

February / March 2022 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
LIVMARLI	Formulary	3	Yes	2	Yes	Yes	3 milliliters per day, 30 day supply per fill	ursodiol, cholestyramine, rifampin, naltrexone, sertraline
OPZELURA	Formulary	3	No	2	Yes	Yes	240 grams per 28 days	betamethasone, dlobetasol, desonide, triamcinolone, tacrolimus, pimecrolimus*, Eucrisa*, Dupixent*
QULIPTA	Formulary	3	No	2	Yes	Yes	1 tablet per day	metoprolol, propranolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*
SKYTROFA	Formulary	3	Yes	2	Yes	No	-	Norditropin*, Genotropin*, Humatrope*, Nutropin AQ*, Omnitrope*, Saizen*, Zomacton*
TALZENNA†	Formulary	3	No	2	Yes	Yes	0.25 mg, 0.5 mg, 0.75 mg, and 1 mg: 30 capsules per 30 days	Lynparza*, Zejula*, Rubraca*
TAVNEOS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	6 capsules per day, 30 day supply per fill	None
TRUDHESA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	12 milliliters per 28 days	Dihydroergotamine nasal spray, zolmitriptan nasal spray, sumatriptan nasal spray, zolmitriptan tablets, sumatriptan tablets, naratriptan, rizatriptan, almotriptan*, eletriptan*, frovatriptan*, Nurtec ODT*, Ubrelvy*
TYRVAYA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8.4 milliliters per 30 days	Restasis, Xiidra
VENTOLIN HFA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	albuterol HFA
VUITY	Formulary	3	No	2	Yes	Yes	2.5 milliliters per 30 days	None

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
LIVMARLI	Formulary	2	Yes	Yes	3 milliliters per day, 30 day supply per fill	ursodiol, cholestyramine, rifampin, naltrexone, sertraline
OPZELURA	Formulary	2	Yes	Yes	240 grams per 28 days	betamethasone, clobetasol, desonide, triamcinolone, tacrolimus, pimecrolimus*, Eucrisa*, Dupixent*
QULIPTA	Formulary	2	Yes	Yes	1 tablet per day	metoprolol, propranolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*
SKYTROFA	Formulary	2	Yes	No	-	Norditropin*, Genotropin*, Humatrope*, Nutropin AQ*, Omnitrope*, Saizen*, Zomacton*
TALZENNA	Formulary	2	Yes	Yes	0.25 mg, 0.5 mg, 0.75 mg, and 1 mg: 30 capsules per 30 days	Lynparza*, Zejula*, Rubraca*
TAVNEOS	Non Formulary	Non Formulary	Yes	Yes	6 capsules per day, 30 day supply per fill	None
TRUDHESA	Non Formulary	Non Formulary	Yes	Yes	12 milliliters per 28 days	Dihydroergotamine nasal spray, zolmitriptan nasal spray, sumatriptan nasal spray, zolmitriptan tablets, sumatriptan tablets, naratriptan, rizatriptan, almotriptan*, eletriptan*, frovatriptan*, Nurtec ODT*, Ubrelvy*
TYRVAYA	Non Formulary	Non Formulary	Yes	Yes	8.4 milliliters per 30 days	Restasis, Xiidra
VENTOLIN HFA	Non Formulary	Non Formulary	Yes	No	-	albuterol HFA
VUITY	Formulary	2	Yes	Yes	2.5 milliliters 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)
LIVMARLI	Non Formulary	Non Formulary	Yes	No		Not applicable
TAVNEOS	Non Formulary	Non Formulary	Yes	Yes	6 capsules per day	per Statewide Preferred Drug List
VUITY	Non Formulary	Non Formulary	Yes	No		Not applicable

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
APRETUDE	Formulary	Specialty	25% coinsurance	No	Yes	3 mL/28 days	
KIMMTRAK	Formulary	Specialty	25% coinsurance	Yes	No		
LEQVIO	Formulary	Specialty	25% coinsurance	Yes	Yes	1.5 mL/84 days	Praluent*, Repatha*, atorvastatin, rosuvastatin, simvastatin, ezetimibe, ezetimibe/simvastatin, colesevelam, cholestyramine, colestipol
LIVMARLI	Formulary	Specialty	25% coinsurance	Yes	Yes	3 mL/day	ursodiol, cholestyramine, rifampin, naltrexone, sertraline
OPZELURA	Formulary	Specialty	25% coinsurance	Yes	Yes	240 grams/28 days	tacrolimus ointment, Eucrisa*, Dupixent*, fluocinolone, hydrocortisone, alclometasone, desonide, betamethasone valerate, triamcinolone, fluticasone, desoximetasone, mometasone, fluocinonide, amcinonide, betamethasone dipropionate, clobetasol, halobetasol
QULIPTA	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	1 tablet/day	Aimovig*, Emgality*, Nurtec*, metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline*, venlafaxine
SKYTROFA	Non Formulary			No	No		Norditropin*
TAVNEOS	Formulary	Specialty	25% coinsurance	Yes	Yes	6 capsules/day	azathioprine, cyclophosphamide, methotrexate, mycophenolate, prednisone, Riabni*, Ruxience*, Truxima*
TRUDHESA	Non Formulary			No	No		dihydroergotamine mesylate nasal spray, sumatriptan nasal spray, almotriptan tablets, naratriptan tablets, rizatriptan tablets/oral disintegrating tablets, sumatriptan injection/tablets, zolmitriptan tablets/oral disintegrating tablets
TYRVAYA	Non Formulary			No	No		Xiidra, cyclosporine ophthalmic emulsion, Restasis, Restasis MultiDose
VUITY	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	2.5 mL/30 days	

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
LIVMARLI	Formulary	5	Yes	Yes	3 milliliters per day, 30 day supply per fill	ursodiol, cholestyramine, rifampin, naltrexone, sertraline
OPZELURA	Formulary	4	Yes	Yes	240 grams per 28 days	betamethasone, clobetasol, desonide, triamcinolone, tacrolimus, pimecrolimus*, Eucrisa*, Dupixent*
QULIPTA	Formulary	4	Yes	Yes	1 tablet per day	metoprolol, propranolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig*, Emgality*
SKYTROFA	Formulary	5	Yes	No	-	Norditropin*, Genotropin*, Humatrope*, Nutropin AQ*, Omnitrope*, Saizen*, Zomacton*
TALZENNA	Formulary	4	Yes	Yes	0.25 mg, 0.5 mg, 0.75 mg, and 1 mg: 30 capsules per 30 days	Lynparza*, Zejula*, Rubraca*
TAVNEOS	Non Formulary	Non Formulary	Yes	Yes	6 capsules per day, 30 day supply per fill	None
TRUDHESA	Non Formulary	Non Formulary	Yes	Yes	12 milliliters per 28 days	Dihydroergotamine nasal spray, zolmitriptan nasal spray, sumatriptan nasal spray, zolmitriptan tablets, sumatriptan tablets, naratriptan, rizatriptan, almotriptan*, eletriptan*, frovatriptan*, Nurtec ODT*, Ubrelvy*
TYRVAYA	Non Formulary	Non Formulary	Yes	Yes	8.4 milliliters per 30 days	Restasis, Xiidra
VENTOLIN HFA	Non Formulary	Non Formulary	Yes	No	-	albuterol HFA
VUITY	Formulary	2	Yes	Yes	2.5 milliliters per 30 days	None