

October/November 2021 P & T Updates

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

Commercial

† 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
COSENTYX	Formulary	3	Yes	2	Yes	Yes	Plaque Psoriasis: 75 mg: 1 mL per 28 days 150 mg: 2 mL per 56 days 300 mg: 2 mL per 28 days	Plaque Psoriasis: cyclosporine, methotrexate, alclometasone dipropionate 0.5% cream and ointment, hydrocortisone 2.5% cream, ointment, and lotion, betamethasone valerate cream, triamcinolone 0.1% cream, ointment and lotion, clobetasol 0.05% cream
DUPIXENT	Formulary	3	Yes	2	Yes	Yes	300 mg/2 mL: 8 mL per 28 days 200 mg/1.14 mL: 4.56 mL per 28 days 100mg/0.067 mL: 1.34 mL per 28 days	Atopic Dermatitis: azathioprine, cyclosporine, methotrexate, mycophenolate, topical corticosteroids Asthma: Arnuity Ellipta, Asmanex, Flovent, Pulmicort Flexhaler, QVAR RediHaler, fluticasone/salmeterol, Breo Ellipta, Dulera, prednisone, dexamethasone
EMPAVELI	Formulary	3	Yes	2	Yes	No	-	none
EPCLUSA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Tablets: 1 tablet per day, 28 day supply per fill Packets: 150/25.5 mg: 1 packet per day, 28 day supply per fill 200/50 mg: 2 packets per day, 28 day supply per fill	Mavyret, ledipasvir-sofosbuvir 400/90mg* tablets
INPEN	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 pen per 365 days	none
KERENDIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Invokana*
LYBALVI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, olanzapine, paliperidone*, quetiapine, risperidone, ziprasidone, Caplyta*, Fanapt*, Latuda*, Vraylar*
MAVYRET	Formulary	3	Yes	2	Yes	Yes	Tablets: 3 tablets per day, 28 day supply per fill Packets: 6 packets per day, 28 day supply per fill	none
MYFEMBREE	Formulary	3	Yes	2	Yes	Yes	28 capsules per 28 days	Oriahnn*

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Commercial (cont.)

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Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
NURTEC ODT	Formulary	2	No	2	Yes	Yes	18 tablets per 30 days	Acute Migraine: dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan [^] , eletriptan [^] , frovatriptan [^] , naratriptan [^] , rizatriptan [^] , sumatriptan [^] , zolmitriptan [^] , sumatriptan/naproxen [^] Migraine Prevention: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine
ORIAHNN	Formulary	3	Yes	2	Yes	Yes	56 capsules per 28 days	Myfembree*
UBRELVY	Formulary	2	No	2	Yes	Yes	16 tablets per 30 days	Acute Migraine: almotriptan [^] , eletriptan [^] , frovatriptan [^] , naratriptan [^] , rizatriptan [^] , sumatriptan [^] , zolmitriptan [^] , sumatriptan/naproxen [^]
WELIREG†	Formulary	3	No	2	Yes	Yes	90 tablets per 30 days	None

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
COSENTYX	Formulary	2	Yes	Yes	Plaque Psoriasis: 75 mg: 1 mL per 28 days 150 mg: 2 mL per 56 days 300 mg: 2 mL per 28 days	Plaque Psoriasis: cyclosporine, methotrexate, alclometasone dipropionate 0.5% cream and ointment, hydrocortisone 2.5% cream, ointment, and lotion, betamethasone valerate cream, triamcinolone 0.1% cream, ointment and lotion, clobetasol 0.05% cream
DUPIXENT	Formulary	2	Yes	Yes	300 mg/2 mL: 8 mL per 28 days 200 mg/1.14 mL: 4.56 mL per 28 days 100mg/0.067 mL: 1.34 mL per 28 days	Atopic Dermatitis: azathioprine, cyclosporine, methotrexate, mycophenolate, topical corticosteroids Asthma: Arnuity Ellipta, Asmanex, Flovent, Pulmicort Flexhaler, QVAR RediHaler, fluticasone/salmeterol, Breo Ellipta, Dulera, prednisone, dexamethasone
EMPAVELI	Formulary	2	Yes	No	-	none
EPCLUSA	Non Formulary	Non Formulary	Yes	Yes	Tablets: 1 tablet per day, 28 day supply per fill Packets: 150/25.5 mg: 1 packet per day, 28 day supply per fill 200/50 mg: 2 packets per day, 28 day supply per fill	Mavyret, ledipasvir-sofosbuvir 400/90mg* tablets
INPEN	Non Formulary	Non Formulary	Yes	Yes	1 pen per 365 days	none

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
KERENDIA	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Invokana*
LYBALVI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, olanzapine, paliperidone*, quetiapine, risperidone, ziprasidone, Caplyta*, Fanapt*, Latuda*, Vraylar*
MAVYRET	Formulary	2	Yes	Yes	Tablets: 3 tablets per day, 28 day supply per fill Packets: 6 packets per day, 28 day supply per fill	none
MYFEMBREE	Formulary	2	Yes	Yes	28 capsules per 28 days	Oriahnn*
NURTEC ODT	Formulary	2	Yes	Yes	18 tablets per 30 days	Acute Migraine: dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^ Migraine Prevention: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine
ORIAHNN	Formulary	2	Yes	Yes	56 capsules per 28 days	Myfembree*
UBRELVY	Formulary	2	Yes	Yes	16 tablets per 30 days	Acute Migraine: almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^
WELIREG	Formulary	2	Yes	Yes	90 tablets per 30 days	None

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
EMPAVELI	Formulary	Brand	Yes	No		not applicable
InPen	Non Formulary	Non Formulary	Yes	Yes	1 pen every 365 days	not applicable
KERENDIA	Non Formulary	Non Formulary	Yes	No		Invokana*

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
EMPAVELI	Formulary	Specialty	25% coinsurance	Yes	No		
KERENDIA	Non Formulary						Invokana*
KIMYRSA	Non Formulary						Vancomycin, linezolid, daptomycin, trimethoprim/sulfamethoxazole, ciprofloxacin, clindamycin, doxycycline, levofloxacin, Teflaro, Baxdela*, Sivextro*, Nuzyra*
LYBALVI	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	1 tablet/day	Olanzapine**, aripiprazole**, paliperidone**, quetiapine**, ziprasidone**, risperidone**, Fanapt**, Latuda*/**, Vraylar*/**, Rexulti*/**
MYFEMBREE	Formulary	Specialty	25% coinsurance	Yes	Yes	1 capsule/day	generic formulary oral contraceptives, medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, Tranexamic acid oral tablets, Lupron Depot
ORIAHNN	Formulary	Specialty	25% coinsurance	Yes	Yes	2 capsules/day	generic formulary oral contraceptives, medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, Tranexamic acid oral tablets, Lupron Depot
TIVDAK	Formulary	Specialty	25% coinsurance	Yes	No		Cisplatin, carboplatin, Keytruda*, paclitaxel
WELIREG	Formulary	Specialty	25% coinsurance	Yes	Yes	90 tablets/30 days	none

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
COSENTYX	Formulary	5	Yes	Yes	Plaque Psoriasis: 75 mg: 1 mL per 28 days 150 mg: 2 mL per 56 days 300 mg: 2 mL per 28 days	Plaque Psoriasis: cyclosporine, methotrexate, alclometasone dipropionate 0.5% cream and ointment, hydrocortisone 2.5% cream, ointment, and lotion, betamethasone valerate cream, triamcinolone 0.1% cream, ointment and lotion, clobetasol 0.05% cream
DUPIXENT	Formulary	5	Yes	Yes	300 mg/2 mL: 8 mL per 28 days 200 mg/1.14 mL: 4.56 mL per 28 days 100mg/0.067 mL: 1.34 mL per 28 days	Atopic Dermatitis: azathioprine, cyclosporine, methotrexate, mycophenolate, topical corticosteroids Asthma: Arnuity Ellipta, Asmanex, Flovent, Pulmicort Flexhaler, QVAR RediHaler, fluticasone/salmeterol, Breo Ellipta, Dulera, prednisone, dexamethasone
EMPAVELI	Formulary	5	Yes	No	-	none
EPCLUSA	Non Formulary	Non Formulary	Yes	Yes	Tablets: 1 tablet per day, 28 day supply per fill Packets: 150/25.5 mg: 1 packet per day, 28 day supply per fill 200/50 mg: 2 packets per day, 28 day supply per fill	Mavyret, ledipasvir-sofosbuvir 400/90mg* tablets
INPEN	Non Formulary	Non Formulary	Yes	Yes	1 pen per 365 days	none
KERENDIA	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Invokana*
LYBALVI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, olanzapine, paliperidone*, quetiapine, risperidone, ziprasidone, Caplyta*, Fanapt*, Latuda*, Vraylar*
MAVYRET	Formulary	5	Yes	Yes	Tablets: 3 tablets per day, 28 day supply per fill Packets: 6 packets per day, 28 day supply per fill	none
MYFEMBREE	Formulary	5	Yes	Yes	28 capsules per 28 days	Oriahnn*
NURTEC ODT	Formulary	3	Yes	Yes	18 tablets per 30 days	Acute Migraine: dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^ Migraine Prevention: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ORIAHNN	Formulary	5	Yes	Yes	56 capsules per 28 days	Myfembree*
UBRELVY	Formulary	3	Yes	Yes	16 tablets per 30 days	Acute Migraine: almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^
WELIREG	Formulary	4	Yes	Yes	90 tablets per 30 days	None