

June/July 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
ASMANEX HFA	Formulary	3	No	2	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
FOTIVDA†	Formulary	3	No	2	Yes	Yes	21 tablets per 28 days	everolimus, Afinitor*, Cabometyx*, Inlyta*, Lenvima*, Nexavar*, Sutent*
GEMTESA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	oxybutynin, oxybutynin XL, solifenacin, tolterodine, Myrbetriq
JUXTAPID	Formulary	3	Yes	2	Yes	Yes	5 mg capsules, 10 mg capsules: 1 capsule per day, 28 day supply per fill 20 mg capsules, 30 mg capsules: 2 capsules per day, 28 day supply per fill	atorvastatin, rosuvastatin, Repatha*, Praluent*
KLISYRI	Formulary	3	No	2	Yes	Yes	1 package (5 packets) per dispensing	topical fluorouracil, imiquimod
LUPKYNIS	Formulary	3	Yes	2	Yes	Yes	6 capsules per day	Benlysta*
METFORMIN ER OSMOTIC/GASTRIC (GENERIC GLUMETZA & FORTAMET)	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day	metformin immediate release, metformin extended release (generic Glucophage XR)
NULIBRY	Formulary	3	Yes	2	Yes	No	-	none
QVAR REDIHALER	Formulary	3	No	2	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
TERIPARATIDE	Formulary	3	Yes	2	Yes	Yes	2.48 mL per 28 days	alendronate, ibandronate, risedronate, Tymlos*
VERQUVO	Formulary	3	No	2	Yes	Yes	1 tablet per day	amlodipine/benazepril, candesartan, enalapril, lisinopril, losartan, ramipril, valsartan, Entresto
ZOKINVY	Formulary	3	Yes	2	Yes	No	-	none

CHIP

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ASMANEX HFA	Formulary	2	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
FOTIVDA	Formulary	2	Yes	Yes	21 tablets per 28 days	everolimus, Afinitor*, Cabometyx*, Inlyta*, Lenvima*, Nexavar*, Sutent*
GEMTESA	Non Formulary	Non Formulary	Yes	No	-	oxybutynin, oxybutynin XL, solifenacin, tolterodine, Myrbetriq
JUXTAPID	Formulary	2	Yes	Yes	5 mg capsules, 10 mg capsules: 1 capsule per day, 28 day supply per fill 20 mg capsules, 30 mg capsules: 2 capsules per day, 28 day supply per fill	atorvastatin, rosuvastatin, Repatha*, Praluent*
KLISYRI	Formulary	2	Yes	Yes	1 package (5 packets) per dispensing	topical fluorouracil, imiquimod
LUPKYNIS	Formulary	2	Yes	Yes	6 capsules per day	Benlysta*
METFORMIN ER OSMOTIC/GASTRIC (GENERIC GLUMETZA & FORTAMET)	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	metformin immediate release, metformin extended release (generic Glucophage XR)
NULIBRY	Formulary	2	Yes	No	-	none
QVAR REDIHALER	Formulary	2	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
TERIPARATIDE	Formulary	2	Yes	Yes	2.48 mL per 28 days	alendronate, ibandronate, risedronate, Tymlos*
VERQUVO	Formulary	2	Yes	Yes	1 tablet per day	amlodipine/benazepril, candesartan, enalapril, lisinopril, losartan, ramipril, valsartan, Entresto
ZOKINVY	Formulary	2	Yes	No	-	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)
KLISYRI	Non Formulary	Non Formulary	Yes			fluorouracil, imiquimod
LUPKYNIS	Non Formulary	Non Formulary	Yes	No		Benlysta
NULIBRY	Formulary	Brand	Yes	No		Not applicable
ZOKINVY	Formulary	Brand	Yes	No		Not applicable

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)
FENSOLVI	Formulary	Specialty	25% coinsurance	Yes	Yes	1 kit every 6 months	Lupron Depot-Ped, Triptodur*, SupprelinLA*
FOTIVDA	Formulary	Specialty	25% coinsurance	Yes	Yes	21 tablets/28 days	Afinitor*, Cabometyx*, everolimus*, Inlyta*, Lenvima*, Nexavar*, Sutent*, temsirolimus, Opdivo*, Yervoy*, Keytruda*, Votrient*, Bavencio*
GEMTESA	Non Formulary						Tolterodine ER, oxybutynin, oxybutynin XL, tolterodine, trospium, trospium ER, solifenacin, Myrbetriq
JEMPERLI	Formulary	Specialty	25% coinsurance	Yes	No		Keytruda*
KLISYRI	Non Formulary						imiquimod cream, fluorouracil cream/solution
LUPKYNIS	Formulary	Specialty	25% coinsurance	Yes	Yes	ules/day, 30 day supply	Benlysta*
NULIBRY	Formulary	Specialty	25% coinsurance	Yes	No		none
RYBREVANT	Formulary	Specialty	25% coinsurance	Yes	No		none
VERQUVO	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	1 tablet/day	benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril,trandolapril, ramipril, candesartan, valsartan, losartan, bisoprolol, carvedilol, metoprolol, Entresto, Corlanor*
ZOKINVY	Formulary	Specialty	25% coinsurance	Yes			none
ZYNLONTA	Formulary	Specialty	25% coinsurance	Yes	No		Monjuvi*, Polivy*, Xpovio*

Marketplace

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ASMANEX HFA	Formulary	4	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
FOTIVDA	Formulary	4	Yes	Yes	21 tablets per 28 days	everolimus, Afinitor*, Cabometyx*, Inlyta*, Lenvima*, Nexavar*, Sutent*
GEMTESA	Non Formulary	Non Formulary	Yes	No	-	oxybutynin, oxybutynin XL, solifenacin, tolterodine, Myrbetriq
JUXTAPID	Formulary	5	Yes	Yes	5 mg capsules, 10 mg capsules: 1 capsule per day, 28 day supply per fill 20 mg capsules, 30 mg capsules: 2 capsules per day, 28 day supply per fill	atorvastatin, rosuvastatin, Repatha*, Praluent*
KLISYRI	Formulary	4	Yes	Yes	1 package (5 packets) per dispensing	topical fluorouracil, imiquimod
LUPKYNIS	Formulary	5	Yes	Yes	6 capsules per day	Benlysta*
METFORMIN ER OSMOTIC/GASTRIC (GENERIC GLUMETZA & FORTAMET)	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	metformin immediate release, metformin extended release (generic Glucophage XR)
QVAR REDIHALER	Formulary	4	Yes	No	-	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
TERIPARATIDE	Formulary	5	Yes	Yes	2.48 mL per 28 days	alendronate, ibandronate, risedronate, Tymlos*
VERQUVO	Formulary	4	Yes	Yes	1 tablet per day	amlodipine/benazepril, candesartan, enalapril, lisinopril, losartan, ramipril, valsartan, Entresto
ZOKINVY	Formulary	5	Yes	No	-	none