

February/March 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
ICLUSIG†	Formulary	3	No	2	Yes	Yes	10 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet: 1 tablet per day, 30 day supply per fill	Bosulif*, Sprycel*, imatinib, Tasigna*
KESIMPTA	Formulary	2	No	2	No	Yes	Initial: 1.2 milliliters per 28 days Maintenance: 0.4 milliliters per 28 days	Aubagio*^, Avonex^, Bafiertam^, Betaseron^, Copaxone^, Extavia^, Gilenya^, Mavencad*, Mayzent^, Plegridy^, Rebif^, Vumerity ^, Zeposia^
LAMPIT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 mg tablets: 9 tablets per day, 30 day-supply per fill 120 mg tablets: 7.5 tablets per day, 30-day supply per fill	none
ORGOVYX†	Formulary	3	No	2	Yes	Yes	64 tablets per 30 days	leuprolide acetate, Eligard, Firmagon, Lupron Depot, Trelstar
PALYNZIQ	Formulary	3	Yes	2	Yes	Yes	2.5mg/0.5 mL syringe: 4 mL per 28 days 10 mg/0.5 mL syringe: 14 mL per 28 days 20 mg/mL syringe: 56 mL 84 mL per 28 days	Kuvan*
TAGRISSO†	Formulary	3	No	2	Yes	Yes	1 tablet per day	None
VOCABRIA	Formulary	2	No	2	No	Yes	1 tablet per day	Genvoya^, Stribild^, Complera^, Odefsey^, Triumeq^, Biktarvy^, Atripla^, Symfi^, Symfi Lo^, Symtuza^, Delstrigo^, Selzentry^, Fuzeon^
XALKORI†	Formulary	3	No	2	Yes	Yes	4 capsules per day, 30 day supply per fill	None
XELJANZ ORAL SOLUTION	Formulary	3	Yes	2	Yes	Yes	Xeljanz oral solution: 10 mL per day, 30 day supply per fill.	Humira*

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ICLUSIG	Formulary	2	Yes	Yes	10 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet: 1 tablet per day, 30 day supply per fill	Bosulif*, Sprycel*, imatinib, Tasigna*
KESIMPTA	Formulary	2	No	Yes	Initial: 1.2 milliliters per 28 days Maintenance: 0.4 milliliters per 28 days	Aubagio* [^] , Avonex [^] , Bafiertam [^] , Betaseron [^] , Copaxone [^] , Extavia [^] , Gilenya [^] , Mavenclad*, Mayzent [^] , Plegridy [^] , Rebif [^] , Vumerity [^] , Zeposia [^]
LAMPIT	Non Formulary	Non Formulary	Yes	Yes	30 mg tablets: 9 tablets per day, 30 day-supply per fill 120 mg tablets: 7.5 tablets per day, 30-day supply per fill	none
ORGOVYX	Formulary	2	Yes	Yes	64 tablets per 30 days	leuprolide acetate, Eligard, Firmagon, Lupron Depot, Trelstar
PALYNZIQ	Formulary	2	Yes	Yes	2.5mg/0.5 mL syringe: 4 mL per 28 days 10 mg/0.5 mL syringe: 14 mL per 28 days 20 mg/mL syringe: 56 mL 84 mL per 28 days	Kuvan*
TAGRISSO	Formulary	2	Yes	Yes	1 tablet per day	None
VOCABRIA	Formulary	2	No	Yes	1 tablet per day	Genvoya [^] , Stribild [^] , Complera [^] , Odefsey [^] , Triumeq [^] , Biktarvy [^] , Atripla [^] , Symfi [^] , Symfi Lo [^] , Symtuza [^] , Delstrigo [^] , Selzentry [^] , Fuzeon [^]
XALKORI	Formulary	2	Yes	Yes	4 capsules per day, 30 day supply per fill	None
XELJANZ ORAL SOLUTION	Formulary	2	Yes	Yes	Xeljanz oral solution: 10 mL per day, 30 day supply per fill.	Humira*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
LAMPIT	Non Formulary	Non Formulary	Yes	No		not applicable
XYWAV	Non Formulary	Non Formulary	Yes	No		per Statewide Preferred Drug List

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
CABENUVA	Formulary	Specialty	25% coinsurance	No	Yes	600 mg kit: 1 kit per 180 days, 400 mg kit: 1 kit per 28 days	Genvoya, Stribild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo, Selzentry, Fuzeon, Trogarzo
DANYELZA	Formulary	Specialty	25% coinsurance	Yes	No		none
KESIMPTA	Formulary	Specialty	25% coinsurance	No	Yes	1.2 ml/28 days	Aubagio [^] , Avonex [^] , Betaseron [^] , Copaxone [^] , dimethyl fumarate [^] Extavia, Gilenya, Glatiramer, Mavenclad*, Mayzent, Ocrevus, Plegridy, Rebif, Tecfidera, Tysabri, Vumerity, Zeposia
LAMPIT	Non Formulary						none
ORGOVYX	Formulary	Specialty	25% coinsurance	Yes	Yes	64 tablets/30 days	Leuprolide acetate, Eligard, Firmagon, Zoladex, Lupron Depot, Trelstar
VOCABRIA	Formulary	Specialty	25% coinsurance	No	Yes	1 tablet/day	Genvoya, Stribild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo, Selzentry, Fuzeon, Trogarzo
XYWAV	Formulary	Specialty	25% coinsurance	Yes	Yes	540 ml/30 days	modafinil*, methylphenidate IR, amphetamine-dextroamphetamine IR, Xyrem*

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ICLUSIG	Formulary	4	Yes	Yes	10 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet: 1 tablet per day, 30 day supply per fill	Bosulif*, Sprycel*, imatinib, Tassigna*
KESIMPTA	Formulary	3	No	Yes	Initial: 1.2 milliliters per 28 days Maintenance: 0.4 milliliters per 28 days	Aubagio*^, Avonex^, Bafiertam^, Betaseron^, Copaxone^, Extavia^, Gilenya^, Mavenclad*, Mayzent^, Plegridy^, Rebif^, Vumerity ^, Zeposia^
LAMPIT	Non Formulary	Non Formulary	Yes	Yes	30 mg tablets: 9 tablets per day, 30 day-supply per fill 120 mg tablets: 7.5 tablets per day, 30-day supply per fill	none
ORGOVYX	Formulary	4	Yes	Yes	64 tablets per 30 days	leuprolide acetate, Eligard, Firmagon, Lupron Depot, Trelstar
PALYNZIQ	Formulary	5	Yes	Yes	2.5mg/0.5 mL syringe: 4 mL per 28 days 10 mg/0.5 mL syringe: 14 mL per 28 days 20 mg/mL syringe: 56 mL 84 mL per 28 days	Kuvan*
TAGRISSO	Formulary	4	Yes	Yes	1 tablet per day	None
VOCABRIA	Formulary	3	No	Yes	1 tablet per day	Genvoya^, Stribild^, Complera^, Odefsey^, Triumeq^, Biktarvy^, Atripla^, Symfi^, Symfi Lo^, Symtuza^, Delstrigo^, Selzentry^, Fuzeon^
XALKORI	Formulary	4	Yes	Yes	4 capsules per day, 30 day supply per fill	None
XELJANZ ORAL SOLUTION	Formulary	5	Yes	Yes	Xeljanz oral solution: 10 mL per day, 30 day supply per fill.	Humira*