

This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff
- Specialist
- Claims and Billing Department
- Facility/Practice staff

Pharmacy Formulary Updates Effective January 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
Lazcluze™ (lazertinib)	The first-line treatment of locally advanced or metastatic non-small cell lung cancer with EGFR exon 19 deletions or exon 21 L858R substitution mutations in adults, in combination with Rybrevant (amivantamab-vmjw)	Prior authorization, Tier 3 and oral chemo copay	NYRX Medicaid Transition	Part D, Tier 5 with PA	Prior authorization, Tier 3 and oral chemo copay
Tevimbra® (tislelizumab-jsgr)	The treatment of adults with unresectable or metastatic esophageal squamous cell carcinoma after prior systemic chemotherapy that did not include a PD-L1 inhibitor	Prior authorization, Medical	Prior authorization, Medical	Prior Authorization, Medical (Part B) Part D, Nonformulary	Prior authorization, Medical
Tryvio™ (aprocintentan)	The treatment of hypertension in combination with other antihypertensive drugs, to lower blood pressure in adults who are not adequately controlled on other drugs	Prior authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior authorization, Tier 3

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Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



Yorvipath® (palopegteriparatide)	The treatment of hypo-parathyroidism	Prior authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior authorization, Tier 3
NEW COMBINATIONS/FORMULATIONS					
Drug Name	Indication	Commercial	Medicaid	Medicare	Exchange
Onyda™ XR (clonidine)	The treatment of attention deficit hyperactivity disorder as monotherapy or as adjunctive therapy to central nervous system stimulant medications in patients ages 6 to 17 years	Prior authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior authorization, Tier 3
Lodoco® (colchicine)	The risk reduction of myocardial infarction, stroke, coronary revascularization, and cardiovascular death in adults with established atherosclerotic disease or with multiple risk factors for cardiovascular disease	Prior authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior authorization, Tier 3

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

Brand Name	Generic Name	Commercial	Medicaid	Exchange
Lucemyra	Lofexidine tablets	Tier 1 with quantity limit 168 tablets per 180 days	NYRX Medicaid Transition	Tier 2 with quantity limit 168 tablets per 180 days
Emflaza	Deflazacort	Tier 1 with prior authorization per Duchenne Muscular Dystrophy policy	NYRX Medicaid Transition	Tier 2 with prior authorization per Duchenne Muscular Dystrophy policy
Sprycel	Dasatinib	Tier 1 and oral chemo copay	NYRX Medicaid Transition	Tier 2 and oral chemo copay
Oxtellar	Oxcarbazepine	Tier 1	NYRX Medicaid Transition	Tier 2

Formulary Updates

The quantity limit for Omnipod pods has been removed for Commercial, Marketplace and Self-Funded formularies

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