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This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff
- Specialists

Formulary Updates Effective December 1, 2025

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 Chemical Entities					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Tryptyr® (acoltremon)	Treatment of the signs and symptoms of dry eye disease	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Lynozyfic™ (linvoseltamabgcpt)	Treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.	Prior Authorization, Medical	Prior Authorization Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Ekterly® (sebetralstat)	Treatment of acute attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Anzupgo® (delgocitinib)	Topical treatment of moderate to severe chronic hand eczema (CHE) in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

Sepience™ (sepiapterin)	The treatment of hyperphenylalaninemia in patients ages 1 month and older with sepiapterin-responsive phenylketonuria	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Hernexeos® (zongertinib)	The treatment of unresectable metastatic non-small cell lung cancer whose tumors have HER2 (ERBB2) mutations in adults who have received prior systemic therapy	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
Modeyso™ (dordaviprone)	The treatment of recurrent H3 K27M mutant diffuse glioma	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 and oral chemo copay
Brinsupri™ (brensocaticib)	Used to treat non-cystic fibrosis bronchiectasis (NCFB) in adults and children 12 years and older.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

New Combinations/Formulations					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Harliku™ (nitisinone)	The reduction of urine homogentisic acid in adults with alkaptonuria	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Xifirm™ (meloxicam)	Use in adults for the management of moderate-to-severe pain, alone or in combination with non-NSAID analgesics	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
Tepadina® (thiotepa)	In pediatrics, the reduction of risk of graft rejection as a preparative combination regimen for stem cell transplant in beta-thalassemia. In adults, the treatment of breast or ovary adenocarcinoma, the control of intracavitary effusions due to neoplastic diseases of various serosal cavities, and treatment of superficial papillary carcinoma of the urinary bladder	Prior Authorization per Cancer Guidance Program, Medical	Prior Authorization per Cancer Guidance Program, Medical	Prior Authorization per Cancer Guidance Program, Medical (Part B) Part D, Non-Formulary	Prior Authorization per Cancer Guidance Program, Medical
Brynovin™ (sitagliptin)	Use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus	Prior Authorization, Tier 3 or diabetic copay	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 or diabetic copay

New Generics (all brands will be non-formulary, Tier 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Xarelto	Rivaroxaban suspension	Tier 1 (Brand Tier 2)	NYRX Medicaid Transition	Tier 2 (Brand Tier 2)
Eprontia	Topiramate solution	Tier 1	NYRX Medicaid Transition	Tier 2
Dificid	Fidaxomicin tablet	Tier 1	NYRX Medicaid Transition	Tier 2
Venofer injection	Iron Sucrose	Medical	Medical	Medical
Arnuity Ellipta	Fluticasone Furoate	Non-formulary (Brand Tier 2)	NYRX Medicaid Transition	Non-formulary (Brand Tier 2)

2026 Formulary Updates

2026 Commercial, Marketplace and Self-Funded Formulary Changes

Medication	Change
Nitrostat	Tier Change- Moving Tier 2 to Tier 3
Celontin capsules	Tier Change- Moving Tier 2 to Tier 3
K-Phos tab	Tier Change- Moving Tier 2 to Tier 3
Welchol	Tier Change- Moving Tier 2 to Tier 3
Sunosi	Tier Change- Moving Tier 2 to Tier 3
One Touch Test strips	Excluded
Tolmetin TABLETS	Excluded
Brand Name Oral Weight Loss Medications: Qsymia, Xenical, Adipex	Excluded
-Brand Name Hypnotics: Ambien/CR, Lunesta, Belsomra, Dayvigo, Quviviq, Rozerem, Silenor (brand) -Zolpidem SL	Excluded
Amcinonide 0.1% cream	Excluded
For Vermont Plans only: Weight loss Drugs that are indicated for Weight loss ONLY (i.e. Contrave, Lomaira, Phentermine, Adipex-P, benzphetamine, Disthypropion/ER, Phendimetrazine, Qsymia, phentermine-topiramate, Orlistat, Xenical, Alli and Saxenda, Wegovy, Zepbound)	For Vermont Plans only: Medications that are indicated for Weight Loss ONLY will be contractually excluded. Wegovy and Zepbound may be covered for indications other than weight loss only and require prior authorization.
Brand Name Brilinta	Excluded
Brand name Gilenya	Excluded
Brand name Revlimid	Excluded
Nuplazid	Excluded
Brand Entresto TABLETS	Excluded
Ajovy	Addition- Tier 2 with quantity limit (3 pens every 63 days)
Sogroya	Addition- Tier 2 (Commercial, Self-Funded) with prior authorization
Pyzchiva, Yesintek (Stelara Biosimilars)	Addition- Tier 2 with prior authorization

Airsupra	Addition- Tier 2
Olumiant	Addition- Tier 3 with prior authorization
Marketplace Only Formulary Changes	
Cyclosporine modified capsules	Tier Change- Moving Tier 2 to Tier 1
Olanzapine ODT	Tier Change- Moving Tier 2 to Tier 1
Doxycycline hyclate tablets	Tier Change- Moving Tier 2 to Tier 1
Doxycycline hyclate capsules	Tier Change- Moving Tier 2 to Tier 1
Doxycycline monohydrate tablet	Tier Change- Moving Tier 2 to Tier 1
Eplerenone	Tier Change- Moving Tier 2 to Tier 1
Metronidazole cream 0.75%	Tier Change- Moving Tier 2 to Tier 1
Vilazodone	Tier Change- Moving Tier 2 to Tier 1
Clonidine ER 0.1mg	Tier Change- Moving Tier 2 to Tier 1
Ezetimibe-Simvastatin	Tier Change- Moving Tier 2 to Tier 1
Krintafel	Addition- Tier 3 with a quantity limit of 2 tablets per 180 days
Sogroya	Addition- Tier 3 with prior authorization

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