

Pharmacy Formulary Updates Effective February 1, 2022

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 Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
Exkivity™ (mobocertinib)	The treatment of locally advanced or metastatic non-small cell lung cancer with EGFR 20 insertion mutations, in adults whose disease has progressed on or after platinum-based chemotherapy	Tier 3	Non-Formulary	Medical Part D-Tier 5, if RxCui becomes available
Tivdak™ (tisotumab vedotin-tftv)	The treatment of recurrent or metastatic cervical cancer in adults with disease progression on or after chemotherapy	Medical	Medical	Medical Part D-Tier 5, if RxCui becomes available
Livmarli™ (maralixibat)	The treatment of cholestatic pruritus in patients aged 1 year and older with Alagille syndrome	Tier 3	Non-Formulary	Non-Formulary
Qulipta™ (atogepant)	The preventive treatment of episodic migraine in adults	Tier 3	Non-Formulary	Non-Formulary
Skytrofa™ (lonapegsomatropin-tcgd)	The treatment of patients aged 1 to 17 years who weigh at least 11.5 kg and have growth failure due to inadequate secretion of endogenous growth hormone	Tier 3	Non-Formulary	Non-Formulary
Tavneos™ (avacopan)	The treatment of anti-neutrophil cytoplasmic antibody associated vasculitis in combination with immunosuppressants	Tier 3	Non-Formulary	Non-Formulary
Trudhesa™ (dihydroergotamine)	The treatment of acute migraine with or without aura in adults	Tier 3	Non-Formulary	Non-Formulary
Lybalvi™ (olanzapine/samidorphane)	The treatment of adults with schizophrenia, and the treatment of adults with bipolar I disorder, including acute treatment of manic or mixed episodes as monotherapy or as adjunct to lithium or valproate, and as maintenance monotherapy treatment	Tier 3	Non-Formulary	Non-Formulary
Opzelura Cream™ (ruxolitinib)	The short-term and non-continuous chronic treatment of mild-to-moderate atopic dermatitis in non-immunocompromised patients aged 12 years and older whose disease is not adequately controlled with topical prescription therapies, or when those therapies are not advisable	Tier 3	Non-Formulary	Non-Formulary

Formulary Updates

Formulary Updates for Commercial, Exchange, and Medicaid	
Drug Name	Action
Dextenza	Excluded

Formulary Updates for Medicaid	
Drug Name	Action
BRAND Truvada	Move to Non-formulary

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