August & September 2025 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
AZMIRO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	testosterone cypionate injection, testosterone enanthate injection, testosterone transdermal gel
ENSACOVE†	Formulary	3	No	2	Yes	Yes	2 capsules per day	Alcensa*, Alunbrig*, Lorbrena*
HEMICLOR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 tablets per day	chlorthalidone, diuril, hydrochlorothiazide, indapamide, metolazone
IBTROZI†	Formulary	3	No	2	Yes	Yes	3 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*, Augtyro*
SPEVIGO SUBCUTANEOUS	Formulary	3	Yes	2	Yes	Yes	Initial: 4 milliliters per 28 days Maintenance: 2 milliliters per 28 days	none
SYMBRAVO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	9 tablets per 30 days	sumatriptan/naproxen, sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan, meloxicam
TEZRULY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	20 milliliters per day	terazosin capsules, prazosin capsules, doxazosin, tamsulosin capsules
VYKAT XR	Formulary	3	Yes	2	Yes	Yes	3 tablets per day, 28 day supply per fill	none

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AZMIRO	Non Formulary	Non Formulary	Yes	No	-	testosterone cypionate injection, testosterone enanthate injection, testosterone transdermal gel
ENSACOVE	Formulary	2	Yes	Yes	2 capsules per day	Alcensa*, Alunbrig*, Lorbrena*
HEMICLOR	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	chlorthalidone, diuril, hydrochlorothiazide, indapamide, metolazone
IBTROZI	Formulary	2	Yes	Yes	3 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*, Augtyro*
SPEVIGO SUBCUTANEOUS	Formulary	2	Yes	Yes	Initial: 4 milliliters per 28 days Maintenance: 2 milliliters per 28 days	none
SYMBRAVO	Non Formulary	Non Formulary	Yes	Yes	9 tablets per 30 days	sumatriptan/naproxen, sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan, meloxicam
TEZRULY	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	terazosin capsules, prazosin capsules, doxazosin, tamsulosin capsules
VYKAT XR	Formulary	2	Yes	Yes	3 tablets per day, 28 day supply per fill	none

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
Hemiclor	Non-Formulary	Non-Formulary	Yes	No	–	chlorthalidone, Diuril suspension (restricted to members 2 years old and younger), hydrochlorothiazide, indapamide, metolazone
Vykat XR	Formulary	Brand	Yes	Yes	28-day supply per fill	none

Geisinger Gold

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

Brand Name	Status	$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AZMIRO	Non Formulary						testosterone cypionate injection, testosterone enanthate injection, Androderm, testosterone transdermal gel
BOMYNTRA	Formulary	Specialty	25% coinsurance	No	No		not applicable
CONEXXENCE	Formulary	Brand Non Preferred	25% coinsurance	No	Yes	1 ml every 180 days	not applicable
ENFLONSIA	Non Formulary						Synagis*
HEMICLOR	Non Formulary						chlorthalidone, hydrochlorothiazide, indapamide, metolazone
IBTROZI	Formulary	Specialty	25% coinsurance	Yes	Yes	3 capsules/day	none
INZIRQO	Non Formulary						hydrochlorothiazide tablets, metolazone tablets, indapamide tablets, chlorthalidone tablets
JUBBONTI	Formulary	Brand Non Preferred	25% coinsurance	No	Yes	1 ml every 180 days	not applicable
LYNOZYFIC	Formulary	Specialty	25% coinsurance	Yes	No		Elrexfio*, Talvey*, Tecvayli*
OSENVELT	Formulary	Specialty	25% coinsurance	No	No		not applicable
STOBOCLO	Formulary	Brand Non Preferred	25% coinsurance	No	Yes	1 ml every 180 days	not applicable
SYMBRAVO	Non Formulary						sumatriptan/naproxen*, sumatriptan, almotriptan, naratriptan, rizatriptan, zolmitriptan, meloxicam
TEZRULY	Non Formulary						terazosin capsules, prazosin capsules, doxazosin tablets, tamsulosin capsules
VYKAT XR	Formulary	Specialty	25% coinsurance	Yes	Yes	3 tablets per day	none
WYOST	Formulary	Specialty	25% coinsurance	No	No		not applicable

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AZMIRO	Non Formulary	Non Formulary	Yes	No	-	testosterone cypionate injection, testosterone enanthate injection, testosterone transdermal gel
ENSACOVE	Formulary	4	Yes	Yes	2 capsules per day	Alcensa*, Alunbrig*, Lorbrena*
HEMICLOR	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	chlorthalidone, diuril, hydrochlorothiazide, indapamide, metolazone
IBTROZI	Formulary	4	Yes	Yes	3 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*, Augtyro*
SPEVIGO SUBCUTANEOUS	Formulary	5	Yes	Yes	Initial: 4 milliliters per 28 days Maintenance: 2 milliliters per 28 days	none
SYMBRAVO	Non Formulary	Non Formulary	Yes	Yes	9 tablets per 30 days	sumatriptan/naproxen, sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan, meloxicam
TEZRULY	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	terazosin capsules, prazosin capsules, doxazosin, tamsulosin capsules
VYKAT XR	Formulary	5	Yes	Yes	3 tablets per day, 28 day supply per fill	none