

October / November 2023 P & T Updates

* Indicates prior authorization (PA) or step therapy (ST)

† Depending on your specific benefits and in which state you reside, some drugs on this list may have no cost sharing.

Commercial

Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABRILADA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-ADAZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	0.8 milliliters per 28 days	Humira*
ADALIMUMAB-ADBIM	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-FKJP	Formulary	3	Yes	2	Yes	Yes	2 per 28 days	Humira*
AKEEGA†	Formulary	3	No	2	Yes	Yes	60 tablets per 30 days	none
AMJEVITA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0.8 milliliters: 1.6 milliliters per 28 days	Humira*
BRENZAVVY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 tablets per 30 days	Jardiance, Farxiga
BREO ELLIPTA	Non Formulary	2	No	2	No	Yes	2 blisters per day	none
CYLTEZO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	40 mg/0.8 milliliters: 2 milliliters per 28 days	Humira*
HADLIMA	Formulary	3	Yes	2	Yes	Yes	2 per 28 days	Humira*
HULIO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 per 28 days	Humira*
HYRIMOZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mg/0.1 milliliters: 0.2 milliliters per 28 days 20 mg/0.2 milliliters: 0.4 milliliters per 28 days 40 mg/0.4 milliliters: 0.8 milliliters per 28 days	Humira*
IDACIO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 per 28 days	Humira*
LINZESS	Formulary	2	No	2	No	No	-	none
LITFULO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	none
OLPRUVA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2gm dose: 10 packets per day 3gm dose: 6 packets per day 4gm dose: 5 packets per day 5gm dose: 4 packets per day For 6gm and 6.67gm dose: 3 packets per day	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*

* Indicates prior authorization (PA) or step therapy (ST)

Commercial (cont.)

† Depending on your specific benefits and in which state you reside, some drugs on this list may have no cost sharing.

Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
OLUMIANT 4 MG	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	none
OMNIPOD 5	Formulary	3	No	2	Yes	No	-	none
PREVNAR 20	Formulary	3	No	2	No	No	-	none
QULIPTA	Formulary	2	No	2	Yes	Yes	1 tablet per day	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*, Nurtec ODT*
REBLOZYL	Medical							
VANFLYTA†	Formulary	3	No	2	Yes	Yes	56 tablets per 28 days	Rydapt*
V-GO	Formulary	2	No	2	No	Yes	30 per 30 days	none
YUSIMRY	Formulary	3	Yes	2	Yes	Yes	1.6 milliliters per 28 days	Humira*
ZAVZPRET	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 actuations per 30 days	sumatriptan nasal solution**, zolmitriptan nasal solution*/**, almotriptan oral tablets**, eletriptan oral tablets**, frovatriptan oral tablets**, naratriptan oral tablets**, rizatriptan oral tablets**, Nurtec ODT*/**, Ubrelvy*/**
ZOLADEX	Formulary	3	Yes	2	No	Yes	3.6mg subcutaneous implant: Quantity Limit: 28 days supply per fill 10.8mg subcutaneous implant: Quantity Limit: 84 days supply per fill	none

CHIP

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABRILADA	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-ADAZ	Non Formulary	Non Formulary	Yes	Yes	0.8 milliliters per 28 days	Humira*
ADALIMUMAB-ADBIM	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-FKJP	Formulary	2	Yes	Yes	2 per 28 days	Humira*
AKEEGA	Formulary	2	Yes	Yes	60 tablets per 30 days	none
AMJEVITA	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0.8 milliliters: 1.6 milliliters per 28 days	Humira*
BRENZAVVY	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 30 days	Jardiance, Farxiga
BREO ELLIPTA	Non Formulary	2	No	Yes	2 blisters per day	none
CYLTEZO	Non Formulary	Non Formulary	Yes	Yes	40 mg/0.8 milliliters: 2 milliliters per 28 days	Humira*
HADLIMA	Formulary	2	Yes	Yes	2 per 28 days	Humira*
HULIO	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
HYRIMOZ	Non Formulary	Non Formulary	Yes	Yes	10 mg/0.1 milliliters: 0.2 milliliters per 28 days 20 mg/0.2 milliliters: 0.4 milliliters per 28 days 40 mg/0.4 milliliters: 0.8 milliliters per 28 days	Humira*
IDACIO	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
LINZESS	Formulary	2	No	No	-	none
LITFULO	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	none
OLPRUVA	Non Formulary	Non Formulary	Yes	Yes	2gm dose: 10 packets per day 3gm dose: 6 packets per day 4gm dose: 5 packets per day 5gm dose: 4 packets per day For 6gm and 6.67gm dose: 3 packets per day	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*

CHIP (cont.)

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
OLUMIANT 4 MG	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	none
OMNIPOD 5	Formulary	2	Yes	No	-	none
PREVNAR 20	Formulary	2	No	No	-	none
QULIPTA	Formulary	2	Yes	Yes	1 tablet per day	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*, Nurtec ODT*
REBLOZYL	Medical					
VANFLYTA	Formulary	2	Yes	Yes	56 tablets per 28 days	Rydapt*
V-GO	Formulary	2	No	Yes	30 per 30 days	none
YUSIMRY	Formulary	2	Yes	Yes	1.6 milliliters per 28 days	Humira*
ZAVZPRET	Non Formulary	Non Formulary	Yes	Yes	8 actuations per 30 days	sumatriptan nasal solution**, zolmitriptan nasal solution*/**, almotriptan oral tablets**, eletriptan oral tablets**, frovatriptan oral tablets**, naratriptan oral tablets**, rizatriptan oral tablets**, Nurtec ODT*/**, Ubrelvy*/**
ZOLADEX	Formulary	2	No	Yes	3.6mg subcutaneous implant: Quantity Limit: 28 days supply per fill 10.8mg subcutaneous implant: Quantity Limit: 84 days supply per fill	none

GHP Family

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
NONE						

Geisinger Gold

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AKEEGA	Formulary	Specialty	25% coinsurance	Yes	Yes	60 tablets per 30 days	Not applicable
BRENZAVVY	Non-Formulary	-	-	-	-	-	Farxiga**, Jardiance**
BRIXADI	Formulary	Specialty	25% coinsurance	No	Yes	4 syringes per 28 days (weekly injection) 1 syringe per 28 days (monthly injection)	Not applicable
ELREXFIO	Formulary	Specialty	25% coinsurance	Yes	No		Not applicable
OLPRUVA	Non-Formulary	-	-	-	-	-	sodium phenylbutyrate powder, sodium phenylbutyrate tablet
RYSTIGGO	Non-Formulary	-	-	-	-	-	dexamethasone, methylprednisolone, prednisone, pyridostigmine, azathioprine, mycophenolate, cyclosporine, Riabni*, Ruxience*, Truxima*
TALVEY	Formulary	Specialty	25% coinsurance	Yes	No		Not applicable
VANFLYTA	Formulary	Specialty	25% coinsurance	Yes	Yes	56 tablets per 28 days	Not applicable
VYVGART HYTRULO	Non-Formulary	-	-	-	-	-	dexamethasone, methylprednisolone, prednisone, pyridostigmine, azathioprine, mycophenolate, cyclosporine, Riabni*, Ruxience*, Truxima*
ZAVZPRET	Non-Formulary	-	-	-	-	-	Nurtec*, Urelvy*

Marketplace

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABRILADA	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-ADAZ	Non Formulary	Non Formulary	Yes	Yes	0.8 milliliters per 28 days	Humira*
ADALIMUMAB-ADBIM	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
ADALIMUMAB-FKJP	Formulary	5	Yes	Yes	2 per 28 days	Humira*
AKEEGA	Formulary	4	Yes	Yes	60 tablets per 30 days	none
AMJEVITA	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0.8 milliliters: 1.6 milliliters per 28 days	Humira*
BRENZAVVY	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 30 days	Jardiance, Farxiga
BREO ELLIPTA	Non Formulary	3	No	Yes	2 blisters per day	none
CYLTEZO	Non Formulary	Non Formulary	Yes	Yes	40 mg/0.8 milliliters: 2 milliliters per 28 days	Humira*
HADLIMA	Formulary	5	Yes	Yes	2 per 28 days	Humira*
HULIO	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
HYRIMOZ	Non Formulary	Non Formulary	Yes	Yes	10 mg/0.1 milliliters: 0.2 milliliters per 28 days 20 mg/0.2 milliliters: 0.4 milliliters per 28 days 40 mg/0.4 milliliters: 0.8 milliliters per 28 days	Humira*
IDACIO	Non Formulary	Non Formulary	Yes	Yes	2 per 28 days	Humira*
LINZESS	Formulary	3	No	No	-	none
LITFULO	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	none
OLPRUVA	Non Formulary	Non Formulary	Yes	Yes	2gm dose: 10 packets per day 3gm dose: 6 packets per day 4gm dose: 5 packets per day 5gm dose: 4 packets per day For 6gm and 6.67gm dose: 3 packets per day	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*
OLUMIANT 4 MG	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	none
OMNIPOD 5	Formulary	4	Yes	No	-	none
PREVNAR 20	Formulary	4	No	No	-	none
QULIPTA	Formulary	3	Yes	Yes	1 tablet per day	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*, Nurtec ODT*

Marketplace (cont.)

* Indicates prior authorization (PA) or step therapy (ST)

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
REBLOZYL	Medical					
VANFLYTA	Formulary	4	Yes	Yes	56 tablets per 28 days	Rydapt*
V-GO	Formulary	3	No	Yes	30 per 30 days	none
YUSIMRY	Formulary	5	Yes	Yes	1.6 milliliters per 28 days	Humira*
ZAVZPRET	Non Formulary	Non Formulary	Yes	Yes	8 actuations per 30 days	sumatriptan nasal solution**, zolmitriptan nasal solution**/**, almotriptan oral tablets**, eletriptan oral tablets**, frovatriptan oral tablets**, naratriptan oral tablets**, rizatriptan oral tablets**, Nurtec ODT**/**, Ubrovelvy**/**
ZOLADEX	Formulary	5	No	Yes	3.6mg subcutaneous implant: Quantity Limit: 28 days supply per fill 10.8mg subcutaneous implant: Quantity Limit: 84 days supply per fill	none