

# June & July 2024 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
ALVAIZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes		Promacta*
EOHILIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	60 packets per 30 days	omeprazole capsule, pantoprazole tablet, lansoprazole capsule, rabeprazole tablet, esomeprazole capsule
HUMIRA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Maintenance Bi-weekly Dose: 2 per 28 days Maintenance Weekly Dose: 4 per 28 days	adalimumab-FKJP*, Hadlima*, Yusimry*
LIBERVANT	Formulary	2	No	2	Yes	Yes	10 buccal films per 30 days	diazepam rectal gel
LIKMEZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	metronidazole tablets
OJEMDA	Formulary	3	No	2	Yes	Yes	100 mg tablets: 16 tablet box: 16 tablets per 28 day 20 tablet box: 20 tablets per 28 days 24 tablet box: 24 tablets per 28 days 25mg/milliliter suspension: 96 milliliters per 28 days	Mekinist*, Tafinlar*
REZDIFFRA	Formulary	3	Yes	2	Yes	Yes	1 tablet per day	none
RIVFLOZA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	160mg/mL prefilled syringe: 1 syringe per 28 days 128mg/0.8mL prefilled syringe: 1 syringe per 28 days 80mg/0.5mL vial: 2 vials (1 milliliter) per 28 days	Oxlumo*
ZILBRYSQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	16.6 mg prefilled syringe: 0.416 mL per day, 28 day supply per fill 23.0 mg prefilled syringe: 0.574 mL per day, 28 day supply per fill 32.4 mg prefilled syringe: 0.81 milliliters per day, 28 day supply per fill	Corticosteroids: dexamethasone, methylprednisolone, prednisone Cholinesterase inhibitors: pyridostigmine Immunosuppressants: azathioprine, mycophenolate, cyclosporine, Rituxan
ZORYVE FOAM	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	60 grams per 30 days	Low-potency topical corticosteroids: alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone

## CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ALVAIZ	Non Formulary	Non Formulary	Yes	Yes		Promacta*
EOHILIA	Non Formulary	Non Formulary	Yes	Yes	60 packets per 30 days	omeprazole capsule, pantoprazole tablet, lansoprazole capsule, rabeprazole tablet, esomeprazole capsule
HUMIRA	Non Formulary	Non Formulary	Yes	Yes	Maintenance Bi-weekly Dose: 2 per 28 days Maintenance Weekly Dose: 4 per 28 days	adalimumab-FKJP*, Hadlima*, Yusimry*
LIBERVANT	Formulary	2	Yes	Yes	10 buccal films per 30 days	diazepam rectal gel
LIKMEZ	Non Formulary	Non Formulary	Yes	No	-	metronidazole tablets
OJEMDA	Formulary	2	Yes	Yes	100 mg tablets: 16 tablet box: 16 tablets per 28 day 20 tablet box: 20 tablets per 28 days 24 tablet box: 24 tablets per 28 days 25mg/milliliter suspension: 96 milliliters per 28 days	Mekinist*, Tafinlar*
REZDIFFRA	Formulary	2	Yes	Yes	1 tablet per day	none
RIVFLOZA	Non Formulary	Non Formulary	Yes	Yes	160mg/mL prefilled syringe: 1 syringe per 28 days 128mg/0.8mL prefilled syringe: 1 syringe per 28 days 80mg/0.5mL vial: 2 vials (1 milliliter) per 28 days	Oxlumo*
ZILBRYSQ	Non Formulary	Non Formulary	Yes	Yes	16.6 mg prefilled syringe: 0.416 mL per day, 28 day supply per fill 23.0 mg prefilled syringe: 0.574 mL per day, 28 day supply per fill 32.4 mg prefilled syringe: 0.81 milliliters per day, 28 day supply per fill	Corticosteroids: dexamethasone, methylprednisolone, prednisone Cholinesterase inhibitors: pyridostigmine Immunosuppressants: azathioprine, mycophenolate, cyclosporine, Rituxan
ZORYVE FOAM	Non Formulary	Non Formulary	Yes	Yes	60 grams per 30 days	Low-potency topical corticosteroids: alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
REZDIFFRA	Formulary	Brand	Yes	Yes	1 tablet daily	Victoza, Ozempic, Trulicity, Saxenda, Wegovy, Zepbound
RIVFLOZA	Non Formulary	Non Formulary	Yes	No		not applicable
ZILBRYSQ	Non Formulary	Non Formulary	Yes	No		dexamethasone, methylprednisolone, prednisone, pyridostigmine, azathioprine, mycophenolate, cyclosporine, Riabni, Ruxience, Truxima

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ALVAIZ	Non Formulary						Promacta*, Riabni*, Ruxience*, Truxima*, prednisone, methylprednisolone, dexamethasone
ANKTIVA	Formulary	Specialty	25% coinsurance	Yes	No		Tice BCG, Keytruda*, thiotepa, valrubicin
EOHILIA	Non Formulary						lansoprazole oral disintegrating tablets (ODT), esomeprazole capsules, lansoprazole capsules, omeprazole capsules, pantoprazole tablets, rabeprazole tablets
IMDELLTRA	Medical	Specialty	25% coinsurance	Yes	No		Tecentriq*, Imfinzi*, Zepzelca*, Keytruda*, topotecan
LIBERVANT	Formulary	Brand Preferred	25% coinsurance	No	Yes	10 films/30 days	diazepam rectal gel
OJEMDA	Formulary	Specialty	25% coinsurance	Yes	Yes	Tablets: 24 tablets/28 days; suspension 96 ml/28 days	Mekinist**/**, gleostine*, Tafinlar**/**
REZDIFFRA	Formulary	Specialty	25% coinsurance	Yes	Yes	1 tablet/day	n/a
RIVFLOZA	Non Formulary						Oxlumo*
ZORYVE FOAM	Non Formulary						fluocinolone, amcinonide, betamethasone, desoximetasone, diflorasone, fluocinonide, triamcinolone, ciclopirox, clotrimazole, econazole, ketoconazole

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ALVAIZ	Non Formulary	Non Formulary	Yes	Yes		Promacta*
EOHILIA	Non Formulary	Non Formulary	Yes	Yes	60 packets per 30 days	omeprazole capsule, pantoprazole tablet, lansoprazole capsule, rabeprazole tablet, esomeprazole capsule
HUMIRA	Non Formulary	Non Formulary	Yes	Yes	Maintenance Bi-weekly Dose: 2 per 28 days Maintenance Weekly Dose: 4 per 28 days	adalimumab-FKJP*, Hadlima*, Yusimry*
LIBERVANT	Formulary	3	Yes	Yes	10 buccal films per 30 days	diazepam rectal gel
LIKMEZ	Non Formulary	Non Formulary	Yes	No	-	metronidazole tablets
OJEMDA	Formulary	4	Yes	Yes	100 mg tablets: 16 tablet box: 16 tablets per 28 day 20 tablet box: 20 tablets per 28 days 24 tablet box: 24 tablets per 28 days 25mg/milliliter suspension: 96 milliliters per 28 days	Mekinist*, Tafinlar*
REZDIFFRA	Formulary	5	Yes	Yes	1 tablet per day	none
RIVFLOZA	Non Formulary	Non Formulary	Yes	Yes	160mg/mL prefilled syringe: 1 syringe per 28 days 128mg/0.8mL prefilled syringe: 1 syringe per 28 days 80mg/0.5mL vial: 2 vials (1 milliliter) per 28 days	Oxlumo*
ZILBRYSQ	Non Formulary	Non Formulary	Yes	Yes	16.6 mg prefilled syringe: 0.416 mL per day, 28 day supply per fill 23.0 mg prefilled syringe: 0.574 mL per day, 28 day supply per fill 32.4 mg prefilled syringe: 0.81 milliliters per day, 28 day supply per fill	Corticosteroids: dexamethasone, methylprednisolone, prednisone Cholinesterase inhibitors: pyridostigmine Immunosuppressants: azathioprine, mycophenolate, cyclosporine, Rituxan
ZORYVE FOAM	Non Formulary	Non Formulary	Yes	Yes	60 grams per 30 days	Low-potency topical corticosteroids: alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone