

May 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
ABILIFY MYCITE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
AIMOVIG	Formulary	2	No	2	Yes	Yes	1 mL per 30 days	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Emgality*
BRAFTOVI†	Formulary	3	No	2	Yes	Yes	For metastatic colorectal cancer: 75 mg tablets: 4 tablets per day, 30 day supply per fill	none
CONSENSI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, celecoxib
EMGALITY	Formulary	2	No	2	Yes	Yes	Migraine: 1 mL per 30 days Episodic Cluster Headache: 3 mL per 30 days	Migraine: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig* Episodic Cluster Headache: verapamil
ESPEROCT	Formulary	3	Yes	2	Yes	No	-	Hemofil*, Koate*, Alphanate*, Humate-P*, Advate*, Afstyla*, Elocate*, Helixate FS*, Kogenate FS*, Novoeight*, Recombinate*, Xyntha*, Jivi*
KOSELUGO†	Formulary	3	No	2	Yes	Yes	10 mg capsules: 8 capsules per day 25 mg capsules: 4 capsules per day	-
OXBRYTA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	90 tablets per 30 days	hydroxyurea, Siklos*, Endari*
OXERVATE	Formulary	3	Yes	2	Yes	Yes	56 vials per 28 days	Restasis, Xiidra
SECUADO	Formulary	3	No	2	Yes	Yes	1 patch per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
TALICIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	168 tablets per 14 days	amoxicillin, omeprazole, and rifabutin (used in combination)
UBRELVY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	16 tablets per 30 day	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, naratriptan, rizatriptan, sumatriptan, imitriptan
XELJANZ XR	Formulary	3	Yes	2	Yes	Yes	For ulcerative colitis: Xeljanz XR 11 mg or Xeljanz XR 22 mg: 1 tablet 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
ABILIFY MYCITE	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
AIMOVIG	Formulary	2	Yes	Yes	1 mL per 30 days	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Emgality*
BRAFTOVI	Formulary	2	Yes	Yes	For metastatic colorectal cancer: 75 mg tablets: 4 tablets per day, 30 day supply per fill	none
CONSENSI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, celecoxib
EMGALITY	Formulary	2	Yes	Yes	Migraine: 1 mL per 30 days Episodic Cluster Headache: 3 mL per 30 days	Migraine: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig* Episodic Cluster Headache: verapamil
ESPEROCT	Formulary	2	Yes	No	-	Hemofil*, Koate*, Alphanate*, Humate-P*, Advate*, Afstyla*, Eloctate*, Helixate FS*, Kogenate FS*, Novoeight*, Recombinate*, Xyntha*, Jivi*
KOSELUGO	Formulary	2	Yes	Yes	10 mg capsules: 8 capsules per day 25 mg capsules: 4 capsules per day	-
OXBRYTA	Non Formulary	Non Formulary	Yes	Yes	90 tablets per 30 days	hydroxyurea, Siklos*, Endari*
OXERVATE	Formulary	2	Yes	Yes	56 vials per 28 days	Restasis, Xiidra
SECUADO	Formulary	2	Yes	Yes	1 patch per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
TALICIA	Non Formulary	Non Formulary	Yes	Yes	168 tablets per 14 days	amoxicillin, omeprazole, and rifabutin (used in combination)
UBRELVY	Non Formulary	Non Formulary	Yes	Yes	16 tablets per 30 day	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, naratriptan, rizatriptan, sumatriptan, imitriptan
XELJANZ XR	Formulary	2	Yes	Yes	For ulcerative colitis: Xeljanz XR 11 mg or Xeljanz XR 22 mg: 1 tablet 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)
OXBRYTA	Non Formulary	Non Formulary	Yes	Yes	90 tablets per 30 days	hydroxyurea, Siklos*
OXERVATE	Non Formulary	Non Formulary	Yes	Yes	56 vials per 28 days	per Statewide Preferred Drug List
UBRELVY	Non Formulary	Non Formulary	Yes	Yes	16 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)
ABILIFY MYCITE	Formulary	Specialty	25% coinsurance	Yes	Yes	1 tablet per day	aripiprazole oral tablets, risperidone ODT, Abilify Maintena
ADAKVEO	Formulary	Specialty	25% coinsurance	Yes	No		hydroxyurea, Endari*
GIVLAARI	Formulary	Specialty	25% coinsurance	Yes	No		none
KOSELUGO	Formulary	Specialty	25% coinsurance	Yes	Yes	10 mg capsules: 8 capsules/day; 25 mg capsules: 4 capsules/day	none
OXBRYTA	Formulary	Specialty	25% coinsurance	Yes	Yes	90 tablets per 30 days	hydroxyurea, Endari*
OXERVATE	Formulary	Specialty	25% coinsurance	Yes	Yes	56 vials per 28 days	none
RECARBRIO	Formulary	Specialty	25% coinsurance	Yes	Yes	4 vials per day	Imipenem/cilastin, ertapenem, meropenem, levofloxacin, moxifloxacin, ceftriaxone, Zerbaxa*
SARCLISA	Formulary	Specialty	25% coinsurance	Yes	No		Revlimid*, Pomalyst*, Velcade*, Kyprolis*, Darzalex*, Ninlaro*, Empliciti*, Farydak*
SECUADO	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	1 patch per day	aripiprazole, olanzapine tablet, quetiapine, risperidone tablet/ODT, quetiapine ER, ziprasidone, Saphris*
TALICIA	Non Formulary						Omeprazole, amoxicillin, rifabutin (used in combination)
UBRELVY	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	16 tablets per 30 days	diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan, naratriptan, rizatriptan, sumatriptan, dihydroergotamine nasal spray
VYONDYS 53	Formulary	Specialty	25% coinsurance	Yes	No		Exondys-51*, Deflazacort*

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABILIFY MYCITE	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
AIMOVIG	Formulary	3	Yes	Yes	1 mL per 30 days	metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Emgality*
BRAFTOVI	Formulary	4	Yes	Yes	For metastatic colorectal cancer: 75 mg tablets: 4 tablets per day, 30 day supply per fill	none
CONSENSI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	amlodipine, celecoxib
EMGALITY	Formulary	3	Yes	Yes	Migraine: 1 mL per 30 days Episodic Cluster Headache: 3 mL per 30 days	Migraine: metoprolol, propranolol, timolol, atenolol, nadolol, topiramate, divalproex, sodium valproate, amitriptyline, venlafaxine, Aimovig* Episodic Cluster Headache: verapamil
ESPEROCT	Formulary	5	Yes	No	-	Hemofil*, Koate*, Alphanate*, Humate-P*, Advate*, Afstyla*, Elocate*, Helixate FS*, Kogenate FS*, Novoeight*, Recombinate*, Xyntha*, Jivi*
KOSELUGO	Formulary	4	Yes	Yes	10 mg capsules: 8 capsules per day 25 mg capsules: 4 capsules per day	-
OXBRYTA	Non Formulary	Non Formulary	Yes	Yes	90 tablets per 30 days	hydroxyurea, Siklos*, Endari*
OXERVATE	Formulary	5	Yes	Yes	56 vials per 28 days	Restasis, Xiidra
SECUADO	Formulary	4	Yes	Yes	1 patch per day	aripiprazole, aripiprazole ODT, clozapine, olanzapine, olanzapine ODT, quetiapine, risperidone, risperidone ODT, ziprasidone
TALICIA	Non Formulary	Non Formulary	Yes	Yes	168 tablets per 14 days	amoxicillin, omeprazole, and rifabutin (used in combination)
UBRELVY	Non Formulary	Non Formulary	Yes	Yes	16 tablets per 30 day	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, naratriptan, rizatriptan, sumatriptan, imitriptan
XELJANZ XR	Formulary	5	Yes	Yes	For ulcerative colitis: Xeljanz XR 11 mg or Xeljanz XR 22 mg: 1 tablet per day, 30 day supply per fill	Humira*