

# April/May 2021 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
CONJUPRI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
HETLIOZ/HETLIOZ LQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Hetlioz capsules: 1 capsule per day, 30 day supply per fill Hetlioz LQ: 5 milliliters per day, 30 day supply per fill	none
KATERZIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 mL per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
ORLISSA	Formulary	3	Yes	2	Yes	Yes	150 mg tablet: 30 tablets per 30 days 200 mg tablet: 60 tablets per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diflunisal, ibuprofen, indomethacin, naproxen, piroxicam, sulindac, Ashlyna, Camrese, Seasonique, Simpesse, Seasonale, Setlakin, Medroxyprogesterone Acetate
ORLADEYO	Formulary	3	Yes	2	Yes	Yes	1 capsule per day, 28 day supply per fill	Haegarda*, Takhzyro*
TEPMETKO†	Formulary	3	No	2	Yes	Yes	60 tablets per 30 days	Tabrecta*
UKONIQ†	Formulary	3	No	2	Yes	Yes	120 tablets per 30 days	Copiktra*, Imbruvica*, Tazverik*, Zydelig*
VIIBRYD	Formulary	3	No	2	Yes	Yes	1 tablet per day	citalopram, fluoxetine, paroxetine, sertraline, escitalopram, venlafaxine hcl, venlafaxine er, duloxetine, amitriptyline, nortriptyline, desipramine, doxepin, imipramine, bupropion hcl, bupropion xl, bupropion sr, trazodone, nefazodone, mirtazapine

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Commercial (cont.)

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Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
WINLEVI	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	adapalene, adapalene-benzoyl peroxide, Avita, tazarotene 0.1% cream, isotretinoin*, tretinoin*
XOLAIR	Formulary	3	Yes	2	Yes	Yes	asthma: 75 mg syringe: 5 mL per 28 days, 150 mg syringe: 4 mL per 28 days chronic idiopathic urticaria: 2 mL per 28 days nasal polyps: 8 mL per 28 days	asthma: fluticasone/salmeterol, Breo Ellipta, Dulera, Asmanex, Flovent, Pulmicort Flexhaler chronic idiopathic urticaria: montelukast, hydroxyzine, doxepin nasal polyps: fluticasone nasal spray, mometasone nasal spray, triamcinolone nasal spray
XTANDI†	Formulary	3	No	2	Yes	Yes	40 mg tablets or capsules: 4 tablets per day, 30 day supply per fill 80 mg tablets: 4 tablets per day, 30 day supply per fill	abiraterone acetate*, Yonsa*, Zytiga*

## CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
CONJUPRI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
HETLIOZ/HETLIOZ LQ	Non Formulary	Non Formulary	Yes	Yes	Hetlioz capsules: 1 capsule per day, 30 day supply per fill Hetlioz LQ: 5 milliliters per day, 30 day supply per fill	none
KATERZIA	Non Formulary	Non Formulary	Yes	Yes	10 mL per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
ORLISSA	Formulary	2	Yes	Yes	150 mg tablet: 30 tablets per 30 days 200 mg tablet: 60 tablets per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diflunisal, ibuprofen, indomethacin, naproxen, piroxicam, sulindac, Ashlyna, Camrese, Seasonique, Simpesse, Seasonale, Setlakin, Medroxyprogesterone Acetate
ORLADEYO	Formulary	2	Yes	Yes	1 capsule per day, 28 day supply per fill	Haegarda*, Takhzyro*
TEPMETKO	Formulary	2	Yes	Yes	60 tablets per 30 days	Tabrecta*
UKONIQ	Formulary	2	Yes	Yes	120 tablets per 30 days	Copiktra*, Imbruvica*, Tazverik*, Zydelig*
VIIBRYD	Formulary	2	Yes	Yes	1 tablet per day	citalopram, fluoxetine, paroxetine, sertraline, escitalopram, venlafaxine hcl, venlafaxine er, duloxetine, amitriptyline, nortriptyline, desipramine, doxepin, imipramine, bupropion hcl, bupropion xl, bupropion sr, trazodone, nefazodone, mirtazapine
WINLEVI	Non Formulary	Non Formulary	Yes	No	-	adapalene, adapalene-benzoyl peroxide, Avita, tazarotene 0.1% cream, isotretinoin*, tretinoin*
XOLAIR	Formulary	2	Yes	Yes	asthma: 75 mg syringe: 5 mL per 28 days, 150 mg syringe: 4 mL per 28 days chronic idiopathic urticaria: 2 mL per 28 days nasal polyps: 8 mL per 28 days	asthma: fluticasone/salmeterol, Breo Ellipta, Dulera, Asmanex, Flovent, Pulmicort Flexhaler chronic idiopathic urticaria: montelukast, hydroxyzine, doxepin nasal polyps: fluticasone nasal spray, mometasone nasal spray, triamcinolone nasal spray
XTANDI	Formulary	2	Yes	Yes	40 mg tablets or capsules: 4 tablets per day, 30 day supply per fill 80 mg tablets: 4 tablets per day, 30 day supply per fill	abiraterone acetate*, Yonsa*, Zytiga*

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
CONJUPRI	Non Formulary						amlodipine, verapamil, nifedipine ER, diltiazem, diltiazem ER, felodipine, isradipine, nicardipine, nisoldipine
DARZALEX FASPRO	Formulary	Specialty	25% coinsurance	Yes	Yes	2.15 ml/day	Revlimid*/**, Ninlaro*/**, Pomalyst*/**
KATERZIA	Non Formulary						amlodipine, verapamil, nifedipine ER, diltiazem, diltiazem ER, felodipine, isradipine, nicardipine, nisoldipine
MARGENZA	Formulary	Specialty	25% coinsurance	Yes	No		Herceptin*, Herceptin Hylecta, Herzuma*, Enhertu*, Kadcyla*, Kanjinti*, Nerlynx*, Ogivri*, Ontruzant, Perjeta, Phesgo, Trazimera, Tykerb*
ORLADEYO	Formulary	Specialty	25% coinsurance	Yes	Yes	1 capsule/day	Cinryze*, Haegarda*, Takhzyro*/**
OXLUMO	Formulary	Specialty	25% coinsurance	Yes	No		None
PEPAXTO	Formulary	Specialty	25% coinsurance	Yes	No		Revlimid*/**, Pomalyst*/**, Velcade*, Kyprolis*, Ninlaro*/**, Darzalex*, Empliciti*, Farydak*/**, Xpovio*/**, Blenrep*/**, Sarclisa*
PHESGO	Formulary	Specialty	25% coinsurance	No	Yes	Phesgo 12,000 mg -600 mg -30,000 units: 15 mL per 21 days; Phesgo 600 mg -600 mg -20,000 units: 10 mL per 21 days	
TEPMETKO	Formulary	Specialty	25% coinsurance	Yes	Yes	2 tablets/day	Tabrecta*
UKONIQ	Formulary	Specialty	25% coinsurance	Yes	Yes	4 tablets/day	Aliqopa*/**, Copiktra*/**, Zydelig*/**, Imbruvica*/**
WINLEVI	Non Formulary						Isotretinoin, Adapalene gel/cream, tazarotene, tretinoin*, clindamycin, erythromycin, clindamycin and benzoyl peroxide, erythromycin and benzoyl peroxide gel, tetracycline

## Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
CONJUPRI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
FLUOXETINE HCL (PMDD) (generic Sarafem)	Formulary	2	Yes	No	-	paroxetine CR, sertraline
HETLIOZ/HETLIOZ LQ	Non Formulary	Non Formulary	Yes	Yes	Hetlioz capsules: 1 capsule per day, 30 day supply per fill Hetlioz LQ: 5 milliliters per day, 30 day supply per fill	none
KATERZIA	Non Formulary	Non Formulary	Yes	Yes	10 mL per day	amlodipine, Cartia XT, diltiazem, diltiazem ER, felodipine ER, nifedipine, Taztia XT, Tiadylt ER, nifedipine ER, verapamil, verapamil ER
METHOXSALEN RAPID	Formulary	2	Yes	No	-	cyclosporine, methotrexate
ORLISSA	Formulary	5	Yes	Yes	150 mg tablet: 30 tablets per 30 days 200 mg tablet: 60 tablets per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diflunisal, ibuprofen, indomethacin, naproxen, piroxicam, sulindac, Ashlyna, Camrese, Seasonique, Simpesse, Seasonale, Setlakin, Medroxyprogesterone Acetate
ORLADEYO	Formulary	5	Yes	Yes	1 capsule per day, 28 day supply per fill	Haegarda*, Takhzyro*
SIROLIMUS ORAL SOLUTION	Formulary	2	Yes	No	-	sirolimus tablets
TEPMETKO	Formulary	4	Yes	Yes	60 tablets per 30 days	Tabrecta*
UKONIQ	Formulary	4	Yes	Yes	120 tablets per 30 days	Copiktra*, Imbruvica*, Tazverik*, Zydelig*
VIIBRYD	Formulary	4	Yes	Yes	1 tablet per day	citalopram, fluoxetine, paroxetine, sertraline, escitalopram, venlafaxine hcl, venlafaxine er, duloxetine, amitriptyline, nortriptyline, desipramine, doxepin, imipramine, bupropion hcl, bupropion xl, bupropion sr, trazodone, nefazodone, mirtazapine
WINLEVI	Non Formulary	Non Formulary	Yes	No	-	adapalene, adapalene-benzoyl peroxide, Avita, tazarotene 0.1% cream, isotretinoin*, tretinoin*
XOLAIR	Formulary	5	Yes	Yes	asthma: 75mg syringe: 5 mL per 28 days, 150 mg syringe: 4mL per 28 days chronic idiopathic urticaria: 2 mL per 28 days nasal polyps: 8 mL per 28 days	asthma: fluticasone/salmeterol, Breo Ellipta, Dulera, Asmanex, Flovent, Pulmicort Flexhaler chronic idiopathic urticaria: montelukast, hydroxyzine, doxepin nasal polyps: fluticasone nasal spray, mometasone nasal spray, triamcinolone nasal spray
XTANDI	Formulary	4	Yes	Yes	40 mg tablets or capsules: 4 tablets per day, 30 day supply per fill 80 mg tablets: 4 tablets per day, 30 day supply per fill	abiraterone acetate*, Yonsa*, Zytiga*