

December 2022 / January 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
ENTADFI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	finasteride, tadalafil, dutasteride, alfuzosin, tamsulosin
KEVZARA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2.28 milliliters per 28 days	Humira*, Enbrel*, Rinvoq*, Xeljanz*
KINERET	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Rheumatoid Arthritis: 0.67 milliliters per day, 28 day supply per fill	Rheumatoid Arthritis: Humira*, Enbrel*, Rinvoq*, Xeljanz*
LYTGOBI†	Formulary	3	No	2	Yes	Yes	12mg daily dose: 84 tablets per 28 days 16mg daily dose: 112 tablets per 28 days 20mg daily dose: 140 tablets per 28 days	Pemaryzre*, Truseltiq*
OLUMIANT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	Humira*, Rinvoq*, Xeljanz/XR*, Enbrel*
RYALTRIS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	29 grams per 30 days	fluticasone propionate nasal spray, mometasone nasal spray, azelastine 0.1% nasal spray, azelastine 0.15% nasal spray, olopatadine nasal spray, azelastine/fluticasone nasal spray
SEYSARA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
SKYRIZI	Formulary	3	Yes	2	Yes	Yes	Plaque Psoriasis/Psoriatic Arthritis: 1 milliliter per 84 days Crohn's disease: 2.4 milliliters per 56 days	cyclosporine, methotrexate
SOTYKTU	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Enbrel*, Humira*, Otezla*, Skyrizi*, Tremfya*, Cosentyx*, Cimzia*, Ilumya*, Siliq*
TADLIQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 milliliters per day, 30 day supply per fill	sildenafil, tadalafil

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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
TALTZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 milliliters per 28 days	Psoriatic Arthritis: Humira*, Cosentyx*, Enbrel*, Otezla*, Skyrizi*, Tremfya*, Rinvoq*, Xeljanz/XR*, Cimzia*, Orenzia*, Simponi* Ankylosing Spondylitis: Enbrel*, Humira*, Cosentyx*, Rinvoq*, Xeljanz/XR* Non-Radiographic Axial Spondylarthritis: Cosentyx*, Cimzia*, Rinvoq*
TREMFYA	Formulary	3	Yes	2	Yes	Yes	1 milliliter per 56 days	cyclosporine, methotrexate
ZERVIAE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	60 single use containers per 30 days	azelastine, epinastine, olopatadine
ZORYVE	Formulary	3	Yes	2	Yes	Yes	60 grams per 30 days	calcipotriene, calcipotriene-betamethasone, tazarotene, betamethasone, betamethasone-dipropionate, clobetasol, halobetasol

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ENTADFI	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	finasteride, tadalafil, dutasteride, alfuzosin, tamsulosin
KEVZARA	Non Formulary	Non Formulary	Yes	Yes	2.28 milliliters per 28 days	Humira*, Enbrel*, Rinvoq*, Xeljanz*
KINERET	Non Formulary	Non Formulary	Yes	Yes	Rheumatoid Arthritis: 0.67 milliliters per day, 28 day supply per fill	Rheumatoid Arthritis: Humira*, Enbrel*, Rinvoq*, Xeljanz*
LYTGOBI	Formulary	2	Yes	Yes	12mg daily dose: 84 tablets per 28 days 16mg daily dose: 112 tablets per 28 days 20mg daily dose: 140 tablets per 28 days	Pemaryzre*, Truseltiq*
OLUMIANT	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	Humira*, Rinvoq*, Xeljanz/XR*, Enbrel*
RYALTRIS	Non Formulary	Non Formulary	Yes	Yes	29 grams per 30 days	fluticasone propionate nasal spray, mometasone nasal spray, azelastine 0.1% nasal spray, azelastine 0.15% nasal spray, olopatadine nasal spray, azelastine/fluticasone nasal spray

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
SEYSARA	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
SKYRIZI	Formulary	2	Yes	Yes	Plaque Psoriasis/Psoriatic Arthritis: 1 milliliter per 84 days Crohn's disease: 2.4 milliliters per 56 days	cyclosporine, methotrexate
SOTYKTU	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Enbrel*, Humira*, Otezla*, Skyrizi*, Tremfya*, Cosentyx*, Cimzia*, Ilumya*, Siliq*
TADLIQ	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day, 30 day supply per fill	sildenafil, tadalafil
TALTZ	Non Formulary	Non Formulary	Yes	Yes	1 milliliters per 28 days	Psoriatic Arthritis: Humira*, Cosentyx*, Enbrel*, Otezla*, Skyrizi*, Tremfya*, Rinvoq*, Xeljanz/XR*, Cimzia*, Orencia*, Simponi* Ankylosing Spondylitis: Enbrel*, Humira*, Cosentyx*, Rinvoq*, Xeljanz/XR* Non-Radiographic Axial Spondylarthritis: Cosentyx*, Cimzia*, Rinvoq*
TREMFYA	Formulary	2	Yes	Yes	1 milliliter per 56 days	cyclosporine, methotrexate
ZERVIAE	Non Formulary	Non Formulary	Yes	Yes	60 single use containers per 30 days	azelastine, epinastine, olopatadine
ZORYVE	Formulary	2	Yes	Yes	60 grams per 30 days	calcipotriene, calcipotriene-betamethasone, tazarotene, betamethasone, betamethasone-dipropionate, clobetasol, halobetasol

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
SEYSARA	Non Formulary	Non Formulary	Yes	No		Doxycycline, Minocycline

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
BYOOVIZ	Medical	N/A	N/A	No	No	-	Not applicable
CIMERLI *Line Extension*	Medical	N/A	N/A	No	No	-	Not applicable
ENTADFI *NEW COMBINATION*	Non Formulary	N/A	N/A	No	No	-	finasteride, tadalafil*/**, dutasteride, alfuzosin, tamsulosin
IMJUDO	Formulary	Specialty	25% coinsurance	Yes	Yes	25 mg/1.25 mL: 18.75 mL per 180 days, 300 mg/15 mL: 15 mL per 180 days	None
KRYSTEXXA	Formulary	Specialty	25% coinsurance	Yes	Yes	8 mg per 14 days	methotrexate, allopurinol, febusostat*/**
RYALTRIS *NEW COMBINATION*	Non Formulary	N/A	N/A	No	No	-	fluticasone propionate nasal spray, mometasone nasal spray, azelastine 0.1% nasal spray, azelastine 0.15% nasal spray, olopatadine nasal spray, azelastine/fluticasone nasal spray
SEYSARA	Non Formulary	N/A	N/A	No	No	-	adapalene, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, topical tretinoin*
SOTYKTU	Non Formulary	N/A	N/A	No	No	-	cyclosporine, methotrexate, Enbrel*/**, Humira*/**, Cosentyx*, Otezla*/**, Skyrizi*/**, Tremfya*/**
TADLIQ *Line Extension*	Non Formulary	N/A	N/A	No	No	-	sildenafil tablets*, sildenafil oral suspension*, tadalafil 20mg tablets*/**
TECVAYLI	Formulary	Specialty	25% coinsurance	Yes	No	-	Revlimid*/**, lenalidomide*/**, Pomalyst*/**, bortezomib*, Kyprolis*, Ninlaro*/**, Darzalex*, Emlpiciti*, Farydak*/**, Sarclisa*, Xpovio*/**
ZERVIAE *line extension*	Non Formulary	N/A	N/A	No	No	-	olopatadine, azelastine (generic Optivar), epinastine (generic Elestat)
ZORYVE	Formulary	Specialty	25% coinsurance	Yes	Yes	60 g per 30 days	calcipotriene**, calcipotriene-betamethasone**, tazarotene 0.1% cream, betamethasone, betamethasone dipropionate, clobetasol**, halobetasol**

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ENTADFI	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	finasteride, tadalafil, dutasteride, alfuzosin, tamsulosin
KEVZARA	Non Formulary	Non Formulary	Yes	Yes	2.28 milliliters per 28 days	Humira*, Enbrel*, Rinvoq*, Xeljanz*
KINERET	Non Formulary	Non Formulary	Yes	Yes	Rheumatoid Arthritis: 0.67 milliliters per day, 28 day supply per fill	Rheumatoid Arthritis: Humira*, Enbrel*, Rinvoq*, Xeljanz*
LYTGOBI	Formulary	4	Yes	Yes	12mg daily dose: 84 tablets per 28 days 16mg daily dose: 112 tablets per 28 days 20mg daily dose: 140 tablets per 28 days	Pemaryzre*, Truseltiq*
OLUMIANT	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	Humira*, Rinvoq*, Xeljanz/XR*, Enbrel*
RYALTRIS	Non Formulary	Non Formulary	Yes	Yes	29 grams per 30 days	fluticasone propionate nasal spray, mometasone nasal spray, azelastine 0.1% nasal spray, azelastine 0.15% nasal spray, olopatadine nasal spray, azelastine/fluticasone nasal spray
SEYSARA	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
SKYRIZI	Formulary	5	Yes	Yes	Plaque Psoriasis/Psoriatic Arthritis: 1 milliliter per 84 days Crohn's disease: 2.4 milliliters per 56 days	cyclosporine, methotrexate
SOTYKTU	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Enbrel*, Humira*, Otezla*, Skyrizi*, Tremfya*, Cosentyx*, Cimzia*, Ilumya*, Siliq*
TADLIQ	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day, 30 day supply per fill	sildenafil, tadalafil
TALTZ	Non Formulary	Non Formulary	Yes	Yes	1 milliliters per 28 days	Psoriatic Arthritis: Humira*, Cosentyx*, Enbrel*, Otezla*, Skyrizi*, Tremfya*, Rinvoq*, Xeljanz/XR*, Cimzia*, Oencia*, Simponi* Ankylosing Spondylitis: Enbrel*, Humira*, Cosentyx*, Rinvoq*, Xeljanz/XR* Non-Radiographic Axial Spondylarthritis: Cosentyx*, Cimzia*, Rinvoq*
TREMFYA	Formulary	5	Yes	Yes	1 milliliter per 56 days	cyclosporine, methotrexate
ZERVIAE	Non Formulary	Non Formulary	Yes	Yes	60 single use containers per 30 days	azelastine, epinastine, olopatadine
ZORYVE	Formulary	5	Yes	Yes	60 grams per 30 days	calcipotriene, calcipotriene-betamethasone, tazarotene, betamethasone, betamethasone-dipropionate, clobetasol, halobetasol