

# June / July 2023 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
ARIKAYCE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	28 vials per 28 days	azithromycin, clarithromycin, clofazimine, rifampin, rifabutin, ethambutol
ATORVALIQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	20 milliliters per day	atorvastatin , rosuvastatin , simvastatin , pravastatin , lovastatin, fluvastatin
DAYBUE	Non Formulary	Non Formulary	Yes	Non Formulary	Yes	Yes	120 milliliters per day	none
ERMEZA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	levothyroxine, Synthroid, Levoxyl, Euthyrox, Unithroid
HARVONI	Non Formulary	Non Formulary	No	Non Formulary	Yes		30-400 mg and 45-200 mg tablets: 1 tablet per day, 28 day supply per fill 45-200 mg pellets: 2 packets per day, 28 day supply per fill 37.5-150 mg pellets: 1 packet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
KONVOMEP	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	600 milliliters per 28 days	lansoprazole orally dissolving tablets, omeprazole capsules, pantoprazole tablets, lansoprazole capsules, esomeprazole capsules, rabeprazole tablets, omeprazole/sodium bicarbonate capsules*
LAMZEDE	Medical							
LEDIPASVIR/SOF OSBUVIR TABLET	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
LETROZOLE†	Formulary	2	No	2	No	No	-	none
NOXAFIL PACKETS	Formulary	3	Yes	2	Yes	Yes	30 packets per 30 days	fluconazole, itraconazole*, voriconazole*
REZVOGLAR	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	Lantus, Toujeo, Tresiba, Levemir
TAKHZYRO	Formulary	3	Yes	2	Yes	Yes	300mg/2mL: 4 mL per 28 days 150mg/mL: 2 mL per 28 days	Danazol, Haegarda*
TRIKAFTA	Formulary	3	Yes	2	Yes	Yes	Trikafta Tablets: 3 tablets per day, 28 day supply per fill Trikafta Oral Granules: 2 packets per day, 28 day supply per fill	none

## CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ARIKAYCE	Non Formulary	Non Formulary	Yes	Yes	28 vials per 28 days	azithromycin, clarithromycin, clofazimine, rifampin, rifabutin, ethambutol
ATORVALIQ	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	atorvastatin , rosuvastatin , simvastatin , pravastatin , lovastatin, fluvastatin
DAYBUE	Non Formulary	Non Formulary	Yes	Yes	120 milliliters per day	none
ERMEZA	Non Formulary	Non Formulary	Yes	No	-	levothyroxine, Synthroid, Levoxyl, Euthyrox, Unithroid
HARVONI	Non Formulary	Non Formulary	Yes		90-400 mg and 45-200 mg tablets: 1 tablet per day, 28 day supply per fill 15-200 mg pellets: 2 packets per day, 28 day supply per fill 37.5-150 mg pellets: 1 packet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
KONVOMEP	Non Formulary	Non Formulary	Yes	Yes	600 milliliters per 28 days	lansoprazole orally dissolving tablets, omeprazole capsules, pantoprazole tablets, lansoprazole capsules, esomeprazole capsules, rabeprazole tablets, omeprazole/sodium bicarbonate capsules*
LAMZEDE	Medical					
LEDIPASVIR/SOFOSBUVIR TABLET	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
LETROZOLE	Formulary	2	No	No	-	none
NOXAFIL PACKETS	Formulary	2	Yes	Yes	30 packets per 30 days	fluconazole, itraconazole*, voriconazole*
REZVOGLAR	Non Formulary	Non Formulary	Yes	No	-	Lantus, Toujeo, Tresiba, Levemir
TAKHZYRO	Formulary	2	Yes	Yes	300mg/2mL: 4 mL per 28 days 150mg/mL: 2 mL per 28 days	Danazol, Haegarda*
TRIKAFTA	Formulary	2	Yes	Yes	Trikafta Tablets: 3 tablets per day, 28 day supply per fill Trikafta Oral Granules: 2 packets per day, 28 day supply per fill	none

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
DAYBUE	Non Formulary	Non Formulary	Yes	No		none
FILSPARI	Formulary	Brand	Yes	No		none
SKYCLARYS	Formulary	Brand	Yes	No		none

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ABILIFY ASIMTUFI	Formulary	Specialty	25% coinsurance	Yes	Yes	1 syringe per 56 days (720 mg/2.4 mL, 960 mg/3.2 mL)	Not applicable
ARIKAYCE	Non Formulary	-	-	No	No	-	azithromycin, clarithromycin, rifampin, rifabutin, ethambutol
ATORVALIQ	Non Formulary	-	-	No	No	-	atorvastatin tablets, rosuvastatin tablets, simvastatin tablets, pravastatin tablets, lovastatin Tablets, fluvastatin tablets
DAYBUE	Formulary	Specialty	25% coinsurance	Yes	Yes	3,000 mL per 30 days	Not applicable
ELFABRIO	Formulary	Specialty	25% coinsurance	Yes	No	-	Not applicable
EPKINLY	Formulary	Specialty	25% coinsurance	Yes	No	-	Not applicable
ERMEZA	Non Formulary	-	-	No	No	-	levothyroxine, Synthroid, Levoxyl, Euthyrox, Unithroid
FILSPARI	Formulary	Specialty	25% coinsurance	Yes	Yes	30 tablets per 30 days	Not applicable
KONVOMEF	Non Formulary	-	-	No	No	-	omeprazole capsules, pantoprazole tablets, lansoprazole capsules, rabeprazole tablets, esomeprazole capsules
LAMZEDE	Formulary	Specialty	25% coinsurance	Yes	No	-	Not applicable
NOXAFIL PACKETS	Formulary	Specialty	25% coinsurance	Yes	Yes	31 packets per 30 days	Not applicable
QALSODY	Formulary	Specialty	25% coinsurance	Yes	Yes	30 mL per 28 days	Not applicable
REZVOGLAR	Non Formulary	-	-	No	No	-	Lantus, Toujeo, Tresiba
SKYCLARYS	Formulary	Specialty	25% coinsurance	Yes	Yes	90 capsules per 30 days	Not applicable
TAKHZYRO	Formulary	Specialty	25% coinsurance	Yes	Yes	2 syringes per 28 days	Not applicable
TRIKAFTA PACKETS	Formulary	Specialty	25% coinsurance	Yes	Yes	56 packets per 28 days	Not applicable
UZEDY	Formulary	Specialty	25% coinsurance	Yes	Yes	1 syringe per 28 day (50 mg/0.14 mL, 75 mg/0.21mL, 100 mg/0.28mL, 125 mg/0.35mL), 1 syringe per 56 day (150 mg/0.42 mL, 200 mg/0.56 mL, 250 mg/0.7 mL)	Not applicable

## Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ARIKAYCE	Non Formulary	Non Formulary	Yes	Yes	28 vials per 28 days	azithromycin, clarithromycin, clofazimine, rifampin, rifabutin, ethambutol
ATORVALIQ	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	atorvastatin , rosuvastatin , simvastatin , pravastatin , lovastatin, fluvastatin
DAYBUE	Non Formulary	Non Formulary	Yes	Yes	120 milliliters per day	none
ERMEZA	Non Formulary	Non Formulary	Yes	No	-	levothyroxine, Synthroid, Levoxyl, Euthyrox, Unithroid
HARVONI	Non Formulary	Non Formulary	Yes		90-400 mg and 45-200 mg tablets: 1 tablet per day, 28 day supply per fill 45-200 mg pellets: 2 packets per day, 28 day supply per fill 37.5-150 mg pellets: 1 packet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
KONVOMEP	Non Formulary	Non Formulary	Yes	Yes	600 milliliters per 28 days	lansoprazole orally dissolving tablets, omeprazole capsules, pantoprazole tablets, lansoprazole capsules, esomeprazole capsules, rabeprazole tablets, omeprazole/sodium bicarbonate capsules*
LAMZEDE	Medical					
LEDIPASVIR/SOFOSBUVIR TABLET	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 28 day supply per fill	Mavyret tablets*, Mavyret packets*
LETROZOLE	Formulary	3	No	No	-	none
NOXAFIL PACKETS	Formulary	5	Yes	Yes	30 packets per 30 days	fluconazole, itraconazole*, voriconazole*
REZVOGLAR	Non Formulary	Non Formulary	Yes	No	-	Lantus, Toujeo, Tresiba, Levemir
TAKHZYRO	Formulary	5	Yes	Yes	300mg/2mL: 4 mL per 28 days 150mg/mL: 2 mL per 28 days	Danazol, Haegarda*
TRIKAFTA	Formulary	5	Yes	Yes	Trikafta Tablets: 3 tablets per day, 28 day supply per fill Trikafta Oral Granules: 2 packets per day, 28 day supply per fill	none