

October/November 2020 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
BLOOD GLUCOSE TEST STRIPS (ALL BRANDS)	-	-	-	-	-	Yes	200 strips per 30 days	None
DARAPRIM	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	Treatment: pyrimethamine* Prophylaxis: pyrimethamine*, trimethoprim-sulfamethoxazole
DOJOLVI	Formulary	3	Yes	2	Yes	No	-	None
ENOXAPARIN	Formulary	1	No	1	No	Yes	30 day supply per fill	None
FIRAZYR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	3 syringes (9 mL) per 30 days	icatibant*
FORTEO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2.4 mL per 30 days	teriparatide*, alendronate, ibandronate, risedronate, Tymlos*
FREESTYLE LIBRE 2.0	Formulary	2	No	2	Yes	Yes	10 or 14 day reader: 1 reader every 2 years 14 day sensor: 2 sensors per 28 days	One Touch Ultra 2, One Touch UltraMini, One Touch Verio, One Touch Verio IQ, One Touch Verio Flex
GAVRETO	Formulary	3†	No	2	Yes	Yes	4 capsules per day	Retevmo*
INQOVI	Formulary	3	No	2	Yes	Yes	5 tablets per 28 days	None
JADENU	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	34 day supply per fill	deferasirox*
LETAIRIS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 tablets per 30 days	ambrisentan*, Upravi*, Orenitram*, treprostinil*, Tyvaso*, Ventavis*, Adempas*, Opsumit*, bosentan*, tadalafil*, sildenafil*
NOXAFIL	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	100 mg tablets: 90 tablets per 30 days 200 mg/5 mL suspension: 20 mL per day	posaconazole*, fluconazole, itraconazole*, voriconazole*
ONUREG	Formulary	3†	No	2	Yes	Yes	14 tablets per 28 days	None
REVATIO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	34 day supply per fill	sildenafil*
SANTYL OINTMENT	Formulary	2	No	2	Yes	No	-	None
SIRTURO	Formulary	3	Yes	2	Yes	Yes	20 mg tablets: Initial Fill – 280 tablets, Subsequent Fills – 120 tablets 100 mg tablets: Initial Fill – 56 tablets, Subsequent Fills – 24 tablets	amoxicillin-clavulanic acid, clarithromycin, ethambutol, isoniazid, levofloxacin, pyrazinamide, rifampin, Avelox

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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
TECFIDERA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	240 mg: 60 capsules per 30 days 120 mg: 14 capsules per 7 days	dimethyl fumarate*, glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
TRACLEER	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day, 30 day supply per fill	bosentan*, Upravi*, Orenitram*, treprostinil*, Tyvaso*, Ventavis*, Adempas*, Opsumit*, ambrisentan*, tadalafil*, sildenafil*
TRULICITY	Formulary	2	No	2	No	Yes	0.072 mL per day	Ozempic, Victoza, Rybelsus
UPLIZNA	Medical	3	Yes	2	Yes	Yes	Maintenance Dose: 30 mL per 180 days	None
VALCYTE	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	valganciclovir
WAKIX	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
XYREM	Formulary	3	Yes	2	Yes	Yes	18 mL per day, 30 day supply per fill	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
ZAVESCA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	90 capsules per 30 days	miglustat*
ZEPOSIA	Formulary	2	Yes	2	No	Yes	Maintenance dose 0.92 mg : 1 capsule per day	dimethyl fumarate*, glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif

Beginning January 1, 2021 medical benefit specialty medications will be assigned a prescription benefit drug tier when dispensed by a specialty pharmacy. There are no changes to the clinical management criteria (e.g., prior authorization) for these medications.

Please note that if your plan does not include prescription drug coverage, you will no longer be able to receive your medical benefit specialty medications through a specialty pharmacy. These medications will need to be administered from provider stock and billed through your medical benefit.

Please contact the pharmacy customer service team at 800-988-4861, Monday through Friday, 8 a.m. to 5 p.m., with any questions.

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
DARAPRIM	Non Formulary	Non Formulary	Yes	No	-	Treatment: pyrimethamine* Prophylaxis: pyrimethamine*, trimethoprim-sulfamethoxazole
DOJOLVI	Formulary	2	Yes	No	-	None
ENOXAPARIN	Formulary	1	No	Yes	30 day supply per fill	None
FIRAZYR	Non Formulary	Non Formulary	Yes	Yes	3 syringes (9 mL) per 30 days	icatibant*
FORTEO	Non Formulary	Non Formulary	Yes	Yes	2.4 mL per 30 days	teriparatide*, alendronate, ibandronate, risedronate, Tymlos*
FREESTYLE LIBRE 2.0	Formulary	2	Yes	Yes	10 or 14 day reader: 1 reader every 2 years 14 day sensor: 2 sensors per 28 days	One Touch Ultra 2, One Touch UltraMini, One Touch Verio, One Touch Verio IQ, One Touch Verio Flex
GAVRETO	Formulary	2	Yes	Yes	4 capsules per day	Retevmo*
INQOVI	Formulary	2	Yes	Yes	5 tablets per 28 days	None
JADENU	Non Formulary	Non Formulary	Yes	Yes	34 day supply per fill	deferasirox*
LETAIRIS	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 30 days	ambrisentan*, Uptravi*, Orenitram*, treprostinil*, Tyvaso*, Ventavis*, Adempas*, Opsumit*, bosentan*, tadalafil*, sildenafil*
NOXAFIL	Non Formulary	Non Formulary	Yes	Yes	100 mg tablets: 90 tablets per 30 days 200 mg/5 mL suspension: 20 mL per day	posaconazole*, fluconazole, itraconazole*, voriconazole*
ONUREG	Formulary	2	Yes	Yes	14 tablets per 28 days	None
REVATIO	Non Formulary	Non Formulary	Yes	Yes	34 day supply per fill	sildenafil*
SANTYL OINTMENT	Formulary	2	Yes	No	-	None
SIRTURO	Formulary	2	Yes	Yes	20 mg tablets: Initial Fill – 280 tablets, Subsequent Fills – 120 tablets 100 mg tablets: Initial Fill – 56 tablets, Subsequent Fills – 24 tablets	amoxicillin-clavulanic acid, clarithromycin, ethambutol, isoniazid, levofloxacin, pyrazinamide, rifampin, Avelox
TECFIDERA	Non Formulary	Non Formulary	Yes	Yes	240 mg: 60 capsules per 30 days 120 mg: 14 capsules per 7 days	dimethyl fumarate*, glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
TRACLEER	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day, 30 day supply per fill	bosentan*, Uptravi*, Orenitram*, treprostinil*, Tyvaso*, Ventavis*, Adempas*, Opsumit*, ambrisentan*, tadalafil*, sildenafil*
TRULICITY	Formulary	2	No	Yes	0.072 mL per day	Ozempic, Victoza, Rybelsus
UPLIZNA	Medical	2	Yes	Yes	Maintenance Dose: 30 mL per 180 days	None

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
VALCYTE	Non Formulary	Non Formulary	Yes	No	-	valganciclovir
WAKIX	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
XYREM	Formulary	2	Yes	Yes	18 mL per day, 30 day supply per fill	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
ZAVESCA	Non Formulary	Non Formulary	Yes	Yes	90 capsules per 30 days	miglustat*
ZEPOSIA	Formulary	2	No	Yes	Maintenance dose 0.92 mg : 1 capsule per day	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera

Beginning January 1, 2021 medical benefit specialty medications will be assigned a prescription benefit drug tier when dispensed by a specialty pharmacy. There are no changes to the clinical management criteria (e.g., prior authorization) for these medications.

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GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
DOJOLVI	Non Formulary	Non Formulary	Yes	No		not applicable
INQOVI	Formulary	Brand	Yes	Yes	5 per 28 days	not applicable
PHEXXI	Non Formulary	Non Formulary	Yes	No		condoms, female condoms, contraceptives per PDL

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
BLENREP	Formulary	Specialty	25% coinsurance	Yes	No		Revlimid*, Pomalyst*, Velcade*, Kyprolis*, Ninlaro*, Darzalex*, Empliciti*, Farydak*, Sarclisa*, Xpovio*
DOJOLVI	Formulary	Specialty	25% coinsurance	Yes	No		none
GAVRETO	Formulary	Specialty	25% coinsurance	Yes	Yes	120 capsules/30 days	Caprelsa*, Cometriq*, Retevmo*
INQOVI	Formulary	Specialty	25% coinsurance	Yes	Yes	5 tablets per 28 days	decitabine, azacitidine
ONUREG	Formulary	Specialty	25% coinsurance	Yes	Yes	14 tablets/28 days	none
ZEPOSIA	Formulary	Specialty	25% coinsurance	No	Yes	7 day starter: 7 capsules/180 days, starter pack: 37 capsules/180 days, 0.92 mg capsule: 1 capsule/day	Aubagio, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Glatiramer, Mavenclad*, Mayzent, Plegridy, Rebif, Tecfidera

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ARIXTRA	Non Formulary	Non Formulary	Yes	Yes	10 mg/0.8 mL: 22.4 mL per 28 days 2.5 mg/0.5 mL: 14 mL per 28 days 5 mg/0.4 mL: 11.2 mL per 28 days 7.5 mg/0.6: 16.8 mL per 28 days	fondaparinux
CLOVIQUE	Non Formulary	Non Formulary	Yes	No	-	trientine*
DARAPRIM	Non Formulary	Non Formulary	Yes	No	-	Treatment: pyrimethamine* Prophylaxis: pyrimethamine*, trimethoprim-sulfamethoxazole
DEFERASIROX	Formulary	2	Yes	Yes	34 day supply per fill	None
DOJOLVI	Formulary	5	Yes	No	-	None
ENOXAPARIN	Formulary	2	No	Yes	30mg/0.3mL: 18 mL per 30 days 40 mg/0.4 mL: 24 mL per 30 days 60 mg/0.6 mL: 36 mL per 30 days 80 mg/0.8 mL: 48 per 30 days 100 mg/mL: 60 mL per 30 days 120 mg/0.8 mL: 48 mL per 30 days 150 mg/mL: 60 mL per 30 days	None
FIRAZYR	Non Formulary	Non Formulary	Yes	Yes	3 syringes (9 mL) per 30 days	icatibant*
FORTEO	Non Formulary	Non Formulary	Yes	Yes	2.4 mL per 30 days	teriparatide*, alendronate, ibandronate, risedronate, Tymlos*
FREESTYLE LIBRE 2.0	Formulary	3	Yes	Yes	10 or 14 day reader: 1 reader every 2 years 14 day sensor: 2 sensors per 28 days	One Touch Ultra 2, One Touch UltraMini, One Touch Verio, One Touch Verio IQ, One Touch Verio Flex
GAVRETO	Formulary	4	Yes	Yes	4 capsules per day	Retevmo*
HARVONI	Non Formulary	Non Formulary	Yes	Yes	90 mg - 400 mg tablets: 1 tablet per day, 28 day supply per fill	Mavyret*, ledipasvir/sofosbuvir*
HEPSARA	Non Formulary	Non Formulary	Yes	Yes	34 day supply per fill	adefovir
INQOVI	Formulary	4	Yes	Yes	5 tablets per 28 days	None
JADENU	Non Formulary	Non Formulary	Yes	Yes	34 day supply per fill	deferasirox*
LETAIRIS	Non Formulary	Non Formulary	Yes	Yes	30 tablets per 30 days	ambrisentan*, Uptravi*, Orenitram*, treprostiniil*, Tyvaso*, Ventavis*, Adempas*, Opsumit*, bosentan*, tadalafil*, sildenafil*

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
LOVENOX	Non Formulary	Non Formulary	Yes	Yes	30mg/0.3mL: 18 mL per 30 days 40 mg/0.4 mL: 24 mL per 30 days 60 mg/0.6 mL: 36 mL per 30 days 80 mg/0.8 mL: 48 per 30 days 100 mg/mL: 60 mL per 30 days 120 mg/0.8 mL: 48 mL per 30 days 150 mg/mL: 60 mL per 30 days	enoxaparin
NOXAFIL	Non Formulary	Non Formulary	Yes	Yes	100 mg tablets: 90 tablets per 30 days 200 mg/5 mL suspension: 20 mL per day	posaconazole*, fluconazole, itraconazole*, voriconazole*
OCTREOTIDE	Formulary	2	No	Yes	34 day supply per fill	None
ONUREG	Formulary	4	Yes	Yes	14 tablets per 28 days	None
REVATIO	Non Formulary	Non Formulary	Yes	Yes	34 day supply per fill	sildenafil*
SANTYL OINTMENT	Formulary	3	Yes	No	-	None
SILDENAFIL	Formulary	2	Yes	Yes	34 day supply per fill	None
SIRTURO	Formulary	5	Yes	Yes	20 mg tablets: Initial Fill – 280 tablets, Subsequent Fills – 120 tablets 100 mg tablets: Initial Fill – 56 tablets, Subsequent Fills – 24 tablets	amoxicillin-clavulanic acid, clarithromycin, ethambutol, isoniazid, levofloxacin, pyrazinamide, rifampin, Avelox
TECFIDERA	Non Formulary	Non Formulary	Yes	Yes	240 mg: 60 capsules per 30 days 120 mg: 14 capsules per 7 days	dimethyl fumarate*, glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
TRACLEER	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day, 30 day supply per fill	sildenafil*
TRULICITY	Formulary	3	No	Yes	0.072 mL per day	Ozempic, Victoza, Rybelsus
UPLIZNA	Medical	5	Yes	Yes	Maintenance Dose: 30 mL per 180 days	None
VALCYTE	Non Formulary	Non Formulary	Yes	No	-	valganciclovir
VALGANCICLOVIR	Formulary	2	No	Yes	34 day supply per fill	None
WAKIX	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
XYREM	Formulary	5	Yes	Yes	18 mL per day, 30 day supply per fill	modafinil, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
ZAVESCA	Non Formulary	Non Formulary	Yes	Yes	90 capsules per 30 days	miglustat*
ZEPOSIA	Formulary	5	No	Yes	Maintenance dose 0.92 mg : 1 capsule per day	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera

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