

## Pharmacy Formulary Updates Effective August 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](http://mvphealthcare.com).

### New Drugs (prior authorization required)

Drug Name	Indication	Commercial and Marketplace Tier	MVP Medicaid	Medicare Part D tier
<b>Tezspire™</b> (tezepelumab-ekko)	The add-on maintenance treatment of patients aged 12 years and older with severe asthma	Medical	Medical	Medical  Part D, Non-formulary
<b>Pyrukynd®</b> (mitapivat)	The treatment of hemolytic anemia in adults with pyruvate kinase deficiency	Tier 3	Non-Formulary	Non-Formulary
<b>Carvykti™</b> (ciltacabtagene autoleucel)	The treatment of adults with relapsed or refractory multiple myeloma after 4 or more prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody	Medical	Medical	Medical  Part D, Tier 5 if RxCUI becomes available
<b>Ibsrela®</b> (tenapanor)	The treatment of irritable bowel syndrome with constipation in adults	Tier 3	Non-Formulary	Non-Formulary
<b>Korsuva®</b> (difelikefalin)	The treatment of moderate-to-severe pruritus associated with chronic kidney disease in adults undergoing hemodialysis	Medical	Medical	Medical  Part D, Non-formulary
<b>Vonjo™</b> (pacritinib)	The treatment of adults with intermediate or high-risk primary or secondary myelofibrosis and severe thrombocytopenia	Tier 3	Non-Formulary	Tier 5 when RxCUI becomes available
<b>Pluvicto™</b> (lutetium Lu 177 vipivotide tetraxetan)	The treatment of adults with prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer who have been treated with androgen receptor pathway inhibition and taxane-based chemotherapy	Medical	Medical	Medical  Part D, Non-formulary

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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.



<b>Opdualag™</b> (nivolumab/ relatlimab-rmbw)	The treatment of metastatic or unresectable melanoma in patients aged 12 years and older	Medical	Medical	Medical  Part D, Tier 5 if RxCUI becomes available
<b>Releuko®</b> (filgrastim-ayow)	Use to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant risk of severe neutropenia with fever, to reduce the time to neutrophil recovery and duration of fever following induction or consolidation chemotherapy in patients with acute myeloid leukemia, to reduce the duration of neutropenia and neutropenia-related clinical sequelae in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation, and to reduce the incidence and duration of sequelae of severe neutropenia in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia (biosimilar of Neupogen)	Tier 3	Non-Formulary	Non-Formulary  Part D, Tier 5 if RxCUI becomes available
<b>Camcevi®</b> (leuprolide depot 6-month formulation)	The treatment of adults with advanced prostate cancer	Medical	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
Apokyn	Apomorphine solution	Tier 1 with prior authorization	Tier 1 with prior authorization	Tier 2 with prior authorization
Vimpat	Lacosamide	Brand Tier 2, Generic Tier 1	Tier 1	Tier 2

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