

December 2024 & January 2025 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 |
|-------------------|---------------|-----------------------|---------------------|-----------------------|------------|-----------|--|--|
| CLOMIPHENE | Formulary | 2 | No | 2 | No | No | - | none |
| COBENFY | Formulary | 3 | Yes | 2 | Yes | Yes | 50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg capsules: 2 capsules per day, 30 day supply per fill Cobenfy Starter Pack: 56 capsules per 180 days | aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, Seroquel XR |
| CREXONT | Non Formulary | Non Formulary | No | Non Formulary | Yes | No | - | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, rasagiline |
| DUOPA | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 100 milliliters per day | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benzotropine, trihexyphenidyl, rasagiline |
| FOLLISTIM AQ | Formulary | 2 | No | 2 | No | No | - | none |
| GONAL-F | Non Formulary | Non Formulary | Yes | Non Formulary | Yes | No | - | Follistim AQ |
| INGREZZA SPRINKLE | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 1 capsule per day | Tardive Dyskinesia: amantadine Huntington's Disease: tetrabenazine |
| ITOVEBIT† | Formulary | 3 | No | 2 | Yes | Yes | 3 mg tablets: 2 tablets per day, 30 day supply per fill 9 mg tablets: 1 tablet per day, 30 day supply per fill | none |
| LIVDELZI | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 1 tablet per day, 30-day supply per fill | none |
| LIVMARLI | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 9.5 mg/mL: QL for letter only: 3 mL per day, 30 day supply per fill 19 mg/mL: QL for letter only: 2 mL per day, 30 day supply per fill | ursodiol |
| NEFFY | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 2 units per fill | epinephrine 0.15 mg/0.3ml autoinjector, epinephrine 0.3 mg/0.3ml autoinjector |

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

Commercial (cont)

†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 |
|------------|---------------|-----------------------|---------------------|-----------------------|------------|-----------|--|---|
| NEMLUVIO | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 2 autoinjectors per 28 days | Formulary Alternatives: Dupixent* Systemic Therapies: cyclosporine, methotrexate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream*, Eucrisa* Very high-potency topical corticosteroids: augmented betamethasone dipropionate 0.05% ointment, gel and lotion (Diprolene); clobetasol 0.05% cream, ointment, scalp lotion, shampoo, foam, spray (Temovate/Clobex/Olux) diflorasone diacetate 0.05% ointment (ApexiCon/Psorcon E), fluocinonide 0.1% cream (Vanos), halobetasol 0.05% cream and ointment (Ultravate) |
| TRYVIO | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 1 tablet per day | ACE Inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril Alpha Blockers: clonidine, clonidine transdermal, doxazosin, guanfacine, methyl dopa, prazosin, terazosin ARB's: candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan Beta-blockers/Diuretics: atenolol-chlorthalidone, bisoprolol-HCTZ, metoprolol-HCTZ Calcium Channel Blockers: amlodipine, Cartia XT, Dilt-XR, diltiazem, diltiazem ER, felodipine ER, isradipine, nifedipine, nifedipine ER, nimodipine, Taztia XT, Tiadylt ER, verapamil, verapamil ER |
| VAFSEO | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 150 mg: 1 tablet per day 300 mg: 2 tablets per day | none |
| YORVIPATH | Non Formulary | Non Formulary | No | Non Formulary | Yes | Yes | 168mcg/0.56mL : 1.12mL per 28 days 294mcg/0.98mL : 1.96mL per 28 days 420mcg/1.4mL : 2.8mL per 28 days | calcitriol |

CHIP

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

| Brand Name | Status | Tier | Prior Auth | Qty Limit | Detailed Limits | Formulary Alternatives |
|-------------------|---------------|---------------|------------|-----------|--|--|
| COBENFY | Formulary | 2 | Yes | Yes | 50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg capsules: 2 capsules per day, 30 day supply per fill Cobenfy Starter Pack: 56 capsules per 180 days | aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, Seroquel XR |
| CREXONT | Non Formulary | Non Formulary | Yes | No | - | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, rasagiline |
| DUOPA | Non Formulary | Non Formulary | Yes | Yes | 100 milliliters per day | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benztropine, trihexyphenidyl, rasagiline |
| INGREZZA SPRINKLE | Non Formulary | Non Formulary | Yes | Yes | 1 capsule per day | Tardive Dyskinesia: amantadine Huntington's Disease: tetrabenazine |
| ITOVEBI | Formulary | 2 | Yes | Yes | 3 mg tablets: 2 tablets per day, 30 day supply per fill 9 mg tablets: 1 tablet per day, 30 day supply per fill | none |
| LIVDELZI | Non Formulary | Non Formulary | Yes | Yes | 1 tablet per day, 30-day supply per fill | none |
| LIVMARLI | Non Formulary | Non Formulary | Yes | Yes | 9.5 mg/mL: QL for letter only: 3 mL per day, 30 day supply per fill 19 mg/mL: QL for letter only: 2 mL per day, 30 day supply per fill | ursodiol |
| NEFFY | Non Formulary | Non Formulary | Yes | Yes | 2 units per fill | epinephrine 0.15 mg/0.3ml autoinjector, epinephrine 0.3 mg/0.3ml autoinjector |
| NEMLUVIO | Non Formulary | Non Formulary | Yes | Yes | 2 autoinjectors per 28 days | Formulary Alternatives: Dupixent* Systemic Therapies: cyclosporine, methotrexate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream*, Eucrisa* Very high-potency topical corticosteroids: augmented betamethasone dipropionate 0.05% ointment, gel and lotion (Diprolene); clobetasol 0.05% cream, ointment, scalp lotion, shampoo, foam, spray (Temovate/Clobex/Olux) diflorasone diacetate 0.05% ointment (ApexiCon/Psorcon E), fluocinonide 0.1% cream (Vanos), halobetasol 0.05% cream and ointment (Ultravate) |

CHIP (cont)

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

| Brand Name | Status | Tier | Prior Auth | Qty Limit | Detailed Limits | Formulary Alternatives |
|------------|---------------|---------------|------------|-----------|--|---|
| TRYVIO | Non Formulary | Non Formulary | Yes | Yes | 1 tablet per day | ACE Inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril Alpha Blockers: clonidine, clonidine transdermal, doxazosin, guanfacine, methyl dopa, prazosin, terazosin ARB's: candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan Beta-blockers/Diuretics: atenolol-chlorthalidone, bisoprolol-HCTZ, metoprolol-HCTZ Calcium Channel Blockers: amlodipine, Cartia XT, Dilt-XR, diltiazem, diltiazem ER, felodipine ER, isradipine, nifedipine, nifedipine ER, nimodipine, Taztia XT, Tiadylt ER, verapamil, verapamil ER |
| VAFSEO | Non Formulary | Non Formulary | Yes | Yes | 150 mg: 1 tablet per day 300 mg: 2 tablets per day | none |
| YORVIPATH | Non Formulary | Non Formulary | Yes | Yes | 168mcg/0.56mL : 1.12mL per 28 days 294mcg/0.98mL : 1.96mL per 28 days 420mcg/1.4mL : 2.8mL per 28 days | calcitriol |

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) |
|------------|---------------|---------------------------|------------|-----------|-----------------|--------------------------|
| TRYVIO | Non Formulary | Non Formulary | Yes | No | | per Statewide PDL |
| VAFSEO | Non Formulary | Non Formulary | Yes | No | | not applicable |
| YORVIPATH | Non Formulary | Non Formulary | Yes | No | | calcitriol |

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) |
|-------------------|---------------|--------------------------|--------------------|------------|-----------|--|---|
| COBENFY | Formulary | Specialty | 25% coinsurance | Yes | Yes | Capsules: 2 capsules per day Starter Pack: 56 capsules per 180 days | |
| CREXONT | Non Formulary | | | | | | carbidopa/levodopa, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, rasagiline** |
| DUOPA | Non Formulary | | | | | | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa ODT, carbidopa/levodopa/entacapone, pramipexole, ropinirole ER, bromocriptine, selegiline, amantadine, rasagiline ** |
| INGREZZA SPRINKLE | Formulary | Specialty | 25% coinsurance | Yes | Yes | 1 capsule per day | Tardive dyskinesia: amantadine, Huntington's: tetra benazine** |
| ITOVEBI | Formulary | Specialty | 25% coinsurance | Yes | Yes | 3 mg Tablets: 2 tablets per day 9 mg: 1 tablet per day | Piqray*/**, Truqap*/** |
| LIVDELZI | Non Formulary | | | | | | Ursodiol 250 and 500 mg tablets, ursodiol 300 mg capsules |
| NEFFY | Non Formulary | | | | | | epinephrine (0.15 mg/0.3ml autoinjector**, 0.3 mg/0.3ml autoinjector**) |
| NEMLUVIO | Non Formulary | | | | | | Dupixent*/**, clobetasol cream/foam/gel/solution/ointment/scalp lotion/shampoo/solution**, halobetasol 0.05% cream/ointment**, betamethasone dipropionate cream/lotion/ointment **, betamethasone valerate cream/lotion/ointment* |
| RYTELO | Non Formulary | | | | | | Reblozyl* |
| TRYVIO | Non Formulary | | | | | | enalapril**, lisinopril**, candesartan**, irbesartan**, losartan**, olmesartan**, atenolol, metoprolol succinate ER, metoprolol tartrate, propranolol, amlodipine, diltiazem, verapamil, aliskiren** |
| VYLOY | Formulary | Specialty | 25% coinsurance | Yes | No | | |
| YORVIPATH | Non Formulary | | | | | | calcitriol |

Marketplace

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

| Brand Name | Status | Tier | Prior Auth | Qty Limit | Detailed Limits | Formulary Alternatives |
|-------------------|---------------|---------------|------------|-----------|--|--|
| CLOMIPHENE | Formulary | 3 | No | No | - | none |
| COBENFY | Formulary | 5 | Yes | Yes | 50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg capsules: 2 capsules per day, 30 day supply per fill Cobenfy Starter Pack: 56 capsules per 180 days | aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, Seroquel XR |
| CREXONT | Non Formulary | Non Formulary | Yes | No | - | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, rasagiline |
| DUOPA | Non Formulary | Non Formulary | Yes | Yes | 100 milliliters per day | carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benzotropine, trihexyphenidyl, rasagiline |
| FOLLISTIM AQ | Formulary | 3 | No | No | - | none |
| GONAL-F | Non Formulary | Non Formulary | Yes | No | - | Follistim AQ |
| INGREZZA SPRINKLE | Non Formulary | Non Formulary | Yes | Yes | 1 capsule per day | Tardive Dyskinesia: amantadine Huntington's Disease: tetrabenazine |
| ITOVEBI | Formulary | 4 | Yes | Yes | 3 mg tablets: 2 tablets per day, 30 day supply per fill 9 mg tablets: 1 tablet per day, 30 day supply per fill | none |
| LIVDELZI | Non Formulary | Non Formulary | Yes | Yes | 1 tablet per day, 30-day supply per fill | none |
| LIVMARLI | Non Formulary | Non Formulary | Yes | Yes | 9.5 mg/mL: QL for letter only: 3 mL per day, 30 day supply per fill 19 mg/mL: QL for letter only: 2 mL per day, 30 day supply per fill | ursodiol |
| NEFFY | Non Formulary | Non Formulary | Yes | Yes | 2 units per fill | epinephrine 0.15 mg/0.3ml autoinjector, epinephrine 0.3 mg/0.3ml autoinjector |
| NEMLUVIO | Non Formulary | Non Formulary | Yes | Yes | 2 autoinjectors per 28 days | Formulary Alternatives: Dupixent* Systemic Therapies: cyclosporine, methotrexate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream*, Eucrisa* Very high-potency topical corticosteroids: augmented betamethasone dipropionate 0.05% ointment, gel and lotion (Diprolene); clobetasol 0.05% cream, ointment, scalp lotion, shampoo, foam, spray (Temovate/Clobex/Olux) diflorasone diacetate 0.05% ointment (ApexiCon/Psorcon E), fluocinonide 0.1% cream (Vanos), halobetasol 0.05% cream and ointment (Ultravate) |

Marketplace (cont)

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

| Brand Name | Status | Tier | Prior Auth | Qty Limit | Detailed Limits | Formulary Alternatives |
|------------|---------------|---------------|------------|-----------|--|--|
| TRYVIO | Non Formulary | Non Formulary | Yes | Yes | 1 tablet per day | <p>ACE Inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</p> <p>Alpha Blockers: clonidine, clonidine transdermal, doxazosin, guanfacine, methyldopa, prazosin, terazosin</p> <p>ARB's: candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</p> <p>Beta-blockers/Diuretics: atenolol-chlorthalidone, bisoprolol-HCTZ, metoprolol-HCTZ</p> <p>Calcium Channel Blockers: amlodipine, Cartia XT, Dilt-XR, diltiazem, diltiazem ER, felodipine ER, isradipine, nicardipine, nifedipine, nifedipine ER, nimodipine, Taztia XT, Tiadylt ER, verapamil, verapamil ER</p> |
| VAFSEO | Non Formulary | Non Formulary | Yes | Yes | 150 mg: 1 tablet per day 300 mg: 2 tablets per day | none |
| YORVIPATH | Non Formulary | Non Formulary | Yes | Yes | 168mcg/0.56mL : 1.12mL per 28 days 294mcg/0.98mL : 1.96mL per 28 days 420mcg/1.4mL : 2.8mL per 28 days | calcitriol |