

Pharmacy Formulary Updates Effective October 1, 2022

To keep our valued care delivery partners up to date, MVP Health Care® (MVP) is sharing Pharmacy Formulary updates effective October 1, 2022.

The 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/providers.

New Drugs (prior authorization required)

| Drug Name | Indication | Commercial and Marketplace Tier | MVP Medicaid | Medicare Part D tier |
|---|--|---------------------------------|---|---|
| Mounjaro™ (tirzepatide) | The improvement in blood sugar control in adults with type 2 diabetes, as an addition to diet and exercise | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Voquezna™ Triple Pak (vonoprazan + amoxicillin + clarithromycin) | The treatment of Helicobacter pylori infection in adults | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Ztalmy® (ganaxolone) | The treatment of seizures associated with cyclin-dependent kinase-like 5 deficiency disorder in patients aged 2 years and older | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary, Tier 5 when RxCUI becomes available |
| Tpoxx® Inj | The treatment of smallpox infection | Prior Authorization, Medical | Prior Authorization, Medical | Nonformulary |
| Tpoxx® Capsule | The treatment of smallpox infection | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Lyvispah® (baclofen) | The treatment of spasticity resulting from multiple sclerosis, particularly for the relief of flexor spasms and concomitant pain, clonus, and muscular rigidity | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Almysys® (bevacizumab-maly) | The treatment of metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment, and the treatment of metastatic colorectal cancer, in combination with fluoropyrimidine- | Prior Authorization, Medical | Prior Authorization, Medical | Prior Authorization, Medical |

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|---|--|------------------------------|---|--|
| | irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen (biosimilar of Avastin) | | | |
| Adlarity® (donepezil) | The treatment of mild, moderate, and severe Alzheimer's dementia | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Byooviz® (ranibizumab-nuna) | The treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, and myopic choroidal neovascularization (biosimilar of Lucentis) | Prior Authorization, Medical | Prior Authorization, Medical | Medical Part D-Nonformulary |
| Tyvaso® DPI (treprostinil) | The treatment of pulmonary arterial hypertension and the treatment of pulmonary hypertension associated with interstitial lung disease | Prior Authorization, Tier 3 | Prior Authorization, Tier 3/Non-Formulary | Nonformulary |
| Pemetrexed (pemetrexed iv solution) | The maintenance treatment of patients with locally advanced or metastatic, nonsquamous non-small cell lung cancer (NSCLC) whose disease has not progressed after 4 cycles of platinum-based first-line chemotherapy, and the treatment of patients with recurrent, metastatic nonsquamous NSCLC after prior chemotherapy | Prior Authorization, Medical | Prior Authorization, Medical | Medical Part D- Tier 5 if RxCUI becomes available |

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

| BRAND NAME | GENERIC NAME | COMMERCIAL | MEDICAID | EXCHANGE |
|------------|----------------|--------------------------------|--------------------------------|--------------------------------|
| Pentasa® | Mesalamine ER | Brand- Tier 2; Generic- Tier 1 | Brand- Tier 2; Generic- Tier 1 | Brand- Tier 2; Generic- Tier 2 |
| Vimpat® | Lacosamide | Brand- Tier 2; Generic- Tier 1 | Tier 1 | Tier 2 |
| Targretin® | Bexarotene gel | Tier 1 | Tier 1 | Tier 2 |
| Nexavar® | Sorafenib | Tier 1 | Tier 1 | Tier 2 |
| Viibryd® | Vilazodone | Brand- Tier 2; Generic- Tier 1 | Brand- Tier 2; Generic- Tier 1 | Brand- Tier 2; Generic- Tier 2 |

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