June & July 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
ALYFTREK	Formulary	3	Yes	2	Yes	Yes	4 mg/20 mg/50 mg tablets: 3 tablets per day, 28 day supply per fill 10 mg/50 mg/125 mg tablets: 2 tablets per day, 28 day supply per fill	none
AVMAPKI FAKZYNJA CO-PACK†	Formulary	3	No	2	Yes	Yes	66 tablets per 28 days, 28 day supply per fill	none
JOURNAVX	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 tablets per 90 days	NSAIDs: celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin
XROMI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 day supply per fill	hydroxyurea
ZUNVEYL	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day	donepezil, donepezil ODT, galantamine, galantamine ER, memantine, memantine ER, rivastigmine
ZYMFENTRA	Formulary	3	Yes	2	Yes	Yes	2 pens or syringes per 28 days, 28 day supply per fill	Avsola*, Inflectra*, Renflexis*

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ALYFTREK	Formulary	2	Yes	Yes	4 mg/20 mg/50 mg tablets: 3 tablets per day, 28 day supply per fill 10 mg/50 mg/125 mg tablets: 2 tablets per day, 28 day supply per fill	none
AVMAPKI FAKZYNJA CO-PACK	Formulary	2	Yes	Yes	66 tablets per 28 days, 28 day supply per fill	none
JOURNAVX	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 90 days	NSAIDs: celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin
XROMI	Non Formulary	Non Formulary	Yes	Yes	30 day supply per fill	hydroxyurea
ZUNVEYL	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	donepezil, donepezil ODT, galantamine, galantamine ER, memantine, memantine ER, rivastigmine
ZYMFENTRA	Formulary	2	Yes	Yes	2 pens or syringes per 28 days, 28 day supply per fill	Avsola*, Inflectra*, Renflexis*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ALYFTREK	Formulary	Brand	Yes	No	N/A	None
JOURNAVX	Non Formulary	Non Formulary	Yes	Yes	2.5 tablets per day	Per Statewide PDL

Geisinger Gold

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Brand Name	Status	$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AVMAPKI FAKZYNJA CO-PACK	Formulary	Specialty	25% coinsurance	Yes	Yes	66 tablets/28 days	none
EMRELIS	Formulary	Specialty	25% coinsurance	Yes	No		none
JOURNAVX	Non Formulary						celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, acetaminophen-codeine**, hydrocodone-APAP**, oxycodone-APAP**, oxycodone immediate release**, tramadol**
NIKTIMVO	Formulary	Specialty	25% coinsurance	Yes	Yes	9 mg/0.18 ml vial: 4 vials every 14 days; 22 mg/0.44 ml vial: 2 vials every 14 days	Jakafi*/**, Imbruvica*/**, Rezurock*/**, rituximab (Ruxience*, Riabni*, Truxima*)
XROMI	Non Formulary						hydroxyurea capsules
ZUNVEYL	Non Formulary						donepezil**, galantamie IR, galantamine ER**, memantine IR, memantine ER**, rivastigmine capsules, rivastigmine patch**
ZYMFENTRA	Non Formulary						Avsola*, Inflectra*, Renflexis*

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ALYFTREK	Formulary	5	Yes	Yes	4 mg/20 mg/50 mg tablets: 3 tablets per day, 28 day supply per fill 10 mg/50 mg/125 mg tablets: 2 tablets per day, 28 day supply per fill	none
AVMAPKI FAKZYNJA CO-PACK	Formulary	4	Yes	Yes	66 tablets per 28 days, 28 day supply per fill	none
JOURNAVX	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 90 days	NSAIDs: celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin
XROMI	Non Formulary	Non Formulary	Yes	Yes	30 day supply per fill	hydroxyurea
ZUNVEYL	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	donepezil, donepezil ODT, galantamine, galantamine ER, memantine, memantine ER, rivastigmine
ZYMFENTRA	Formulary	5	Yes	Yes	2 pens or syringes per 28 days, 28 day supply per fill	Avsola*, Inflectra*, Renflexis*