

August/September 2021 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
ARCALYST	Formulary	3	Yes	2	Yes	Yes	4 mL per 28 days maintenance	Cryopyrin–Associated Periodic Syndrome (CAPS): Kineret*, Ilaris* Deficiency of Interleukin-1 Receptor Antagonist (DIRA): Kineret* Recurrent Pericarditis (RP): colchicine, celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, naproxen, aspirin
BREZTRI AEROSPHERE	Formulary	2	No	2	No	Yes	1 inhaler per 28 days	fluticasone/salmeterol, Wixela Inhub, Breo Ellipta, Spiriva Handihaler, Spiriva respimat
DESVENLAFAXINE EXTENDED RELEASE (GENERIC KHEDEZLA)	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	desvenlafaxine succinate ER (generic Pristiq)
EVEKEO ODT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
LUMAKRAS†	Formulary	3	No	2	Yes	Yes	8 tablets per day, 30 day supply per fill	none
MENOPUR	Formulary	3	Yes	2	No	No	-	Gonal-f
MYRBETRIQ	Formulary	2	No	2	No	Yes	Myrbetriq tablets: 1 tablet per day Myrbetriq granules: 10 mL per day	none
PONVORY	Formulary	2	Yes	2	No	Yes	Starter Pack: 14 tablets per 180 days 20 mg tablets: 1 tablet per day	glatiramer, dimethyl fumarate, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
QELBREE	Formulary	3	No	2	Yes	Yes	100 mg tablets: 1 tablet per day 150 mg and 200 mg tablets: 2 tablets per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine

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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
ROSZET	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, simvastatin, ezetimibe, Repatha, Praluent
TRUSELTIQ†	Formulary	3	No	2	Yes	Yes	50 mg daily dose: 42 capsules per 28 days 75 mg daily dose: 63 capsules per 28 days 100 mg daily dose: 21 capsules per 28 days 125 mg daily dose: 42 capsules per 28 days	Pemazyre*
ZEGALOGUE	Formulary	3	No	2	Yes	Yes	1.2 mL per fill	glucagon emergency kit, Gvoke, Baqsimi
ZEPOSIA	Formulary	2	Yes	2	Yes	Yes	Starter Pack: 7 capsules per 180 days 0.92 mg : 1 capsule per day	Humira*, Entyvio*

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ARCALYST	Formulary	2	Yes	Yes	4 mL per 28 days maintenance	Cryopyrin–Associated Periodic Syndrome (CAPS): Kineret*, Ilaris* Deficiency of Interleukin-1 Receptor Antagonist (DIRA): Kineret* Recurrent Pericarditis (RP): colchicine, celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, naproxen, aspirin
BREZTRI AEROSPHERE	Formulary	2	No	Yes	1 inhaler per 28 days	fluticasone/salmeterol, Wixela Inhub, Breo Ellipta, Spiriva Handihaler, Spiriva respimat
DESVENLAFAXINE EXTENDED RELEASE (GENERIC KHEDEZLA)	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	desvenlafaxine succinate ER (generic Pristiq)
EVEKEO ODT	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
LUMAKRAS	Formulary	2	Yes	Yes	8 tablets per day, 30 day supply per fill	none

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
MYRBETRIQ	Formulary	2	No	Yes	Myrbetriq tablets: 1 tablet per day Myrbetriq granules: 10 mL per day	none
PONVORY	Formulary	2	No	Yes	Starter Pack: 14 tablets per 180 days 20 mg tablets: 1 tablet per day	glatiramer, dimethyl fumarate, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
QELBREE	Formulary	2	Yes	Yes	100 mg tablets: 1 tablet per day 150 mg and 200 mg tablets: 2 tablets per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
ROSZET	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, simvastatin, ezetimibe, Repatha, Praluent
TRUSELTIQ	Formulary	2	Yes	Yes	50 mg daily dose: 42 capsules per 28 days 75 mg daily dose: 63 capsules per 28 days 100 mg daily dose: 21 capsules per 28 days 125 mg daily dose: 42 capsules per 28 days	Pemazyre*
ZEGALOGUE	Formulary	2	Yes	Yes	1.2 mL per fill	glucagon emergency kit, Gvoke, Baqsimi
ZEPOSIA	Formulary	2	Yes	Yes	Starter Pack: 7 capsules per 180 days 0.92 mg : 1 capsule per day	Humira*, Entyvio*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
NONE						

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AMONDYS 45	Formulary	Specialty	25% coinsurance	Yes	No		none
BREZTRI AEROSPHERE	Formulary	Brand Preferred	25% coinsurance	No	Yes	10.7 gm (1 inhaler) every 28 days	Trelegy Ellipta
EVEKEO ODT	Non Formulary						dexamethylphenidate immediate release, dextroamphetamine immediate release, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release
EVKEEZA	Formulary	Specialty	25% coinsurance	Yes	No		Praluent*, Repatha*, Juxtapid*
LUMAKRAS	Formulary	Specialty	25% coinsurance	Yes	Yes	8 tablets/day; 30 day supply per fill	none
PONVORY	Formulary	Specialty	25% coinsurance	No	Yes	1 tablet per day	Aubagio^, Avonex^, Betaseron^, Copaxone, Dimethyl Fumarate, Extavia, Gilenya, Glatiramer, Mavenclad*, Mayzent, Ocrevus, Plegridy, Rebif, Tysabri
QELBREE	Non Formulary						dexamethylphenidate immediate release, dextroamphetamine immediate release, dextroamphetamine/amphetamine immediate release, methylphenidate immediate release, atomoxetine*
ROSZET	Non Formulary						Rosuvastatin, ezetimibe, atorvastatin, simvastatin, lovastatin, pravastatin
RYLAZE	Formulary	Specialty	25% coinsurance	Yes	No		Oncaspar
TRUSELTIQ	Formulary	Specialty	25% coinsurance	Yes	Yes	50 mg and 125 mg daily dose: 42 capsules/28 days; 75 mg daily dose: 63 capsules/28 days; 100 mg daily dose: 21 capsules/28 days.	Pemazyre*

Marketplace

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ARCALYST	Formulary	5	Yes	Yes	4 mL per 28 days maintenance	Cryopyrin–Associated Periodic Syndrome (CAPS): Kineret*, Ilaris* Deficiency of Interleukin-1 Receptor Antagonist (DIRA): Kineret* Recurrent Pericarditis (RP): colchicine, celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, naproxen, aspirin
BREZTRI AEROSPHERE	Formulary	2	No	Yes	1 inhaler per 28 days	fluticasone/salmeterol, Wixela Inhub, Breo Ellipta, Spiriva Handihaler, Spiriva respimat
DESVENLAFAXINE EXTENDED RELEASE (GENERIC KHEDEZLA)	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	desvenlafaxine succinate ER (generic Pristiq)
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LUMAKRAS	Formulary	4	Yes	Yes	8 tablets per day, 30 day supply per fill	none
MENOPUR	Formulary	5	No	No	-	Gonal-f
MYRBETRIQ	Formulary	3	No	Yes	Myrbetriq tablets: 1 tablet per day Myrbetriq granules: 10 mL per day	none
PONVORY	Formulary	5	No	Yes	Starter Pack: 14 tablets per 180 days 20 mg tablets: 1 tablet per day	glatiramer, dimethyl fumarate, Aubagio 14 mg, Avonex, Betaseron, Extavia, Gilenya, Plegridy, Rebif
QELBREE	Formulary	4	Yes	Yes	100 mg tablets: 1 tablet per day 150 mg and 200 mg tablets: 2 tablets per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
ROSZET	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	atorvastatin, rosuvastatin, simvastatin, ezetimibe, Repatha, Praluent
TRUSELTIQ	Formulary	4	Yes	Yes	50 mg daily dose: 42 capsules per 28 days 75 mg daily dose: 63 capsules per 28 days 100 mg daily dose: 21 capsules per 28 days 125 mg daily dose: 42 capsules per 28 days	Pemazyre*

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ZEGALOGUE	Formulary	4	Yes	Yes	1.2 mL per fill	glucagon emergency kit, Gvoke, Baqsimi
ZEPOSIA	Formulary	5	Yes	Yes	Starter Pack: 7 capsules per 180 days 0.92 mg : 1 capsule per day	Humira*, Entyvio*