

# April & May 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
AGAMREE	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	300 mL per 30 days	prednisone, deflazacort
BIMZELX	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Loading Dose: 2 milliliters per 28 days Maintenance dose: 2 milliliters per 56 days	adalimumab – fkjp*, Enbrel*, Hadlima*, Humira*, Otezla*, Skyrizi*, Tremfya*, Cosentyx*, Cimzia*, Ilumya*, Siliq*, Yusimry*
CABTREO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
COXANTO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 capsules per day	celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
CRESEMBA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	186 mg capsule: 2 capsules per day 74.5 mg capsule: 5 capsules per day	itraconazole*, voriconazole suspension, voriconazole tablets*
ENTYVIO	Formulary	3	Yes	2	Yes	Yes	2 pen-injectors per month	azathioprine, 6-mercaptopurine
FABHALTA	Formulary	3	Yes	2	Yes	Yes	2 capsules per day, 30 day supply per fill	Empaveli*
JYLAMVO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	methotrexate tablets
MIEBO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	cyclosporine ophthalmic emulsion (generic Restasis), Xiidra
OMVOH	Formulary	3	Yes	2	Yes	Yes	2 prefilled pens per 28 days	Humira*, adalimumab-FKJP*, Hadlima*, Yusimry*, Rinvoq*, Simponi*, Xeljanz/XR*
VEVYE	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	cyclosporine 0.05% emulsion (generic Restasis), Xiidra

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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
WAINUA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	0.8 milliliters per 30 days	Onpattro*, Amvuttra*, Tegesdi*
ZITUVIO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Tradjenta, saxagliptin

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AGAMREE	Non Formulary	Non Formulary	Yes	Yes	300 mL per 30 days	prednisone, deflazacort
BIMZELX	Non Formulary	Non Formulary	Yes	Yes	Loading Dose: 2 milliliters per 28 days Maintenance dose: 2 milliliters per 56 days	adalimumab – fkjp*, Enbrel*, Hadlima*, Humira*, Otezla*, Skyrizi*, Tremfya*, Cosentyx*, Cimzia*, Ilumya*, Siliq*, Yusimry*
CABTREG	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
COXANTO	Non Formulary	Non Formulary	Yes	Yes	4 capsules per day	celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
CRESEMBA	Non Formulary	Non Formulary	Yes	Yes	186 mg capsule: 2 capsules per day 74.5 mg capsule: 5 capsules per day	itraconazole*, voriconazole suspension, voriconazole tablets*
ENTYVIO	Formulary	2	Yes	Yes	2 pen-injectors per month	azathioprine, 6-mercaptopurine
FABHALTA	Formulary	2	Yes	Yes	2 capsules per day, 30 day supply per fill	Empaveli*
JYLAMVO	Non Formulary	Non Formulary	Yes	No	-	methotrexate tablets
MIEBO	Non Formulary	Non Formulary	Yes	No	-	cyclosporine ophthalmic emulsion (generic Restasis), Xiidra
OMVOH	Formulary	2	Yes	Yes	2 prefilled pens per 28 days	Humira*, adalimumab-FKJP*, Hadlima*, Yusimry*, Rinvoq*, Simponi*, Xeljanz/XR*

## CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
VEVYE	Non Formulary	Non Formulary	Yes	No	-	cyclosporine 0.05% emulsion (generic Restasis), Xiidra
WAINUA	Non Formulary	Non Formulary	Yes	Yes	0.8 milliliters per 30 days	Onpattro*, Amvuttra*, Tegesdi*
ZITUVIO	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Tradjenta, saxagliptin

## GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
FABHALTA	Formulary	Brand	Yes	No		Empaveli
OPFOLDA	Non Formulary	Non Formulary	Yes	No		Not Applicable
PENBRAYA	Formulary	Brand	No	No		Menveo, Menquadfi, Trumenba, Bexsaro
WAINUA	Non Formulary	Non Formulary	Yes	No		Not Applicable

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ADZYNMA	Formulary	Specialty	25% coinsurance	Yes	No		
AGAMREE	Non Formulary						prednisone, deflazacort*
BIMZELX	Non Formulary						cyclosporine, methotrexate, Enbrel*, Humira*, adalimumab-fkjb*, Hadlima*, Yusimry*, Cosentyx*, Otezla*, Skyrizi*, Tremfya*
CABTREO	Non Formulary						adapalene 0.1% gel, adapalene 0.1% cream, adapalene 0.3% gel, adapalene-benzoyl peroxide gel, clindamycin, erythromycin, clindamycin and benzoyl peroxide gel, erythromycin and benzoyl peroxide gel, tretinoin cream/gel*
ENTYVIO *SQ FORMULATION for UC*	Formulary	Specialty	25% coinsurance	Yes	Yes	2 auto-injectors every 28 days	azathioprine, balsalazide, mesalamine, sulfasalazine, Humira*, adalimumab-fkjb*, Hadlima*, Yusimry*, Rinvoq*, Simponi*, Xeljanz*
FABHALTA	Formulary	Specialty	25% coinsurance	Yes	Yes	2 capsules per day, 30 day supply per fill	Empaveli*
IXCHIQ	Formulary	Vaccine Tier	25% coinsurance - vaccine rules apply	No			
JYLAMVO	Non Formulary						methotrexate tablets
MIEBO	Non Formulary						cyclosporine ophthalmic drops, Xiidra
OMVOH	Non Formulary						azathioprine, balsalazide, mesalamine, sulfasalazine, Humira*, adalimumab-fkjb*, Hadlima*, Yusimry*, Rinvoq*, Simponi*, Xeljanz*
POMBILITY-OPFOLDA	Non Formulary						Lumizyme*, Nexviazyme*
VEVYE	Non Formulary						Xiidra, cyclosporine 0.05% emulsion
WAINUA	Non Formulary						Tegsedi*, Onpatro*, Amvuttra*
ZITUVIO	Non Formulary						Tradjenta*, Januvia*

Marketplace

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CABTREO	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin

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ENTYVIO	Formulary	5	Yes	Yes	2 pen-injectors per month	azathioprine, 6-mercaptopurine
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JYLAMVO	Non Formulary	Non Formulary	Yes	No	-	methotrexate tablets
MIEBO	Non Formulary	Non Formulary	Yes	No	-	cyclosporine ophthalmic emulsion (generic Restasis), Xiidra
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WAINUA	Non Formulary	Non Formulary	Yes	Yes	0.8 milliliters per 30 days	Onpattro*, Amvuttra*, Tegesdi*
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