

4th tier drug list

ACITRETIN*
ACTEMRA SC* (QL: 4 syringes per fill)
ACTIMMUNE*
ADEFOVIR DIPIVOXIL
ADEMPAS* (QL: 90 tablets per fill)
ADVATE*
AFSTYLA*
AIMOVIG AUTOINJECTOR* (1 syringe per fill)
AJOVY* (1 syringe per fill)
ALPHANATE*
APOKYN
ARANESP*
ARCALYST*
AUBAGIO 14 mg (QL: 30 tablets per fill)
AURYXIA* (408 tablets per fill)
AVONEX (QL: 1 kit per fill)
BAXDELA* (28 tablets per fill)
BENLYSTA SC* (4 syringes per fill)
BETASERON (QL: 14 syringes per fill)
BETHKIS* (QL: 56 ampules per fill)
CHOLBAM*
CIMZIA* (1 kit per 28 days)
CLARAVIS
COPAXONE 20 mg (QL: 30 syringes per fill)
COPAXONE 40 mg (QL: 12 syringes per fill)
COSENTYX* (2 syringes per 28 days)
DOPTELET* (1, 5-day course based on platelet count)
DUPIXENT* (QL: 2 syringes per fill)
ELOCTATE*
EMGALITY* (1 syringe per fill)
ENBREL* (QL: 28 day supply per fill based on indication)
ENDARI* (180 power packets per fill)
ENOXAPARIN
EPOGEN*
EXJADE*
EXTAVIA (QL: 15 syringes per fill)
FEIBA NF*
FEIBA VH IMMUNO*
FENTANYL CITRATE
LOZENGE* (QL: 136 lozenges per fill)
FERRIPROX*

FIRAZYR* (QL: 3 syringes per 30 days)
FOLLISTIM AQ
FORTEO* (QL: 1 pen per fill)
FULPHILA*
GALAFOLD* (14 capsules per fill)
GATTEX* (QL: 1 kit per fill)
GILENYA (QL: 30 capsules per fill)
GLATIRAMER ACETATE 20 mg (QL: 30 syringes per fill)
GLATIRAMER ACETATE 40 mg (QL: 12 syringes per fill)
HAEGARDA* (8 weight based doses per fill)
HELIXATE FS*
HEMLIBRA*
HEMOFIL M*
HUMATE-P*
HUMIRA* (QL: 28 day supply per fill based on indication)
ISOTRETINOIN
JADENU*
JIVI*
JUXTAPID* (QL: 28 capsules per fill)
JYNARQUE 15 mg* (60 tablets per fill)
JYNARQUE 30 mg* (30 tablets per fill)
JYNARQUE THERAPY PACKS* (56 tablets per fill)
KALYDECO* (QL: 60 tablets or granules per fill)
KEVZARA* (2 syringes per fill)
KINERET*
KOATE*
KOGENATE FS*
KORLYM* (QL: 112 tablets per fill)
KUVAN*
KYNAMRO* (QL: 4 syringes per fill)
LETAIRIS* (QL: 30 tablets per fill)
LEUKINE* (QL: 7 day supply per fill)
LIDOCAINE PATCH*
LUCEMYRA* (112 tablets per fill)
MAVYRET* (QL: 84 tablets per fill)
MENOPUR
MESNEX
MIGLUSTAT*
MONOCLATE-P*

MULPLETA* (7 tablets per fill)
MYORISAN
NEULASTA* (QL: 7 day supply per fill)
NEUPOGEN* (QL: 7 day supply per fill)
NITYR*
NIVESTYM*
NOVOEIGHT*
NOXAFIL*
NUPLAZID 10 mg & 34 mg* (QL: 30 tablets per fill)
NUPLAZID 17 mg* (QL: 60 tablets per fill)
OBIZUR*
OCTREOTIDE ACETATE
OLUMIANT* (30 tablets per fill)
OPSUMIT* (QL: 30 tablets per fill)
ORENCIA* (QL: 4 syringes per fill)
ORLISSA 150 mg* (30 tablets per fill)
ORLISSA 200 mg* (60 tablets per fill)
ORKAMBI 100-125 mg & 200-125 mg TABLETS* (QL: 112 tablets per fill)
ORKAMBI 100-125 mg & 150-188 mg GRANULE PACKETS* (QL: 56 packets per fill)
OTEZLA* (QL: 60 tablets per fill)
OXSORALEN*
PALYNZIQ 2.5 mg* (8 syringes per fill)
PALYNZIQ 10 mg* (28 syringes per fill)
PALYNZIQ 20 mg* (56 syringes per fill)
PEGASYS (4 syringes/vials per fill)
PEGINTRON (4 syringes per fill)
PLEGRIDY (QL: 2 syringes per fill)
PREVYMIS* (1 tablet per day for 100 days post transplantation)
PROCRIT*
PROCYSBI*
PROMACTA*
PULMOZYME*
REBIF (QL: 12 syringes per fill)
RECOMBINATE*
RETACRIT*
REVATIO*
RILUZOLE
SIGNIFOR* (QL: 60 ampules per fill)

SILDENAFIL*
SIMPONI* (1 syringe per fill)
SIRTURO*
SIVEXTRO* (QL: one-time approval of 6 tablets)
STRENSIQ*
SUBSYS* (QL: 120 spray units per fill)
SUCRAID* (236 mL per fill)
SYLATRON* (QL: 4 vials per fill)
SYMDEKO* (56 tablets per fill)
TAKHZYRO* (4 mL per fill)
TALTZ* (QL: 1 syringe per fill)
TARGRETIN TOPICAL*
TAVALISSE* (60 tablets per fill)
TECFIDERA 120 mg (QL: 120 capsules per fill)

TECFIDERA STARTER PACK (QL: 60 capsules per fill)
TECFIDERA 240 mg (QL: 60 capsules per fill)
TEGSEDI* (4 syringes per fill)
THALOMID
TOBI PODHALER* (QL: 224 capsules per fill)
TRACLEER* (QL: 60 tablets per fill)
TYMLOS* (QL: 1 pen per fill)
TYVASO* (QL: 28 ampules per fill)
UPTRAVI* (QL: 60 tablets per fill)
VALCHLOR*
VALCYTE
VALGANCICLOVIR HCL

VELPHORO*
VENTAVIS*
VORICONAZOLE*
WILATE*
XELJANZ* (QL: 60 tablets per fill)
XELJANZ XR* (QL: 30 tablets per fill)
XERMELO* (QL: 84 tablets per fill)
XYNTHA*
XYNTHA SOLOFUSE*
XYREM* (540 mL per fill)
ZAVESCA* (90 capsules per fill)
ZENATANE
ZORTRESS*

***Prior authorization or step therapy applies.**

All medications have a 34-day supply limit unless noted otherwise.

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.