

August/September 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
CORLANOR SOLUTION	Formulary	3	No	2	Yes	Yes	Tablets: 2 tablets per day Solution: 20 mL per day	carvedilol, metoprolol succinate, bisoprolol
DAYVIGO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet daily	eszopiclone, zaleplon, zolpidem, zolpidem ER, amitriptyline, mirtazapine, trazodone, estazolam, flurazepam, quazepam, temazepam, triazolam
FINTEPLA	Formulary	3	Yes	2	Yes	Yes	12 mL per day	clobazam, divalproex, divalproex ER, valproic acid, levetiracetam, levetiracetam ER, topiramate
ISTURISA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 mg tablets: 8 tablets per day; 5 mg tablets: 2 tablets per day; 10 mg tablets: 6 tablets per day; 30 day supply per fill	ketoconazole, metyrapone*, Signifor*, Signifor LAR*
NEXLETOL	Formulary	2	No	2	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil
NEXLIZET	Formulary	2	No	2	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil
RUKOBIA	Formulary	2	No	2	No	Yes	2 tablets per day	Genvoya, Stirbild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo
TRAVATAN Z	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	travoprost
XPOVIO†	Formulary	3	No	2	Yes	Yes	80 mg twice weekly: 32 tablets 100 mg once weekly: 28 tablets 80 mg once weekly: 16 tablets 60 mg once weekly: 12 tablets 28 day supply per fill	None

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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
ZENPEP	Formulary	3	No	2	Yes	No	-	pancrelipase, Creon
ZIEXTENZO	Formulary	2	Yes	2	Yes	Yes	0.043mL per day (1 syringe per 14 days)	Fulphila*, Udenyca*, Neulasta*

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 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
CORLANOR SOLUTION	Formulary	2	Yes	Yes	Tablets: 2 tablets per day Solution: 20 mL per day	carvedilol, metoprolol succinate, bisoprolol
DAYVIGO	Non Formulary	Non Formulary	Yes	Yes	1 tablet daily	eszopiclone, zaleplon, zolpidem, zolpidem ER, amitriptyline, mirtazapine, trazodone, estazolam, flurazepam, quazepam, temazepam, triazolam
FINTEPLA	Formulary	2	Yes	Yes	12 mL per day	clobazam, divalproex, divalproex ER, valproic acid, levetiracetam, levetiracetam ER, topiramate
ISTURISA	Non Formulary	Non Formulary	Yes	Yes	1 mg tablets: 8 tablets per day; 5 mg tablets: 2 tablets per day; 10 mg tablets: 6 tablets per day; 30 day supply per fill	ketoconazole, metyrapone*, Signifor*, Signifor LAR*
NEXLETOL	Formulary	2	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil
NEXLIZET	Formulary	2	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil
RUKOBIA	Formulary	2	No	Yes	2 tablets per day	Genvoya, Stirbild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo
TRAVATAN Z	Non Formulary	Non Formulary	Yes	No	-	travoprost
XPOVIO	Formulary	2	Yes	Yes	80 mg twice weekly: 32 tablets 100 mg once weekly: 28 tablets 80 mg once weekly: 16 tablets 60 mg once weekly: 12 tablets 28 day supply per fill	None

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ZENPEP	Formulary	2	Yes	No	-	pancrelipase, Creon
ZIEXTENZO	Formulary	2	Yes	Yes	0.043mL per day (1 syringe per 14 days)	Fulphila*, Udenyca*, Neulasta*

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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)
ISTURISA	Non Formulary	Non Formulary	Yes	Yes	1 mg: 8 tablets per day, 5 mg: 2 tablets per day, 10 mg: 6 tablets per day. 30 day supply per fill	cabergoline, Lysodren, Signifor LAR*

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
DAYVIGO	Non Formulary						Ramelteon, Silenor
FINTEPLA	Formulary	Specialty	25% coinsurance	Yes	Yes	12 ml/day	Divalproex, divalproex ER, levetiracetam, levetiracetam ER, topiramate, topiramate ER*, valproic acid, clobazam, Epidiolex*, Onfi*, Sympazan*
ISTURISA	Non Formulary						Ketoconazole, Signifor*, Signifor LAR*
MONJUVI	Formulary	Specialty	25% coinsurance	Yes			none
NEXLETOL	Formulary	Brand Preferred	25% coinsurance	Yes	Yes	1 tablet per day	Ezetimibe, lovastatin, pravastatin, simvastatin, rosuvastatin, atorvastatin, Praluent*, Repatha*
NEXLIZET	Formulary	Brand Preferred	25% coinsurance	Yes	Yes	1 tablet per day	Ezetimibe, lovastatin, pravastatin, simvastatin, rosuvastatin, atorvastatin, Praluent*, Repatha*
RUKOBIA	Formulary	Specialty	25% coinsurance	No	Yes	2 tablets per day	Genvoya, Stribild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo, Selzentry, Fuzeon, Trogarzo
ZEPZELCA	Formulary	Specialty	25% coinsurance	Yes			topotecan, carboplatin, etoposide, doxorubicin, methotrexate, Imfinzi*, Keytruda*, Opdivo*, Tecentriq*

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
CORLANOR SOLUTION	Formulary	4	Yes	Yes	Tablets: 2 tablets per day Solution: 20 mL per day	carvedilol, metoprolol succinate, bisoprolol
DAYVIGO	Non Formulary	Non Formulary	Yes	Yes	1 tablet daily	eszopiclone, zaleplon, zolpidem, zolpidem ER, amitriptyline, mirtazapine, trazodone, estazolam, flurazepam, quazepam, temazepam, triazolam
FINTEPLA	Formulary	5	Yes	Yes	12 mL per day	clobazam, divalproex, divalproex ER, valproic acid, levetiracetam, levetiracetam ER, topiramate
ISTURISA	Non Formulary	Non Formulary	Yes	Yes	1 mg tablets: 8 tablets per day; 5 mg tablets: 2 tablets per day; 10 mg tablets: 6 tablets per day; 30 day supply per fill	ketoconazole, metyrapone*, Signifor*, Signifor LAR*
NEXLETOL	Formulary	3	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil

Marketplace (cont.)

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NEXLIZET	Formulary	3	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, ezetimibe, Welchol, cholestyramine, colestipol, fenofibrate, fenofibric acid, gemfibrozil
RUKOBIA	Formulary	3	No	Yes	2 tablets per day	Genvoya, Stirbild, Complera, Odefsey, Triumeq, Biktarvy, Atripla, Symfi, Symfi Lo, Symtuza, Delstrigo
TRAVATAN Z	Non Formulary	Non Formulary	Yes	No	-	travoprost
XPOVIO	Formulary	4	Yes	Yes	80 mg twice weekly: 32 tablets 100 mg once weekly: 28 tablets 80 mg once weekly: 16 tablets 60 mg once weekly: 12 tablets 28 day supply per fill	None
ZENPEP	Formulary	4	Yes	No	-	pancrelipase, Creon
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