

This communication should be viewed by:

Primary Care Providers
Claims and Billing Department
Facility/Practice staff

Pharmacy Policy Update

MVP Health Care® (MVP) appreciates the work that you do to support our Members, and is sharing Pharmacy policy updates with a retro-effective date of January 1, 2025.

As of January 1, 2025, the following policies have been archived:

- Vascular Endothelial Growth Factor (VEGF) Inhibitors
- Medicare Part B: Vascular Endothelial Growth Factor (VEGF) Inhibitors

As a result, the medications below will no longer require prior authorization for on-label use. Please note that off-label use is subject to prior authorization and must meet the MVP clinical coverage criteria for experimental or investigational procedures experimental or investigational procedures, behavioral health services, drugs and treatments, off-label use of FDA approved drugs, and clinical trials policy.

- J0178 aflibercept (Eylea)
- J0177 aflibercept (Eylea HD)
- J0179 brolocizumab-dblI (Beovu)
- J2777 faricimab-svoa (Vabysmo)
- J2778 ranibizumab (Lucentis)
- Q5124 ranibizumab-nuna (Byooviz)
- Q5128 ranibizumab-eqrn (Cimerli)
- J3590 aflibercept (Pavblu)

To view all current MVP Pharmacy policies, visit mvphealthcare.com/policies.