

This communication should be viewed by:

Facility/Practice staff

Clinical staff

Pharmacy Formulary Updates Effective October 1, 2023

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)

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Sogroya® (somapacitan-becol)	The treatment of growth hormone deficiency in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Veozah™ (fezolinetant)	The treatment of moderate-to-severe vasomotor symptoms associated with menopause	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
BabyBIG® (Botulism Immune Globulin Intravenous)	The treatment of infant botulism types A and B	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D = Nonformulary	Prior Authorization, Medical
Elfabrio® (pegunigalsidase alfa-iwkj)	The treatment of Fabry disease in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D = Nonformulary	Prior Authorization, Medical
Zavzpret™ (zavegepant)	The acute treatment of migraine with or without aura in adults	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Epkinly™ (epcoritamab-bysp)	The treatment of relapsed or refractory large B-cell lymphoma after 2 or more lines of systemic therapy	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D = Tier 5 if RxCUI becomes available	Prior Authorization, Medical
Vyjuvek™ (beremagene geperpavec)	The treatment of dystrophic epidermolysis bullosa in patients aged 6 months and older	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary	Prior Authorization, Medical

NEW COMBINATIONS/FORMULATIONS					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Uzedly™ (risperidone extended release)	The treatment of schizophrenia in adults	Prior Authorization, Medical	Prior Authorization, Medical	Tier 5	Prior Authorization, Medical
Liqrev® (sildenafil)	The treatment of pulmonary arterial hypertension (PAH) to improve adult patients'	Prior Authorization, Tier 3	NYRX Medicaid Transition	Nonformulary	Prior Authorization, Tier 3

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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.



	ability to exercise and to delay clinical worsening			
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New Generics for Commercial & Exchange (non-Medicare):

NEW GENERICS				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Celontin	Methsuximide	Tier 1 (brand Tier 2)	NYRX Medicaid Transition	Tier 2 (brand Tier 2)
Prezista	Darunavir	Tier 1 (brand will move Tier 2 to Tier 3 effective 08/01/2023)	NYRX Medicaid Transition	Tier 2 (brand will move Tier 2 to Tier 3 effective 08/01/2023)

Formulary Updates

Substance Use Disorder Treatment Coverage Changes		
<p>Background: Recent legislative changes in New York and Vermont mandates insurers provide coverage of prescription drugs for used for the detoxification and maintenance treatment of a substance use disorder without step therapy, "fail first" or preauthorization.</p> <p>NY Chapter 57 of 2023: The law mandates commercial coverage of a prescription for the detoxification and maintenance treatment of a substance use disorder without preauthorization, including buprenorphine products, methadone, long-acting injectable naltrexone, medication prescribed or dispensed for opioid reversal such as FDA-approved over-the-counter opioid overdose reversal medication.</p> <p>VT H 222: A Health insurance or other health benefit plan offered by an insurer or by a pharmacy benefit manger on behalf of a health insurer that provider coverage for prescription drugs shall not utilize a step-therapy, "fail first" or other protocol that requires documented trials of a medication, including a trial documented through a "MedWatch" (FDA form 3500), before approving a prescription for the treatment of substance use disorder.</p>		
Medication	2023 Update	2024 Quantity Limit Update (Effective January 1, 2024)
SUBOXONE MIS 2-0.5MG	Add BRAND as Tier 3 to the Commercial and Exchange Formularies (previously excluded)	90 films per 30 days
SUBOXONE MIS 8-2MG	Add BRAND as Tier 3 to the Commercial and Exchange Formularies (previously excluded)	90 films per 30 days
SUBOXONE MIS 4-1MG	Add BRAND as Tier 3 to the Commercial and Exchange Formularies (previously excluded)	90 films per 30 days
SUBOXONE MIS 12-3MG	Add BRAND as Tier 3 to the Commercial and Exchange Formularies (previously excluded)	60 films per 30 days
ZUBSOLV SUB 11.4-2.9 MG	Add as Tier 3 to the Commercial formulary	30 films per 30 days
ZUBSOLV SUB 0.7-0.18 MG	Add as Tier 3 to the Commercial formulary	90 films per 30 days
ZUBSOLV SUB 1.4-0.36 MG	Add as Tier 3 to the Commercial formulary	90 films per 30 days
ZUBSOLV SUB 2.9-0.71 MG	Add as Tier 3 to the Commercial formulary	90 films per 30 days
ZUBSOLV SUB 5.7-1.4 MG	Add as Tier 3 to the Commercial formulary	90 films per 30 days
ZUBSOLV SUB 8.6-2.1 MG	Add as Tier 3 to the Commercial formulary	60 films per 30 days

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LifeMS Naloxone kit	Add BRAND as Tier 3 to the Commercial and Exchange Formularies (previously excluded)	N/A
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VT Abortion Coverage Changes		
Background: Recent legislative changes in Vermont mandates coverage for abortion and abortion-related care (VT S 37 2023).		
Medication	GPI	2024 Update (Effective January 1, 2024)
MIFEPRISTONE TAB 200 MG	30502060000320	Medications listed will pay at a \$0 copay and not be subject to deductibles unless the plan is a high deductible health plan in VT for commercial and exchange
MISOPROSTOL TAB 100 MCG	49250030000310	
MISOPROSTOL TAB 200 MCG	49250030000320	

It's Time to Recertify Your Patients!*

The Families First Coronavirus Response Act has expired. To learn how MVP can help your patients continue their coverage, visit mvphealthcare.com/recertification.

*Applies to Members enrolled in Medicaid, Child Health Plus (CHP), Health and Recovery Plan (HARP), and the Essential Plan (EP).

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