

This communication should be viewed by:

Primary Care Providers
Behavioral Health Providers
Clinical staff

Pharmacy Formulary Updates Effective October 1, 2024

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
Duvyzat™ (ivinostat)	The treatment of Duchenne muscular dystrophy in patients ages 6 years and older	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
Iqirvo® (elafibranor)	Indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Prior Authorization, Tier 3
New Combinations/Formulations					
DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Rextovy® (naloxone)	The emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression in adults and pediatrics	Tier 3	NYRX Medicaid Transition	Part D, Nonformulary	Tier 3
Focinvez™ (fosaprepitant)	The prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical (Part B)	Prior Authorization, Medical

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	emetogenic cancer chemotherapy, including high-dose cisplatin, and the prevention of delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy in adults and pediatric patients 6 months of age and older, in combination with other antiemetic agents.			Part D, Nonformulary	
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New Combinations/Formulations

DRUG NAME	INDICATION	COMMERCIAL	MEDICAID	MEDICARE	EXCHANGE
Myhibbin™ (mycophenolate mofetil)	The prophylaxis of organ rejection in recipients of allogeneic kidney, heart, or liver transplants ages 3 months and older, in combination with other immunosuppressants	Prior Authorization, Tier 3	NYRX Medicaid Transition	Part D, Prior Authorization, Tier 5	Prior Authorization, Tier 3

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

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Somatuline	Lanreotide ER inj	Tier 1	NYRX Medicaid Transition	Tier 2
Victoza	Liraglutide	Non-Formulary	NYRX Medicaid Transition	Non-Formulary

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Formulary Updates

2025 Commercial and Exchange Updates	
Medication	Change
Desoximethasone ointment	Exclude, effective 01/01/2025
Diflorasone diacetate cream	Exclude, effective 01/01/2025
Hydrocortisone butyrate lotion	Exclude, effective 01/01/2025

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