

# June/July 2020 P & T Updates

\* Indicates prior authorization (PA) or step therapy (ST)

† Depending on your specific benefits and in which state you reside, some drugs on this list may have no cost sharing.

## Commercial

Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ACYCLOVIR OINTMENT	Formulary	1	No	1	No	Yes	1 co-pay per package	None
HARVONI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	37.5mg-150mg pellet packets: 28 packets / 28 days; 45-200mg pellet packets: 56 packets / 28 days	Mavyret*
NURTEC ODT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	15 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
PALFORZIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Maintenance dose: 1 packet per day, 30 day supply per fill	None
PEMAZYRE†	Formulary	3	No	2	Yes	Yes	14 tablets per 21 days	None
QINLOCK†	Formulary	3	No	2	Yes	Yes	90 tablets per 30 days	imatinib*, Sutent*, Stivarga*, Ayvakit*
RETEVMO†	Formulary	3	No	2	Yes	Yes	40 mg capsules: 2 capsules per day; 80 mg capsules: 4 capsules per day	None
REYVOW	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	50 mg: 4 tablets per 30 days; 100 mg: 8 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
SOVALDI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	200mg pellet packets: 56 packets per 28 days; 150mg pellet packets: 28 packets per 28 days	Mavyret*
TABRECTA†	Formulary	3	No	2	Yes	Yes	4 tablets per day, 30 day supply per fill	None
TUKYSA†	Formulary	3	No	2	Yes	Yes	4 tablets per day	None
XCOPRI	Formulary	3	No	2	Yes	Yes	50 mg, 100 mg, 150 mg: 1 tablet per day; 200 mg, Maintenance Pack: 2 tablets per day; Titration Pack: 28 tablets per 180 days	carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, tiagabine, topiramate ER*, topiramate, zonisamide
ZIEXTENZO	Formulary	3	Yes	2	Yes	Yes	0.043mL per day (1 syringe per 14 days)	Fulphila*, Udenyca*, Neulasta (Onpro)*

## CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ACYCLOVIR OINTMENT	Formulary	1	No	Yes	1 co-pay per package	None
HARVONI	Non Formulary	Non Formulary	Yes	Yes	37.5mg-150mg pellet packets: 28 packets / 28 days; 45-200mg pellet packets: 56 packets / 28 days.	Mavyret*
NURTEC ODT	Non Formulary	Non Formulary	Yes	Yes	15 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
PALFORZIA	Non Formulary	Non Formulary	Yes	Yes	Maintenance dose: 1 packet per day, 30 day supply per fill	None
PEMAZYRE	Formulary	2	Yes	Yes	14 tablets per 21 days	None
QINLOCK	Formulary	2	Yes	Yes	90 tablets per 30 days	imatinib*, Sutent*, Stivarga*, Ayvakit*
RETEVMO	Formulary	2	Yes	Yes	40 mg capsules: 2 capsules per day; 80 mg capsules: 4 capsules per day	None
REYVOW	Non Formulary	Non Formulary	Yes	Yes	50 mg: 4 tablets per 30 days; 100 mg: 8 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
SOVALDI	Non Formulary	Non Formulary	Yes	Yes	200mg pellet packets: 56 packets per 28 days; 150mg pellet packets: 28 packets per 28 days	Mavyret*
TABRECTA	Formulary	2	Yes	Yes	4 tablets per day, 30 day supply per fill	None
TUKYSA	Formulary	2	Yes	Yes	4 tablets per day	None
XCOPRI	Formulary	2	Yes	Yes	50 mg, 100 mg, 150 mg: 1 tablet per day; 200 mg, Maintenance Pack: 2 tablets per day; Titration Pack: 28 tablets per 180 days	carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, tiagabine, topiramate ER*, topiramate, zonisamide
ZIEXTENZO	Formulary	2	Yes	Yes	0.043mL per day (1 syringe per 14 days)	Fulphila*, Udenyca*, Neulasta (Onpro)*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
NURTEC ODT	Non Formulary	Non Formulary	Yes	Yes	15 tablets per 30 days	per Statewide Preferred Drug List
PALFORZIA	Non Formulary	Non Formulary	Yes	Yes	Initial Dose Escalation: 13 capsules per 1 day, RX Count: 2 Day-Dosing: 1 kit per 15 days Maintenance Dose: 1 sachet per day	not applicable
REYVOW	Non Formulary	Non Formulary	Yes	Yes	50 mg: 4 tablets per 30 days 100 mg: 8 tablets per 30 days	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)
FETROJA	Formulary	Specialty	25% coinsurance	Yes	Yes	8 vials per day	levofloxacin, ciprofloxacin, ceftazidime, imipenem/cilastin, cefepime, meropenem, doripenem, piperacillin/tazobactam, Zerbaxa
NURTEC ODT	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	15 tablets per 30 days	almotriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
PEMAZYRE	Formulary	Specialty	25% coinsurance	Yes	Yes	14 tablets per 21 days	none
QINLOCK	Formulary	Specialty	25% coinsurance	Yes	Yes	90 tablets per 30 days	imatinib**, Sutent*, Stivarga*, Ayvakit*
RETEVMO	Formulary	Specialty	25% coinsurance	Yes	Yes	40 mg capsules: 2 per day, 80 mg capsules: 4 per day	none
REYVOW	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	50 mg tablets: 4 per 30 days, 100 mg tablets: 8 per 30 days	almotriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
TABRECTA	Formulary	Specialty	25% coinsurance	Yes	Yes	4 tablets per day	none
TEPEZZA	Formulary	Specialty	25% coinsurance	Yes			none
TRODELVY	Formulary	Specialty	25% coinsurance	Yes			cyclophosphamide, docetaxel, Abraxane*, doxorubicin, epirubicin
TUKYSA	Formulary	Specialty	25% coinsurance	Yes	Yes	4 tablets per day	Nerlynx*, Tykerb *
VYEPTI	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	3 vials per 90 days	Aimovig*, Emgality *, Ajovy*
XCOPRI	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	50 mg, 100 mg tabs: 1 per day; 150, 200 mg tabs: 2 per day; Maintenance packs: 2 tablets per day; Titration pack 28 tablets per 180 days.	Carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, tiagabine, topiramate, valproic acid, vigabatrin, zonisamide
ZIEXTENZO	Formulary	Specialty	25% coinsurance	Yes	No		Neupogen*, Neulasta*, Granix*, Fulphila*, Udenyca*

## Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ACYCLOVIR OINTMENT	Formulary	2	No	Yes	1 co-pay per package	None
HARVONI	Non Formulary	Non Formulary	Yes	Yes	37.5mg-150mg pellet packets: 28 packets / 28 days; 45-200mg pellet packets: 56 packets / 28 days.	Mavyret*
NURTEC ODT	Non Formulary	Non Formulary	Yes	Yes	15 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
PALFORZIA	Non Formulary	Non Formulary	Yes	Yes	Maintenance dose: 1 packet per day, 30 day supply per fill	None
PEMAZYRE	Formulary	4	Yes	Yes	14 tablets per 21 days	None
QINLOCK	Formulary	4	Yes	Yes	90 tablets per 30 days	imatinib*, Sutent*, Stivarga*, Ayvakit*
RETEVMO	Formulary	4	Yes	Yes	40 mg capsules: 2 capsules per day; 80 mg capsules: 4 capsules per day	None
REYVOW	Non Formulary	Non Formulary	Yes	Yes	50 mg: 4 tablets per 30 days; 100 mg: 8 tablets per 30 days	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, naratriptan, rizatriptan, sumatriptan, zolmitriptan
SOVALDI	Non Formulary	Non Formulary	Yes	Yes	200mg pellet packets: 56 packets per 28 days; 150mg pellet packets: 28 packets per 28 days	Mavyret*
TABRECTA	Formulary	4	Yes	Yes	4 tablets per day, 30 day supply per fill	None
TUKYSA	Formulary	4	Yes	Yes	4 tablets per day	None
XCOPRI	Formulary	4	Yes	Yes	50 mg, 100 mg, 150 mg: 1 tablet per day; 200 mg, Maintenance Pack: 2 tablets per day; Titration Pack: 28 tablets per 180 days	carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, tiagabine, topiramate ER*, topiramate, zonisamide
ZIEXTENZO	Formulary	5	Yes	Yes	0.043mL per day (1 syringe per 14 days)	Fulphila*, Udenyca*, Neulasta (Onpro)*