MVPFASTFAX

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Important News for Providers

This communication should be viewed by:
Primary Care Providers
Behavioral Health Providers
Clinical staff
Specialist
Claims and Billing Department
Facility/Practice staff

Formulary Updates Effective August 1, 2026

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**
Loargysr® (pegzilarginase- nbln)	Treatment of hyperargininemia in adult and pediatric patients aged 2 years and older with arginase 1 deficiency (ARG1-D), in conjunction with dietary protein restriction	Prior Authorization Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non- Formulary	Prior Authorization, Medical
Yuvezzi™ (carbachol/ brimonidine)	Indicated for the treatment of presbyopia in adults.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Yuviwel® (navepegritide)	Increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Kygevvi® powder (doxecitine/ doxribtimine)	Indicated for the treatment of thymidine kinase 2 deficiency (TK2D) in adults and pediatric patients with an age of symptom onset on or before 12 years	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Lerochol™ (lerodalcibep-liga)	Adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).	Prior Authorization Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Icotyde™ (icotrokinra)	Plaque Psoriasis in moderate-to-severe plaque psoriasis in adults and pediatric patients 12 years of age and older who	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3

	weigh at least 40 kg who are candidates for systemic therapy or phototherapy				
Lifyorli™ (relacorilant)	In combination with nab-paclitaxel (Abraxane) for the treatment of adults with platinum- resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens, at least one of which included bevacizumab.	Prior Authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Prior Authorization Part D, Non- Formulary	Prior Authorization, Tier 3 and oral chemo copay
Avlayah™ (tividenofusp alfa-eknm)	Hunter syndrome (Mucopolysaccharidosis type II or MPS II)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical Part D, Non- Formulary	Prior Authorization, Medical
Foundayo™ (orforglipron)	Obesity, or overweight with at least 1 weight- related complication	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Nereus™ (tradipitant)	For the Prevention of Vomiting Induced by Motion	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**
Ontralfy ™ solution (tizanidine hydrochloride)	Indicated for the treatment of spasticity in adults.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Qivigy® (immune globulin intravenous, human-kthm)	Indicated for the treatment of adults with Primary Humoral Immunodeficiency (PI).	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non- Formulary	Prior Authorization, Medical
Vybrique™tablet (sildenafil)	Used to treat erectile dysfunction (ED, impotence) in men	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3 Excluded for Essential Plan per benefit contract
Desmoda™ (desmopressin)	Management of central diabetes insipidus as antidiuretic replacement therapy for adults and pediatric patients	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Arynta™ (lisdexamfetamine dimesylate)	The treatment of attention-deficit hyperactivity disorder in patients ages 6 years and older and moderate-to-severe binge eating disorder in adults.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Contepo™ (fosfomycin)	Used to treat com-plicated urinary tract infections (cUTI), including acute pyelonephritis, in adults 18yrs and older	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B) Part D, Non- Formulary	Prior Authorization, Medical

Atmeksi® (methocarbamol)	Indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions in patients 16 and older.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Non-Formulary	Prior Authorization, Tier 3
Relgaabi (gabapentin)	Indicated for management of postherpetic neuralgia in adults or as adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy	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
Nucynta	Tapentadol	Tier 1	NYRX Medicaid Transition	Tier 2
Briviact	Brivaracetam	Tier 1	NYRX Medicaid Transition	Tier 2
Edurant	Rilpivirine	Brand moving from Tier 2 to Tier 3 and generic Tier 1	NYRX Medicaid Transition	Brand moving from Tier 2 to Tier 3 and generic Tier 2
Pomalyst	Pomalidomide	Tier 1	NYRX Medicaid Transition	Tier 2
Savella	Milnacipran	Tier 1	NYRX Medicaid Transition	Tier 2
Lumigan	Bimatoprost opthlamic solution 0.01%	Brand moving from Tier 2 to Tier 3 and generic Tier 1. Effective 06/01/2026	NYRX Medicaid Transition	Brand moving from Tier 2 to Tier 3 and generic Tier 2. Effective 06/01/2026