April & May 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
ADALIMUMAB-FKJP	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ATTRUBY	Formulary	3	Yes	2	Yes	Yes	4 capsules per day, 28 day supply per fill	Vyndaqel*, Vyndamax*
DANZITEN†	Formulary	3	No	2	Yes	Yes	4 capsules per day, 28 day supply per fill	Tasigna*
EMROSI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	Oral tetracycline derivatives: doxycycline monohydrate (capsules), doxycycline hyclate (capsules), minocycline (capsules), and tetracycline (capsules) Topical alternatives: metronidazole 0.75% cream/gel, ivermectin 1% cream, azelaic acid 15% gel
GOMEKLI†	Formulary	3	No	2	Yes	No	1 mg capsule and 1 mg soluble tablet: 168 capsules/tablets per 28 days 2 mg capsule: 84 capsules per 28 days	none
HADLIMA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ONYDA XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 milliliters per day	clonidine ER, guanfacine ER, atomoxetine, dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD
OPIPZA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2mg film: 1 film per day 5mg film: 1 film per day 10mg film: 3 films per day	aripiprazole tablets, aripiprazole solution, aripiprazole ODT, olanzapine ODT, risperidone ODT, risperidone solution
OTULFI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
PYZCHIVA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*

Commercial (cont)

Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ROMVIMZA†	Formulary	3	No	2	Yes	Yes	8 capsules per 28 day supply, 28 day supply per fill	none
SELARSDI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
STEQEYMA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
TOLAK	Formulary	3	No	2	No	No	-	fluorouracil 5% cream, fluorouracil 2% solution, fluorouracil 5% solution
TRYNGOLZA	Formulary	3	Yes	2	Yes	Yes	0.8 mL per 30 days	none
VYALEV	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	420 milliliters per 28 days, 28 day supply per fill	carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benztropine, trihexyphenidyl, rasagiline
YESINTEK	Formulary	3	Yes	2	Yes	No	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Psoriasis: cyclosporine, methotrexate Psoriatic Arthritis: methotrexate, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen EC, oxaprozin, piroxicam, salsalate, sulindac, tolmetin Crohn's Disease: prednisone, budesonide, azathioprine, 6-mercaptopurine Ulcerative Colitis: azathioprine, 6-mercaptopurine
YUSIMRY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADALIMUMAB-FKJP	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ATTRUBY	Formulary	2	Yes	Yes	4 capsules per day, 28 day supply per fill	Vyndaqel*, Vyndamax*
DANZITEN	Formulary	2	Yes	Yes	4 capsules per day, 28 day supply per fill	Tasigna*
EMROSI	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	Oral tetracycline derivatives: doxycycline monohydrate (capsules), doxycycline hyclate (capsules), minocycline (capsules), and tetracycline (capsules) Topical alternatives: metronidazole 0.75% cream/gel, ivermectin 1% cream, azelaic acid 15% gel
GOMEKLI	Formulary	2	Yes	No	1 mg capsule and 1 mg soluble tablet: 168 capsules/tablets per 28 days 2 mg capsule: 84 capsules per 28 days	none
HADLIMA	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ONYDA XR	Non Formulary	Non Formulary	Yes	Yes	4 milliliters per day	clonidine ER, guanfacine ER, atomoxetine, dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD
OPIPZA	Non Formulary	Non Formulary	Yes	Yes	2mg film: 1 film per day 5mg film: 1 film per day 10mg film: 3 films per day	aripiprazole tablets, aripiprazole solution, aripiprazole ODT, olanzapine ODT, risperidone ODT, risperidone solution
OTULFI	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
PYZCHIVA	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
ROMVIMZA	Formulary	2	Yes	Yes	8 capsules per 28 day supply, 28 day supply per fill	none

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
SELARSDI	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
STEQEYMA	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
TOLAK	Formulary	2	No	No	-	fluorouracil 5% cream, fluorouracil 2% solution, fluorouracil 5% solution
TRYNGOLZA	Formulary	2	Yes	Yes	0.8 mL per 30 days	none
VYALEV	Non Formulary	Non Formulary	Yes	Yes	420 milliliters per 28 days, 28 day supply per fill	carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benztropine, trihexyphenidyl, rasagiline
YESINTEK	Formulary	2	Yes	No	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Psoriasis: cyclosporine, methotrexate Psoriatic Arthritis: methotrexate, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen EC, oxaprozin, piroxicam, salsalate, sulindac, tolmetin Crohn's Disease: prednisone, budesonide, azathioprine, 6-mercaptopurine Ulcerative Colitis: azathioprine, 6-mercaptopurine
YUSIMRY	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*

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)
ALYFTREK	Formulary	Brand	Yes	No		Kalydeco*, Orkambi*, Symdeko*, Trikafta*
ATTRUBY	Non Formulary	Non Formulary	Yes	No		not applicable
TOLAK	Formulary	Brand	No	No		fluorouracil 5% cream
VYALEV	Non Formulary	Non Formulary	Yes	No		Per Statewide PDL

** 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)
ALYFTREK	Formulary	Specialty	25% coinsurance	Yes	Yes	4/20/50 tablets: 3 tablets/day; 10/50/125 tablets: 2 tablets/day	Trikafta*/**, Kalydeco*/**, Orkambi*/**, Symdeko*/**
ATTRUBY	Formulary	Specialty	25% coinsurance	Yes	Yes	4 tablets per day	Vyndaqel*/**, Vyndamax*/**
DANZITEN	Formulary	Specialty	25% coinsurance	Yes	Yes	120 tablets/30 days	imatinib**, dasatinib*/**, nilotinib*/**
EMROSI	Non Formulary						doxycycline monohydrate (capsules), doxycycline hyclate (capsules), minocycline (capsules), tetracycline (capsules), metronidazole 0.75% cream/gel, azelaic acid 15% gel
GOMEKLI	Formulary	Specialty	25% coinsurance	Yes	Yes	1 mg capsule and soluble tablet: 168/28 days; 2 mg capsules: 84/28 days	koselugo*/**
GRAFAPEX	Formulary	Specialty	25% coinsurance	Yes	No		
HERCESSI (HERCEPTIN BIOSIMILAR)	Non Formulary						Ontruzant, Trazimera, Kanjinti, Herzuma, Ogivri
ONYDA XR	Non Formulary						amphetamine-dextroamphetamine, amphetamine-dextroamphetamine ER, atomoxetine*, dexmethylphenidate, dexmethylphenidate ER, dextroamphetamine, dextroamphetamine ER, guanfacine ER*, methylphenidate, methylphenidate ER, methylphenidate CD
OPIPZA	Non Formulary						aripiprazole tablets**, aripiprazole solution, aripiprazole ODT**, olanzapine ODT**, risperidone ODT**, risperidone solution**
ROMVIMZA	Formulary	Specialty	25% coinsurance	Yes	Yes	8 capsules per 28 days	Turalio*/**
SELARSDI (STELARA BIOSIMILAR)	Formulary	Specialty	25% coinsurance	Yes	Yes	45 mg syringe/pen: 0.5 milliliters per 28 days 90 mg syringe/pen: 1 milliliter per 28 days	
TRYNGOLZA	Formulary	Specialty	25% coinsurance	Yes	Yes	0.8 ml/ 30 days	
VYALEV	Non Formulary						carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER
YESINTEK (STELARA BIOSIMILAR)	Formulary	Specialty	25% coinsurance	Yes	Yes	45 mg vial: 0.5 ml per 28 days 45 mg syringe/pen: 0.5 milliliters per 28 days 90 mg syringe/pen: 1 milliliter per 28 days	

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADALIMUMAB-FKJP	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ATTRUBY	Formulary	5	Yes	Yes	4 capsules per day, 28 day supply per fill	Vyndaqel*, Vyndamax*
DANZITEN	Formulary	4	Yes	Yes	4 capsules per day, 28 day supply per fill	Tasigna*
EMROSI	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	Oral tetracycline derivatives: doxycycline monohydrate (capsules), doxycycline hyclate (capsules), minocycline (capsules), and tetracycline (capsules) Topical alternatives: metronidazole 0.75% cream/gel, ivermectin 1% cream, azelaic acid 15% gel
GOMEKLI	Formulary	4	Yes	No	1 mg capsule and 1 mg soluble tablet: 168 capsules/tablets per 28 days 2 mg capsule: 84 capsules per 28 days	none
HADLIMA	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*
ONYDA XR	Non Formulary	Non Formulary	Yes	Yes	4 milliliters per day	clonidine ER, guanfacine ER, atomoxetine, dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD
OPIPZA	Non Formulary	Non Formulary	Yes	Yes	2mg film: 1 film per day 5mg film: 1 film per day 10mg film: 3 films per day	aripiprazole tablets, aripiprazole solution, aripiprazole ODT, olanzapine ODT, risperidone ODT, risperidone solution
OTULFI	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
PYZCHIVA	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
ROMVIMZA	Formulary	4	Yes	Yes	8 capsules per 28 day supply, 28 day supply per fill	none
SELARSDI	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
STEQEYMA	Non Formulary	Non Formulary	Yes	Yes	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Yesintek*
TOLAK	Formulary	4	No	No	-	fluorouracil 5% cream, fluorouracil 2% solution, fluorouracil 5% solution
TRYNGOLZA	Formulary	5	Yes	Yes	0.8 mL per 30 days	none
VYALEV	Non Formulary	Non Formulary	Yes	Yes	420 milliliters per 28 days, 28 day supply per fill	carbidopa/levodopa tablet, carbidopa/levodopa ER tablet, carbidopa/levodopa/entacapone, pramipexole, ropinirole, ropinirole ER, bromocriptine, selegiline, amantadine, benztropine, trihexyphenidyl, rasagiline
YESINTEK	Formulary	5	Yes	No	45 mg vial: 1 vial per 84 days 45 mg syringe/pen: 0.5 milliliters per 84 days 90 mg syringe/pen: 1 milliliter per 84 days	Psoriasis: cyclosporine, methotrexate Psoriatic Arthritis: methotrexate, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen EC, oxaprozin, piroxicam, salsalate, sulindac, tolmetin Crohn's Disease: prednisone, budesonide, azathioprine, 6-mercaptopurine Ulcerative Colitis: azathioprine, 6-mercaptopurine
YUSIMRY	Non Formulary	Non Formulary	Yes	Yes	10 mg/ 0.2 milliliters: 0.4 milliliters per 28 days 20 mg/ 0.4 milliliters: 0.8 milliliters per 28 days 40 mg/0/8 milliliters: 1.6 milliliters per	Amjevita*