

This communication should be viewed by:

Primary Care Providers Behavioral Health Providers Clinical staff Specialists

Pharmaceutical Policy Updates

To view all current MVP Health Care® (MVP) Medical policies, *Sign In* at **mvphealthcare.com** and select *Resources*, then *Medical Policies*. All policies are reviewed at least once annually. This communication lists all impacted policies and their status. Policies fall into one of the following categories:

- **New** Denotes a new policy
- Updated Updated policies have content changes that may affect coverage criteria for services and/or drugs
- Reviewed/No Changes Policies that have been reviewed but have no content change
- **Archived** Denotes a policy that is no longer active

The following policies will be available for viewing on or before November 1, 2025. Hard copies of the policies are available upon request.

| Pharmaceutical Policy Name | Status | Pharmaceutical Policy Name | Status |
|------------------------------------|---------|--|---------------------|
| Effective October 1, 2025 | | Effective December 1, 2025 | |
| Prademagene Zamikeracel (Zevaskyn) | New | Entyvio | Updated |
| Palivizumab | Updated | Entyvio Part B | Updated |
| | | Etrasimod | Reviewed/No Changes |
| Effective November 1, 2025 | | Resmetirom | Updated |
| Agents for Fabry Disease | New | Risankizumab (Skyrizi) | Reviewed/No Changes |
| Anifrolumab | New | Risankizumab (Skyrizi) Part B | Reviewed/No Changes |
| Belimumab | New | Secukinumab (Cosentyx) | Updated |
| Crinecerfont | New | Secukinumab Part B | Reviewed/No Changes |
| Eladocagene Exuparvovec (Kebilidi) | New | Effective January 1, 2026 | |
| Lebrikizumab (Ebglyss) | New | Hetlioz (tasimelteon) | New |
| Niktimvo | New | Pharmacy Management Programs External | Reviewed/No Changes |
| Tryngolza | New | Step therapy Policy | New |
| | | Ustekinumab | Updated |
| | | Ustekinumab Part B | Updated |
| | | Weight Loss Medications | Updated |

A note on Synagis (Palivizumab):

On September 5, 2025, Sobi, the manufacturer of Synagis, announced they are voluntarily discontinuing the availability of Synagis for RSV prophylaxis on December 31, 2025. On December 31, 2025, Synagis will no longer be manufactured, distributed or available for purchase. This applies to all settings of care and all patient populations. Due to the inability to complete the full five-dose regimen or required regimen beyond December 31, 2025, Synagis is excluded from coverage for the 2025-2026 RSV season.

Beyfortus and Enflonsia are available without prior authorization for RSV prevention.

