

December 2020/January 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
APOKYN	Formulary	3	Yes	2	Yes	Yes	-	Inbrija, Kynmobi
BAFIERTAM	Formulary	2	Yes	2	Yes	Yes	4 capsules per day	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Zeposia, Vumerity
ENSPRYNG	Formulary	3	Yes	2	Yes	Yes	3 milliliters per 28 days	None
EVRYSDI	Formulary	3	Yes	2	Yes	Yes	240 mL per 36 days	Spinraza*, Zolgensma*
KYNMOBI	Formulary	3	Yes	2	No	Yes	5 sublingual films per day	Inbrija, Apokyn*
ONGENTYS	Formulary	3	No	2	Yes	Yes	1 capsule per day	entacapone, carbidopa/levodopa/entacapone, tolcapone*
TOLCAPONE	Formulary	1	No	1	Yes	No	-	entacapone, carbidopa/levodopa/entacapone, Ongentys*
VILTEPSO	Medical	3	Yes	2	Yes	No	-	Vyondys 53
VUMERITY	Formulary	2	Yes	2	Yes	Yes	4 capsules per day, 30 day supply per fill	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Mayzent

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
APOKYN	Formulary	2	Yes	Yes	-	Inbrija, Kynmobi
BAFIERTAM	Formulary	2	Yes	Yes	4 capsules per day	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Zeposia, Vumerity
ENSPRYNG	Formulary	2	Yes	Yes	3 milliliters per 28 days	None
EVRYSDI	Formulary	2	Yes	Yes	240 mL per 36 days	Spinraza*, Zolgensma*
KYNMOBI	Formulary	2	No	Yes	5 sublingual films per day	Inbrija, Apokyn*
ONGENTYS	Formulary	2	Yes	Yes	1 capsule per day	entacapone, carbidopa/levodopa/entacapone, tolcapone*
TOLCAPONE	Formulary	1	Yes	No	-	entacapone, carbidopa/levodopa/entacapone, Ongentys*
VILTEPSO	Medical	2	Yes	No	-	Vyondys 53
VUMERITY	Formulary	2	Yes	Yes	4 capsules per day, 30 day supply per fill	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Mayzent

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ENSPRYNG	Formulary	Brand	Yes	Yes	per DHS	not applicable
EVRYSDI	Formulary	Brand	Yes	Yes	per DHS	not applicable

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
BAFIERTAM	Formulary	Specialty	25% coinsurance	No	Yes	4 capsules/day	Aubagio [^] , Avonex [^] , Betaseron [^] , Copaxone [^] , dimethyl fumarate [^] Extavia, Gilenya, Glatiramer, Mavenclad*, Mayzent, Ocrevus, Plegridy, Rebif, Tecfidera, Tysabri, Vumerity, Zeposia
ENSPRYNG	Formulary	Specialty	25% coinsurance	Yes	Yes	3 ml per 28 days	None
EVRYSDI	Formulary	Specialty	25% coinsurance	Yes	Yes	160 ml/24 days	none
KYNMOBI	Formulary	Specialty	25% coinsurance	No	Yes	5 films/day	Inbrija, Apokyn, carbidopa/levodopa/entacapone, entacapone, pramipexole, rasagiline, ropinirole, ropinirole ER, selegiline, tolcapone
ONGENTYS	Formulary	Brand Non Preferred	25% coinsurance	Step therapy Required	Yes	1 tablet/day	entacapone, carbidopa-levodopa-entacapone, tolcapone
VEKLURY	Formulary	Specialty	25% coinsurance	No	No		none
VILTEPSO	Formulary	Specialty	25% coinsurance	Yes			Exondys-51*, Vyondys 53*
VIVITROL *Tiering update*	Formulary	Brand Non Preferred	25% coinsurance	No	No		

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
APOKYN	Formulary	5	Yes	Yes	-	Inbrija, Kynmobi
BAFIERTAM	Formulary	5	Yes	Yes	4 capsules per day	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Zeposia, Vumerity
ENSPRYNG	Formulary	5	Yes	Yes	3 milliliters per 28 days	None
EVRYSDI	Formulary	5	Yes	Yes	240 mL per 36 days	Spinraza*, Zolgensma*
KYNMOBI	Formulary	5	No	Yes	5 sublingual films per day	Inbrija, Apokyn*
ONGENTYS	Formulary	4	Yes	Yes	1 capsule per day	entacapone, carbidopa/levodopa/entacapone, tolcapone*
TOLCAPONE	Formulary	2	Yes	No	-	entacapone, carbidopa/levodopa/entacapone, Ongentys*
VILTEPSO	Medical	5	Yes	No	-	Vyondys 53
VUMERITY	Formulary	5	Yes	Yes	4 capsules per day, 30 day supply per fill	glatiramer, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif, Tecfidera, Mayzent