

**This communication should be viewed by:**

Primary Care Providers  
Behavioral Health Providers  
Clinical staff

## Pharmacy Formulary Updates Effective February 1, 2024

The MVP Health Care® (MVP) Pharmacy and Therapeutics (P&T) Committee has determined that the following drugs, which the FDA recently approved, will require prior authorization for at least the first six months following the date they are available on the market. Current versions of our Formularies and Prior Authorization forms are available at [mvphealthcare.com](http://mvphealthcare.com).

### New Drugs (prior authorization required)

NEW CHEMICAL ENTITIES					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
<b>Adstiladrin®</b> (nadofaragene firadenovec-vncg)	The treatment of adults with high-risk bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer with carcinoma in situ with or without papillary tumors	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D Nonformulary	Prior Authorization, Medical
<b>Brenzavvy™</b> (bexagliflozin)	Use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes	Prior Authorization, Tier 3 or diabetic copay	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3 or diabetic copay
<b>Litfulo™</b> (ritlecitinib)	The treatment of alopecia areata in patients aged 12 years and older	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Vanflyta®</b> (quizartinib)	The treatment of newly diagnosed acute myeloid leukemia in patients with the FLT3-ITD mutation, in combination with induction and consolidation chemotherapy, and as maintenance monotherapy following consolidation chemotherapy	Prior Authorization, Tier 3 and oral chemo copay	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
<b>Jesduvroq</b> (daprodustat)	The treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least 4 months	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Lantidra</b> (donislecel-jujn)	The treatment of type 1 diabetes mellitus in adults who are unable to approach target glycosylated hemoglobin because of current repeated episodes of severe hypoglycemia despite intensive diabetes management and education	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
<b>Ojjaara™</b> (momelotinib)	The treatment of intermediate or high-risk myelofibrosis (MF), including primary MF or secondary MF [post-polycythemia vera and post-essential thrombocythemia], in adults with anemia	Prior Authorization, Tier 3	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3
<b>Pombiliti™</b> (cipaglucosidase alfa-atga)	The treatment of late-onset Pompe disease (glycogen storage disease type II) in adults weighing 40 kg or more and who are not	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical

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	improving on their current enzyme replacement therapy, in combination with Opfolda (miglustat)			Medical Part D-Nonformulary	
<b>Velsipity™</b> (etrasimod)	The treatment of moderately to severely active ulcerative colitis	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Bimzelx®</b> (bimekizumab-bkzx)	The treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>OmvoH IV infusion™</b> (mirikizumab)	The treatment of adults with moderate-to-severe ulcerative colitis	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
<b>OmvoH SQ pen™</b> (mirikizumab)	The treatment of adults with moderate-to-severe ulcerative colitis	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>NEW COMBINATIONS/FORMULATIONS</b>					
<b>DRUG NAME</b>	<b>INDICATION</b>	<b>COMMERCIAL</b>	<b>MEDICAID</b>	<b>MEDICARE</b>	<b>EXCHANGE</b>
<b>Akeega™</b> (niraparib/abiraterone)	The treatment of deleterious or suspected deleterious BRCA mutated metastatic castrationresistant prostate cancer in adults	Prior Authorization, Tier 3 and oral chemo copay	NYRx Medicaid Transition	Prior Authorization, Tier 5	Prior Authorization, Tier 3 and oral chemo copay
<b>Brixadi®</b> (buprenorphine)	The treatment of moderate-to-severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine	Prior Authorization, Medical	Prior Authorization, Medical	Nonformulary	Prior Authorization, Medical
<b>Pokonza™</b> (potassium chloride powder)	Indicated for the treatment and prophylaxis of hypokalemia with or without metabolic alkalosis, in patients for whom dietary management with potassium-rich foods or diuretic dose reduction is insufficient.	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Opfolda™</b> (miglustat)	The treatment of late-onset Pompe disease (glycogen storage disease type II) in adults weighing 40 kg or more and who are not improving on their current enzyme replacement therapy, in combination with Pombiliti (cipaglucosidase alfa)-atga	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Motpoly XR™</b> (lacosamide extended release)	The treatment of partial-onset seizures in adults and pediatrics weighing at least 50 kg	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary (currently Med D=N); Tier 4 if RxCUI becomes available	Prior Authorization, Tier 3
<b>Entyvio Pen®</b> (vedolizumab)	The maintenance treatment of moderately-to-severely active ulcerative colitis in adults	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3
<b>Likmez™</b> (metronidazole)	The treatment of trichomoniasis in adults, amebiasis in adults and pediatrics, and anaerobic bacterial infections in adults	Prior Authorization, Tier 3	NYRx Medicaid Transition	Nonformulary	Prior Authorization, Tier 3

To view all faxed messages, visit [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax).

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<b>Cosentyx IV Solution®</b> (secukinumab)	The treatment of psoriatic arthritis in adults	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D-Nonformulary	Prior Authorization, Medical
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**NEW GENERICS** (all brands will be non-formulary, Tier 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Alphagan P	Brimonidine oph soln	Tier 1	NY Medicaid Transition	Tier 2
Breo Ellipta	Fluticasone-vilanterol	Excluded	NY Medicaid Transition	Excluded
Mydayis	Amphetamine-Dextroamphetamine ER capsules	Tier 1	NY Medicaid Transition	Tier 2
Votrient	Pazopanib tablet	Tier 1 and oral chemo copay	NY Medicaid Transition	Tier 2 and oral chemo copay

### Formulary Updates

Supportive Abortion Drug Coverage
<b>Background:</b> Legislative changes in NY and VT mandates coverage for abortion and abortion-related care (VT S 37 2023 & NY S 4007).
<b>Medication</b>
Acetaminophen
Tramadol
Ibuprofen
Dexamethasone
Loperamide
Ondansetron
Aprepitant
Metoclopramide

**2024 Update (Effective 01/01/2024 for VT, Effective 05/03/2023 for NY)**

When the Member claim is submitted with a diagnosis code indicating termination of pregnancy, the medications listed will pay at a \$0 copay and not subject to deductibles unless the plan is a high deductible health plan for commercial and exchange.

### 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](https://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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