## **MVPFASTFAX**

**This communication should be viewed by:** Facility/Practice staff Clinical staff

## Pharmacy Formulary Updates Effective April 1, 2023

The MVP Health Care<sup>®</sup> (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**.

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
<b>Terlivaz</b> ® (terlipressin)	The improvement of kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function	Medical	Medical	Medical
<b>Imjudo</b> ® (tremelimumab)	The treatment of unresectable hepatocellular carcinoma in adults, in combination with Imfinzi (durvalumab)	Medical	Medical	Medical Part D- Tier 5 if RxCUI becomes available
Tecvayli™ (teclistamab-cqyv)	The treatment of relapsed or refractory multiple myeloma in adults who have received at least 4 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody	Medical	Medical	Tier 5
<b>Lytgobi</b> ® (futibatinib)	The treatment of adults with previously treated unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring FGFR2 gene fusions or other rearrangements	Tier 3 and oral chemo copay	Tier 3/Non- formulary	Tier 5
<b>Elahere™</b> (mirvetuximab)	The treatment of patients with folate receptor alpha high platinum-resistant ovarian cancer who have been previously treated with 1 to 3 systemic treatments	Medical	Medical	Medical, Part D- Tier 5 if RxCUI becomes available
<b>Tzield™</b> (teplizumab- mzwv)	The delay of clinical type 1 diabetes in at-risk adults and pediatric patients aged 8 years and older	Prior Authorization per Tzield policy, Medical	Prior Authorization per Tzield policy, Medical	Medical
<b>Rezlidhia™</b> (olutasidenib)	The treatment of relapsed or refractory acute myeloid leukemia in patients with an IDH1 mutation	Tier 3 and oral chemo copay	Tier 3/Non- formulary	Tier 5

#### New Drugs (prior authorization required)

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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**.



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### Important News for **Providers**

Hemgenix®	The treatment of hemophilia B in adults	Medical	Medical	Medical
(etranacogene	who currently use Factor IX prophylaxis therapy, or			
dezaparvovec)	have current or historical life-threatening			
	hemorrhage, or have repeated, serious			
	spontaneous bleeding episodes.			
Furoscix®	The treatment of chronic heart failure	Tier 3	Tier 3/Non-	Nonformulary
(furosemide			formulary	
controlled release				
on-body infusor)				
Xelstrym™	The treatment of attention deficit hyperactivity	Tier 3	Tier 3/Non-	Nonformulary
(dextroamphetamine)	disorder in patients aged 6 years and older		formulary	-
Basaglar <sup>®</sup> Tempo	Tempo Pen <sup>™</sup> is a part of Personalized Diabetes	Tier 3	Tier 3/Non-	Nonformulary
Pen <sup>™</sup> (insulin	Management Platform from Lilly - Prefilled,		formulary	
glargine)	disposable pen compatible with multiple Lilly			
	insulins;			
	Functions similarly to a Lilly KwikPen®;			
	Can be used on its own or with the Tempo Smart			
	Button* once available			
Humalog Tempo	Tempo Pen™ is a part of Personalized Diabetes	Tier 3	Tier 3/Non-	Nonformulary
<b>Pen™</b> (insulin lispro)	Management Platform from Lilly - Prefilled,		formulary	
	disposable pen compatible with multiple Lilly			
	insulins;			
	Functions similarly to a Lilly KwikPen®;			
	Can be used on its own or with the Tempo Smart			
	Button* once available			
Lyumjev Tempo	Tempo Pen™ is a part of Personalized Diabetes	Tier 3	Tier 3/Non-	Nonformulary
<b>Pen™</b> (insulin lispro)	Management Platform from Lilly - Prefilled,		formulary	
	disposable pen compatible with multiple Lilly			
	insulins;			
	Functions similarly to a Lilly KwikPen®;			
	Can be used on its own or with the Tempo Smart			
	Button* once available			
Ermeza™	The replacement therapy in primary (thyroidal),	Tier 3	Tier 3/Non-	Tier 4
(levothyroxine)	secondary (pituitary), and tertiary (hypothalamic)		formulary	
	congenital or acquired hypothyroidism, and as an			
	adjunct to surgery and radioiodine therapy in the			
	management of thyrotropin-dependent well-			
	differentiated thyroid cancer			

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