tablets per 30 days
Brand Bystolic	Move to Tier 3
Zolpidem ER (generic)	Add a quantity limit of 30 tablets per 30 days.

Formulary Updates for Medicaid	
Drug Name	Action
Nurtec ODT	Quantity limit increase to 16 tablets per 30 days
Brand Bystolic, Brand Diclegis and Brand Chantix	Move to Non-formulary
Zolpidem ER (generic)	Add a quantity limit of 30 tablets per 30 days.

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