

**This communication should be viewed by:**

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff

## Formulary Updates Effective June 1, 2026

MVP Health Care® thanks you for supporting our Members. The Pharmacy and Therapeutics Committee requires prior authorization for newly FDA-approved drugs for at least six months after market release. Updated Formularies and Prior Authorization forms are available at [mvphealthcare.com](http://mvphealthcare.com).

### New Chemical Entities

Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
<b>Exdensur®</b> (depemokimab- ulaa)	For add-on maintenance treatment of severe asthma characterized by an eosinophilic phenotype in adult and pediatric patients aged 12 years and older.	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non-Formulary	Prior Authorization, Medical
<b>Cardamyst™</b> (etripamil)	Paroxysmal supraventricular tachycardia, Conversion of acute symptomatic episodes to sinus rhythm	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Zycubo®</b> (copper histidinate)	The treatment of pediatric patients with Menkes disease, a rare genetic disorder that prevents the body from properly absorbing copper from food, leading to brain and nerve problems.	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
<b>Aqvesme™</b> (mitapivat)	Treatment of anemia in adults with alpha- or beta-thalassemia	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Wegovy® tablet</b> (semaglutide)	Disorder of cardiovascular system; Prophylaxis - Obesity, or overweight; Obesity, Or overweight in the presence of at least one weight-related comorbidity	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

<b>Myqorzo™</b> (aficamten)	The treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy (oHCM) to improve functional capacity and symptoms.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
<b>Pivya™</b> (pivmecillinam)	Treatment of female patients 18 years of age and older with uncomplicated urinary tract infections (uUTI) caused by susceptible isolates of Escherichia coli, Proteus mirabilis and Staphylococcus saprophyticus.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

**NEW GENERICS** (all brands will be non-formulary, Tier 3)

Brand Name	Generic Name	Commercial	Medicaid	Exchange
Fycompa	Perampanel suspension	Tier 1	NYRX Medicaid Transition	Tier 2
Zylet	Loteprednol etabonate-tobramycin oph suspension	Tier 1	NYRX Medicaid Transition	Tier 2
Besivance	Besifloxacin oph suspension	Tier 1	NYRX Medicaid Transition	Tier 2
Xyrem	Sodium Oxybate oral solution	Tier 1 with prior authorization and quantity limit per GABA Receptor Modulator policy	NYRX Medicaid Transition	Tier 2 with prior authorization and quantity limit per GABA Receptor Modulator policy

**Miscellaneous Update**

Drug	Change
Fensolvi (J1951)	Prior authorization has been removed. Covered under the Medical Benefit effective April 1, 2026.