

January 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
ADHANSIA XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
BAQSIMI	Formulary	2	No	2	No	Yes	1 unit per fill	Glucagon Emergency Kit, GlucaGen HypoKit
BIJUVA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	estradiol, estradiol/norethindrone, Fyavolv, Lopreeza, medroxyprogesterone, Mimvey Lo, norethindrone/ethinyl estradiol, progesterone, Combipatch, Premarin, Prempro, Premphase
BRUKINSA†	Formulary	3	No	2	Yes	Yes	4 capsules per day	Calquence*, Imbruvica*, Revlimid*
CEQUA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 vials per day	Restasis, Xiidra
DRIZALMA SPRINKLE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 capsules per day	citalopram solution, doxepin solution, escitalopram solution, fluoxetine solution, nortriptyline solution, sertraline solution, Paxil oral suspension, pregabalin solution
EZALLOR SPRINKLE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo
GVOKE	Formulary	2	No	2	No	Yes	1 unit per fill	Glucagon Emergency Kit, GlucaGen HypoKit
JORNAY PM	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
KAPSPARGO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	25 mg, 50 mg, 100 mg: 1 capsule per day 200 mg: 2 capsules per day	metoprolol succinate, bisoprolol, carvedilol, acebutolol, atenolol, atenolol-chlorthalidone, betaxolol, labetalol, nadolol, metoprolol tartrate, propranolol, propranolol-hydrochlorothiazide, sotalol, timolol, bisoprolol-hydrochlorothiazide
PRASUGREL	Formulary	1	No	1	No	No	-	clopidogrel, aspirin/dipyridamole ER, anagrelide, cilostazol, dipyridamole

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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
QMIIZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Celecoxib, choline magnesium salicylate, diclofenac, diclofenac-misoprostol, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
RINVOQ	Formulary	3	Yes	2	Yes	Yes	1 tablet per day	azathioprine, cyclosporine, hydroxychloroquine, methotrexate, sulfasalazine, leflunomide, Depen, Ridaura, Humira*, Xeljanz*
RYBELSUS	Formulary	2	No	2	No	Yes	3 mg: 30 tablets per 180 day period 7 mg, 14 mg: 1 tablet per day	Invokana, Jardiance, Ozempic, Victoza, Tradjenta
SIKLOS	Formulary	3	Yes	2	Yes	No	-	Hydroxyurea, Endari*
SYMPAZAN	Formulary	3	No	2	Yes	Yes	2 films per day	clonazepam, clobazam, felbamate, lamotrigine, levetiracetam, topiramate, valproic acid
TRIKAFTA	Formulary	3	Yes	2	Yes	Yes	3 tablets per day, 34 day supply per fill	Kalydeco*, Orkambi*, Symdeko*
XELPROS	Formulary	2	No	2	Yes	No	-	latanoprost, Travatan Z, Zioptan*
XENLETA	Formulary	3	Yes	2	Yes	Yes	10 tablets per 5 days	amoxicillin, azithromycin, Baxdela*, doxycycline, moxifloxacin
ZIOPTAN	Formulary	2	No	2	Yes	No	-	latanoprost, Travatan Z, Xelpros*

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADHANSIA XR	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
BAQSIMI	Formulary	2	No	Yes	1 day supply per fill	Glucagon Emergency Kit, GlucaGen HypoKit
BIJUVA	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	estradiol, estradiol/norethindrone, Fyavolv, Lopreeza, medroxyprogesterone, Mimvey Lo, norethindrone/ethinyl estradiol, progesterone, Combipatch, Premarin, Prempro, Premphase
BRUKINSA	Formulary	2	Yes	Yes	4 capsules per day	Calquence*, Imbruvica*, Revlimid*
CEQUA	Non Formulary	Non Formulary	Yes	Yes	2 vials per day	Restasis, Xiidra
DRIZALMA SPRINKLE	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	citalopram solution, doxepin solution, escitalopram solution, fluoxetine solution, nortriptyline solution, sertraline solution, Paxil oral suspension, pregabalin solution
EZALLOR SPRINKLE	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo
GVOKE	Formulary	2	No	Yes	1 day supply per fill	Glucagon Emergency Kit, GlucaGen HypoKit
JORNAY PM	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
KAPSPARGO	Non Formulary	Non Formulary	Yes	Yes	25 mg, 50 mg, 100 mg : 1 capsule per day 200 mg: 2 capsules per day	metoprolol succinate, bisoprolol, carvedilol, acebutolol, atenolol, atenolol-chlorthalidone, betaxolol, labetalol, nadolol, metoprolol tartrate, propranolol, propranolol-hydrochlorothiazide, sotalol, timolol, bisoprolol-hydrochlorothiazide
PRASUGREL	Formulary	1	No	No	-	clopidogrel, aspirin/dipyridamole ER, anagrelide, cilostazol, dipyridamole
QMIIZ	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Celecoxib, choline magnesium salicylate, diclofenac, diclofenac-misoprostol, diflunisal, etodolac, fenopropfen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, salsalate, sulindac, tolmetin

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
RINVOQ	Formulary	2	Yes	Yes	1 tablet per day	azathioprine, cyclosporine, hydroxychloroquine, methotrexate, sulfasalazine, leflunomide, Depen, Ridaura, Humira*, Xeljanz*
RYBELSUS	Formulary	2	No	Yes	3 mg: 30 tablets per 180 day period 7 mg, 14 mg: 1 tablet per day	Invokana, Jardiance, Ozempic, Victoza, Tradjenta
SIKLOS	Formulary	2	Yes	No	-	Hydroxyurea, Endari*
SYMPAZAN	Formulary	2	Yes	Yes	2 films per day	clonazepam, clobazam, felbamate, lamotrigine, levetiracetam, topiramate, valproic acid
TRIKAFTA	Formulary	2	Yes	Yes	3 tablets per day, 34 day supply per fill	Kalydeco*, Orkambi*, Symdeko*
XELPROS	Formulary	2	Yes	No	-	latanoprost, Travatan Z, Zioptan*
XENLETA	Formulary	2	Yes	Yes	10 tablets per 5 days	amoxicillin, azithromycin, Baxdela*, doxycycline, moxifloxacin
ZIOPTAN	Formulary	2	Yes	No	-	latanoprost, Travatan Z, Xelpros*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
BAQSIMI	Formulary	Brand	No	Yes	2 per 30 days	GlucaGen, Glucagon
FREESTYLE LIBRE	Formulary	Brand	Yes	Yes	1 reader every 2 years, 10 day sensors: 3 per 30 days, 14 day sensors: 2 per 28 days	per Statewide PDL
GVOKE	Formulary	Brand	No	Yes	2 per 30 days	GlucaGen, Glucagon
TRIKAFTA	Formulary	Brand	Yes	Yes	3 tablets per day, 34 days supply per fill	Kalydeco, Orkambi, Symdeko
XENLETA	Formulary	Brand	Yes	Yes	10 tablets per 5 days	per Statewide PDL

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
BAQSIMI	Formulary	Brand Preferred	25% coinsurance	No	No		Glucagon, Glucagen
BIJUVA	Non Formulary						estradiol (tablets, patches, cream), Prempro, Premphase, Duavee*, Menest, norethindrone, ethinyl estradiol, estradiol/norethindrone
BRUKINSA	Formulary	Specialty	25% coinsurance	Yes	Yes	4 capsules per day	Calquence*, Imbruvica*, Revlimid*
CEQUA	Non Formulary						Restasis, Xiidra
DRIZALMA SPRINKLE	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	2 capsules per day	citalopram, doxepin, escitalopram, floxetine, nortriptyline, sertraline, pregabalin
EZALLOR SPRINKLE	Non Formulary						atorvastatin, rosuvastatin, lovastatin, pravastatin, simvastatin
GVOKE	Formulary	Brand Preferred	25% coinsurance	No	No		Glucagon, Glucagen
KAPSPARGO	Non Formulary						acebutolol, atenolol, bisoprolol, metoprolol succinate, labetalol, nadolol, propranolol
KHAPZORY	Non Formulary						levoleucovorin
OGIVRI	Formulary	Specialty	25% coinsurance	No	No		Herceptin, Kanjinti
QMIIZ	Non Formulary						celecoxib, diclofenac (gel, tablets), diflunisal, etodolac, flurbiprofen, ibuprofen, meloxicam, nabumetone, naproxen, piroxicam, sulindac
RINVOQ	Formulary	Specialty	25% coinsurance	Yes	Yes	1 tablet per day	azathioprine, hydroxychloroquine, methotrexate, sulfasalazine, leflunomide, Humira*, Xeljanz*
RYBELSUS	Formulary	Brand Preferred	25% coinsurance	No	Yes	3 mg tablets: 30 tablets per 180 days; 7 mg and 14 mg tablets: 1 tablet per day	metformin, Victoza, Ozempic
SIKLOS	Formulary	Brand Non Preferred	25% coinsurance	Yes	No		hydroxyurea, Droxia
SYMPAZAN	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	2 films per day	clobazam, clonazepam, felbamate, lamotrigine, topiramate, Banzel*

Geisinger Gold (cont.)

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
TRIKAFTA	Formulary	Specialty	25% coinsurance	Yes	Yes	3 tablets per day	Kalydeco*, Orkambi*, Symdeko*
TRUXIMA	Formulary	Specialty	25% coinsurance	Yes	No		Rituxan*
XELPROS	Formulary	Brand Preferred	25% coinsurance	Yes (step)	No		latanoprost, Travatan Z, Zioptan
XENLETA	Formulary	Specialty	25% coinsurance	Yes	Yes	2 tablets/vials per day; 7 day supply	amoxicillin/clavulanate, azithromycin, clarithromycin, levofloxacin, Baxdela*

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADHANSIA XR	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
BAQSIMI	Formulary	3	No	Yes	1 day supply per fill	Glucagon Emergency Kit, GlucaGen HypoKit
BIJUVA	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	estradiol, estradiol/norethindrone, Fyavolv, Lopreeza, medroxyprogesterone, Mimvey Lo, norethindrone/ethinyl estradiol, progesterone, Combipatch, Premarin, Prempro, Premphase
BRUKINSA	Formulary	4	Yes	Yes	4 capsules per day	Calquence*, Imbruvica*, Revlimid*
CEQUA	Non Formulary	Non Formulary	Yes	Yes	2 vials per day	Restasis, Xiidra
DRIZALMA SPRINKLE	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	citalopram solution, doxepin solution, escitalopram solution, fluoxetine solution, nortriptyline solution, sertraline solution, Paxil oral suspension, pregabalin solution
EZALLOR SPRINKLE	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo
GVOKE	Formulary	3	No	Yes	1 day supply per fill	Glucagon Emergency Kit, GlucaGen HypoKit

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
JORNAY PM	Non Formulary	Non Formulary	Yes	Yes	1 capsule per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
KAPSPARGO	Non Formulary	Non Formulary	Yes	Yes	25 mg, 50 mg, 100 mg : 1 capsule per day 200 mg: 2 capsules per day	metoprolol succinate, bisoprolol, carvedilol, acebutolol, atenolol, atenolol-chlorthalidone, betaxolol, labetalol, nadolol, metoprolol tartrate, propranolol, propranolol-hydrochlorothiazide, sotalol, timolol, bisoprolol-hydrochlorothiazide
PRASUGREL	Formulary	2	No	No	-	clopidogrel, aspirin/dipyridamole ER, anagrelide, cilostazol, dipyridamole
QMIIZ	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Celecoxib, choline magnesium salicylate, diclofenac, diclofenac-misoprostol, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
RINVOQ	Formulary	5	Yes	Yes	1 tablet per day	azathioprine, cyclosporine, hydroxychloroquine, methotrexate, sulfasalazine, leflunomide, Depen, Ridaura, Humira*, Xeljanz*
RYBELSUS	Formulary	3	No	Yes	3 mg: 30 tablets per 180 day period 7 mg, 14 mg: 1 tablet per day	Invokana, Jardiance, Ozempic, Victoza, Tradjenta
SIKLOS	Formulary	5	Yes	No	-	Hydroxyurea, Endari*
SYMPAZAN	Formulary	4	Yes	Yes	2 films per day	clonazepam, clobazam, felbamate, lamotrigine, levetiracetam, topiramate, valproic acid
TRIKAFTA	Formulary	5	Yes	Yes	3 tablets per day, 34 day supply per fill	Kalydeco*, Orkambi*, Symdeko*
XELPROS	Formulary	3	Yes	No	-	latanoprost, Travatan Z, Zioptan*
XENLETA	Formulary	5	Yes	Yes	10 tablets per 5 days	amoxicillin, azithromycin, Baxdela*, doxycycline, moxifloxacin
ZIOPTAN	Formulary	3	Yes	No	-	latanoprost, Travatan Z, Xelpros*