

February & March 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
AQNEURSA	Formulary	3	Yes	2	No	Yes	4 packets per day, 30 day supply per fill	Miglustat*, Yargesa*
BIZENGRI [†]	Formulary	3	No	2	Yes	Yes	75 milliliters per 28 days	none
EBGLYSS	Formulary	3	Yes	2	Yes	Yes	Loading dose: 4 milliliters per 28 days for 1 fill, then 2 milliliters per 28 days for 3 fills Maintenance dose: 1 milliliter per 28 days	Systemic Therapies: azathioprine, cyclosporine, methotrexate, mycophenolate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream* Eucrisa*
IMKELDI [†]	Formulary	3	No	2	Yes	Yes	10 milliliters per day, 28 day supply per fill	imatinib 100 mg tablets, imatinib 400 mg tablets
IMVEXXY	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	estradiol (tablets, patches, cream), Estring vaginal ring, Premarin Cream, Yuvaform tablets
JYLAMVO	Formulary	3	No	2	Yes	No	-	methotrexate tablets
MIPLYFFA	Formulary	3	Yes	2	Yes	Yes	3 tablets per day, 30 day supply per fill	Miglustat*, Yargesa*
PREVYMIS PELLETT PAK	Formulary	3	Yes	2	Yes	Yes	Prevymis tablets: 1 tablet per day Prevymis pellet pak: 4 packets per day	valganciclovir
REVUFORJ [†]	Formulary	3	No	2	Yes	Yes	25 mg tablets: 8 tablets per day 10 mg tablets: 4 tablets per day 60 mg tablets: 2 tablets per day	none
SUTAB [†]	Formulary	2	No	2	No	Yes	24 tablets per fill	none
VOQUEZNA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Erosive Esophagitis: 10 mg tablets and 20 mg tablets: 1 tablet per day Non-Erosive Gastroesophageal Reflux Disease: 10 mg tablets: 1 tablet per day H. Pylori Infection: 20 mg tablets 2 tablets per day	Erosive Esophagitis/Non-Erosive GERD: esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole H. Pylori Infection: amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
XATMEP	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	Jylamvo*, methotrexate tablets
ZITUVIMET/ZITUVIMET XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Zituvimet (all strengths): 2 tablets per day Zituvimet XR (sitagliptin 50 mg/metformin 500 mg ER; sitagliptin 100 mg/metformin 1000 mg ER): 1 tablet per day Zituvimet XR (sitagliptin 50 mg/metformin 1000 mg ER): 2 tablets per day	Tradjenta, saxagliptin, metformin, metformin ER, Jentadueto, Jentadueto XR, saxagliptin-metformin ER

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AQNEURSA	Formulary	2	No	Yes	4 packets per day, 30 day supply per fill	Miglustat*, Yargesa*
BIZENGRI	Formulary	2	Yes	Yes	75 milliliters per 28 days	none
EBGLYSS	Formulary	2	Yes	Yes	Loading dose: 4 milliliters per 28 days for 1 fill, then 2 milliliters per 28 days for 3 fills Maintenance dose: 1 milliliter per 28 days	Systemic Therapies: azathioprine, cyclosporine, methotrexate, mycophenolate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream* Eucrisa*
IMKELDI	Formulary	2	Yes	Yes	10 milliliters per day, 28 day supply per fill	imatinib 100 mg tablets, imatinib 400 mg tablets
IMVEXXY	Non Formulary	Non Formulary	Yes	No	-	estradiol (tablets, patches, cream), Estring vaginal ring, Premarin Cream, Yuvaferm tablets
JYLAMVO	Formulary	2	Yes	No	-	methotrexate tablets
MIPLYFFA	Formulary	2	Yes	Yes	3 tablets per day, 30 day supply per fill	Miglustat*, Yargesa*
PREVYMIS	Formulary	2	Yes	Yes	Prevymis tablets: 1 tablet per day Prevymis pellet pak: 4 packets per day	valganciclovir
REVUFORJ	Formulary	2	Yes	Yes	25 mg tablets: 8 tablets per day 10 mg tablets: 4 tablets per day 60 mg tablets: 2 tablets per day	none
SUTAB	Formulary	2	No	Yes	24 tablets per fill	none
VOQUEZNA	Non Formulary	Non Formulary	Yes	Yes	Erosive Esophagitis: 10 mg tablets and 20 mg tablets: 1 tablet per day Non-Erosive Gastroesophageal Reflux Disease: 10 mg tablets: 1 tablet per day H. Pylori Infection: 20 mg tablets 2 tablets per day	Erosive Esophagitis/Non-Erosive GERD: esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole H. Pylori Infection: amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
XATMEP	Non Formulary	Non Formulary	Yes	No	-	Jylamvo*, methotrexate tablets
ZITUVIMET/ZITUVIMET XR	Non Formulary	Non Formulary	Yes	Yes	Zituvimet (all strengths): 2 tablets per day Zituvimet XR (sitagliptin 50 mg/metformin 500 mg ER; sitagliptin 100 mg/metformin 1000 mg ER): 1 tablet per day Zituvimet XR (sitagliptin 50 mg/metformin 1000 mg ER): 2 tablets per day	Tradjenta, saxagliptin, metformin, metformin ER, Jentadueto, Jentadueto XR, saxagliptin-metformin ER

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AQNEURSA	Formulary	Brand	Yes	No		Miglustat*, Yargesa*, Zavesca*
MIPLYFFA	Formulary	Brand	Yes	No		Miglustat*, Yargesa*, Zavesca*
SUTAB	Formulary	Brand	No	Yes	24 tablets per	None

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AQNEURSA	Formulary	Specialty	25% coinsurance	Yes	Yes	120 packets per 30 days	Not Applicable
BIZENGRI	Formulary	Specialty	25% coinsurance	Yes	Yes	75 mL per 28 days	Not Applicable
DANZITEN	Formulary	Specialty	25% coinsurance	Yes	Yes	120 tablets per 30 days	imatinib**, dasatinib**/*, Tasigna**/*
DATROWAY	Formulary	Specialty	25% coinsurance	Yes	Yes	6 vials per 21 days	Not Applicable
EBGLYSS	Non-Formulary	-	-	-	-	-	azathioprine, cyclosporine, methotrexate, mycophenolate, Dupixent*
IMKELDI	Formulary	Specialty	25% coinsurance	Yes	Yes	280 mL per 28 days	Not Applicable
IMVEXXY	Non-Formulary	-	-	-	-	-	estradiol cream, estradiol tablets, Estring, Premarin, Yuvaferm
MIPLYFFA	Formulary	Specialty	25% coinsurance	Yes	Yes	90 capsules per 30 days	Not Applicable
ONYDA XR	Non-Formulary	-	-	-	-	-	amphetamine-dextroamphetamine, amphetamine-dextroamphetamine ER, atomoxetine*, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, dextroamphetamine ER, guanfacine ER*, methylphenidate, methylphenidate ER, methylphenidate CD
OPDIVO QVANTIG	Formulary	Specialty	25% coinsurance	Yes	No	-	Not Applicable
PIASKY	Non-Formulary	-	-	-	-	-	Empaveli*
QUZYTIR	Non-Formulary	-	-	-	-	-	intravenous diphenhydramine
REVUFORJ	Formulary	Specialty	25% coinsurance	Yes	Yes	25 mg tablets: 8 tablets per day 110 mg tablets: 4 tablets per day 160 mg tablets: 2 tablets per day	None
SUTAB	Formulary	Brand Preferred	25% coinsurance	No	Yes	24 tablets per 30 days	Not Applicable
ZIIHERA	Formulary	Specialty	25% coinsurance	Yes	No	-	Imfinzi*, Keytruda*, Enhertu*
ZITUVIMET/ZITUVIMET XR	Non-Formulary	-	-	-	-	-	metformin**, metformin ER**, Tradjenta**, Jentadueto**, Jentadueto XR**, Januvia**, Janumet**, Janumet XR**

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AQNEURSA	Formulary	5	No	Yes	4 packets per day, 30 day supply per fill	Miglustat*, Yargesa*
BIZENGRI	Formulary	4	Yes	Yes	75 milliliters per 28 days	none
EBGLYSS	Formulary	5	Yes	Yes	Loading dose: 4 milliliters per 28 days for 1 fill, then 2 milliliters per 28 days for 3 fills Maintenance dose: 1 milliliter per 28 days	Systemic Therapies: azathioprine, cyclosporine, methotrexate, mycophenolate Topical Therapies: Calcineurin Inhibitors: tacrolimus ointment, pimecrolimus cream* Eucrisa*
IMKELDI	Formulary	4	Yes	Yes	10 milliliters per day, 28 day supply per fill	imatinib 100 mg tablets, imatinib 400 mg tablets
IMVEXXY	Non Formulary	Non Formulary	Yes	No	-	estradiol (tablets, patches, cream), Estring vaginal ring, Premarin Cream, Yuvafem tablets
JYLAMVO	Formulary	4	Yes	No	-	methotrexate tablets
MIPLYFFA	Formulary	5	Yes	Yes	3 tablets per day, 30 day supply per fill	Miglustat*, Yargesa*
PREVYMIS	Formulary	5	Yes	Yes	Prevymis tablets: 1 tablet per day Prevymis pellet pak: 4 packets per day	valganciclovir
REVUFORJ	Formulary	4	Yes	Yes	25 mg tablets: 8 tablets per day 10 mg tablets: 4 tablets per day 60 mg tablets: 2 tablets per day	none
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VOQUEZNA	Non Formulary	Non Formulary	Yes	Yes	Erosive Esophagitis: 10 mg tablets and 20 mg tablets: 1 tablet per day Non-Erosive Gastroesophageal Reflux Disease: 10 mg tablets: 1 tablet per day H. Pylori Infection: 20 mg tablets 2 tablets per day	Erosive Esophagitis/Non-Erosive GERD: esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole H. Pylori Infection: amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
XATMEP	Non Formulary	Non Formulary	Yes	No	-	Jylamvo*, methotrexate tablets
ZITUVIMET/ZITUVIMET XR	Non Formulary	Non Formulary	Yes	Yes	Zituimet (all strengths): 2 tablets per day Zituvimet XR (sitagliptin 50 mg/metformin 500 mg ER; sitagliptin 100 mg/metformin 1000 mg ER): 1 tablet per day Zituvimet XR (sitagliptin 50 mg/metformin 1000 mg ER): 2 tablets per day	Tradjenta, saxagliptin, metformin, metformin ER, Jentadueto, Jentadueto XR, saxagliptin-metformin ER