

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

Pharmacy Formulary Updates Effective December 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
Inpefa™ (sotagliflozin)	Risk reduction of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adults with heart failure, or type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Miebo™ (perfluorohexylotane)	The treatment of dry eye disease	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Columvi™ (glofitamab)	The treatment of adults with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, or large B-cell lymphoma arising from follicular lymphoma, after 2 or more lines of systemic therapy	Prior Authorization, Medical	Prior Authorization, Medical	Medical Part D = Nonformulary (Tier 5 if RxCIU becomes available)	Prior Authorization, Medical
Rezzayo™ (rezafungin)	The treatment of candidemia and invasive candidiasis in adults with limited or no alternative treatment options	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D- Nonformulary	Prior Authorization, Medical
Rystiggo® (rozanolixizumab-noli)	The treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor or anti-muscle-specific tyrosine kinase antibody positive	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D- Nonformulary	Prior Authorization, Medical
Xdemvy™ (lotilaner)	The treatment of Demodex blepharitis	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Ngenla™ (somatropin-ghla)	The treatment of growth failure due to inadequate secretion of endogenous growth hormone in patients ages 3 to 17 years	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Beyfortus™ (nirsevimab-alip)	The prevention of respiratory syncytial virus (RSV) infection in newborns and infants entering or during their first RSV season, and for children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season	Medical per Immunizations Childhood, Adolescents and Adults	Medical per Immunizations Childhood, Adolescents and Adults	Medical Part D- Tier 5	Medical per Immunizations Childhood, Adolescents and Adults

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Xacduro® (durlibactam/ sulbactam)	The treatment of hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia caused by susceptible isolates of <i>Acinetobacter baumannii-calcoaceticus</i> complex in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
Izervay™ (avacincaptad pegol)	The treatment of geographic atrophy (GA), due to age-related macular degeneration (AMD)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
Elrexfio™ (elranatamab-bcmm)	The treatment of multiple myeloma in adults who are refractory to at least 1 proteasome inhibitor, 1 immunomodulatory agent, and 1 anti-CD38 antibody	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary (Tier 5 if RxCUI becomes available)	Prior Authorization, Medical
Opvee® (nalmeffene)	The emergency treatment of known or suspected opioid overdose induced by natural or synthetic opioids, as manifested by respiratory and/or central nervous system depression in patients ages 12 years and older	Tier 3	NYRx Medicaid Transition	Nonformulary	Tier 3
Airsupra™ (budesonide/ albuterol)	The as-needed treatment or prevention of bronchoconstriction, and the prevention of asthma exacerbations in patients aged 4 years and older	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Veopoz™ (pozelimab)	The treatment of CD55-deficient protein-losing enteropathy (also known as CHAPLE syndrome)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical

NEW COMBINATIONS/FORMULATIONS					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Olpruva™ (sodium phenylbutyrate)	The treatment of urea cycle disorders	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	The treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor antibody positive	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
Idacio® (adalimumab-aacf)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, moderate to severe hidradenitis suppurativa (HS) in adults, ulcerative colitis, and plaque psoriasis in adults, the treatment of juvenile idiopathic arthritis in patients aged 2 years and older, and the treatment of Crohn's disease in patients aged 6 years and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude
Hulio® (adalimumab-fkjp)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis,	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude

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	moderate to severe hidradenitis suppurativa (HS) in adults, Crohn's disease, ulcerative colitis, and plaque psoriasis in adults and the treatment of juvenile idiopathic arthritis in patients aged 2 years and older (biosimilar of Humira)				
ADALIMU-FKJP (adalimumab-fkjp)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, moderate to severe hidradenitis suppurativa (HS) in adults, Crohn's disease, ulcerative colitis, and plaque psoriasis in adults and the treatment of juvenile idiopathic arthritis in patients aged 2 years and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude
Cyltezo™ (adalimumab-adbm)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, moderate to severe hidradenitis suppurativa (HS) in adults, Crohn's disease, ulcerative colitis, and plaque psoriasis in adults, non-infectious intermediate, posterior, and panuveitis in adults and the treatment of juvenile idiopathic arthritis in patients 2 years of age and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude
Suflave™ (polyethylene glycol 3350/sodium sulfate/potassium chloride/magnesium sulfate/sodium chloride)	Osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
Yusimry®™ (adalimumab-aqvh)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, plaque psoriasis in adults, the treatment of juvenile idiopathic arthritis in patients ages 2 years and older, and Crohn's disease in patients ages 6 and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude
Yuflyma® (adalimumab-aaty)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis, plaque psoriasis, and hidradenitis suppurativa in adults, the treatment of juvenile idiopathic arthritis in patients ages 2 years and older, and the treatment of Crohn's disease in patients ages 6 years and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude
Hadlima™ (adalimumab-bwwd)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis, plaque psoriasis, and hidradenitis suppur-ativa, non-infectious intermediate, pos-terior, and panuveitis in adults, the treat-ment of juvenile idio-pathic arthritis in patients ages 2 years and older, and the treatment of Crohn's disease in patients ages 6 years and older (biosimilar of Humira)	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude

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ADALIMU-ADAZ (adalimumab-adaz)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis, plaque psoriasis in adults, the treatment of juvenile idiopathic arthritis in patients ages 2 years and older, and the treatment of Crohn's disease in patients ages 6 years and older (biosimilar of Humira)	Tier 3 post PA per Adalimumab policy	NYRx Medicaid Transition	Nonformulary	Tier 3 post PA per Adalimumab policy
Hyrimoz®™ (adalimumab-adaz)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, plaque psoriasis, and hidradenitis suppurativa in adults, the treatment of juvenile idiopathic arthritis in patients ages 2 years and older, and Crohn's disease in patients ages 6 and older (biosimilar of Humira)	Tier 3 post PA per Adalimumab policy	NYRx Medicaid Transition	Nonformulary	Tier 3 post PA per Adalimumab policy
Bevacizumab intravitreal (bevacizumab)	Used as an intravitreal injection to treat age-related macular degeneration (AMD) and non-AMD eye conditions (biosimilar of Avastin®)	Medical, Prior Authorization per Vascular Endothelial Growth Factor (VEGF) Inhibitor policy	Medical, Prior Authorization per Vascular Endothelial Growth Factor (VEGF) Inhibitor policy	Prior Authorization, Medical Part D-Nonformulary	Medical, Prior Authorization per Vascular Endothelial Growth Factor (VEGF) Inhibitor policy
Iyuzeh™ (Latanoprost)	The reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension	Exclude	NYRx Medicaid Transition	Nonformulary	Exclude

New Generics for Commercial & Exchange (non-Medicare)

NEW GENERICS				
BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Mozobil inj	Plerixafor inj	Tier 1	NYRX Medicaid Transition	Tier 2
Folotyn	Pralatrexate inj	Medical, Prior Authorization per Orphan Drug Policy	Medical, Prior Authorization per Orphan Drug Policy	Medical, Prior Authorization per Orphan Drug Policy
Onglyza	Saxagliptin	Brand and generic excluded	NYRX Medicaid Transition	Brand and generic excluded
Indocin	Indomethacin suppositories	Brand and generic excluded	NYRX Medicaid Transition	Brand and generic excluded
Kombiglyze	Saxagliptin- Metformin	Brand and generic excluded	NYRX Medicaid Transition	Brand and generic excluded
Spiriva handihaler	Tiotropium bromide inhalation	Brand Tier 2, generic non-formulary	NYRX Medicaid Transition	Brand Tier 2, generic non-formulary

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Formulary Updates

2024 Commercial and Exchange Formulary Changes

2024 changes for New York and Vermont Commercial and Exchange formularies. Changes begin on January 1, 2024 and will be effective depending on the member's plan year start date.

Medication	2024 Update	Formulary Alternatives
Levemir, Levemir Flexpen and Levemir FlexTouch	Move Levemir, Levemir Flexpen and Levemir FlexTouch to excluded status	Basaglar, Lantus
Aemcolo	Move Aemcolo to excluded status	Xifaxan
adalimumab-adaz and Hyrimoz	Add Prior Authorization (PA) to adalimumab-adaz and Hyrimoz (cordavis) consistent with Adalimumab criteria. Tier 2	
budesonide/formoterol fumarate (generic Symbicort)	Move budesonide/formoterol fumarate (generic Symbicort) to Preferred/Generic status (Tier 1)	
Advair Diskus, Advair HFA, fluticasone furoate/vilanterol, and Symbicort	Move Advair Diskus, Advair HFA, fluticasone furoate/vilanterol, and Symbicort to Excluded status.	budesonide/formoterol fumarate (generic Symbicort), Wixela (generic Advair) , fluticasone-salmeterol (generic Advair), Breo Ellipta
Flovent Diskus, Flovent HFA & Pulmicort Flexhaler	Move from Tier 2 to Tier 3	
Saxenda and Wegovy	Remove 12 month per lifetime quantity limit. Add prior authorization under new Weight Loss Drugs policy.	Phentermine, benzphetamine, diethylpropion, Qsymia, Contrave are available with a 365-day lifetime limit.

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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