

August & September 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
AMJEVITA	Formulary	3	Yes	2	Yes	Yes	20 mg /0.2 mL syringe: 0.4 milliliters per 28 days 40 mg / 0.4 mL autoinjector/syringe: 1.6 milliliters per 28 days 80 mg/ 0.8 mL autoinjector/syringe: 2.4 milliliters per 28 days	none
DEXMETHYLPHENIDATE ER	Formulary	1	No	1	No	No	-	none
FASENRA	Formulary	2	No	2	Yes	Yes	30 mg/1 mL : 1 milliliter per 56 days 10 mg/0.5 mL: 0.5 milliliters per 56 days	dexamethasone, methylprednisolone, prednisone, fluticasone/salmeterol, Breo Ellipta, Dulera, Serevent Diskus, Arnuity Ellipta, Asmanex, fluticasone HFA, Pulmicort Flexhaler, QVAR RediHaler
OPSYNVI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab*
RETEVMO†	Formulary	3	No	2	Yes	Yes	40 mg capsules: 3 capsules per day 80 mg capsules: 4 capsules per day 40 mg tablets: 3 tablets per day 80 mg tablets: 2 tablets per day 120 mg tablets: 2 tablets per day 160 mg tablets: 2 tablets per day 30 day supply per fill	none
SCEMBLIX†	Formulary	3	No	2	Yes	Yes	20 mg tablets: 2 tablets per day 40 mg tablets: 8 tablets per day 100 mg tablets daily: 4 tablets per day 30 day supply per fill	imatinib, Bosulif*, Iclusig*, Sprycel*, Tassigna*
SIMLANDI	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	6 pens per 28 days	Amjevita*, Adalimumab-fkjp*, Hadlima*, Yusimry*
TYENNE	Formulary	3	Yes	2	Yes	Yes	3.6 milliliters per 28 days	Actemra*
VIJOICE ORAL GRANULES†	Formulary	3	Yes	2	Yes	Yes	50 mg tablet: 1 tablet per day 125 mg tablet: 2 tablets per day 250 mg therapy pack: 2 tablets per day 50 mg packets: 1 packet per day 28 day supply per fill	none
VOYDEYA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	100 mg: 6 tablets per day 150 mg therapy pack: 6 tablets per day	Fabhalta*, Empaveli*

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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
WINREVAIR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	45 mg x 1 Syringe Kit: 2 kits per 21 days 60 mg x 1 Syringe Kit: 2 kits per 21 days 45 mg x 2 Syringe Kit: 1 kit per 21 days 60 mg x 2 Syringe Kit: 1 kit per 21 days	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab* soluble guanylate cyclase (sGC) stimulator : Adempas* Prostaglandin Vasodilators: epoprostenol*, treprostinil*, Tyvaso*, Tyvaso DPI*, Ventavis* Prostacyclin Receptor Agonist: Uptravi*
XOLREMDI	Formulary	3	Yes	2	Yes	Yes	4 capsules per day	none

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AMJEVITA	Formulary	2	Yes	Yes	20 mg /0.2 mL syringe: 0.4 milliliters per 28 days 40 mg / 0.4 mL autoinjector/syringe: 1.6 milliliters per 28 days 80 mg/ 0.8 mL autoinjector/syringe: 2.4 milliliters per 28 days	none
DEXMETHYLPHENIDATE ER	Formulary	1	No	No	-	none
FASENRA	Formulary	2	Yes	Yes	30 mg/1 mL : 1 milliliter per 56 days 10 mg/0.5 mL: 0.5 milliliters per 56 days	dexamethasone, methylprednisolone, prednisone, fluticasone/salmeterol, Breo Ellipta, Dulera, Serevent Diskus, Arnuity Ellipta, Asmanex, fluticasone HFA, Pulmicort Flexhaler, QVAR RediHaler
OPSYNVI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab*
RETEVMO	Formulary	2	Yes	Yes	40 mg capsules: 3 capsules per day 80 mg capsules: 4 capsules per day 40 mg tablets: 3 tablets per day 80 mg tablets: 2 tablets per day 120 mg tablets: 2 tablets per day 160 mg tablets: 2 tablets per day 30 day supply per fill	none
SCEMBLIX	Formulary	2	Yes	Yes	20 mg tablets: 2 tablets per day 40 mg tablets: 8 tablets per day 100 mg tablets daily: 4 tablets per day 30 day supply per fill	imatinib, Bosulif*, Iclusig*, Sprycel*, Tasigna*

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
SIMLANDI	Non Formulary	Non Formulary	Yes	Yes	6 pens per 28 days	Amjevita*, Adalimumab-fkjp*, Hadlima*, Yusimry*
TYENNE	Formulary	2	Yes	Yes	3.6 milliliters per 28 days	Actemra*
VIJOICE ORAL GRANULES	Formulary	2	Yes	Yes	50 mg tablet: 1 tablet per day 125 mg tablet: 2 tablets per day 250 mg therapy pack: 2 tablets per day 50 mg packets: 1 packet per day	none
VOYDEYA	Non Formulary	Non Formulary	Yes	Yes	100 mg: 6 tablets per day 150 mg therapy pack: 6 tablets per day	Fabhalta*, Empaveli*
WINREVAIR	Non Formulary	Non Formulary	Yes	Yes	45 mg x 1 Syringe Kit: 2 kits per 21 days 60 mg x 1 Syringe Kit: 2 kits per 21 days 45 mg x 2 Syringe Kit: 1 kit per 21 days 60 mg x 2 Syringe Kit: 1 kit per 21 days	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab* soluble guanylate cyclase (sGC) stimulator : Adempas* Prostaglandin Vasodilators: epoprostenol*, treprostinil*, Tyvaso*, Tyvaso DPI*, Ventavis* Prostacyclin Receptor Agonist: Uptravi*
XOLREMDI	Formulary	2	Yes	Yes	4 capsules per day	none

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
VOYDEYA	Non Formulary	Non Formulary	Yes	Yes	6 tablets daily	not applicable
WINREVAIR	Non Formulary	Non Formulary	Yes	No		per Statewide PDL
XOLREMDI	Formulary	Brand	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)
ALYGLO	Non Formulary			No	No		Asceniv*, Bivigam*, Cutaqui*, Cuvitru*, Flebogamma*, Gammagard*, Gammagard S-D*, Gammaplex*, Gamunex-C*, Hizentra*, Panzyga*, Privigen*, Xembify*
AMJEVITA	Formulary	Specialty	25% coinsurance	Yes	Yes	20 mg/0.2 mL: 0.4 mL per 28 days 40 mg/0.4 mL: 1.6 mL per 28 days 80 mg/0.8 mL: 2.4 mL per 28 days	Not Applicable
OPSYNVI	Non Formulary			No	No		Ambrisentan tablet*, Bosentan tablet*, Opsumit tablet*, Tracleer tablet*, Sildenafil tablet*, Sildenafil Suspension*, Alyq tablet*, Tadalafil tablet*
RELEXII	Non Formulary			No	No		amphetamine-dextroamphetamine, amphetamine-dextroamphetamine ER, atomoxetine*, dexamylphenidate, dexamylphenidate ER, dextroamphetamine, dextroamphetamine ER, guanfacine ER*, methylphenidate, methylphenidate ER, methylphenidate CD
SIMLANDI	Non Formulary			No	No		Humira*, adalimumab-fkjp*, Amjevita (20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)*, Hadlima*, Yusimry*
TOFIDENCE	Formulary	Specialty	25% coinsurance	Yes	Yes	40 ml (800 mg) per 30 days	Not Applicable
TYENNE	Formulary	Specialty	25% coinsurance	Yes	Yes	IV: 40 ml (800 mg) per 30 days, SC: 3.6 ml (4 syringes) per 28 days	Not Applicable
VARIZIG	Non Formulary			No	No		None
VOYDEYA	Non Formulary			No	No		Fabhalta*, Empaveli*
WINREVAIR	Non Formulary			No	No		ambrisentan*, Bosentan*, Opsumit*, Tracleer*, alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab*, Adempas*, eprostenol*, Tyvaso*, Tyvaso DPI*, Ventavis*, Upravi*
XOLREMDI	Formulary	Specialty	25% coinsurance	Yes	Yes	120 capsules per 30 days	Not Applicable

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AMJEVITA	Formulary	5	Yes	Yes	20 mg /0.2 mL syringe: 0.4 milliliters per 28 days 40 mg / 0.4 mL autoinjector/syringe: 1.6 milliliters per 28 days 80 mg/ 0.8 mL autoinjector/syringe: 2.4 milliliters per 28 days	none
DEXMETHYLPHENIDATE ER	Formulary	2	No	No	-	none
FASENRA	Formulary	3	Yes	Yes	30 mg/1 mL : 1 milliliter per 56 days 10 mg/0.5 mL: 0.5 milliliters per 56 days	dexamethasone, methylprednisolone, prednisone, fluticasone/salmeterol, Breo Ellipta, Dulera, Serevent Diskus, Arnuity Ellipta, Asmanex, fluticasone HFA, Pulmicort Flexhaler, QVAR RediHaler
OPSYNVI	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab*
RETEVMO	Formulary	4	Yes	Yes	40 mg capsules: 3 capsules per day 80 mg capsules: 4 capsules per day 40 mg tablets: 3 tablets per day 80 mg tablets: 2 tablets per day 120 mg tablets: 2 tablets per day 160 mg tablets: 2 tablets per day 30 day supply per fill	none
SCEMBLIX	Formulary	4	Yes	Yes	20 mg tablets: 2 tablets per day 40 mg tablets: 8 tablets per day 100 mg tablets daily: 4 tablets per day 30 day supply per fill	imatinib, Bosulif*, Iclusig*, Sprycel*, Tasigna*
SIMLANDI	Non Formulary	Non Formulary	Yes	Yes	6 pens per 28 days	Amjevita*, Adalimumab-fkjp*, Hadlima*, Yusimry*
TYENNE	Formulary	5	Yes	Yes	3.6 milliliters per 28 days	Actemra*
VIJOICE ORAL GRANULES	Formulary	5	Yes	Yes	50 mg tablet: 1 tablet per day 125 mg tablet: 2 tablets per day 250 mg therapy pack: 2 tablets per day 50 mg packets: 1 packet per day	none
VOYDEYA	Non Formulary	Non Formulary	Yes	Yes	100 mg: 6 tablets per day 150 mg therapy pack: 6 tablets per day	Fabhalta*, Empaveli*
WINREVAIR	Non Formulary	Non Formulary	Yes	Yes	45 mg x 1 Syringe Kit: 2 kits per 21 days 60 mg x 1 Syringe Kit: 2 kits per 21 days 45 mg x 2 Syringe Kit: 1 kit per 21 days 60 mg x 2 Syringe Kit: 1 kit per 21 days	endothelin receptor antagonist (ERA) : ambrisentan*, bosentan*, Opsumit*, Tracleer* phosphodiesterase-5 inhibitor (PDE5i) : alyq*, sildenafil 20 mg tablet*, sildenafil 10 mg/mL suspension*, tadalafil (pah) 20 mg tab* soluble guanylate cyclase (sGC) stimulator : Adempas* Prostaglandin Vasodilators: epoprostenol*, treprostinil*, Tyvaso*, Tyvaso DPI*, Ventavis* Prostacyclin Receptor Agonist: Uptravi*
XOLREMDI	Formulary	5	Yes	Yes	4 capsules per day	none