

Terlivaz (terlipressin)
Effective 10/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Terlivaz (terlipressin) is a vasopressin receptor agonist indicated to improve kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function.

Coverage Guidelines

Authorization may be granted for members who are new to the plan within the last 90 days currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member is 18 years of age or older
2. Member has a diagnosis of hepatorenal syndrome with a rapid reduction in kidney function
3. Serum creatinine is ≤ 5 mg/dL
4. Member does NOT have ANY of the following:
 - a. Volume overload
 - b. Acute-on-chronic liver failure (ACLF) Grade 3
 - c. Baseline oxygen saturation (SpO₂) < 90%
 - d. Coronary, peripheral, or mesenteric ischemia

Continuation of Therapy

1. Requests for reauthorization will be reviewed against the initial criteria.

Limitations

1. Initial and reauthorization requests will be approved for 1 month.

References

1. Terlivaz (terlipressin) [prescribing information]. Bridgewater, NJ: Mallinckrodt Hospital Products Inc.; April 2023.
2. Wong F, Pappas C, Curry MP, et al. Terlipressin plus albumin for the treatment of type 1 hepatorenal syndrome. *NEJM*. 2021;384:818-828.

Review History

08/14/2024 – Reviewed at August P&T. Effective 10/01/2024.

