

## October & November 2024 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
CAPVAXIVE†	Formulary	3	No	2	No	Yes	0.5 milliliters per lifetime	none
DUVYZAT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	420 milliliters per 30 days	prednisone, deflazacort*
ENTRESTO ORAL PELLETS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 capsules per day	Entresto
IQIRVO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	ursodiol
LAZCLUZE†	Formulary	3	No	2	Yes	Yes	80 mg tablets: 2 tablets per day, 30 day supply per fill 240 mg tablets: 1 tablet per day, 30 day supply per fill	Tagrisso*
MRESVIA†	Formulary	3	No	2	No	Yes	0.5 milliliters per lifetime	none
MYHIBBIN	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	mycophenolate mofetil reconstituted suspension, mycophenolate tablet, mycophenolate capsule, mycophenolate mycophenolic acid
NALOXONE NASAL SPRAY†	Formulary	1	No	1	No	No	-	none
OHTUVAYRE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	5 milliliters per day	Long Acting Beta Agonists: Serevent Diskus, Striverdi Respimat, arformoterol* LABA/ICS: fluticasone-salmeterol**, Wixela Inhub**, Breo Ellipta**, budesonide-formoterol** Short Acting Anticholinergics: ipratropium/albuterol, Combivent Respimat, Atrovent Long Acting Anticholinergics: Spiriva, Incruse Ellipta, Tudorza* LAMA/LABA Combination Products: Anoro Ellipta, Stiolto Respimat LAMA/LABA/ICS: Trelegy Ellipta**
REXTOVY	Formulary	2	No	2	No	No	-	naloxone nasal spray, naloxone injection, Kloxxado, Zimhi, Opvee
RINVOQ LQ	Formulary	3	Yes	2	Yes	Yes	Rinvoq LQ : 12 milliliters per day, 30 day supply per fill	Enbrel*, Humira*, adalimumab-FKJP*, Amjevita*, Hadlima*, Yusimry*
SOFDRA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1.34 milliliters per day	Qbrexza, Drysol 20%, Xerac AC 6.25%, glycopyrrolate, oxybutynin, propranolol, clonidine
TREMFYA	Formulary	3	Yes	2	Yes	Yes	Tremfya 100 mg: 1 milliliters per 56 days Tremfya 200 mg: 2 milliliters per 28 days	Corticosteroids: prednisone, budesonide Immunomodulators: azathioprine, 6-mercaptopurine
VORANIGO†	Formulary	3	No	2	Yes	Yes	10 mg tablets: 2 tablets per day, 30 day supply per fill 40 mg tablets: 1 tablet per day, 30 day supply per fill	none

## CHIP

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
CAPVAXIVE	Formulary	2	No	Yes	0.5 milliliters per lifetime	none
DUVYZAT	Non Formulary	Non Formulary	Yes	Yes	420 milliliters per 30 days	prednisone, deflazacort*
ENTRESTO ORAL PELLETS	Non Formulary	Non Formulary	Yes	Yes	8 capsules per day	Entresto
IQIRVO	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	ursodiol
LAZCLUZE	Formulary	2	Yes	Yes	80 mg tablets: 2 tablets per day, 30 day supply per fill 240 mg tablets: 1 tablet per day, 30 day supply per fill	Tagrisso*
MRESVIA	Formulary	2	No	Yes	0.5 milliliters per lifetime	none
MYHIBBIN	Non Formulary	Non Formulary	Yes	No	-	mycophenolate mofetil reconstituted suspension, mycophenolate tablet, mycophenolate capsule, mycophenolate mycophenolic acid
NALOXONE NASAL SPRAY	Formulary	1	No	No	-	none
OHTUVAYRE	Non Formulary	Non Formulary	Yes	Yes	5 milliliters per day	Long Acting Beta Agonists: Serevent Diskus, Striverdi Respimat, arformoterol* LABA/ICS: fluticasone-salmeterol**, Wixela Inhub**, Breo Ellipta**, budesonide-formoterol** Short Acting Anticholinergics: ipratropium/albuterol, Combivent Respimat, Atrovent Long Acting Anticholinergics: Spiriva, Incruse Ellipta, Tudorza* LAMA/LABA Combination Products: Anoro Ellipta, Stiolto Respimat LAMA/LABA/ICS: Trelegly Ellipta**
REXTOV	Formulary	2	No	No	-	naloxone nasal spray, naloxone injection, Kloxxado, Zimhi, Opvee
RINVOQ LQ	Formulary	2	Yes	Yes	Rinvoq LQ : 12 milliliters per day, 30 day supply per fill	Enbrel*, Humira*, adalimumab-FKJP*, Amjevita*, Hadlima*, Yusimry*
SOFDRA	Non Formulary	Non Formulary	Yes	Yes	1.34 milliliters per day	Qbrexza, Drysol 20%, Xerac AC 6.25%, glycopyrrolate, oxybutynin, propranolol, clonidine
TREMFYA	Formulary	2	Yes	Yes	Tremfya 100 mg: 1 milliliters per 56 days Tremfya 200 mg: 2 milliliters per 28 days	Corticosteroids: prednisone, budesonide Immunomodulators: azathioprine, 6-mercaptopurine
VORANIGO	Formulary	2	Yes	Yes	10 mg tablets: 2 tablets per day, 30 day supply per fill 40 mg tablets: 1 tablet per day, 30 day supply per fill	none

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)
CAPVAXIVE	Formulary	Brand	No	Yes	Limited to age 19 years and older, one dose per lifetime	Prevnar, Vaxneuvance, Pneumovax
DUVYZAT	Non Formulary	Non Formulary	Yes	No		prednisone
MRESVIA	Formulary	Brand	No	Yes	Limited to age 60 years or older, one does per lifetime	Arexvy

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)
DUVYZAT	Non Formulary			No	No		prednisone, deflazacort*
ENTRESTO SPRINKLE ORAL PELLETS	Non Formulary			No	No		Entresto oral tablets
IQIRVO	Non Formulary			No	No		ursodiol tablets, ursodiol capsules
LAZCLUZE	Formulary	Specialty	25% coinsurance	Yes	Yes	80 mg Tablets: 2 tablets per day, 240 mg Tablets: 1 tablet per day	Not Applicable
MRESVIA	Formulary			No	No		Not Applicable
MYHIBBIN	Non Formulary			No	No		mycophenolate mofetil reconstituted suspension, mycophenolate tablet, mycophenolate capsule, mycophenolate, mycophenolic acid
OHTUVAYRE	Non Formulary			No	No		Serevent Diskus, Striverdi Respimat, arformoterol */**, fluticasone-salmeterol **, Wixela Inhub**, Breo Ellipta**, budesonide-formoterol**, ipratropium/albuterol*, Combivent Respimat**, Atrovent, Spiriva**, Incruse Ellipta**, Tudorza*, Anoro Ellipta**
REXTOVY	Non Formulary			No	No		naloxone nasal spray, naloxone injection
TEVIMBRA	Formulary	Specialty	25% coinsurance	Yes	No		Not Applicable
VORANIGO	Formulary	Specialty	25% coinsurance	Yes	Yes	10 mg Tablets: 2 tablets per day, 40 mg Tablets: 1 tablet per day	Not Applicable

Marketplace

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
CAPVAXIVE	Formulary	4	No	Yes	0.5 milliliters per lifetime	none
DUVYZAT	Non Formulary	Non Formulary	Yes	Yes	420 milliliters per 30 days	prednisone, deflazacort*
ENTRESTO ORAL PELLETS	Non Formulary	Non Formulary	Yes	Yes	8 capsules per day	Entresto
IQIRVO	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day, 30 day supply per fill	ursodiol
LAZCLUZE	Formulary	4	Yes	Yes	80 mg tablets: 2 tablets per day, 30 day supply per fill 240 mg tablets: 1 tablet per day, 30 day supply per fill	Tagrisso*
LAZCLUZE	Formulary	4	Yes	Yes	10 mg tablets: 2 tablets per day, 30 day supply per fill 40 mg tablets: 1 tablet per day, 30 day supply per fill	none
MRESVIA	Formulary	4	No	Yes	0.5 milliliters per lifetime	none
MYHIBBIN	Non Formulary	Non Formulary	Yes	No	-	mycophenolate mofetil reconstituted suspension, mycophenolate tablet, mycophenolate capsule, mycophenolate mycophenolic acid
NALOXONE NASAL SPRAY	Formulary	2	No	No	-	none
OHTUVAYRE	Non Formulary	Non Formulary	Yes	Yes	5 milliliters per day	Long Acting Beta Agonists: Serevent Diskus, Striverdi Respimat, arformoterol* LABA/ICS: fluticasone-salmeterol**, Wixela Inhub**, Breo Ellipta**, budesonide-formoterol** Short Acting Anticholinergics: ipratropium/albuterol, Combivent Respimat, Atrovent Long Acting Anticholinergics: Spiriva, Incruse Ellipta, Tudorza* LAMA/LABA Combination Products: Anoro Ellipta, Stiolto Respimat LAMA/LABA/ICS: Trelegy Ellipta**
REXTOVY	Formulary	3	No	No	-	naloxone nasal spray, naloxone injection, Kloxxado, Zimhi, Opvee
RINVOQ LQ	Formulary	5	Yes	Yes	Rinvoq LQ : 12 milliliters per day, 30 day supply per fill	Enbrel*, Humira*, adalimumab-FKJP*, Amjevita*, Hadlima*, Yusimry*
SOFDRA	Non Formulary	Non Formulary	Yes	Yes	1.34 milliliters per day	Qbrexza, Drysol 20%, Xerac AC 6.25%, glycopyrrolate, oxybutynin, propranolol, clonidine
TREMFYA	Formulary	5	Yes	Yes	Tremfya 100 mg: 1 milliliters per 56 days Tremfya 200 mg: 2 milliliters per 28 days	Corticosteroids: prednisone, budesonide Immunomodulators: azathioprine, 6-mercaptopurine