

***** PLEASE NOTE: For ACA Small Group, eff. 1/1/22 this list is applicable to the following 5/7 Small Group products that require Precertification.**

Small Group ACA Qualified High Deductible Health Plan POS

Geisinger Choices PPO

Geisinger Extra PPO

Geisinger All-Access PPO

Geisinger All-Access Qualified High Deductible Health Plan PPO

Geisinger Small Group benefit changes

Effective January 1, 2022

- List of covered preventive services has been updated
- Added coverage for treatment of amyloidosis at designated Geisinger Centers of Excellence
- Costs associated with services provided by group homes, half-way houses, temporary lodging facilities and sober living home/housing are clarified to be excluded from coverage
- The following drugs have been *added* to the list of covered injectable drugs for which cost-sharing applies. For a complete list, contact the customer care team at 866-379-4489, Monday – Friday 7:00 a.m. to 7 p.m. and Saturday 8 a.m. to 2 p.m.

Abecma (idecabtagene vicleucel)	Nivepria (pegfilgrastim)
Amondys 45 (casimersen)	Nulibry (fosdenopterin)
Blenrep (belantamab mafodotin)	Olinvyk (oliceridine)
Breyanzi (lisocabtagene maraleucel)	Ontruzant (trastuzumab)
Cabenuva (cabotegravir and rilpivirine)	Oxlumo (lumasiran)
Cosela (trilaciclib)	Pepaxto (melphalan flufenamide)
Danyelza (naxitamab)	Phesgo (pertuzumab, trastuzumab, and hyaluronidase)
Darzalex Faspro (daratumumab/hyaluronidase)	Tecartus (brexucabtagene autoleucel)
Durysta (bimatoprost)	Tretten (Factor XIII A-Subunit)
Evkeeza (evinacumab)	Triluron (hyaluronate and derivatives)
Fensolvi (leuprolide)	Trodelvy (sacituzumab govitecan)
hydroxyprogesterone caproate	Uplizna (inebilizumab)
Jelmyto (mitoMYcin)	Viltepso (viltolarsen)
Kovaltry (antihemophilic factor)	Vonvendi (von willebrand factor)
Margenza (margetuximab)	Xembify (immune globulin)
Monjuvi (tafasitamab)	Zepzelca (lurbinectedin)

- The following drugs have been *removed* from the list of covered injectable drugs for which cost-sharing applies.

Aloxi (palonosetron)	Adagen (pegademase bovine)
Boniva IV (ibandronate sodium)*	Jetrea (ocriplasmin)
Emend (fosaprepitant)	Lartruvo (olaratumab)
Ibandronate Sodium IV	Myozyme (alglucosidase alfa)
Reclast (zoledronic acid)*	Natrecor (nesiritide)
Zoledronic Acid	Ontak (denileukin diftitox)
Zometa (zoledronic acid)*	Varubi IV (rolapitant)
	Viadur (leuprolide)
	Vivaglobin (sub q immune globulin)

- The following medications will be removed from the formulary:
 - All brands with a generic currently on formulary (narrow therapeutic drugs excluded)
 - Drug products that are not approved by the Food and Drug Administration

For a list of all updates to our formulary, please visit: <https://www.geisinger.org/-/media/OneGeisinger/Files/PDFs/Shared-PDFs/Formulary-Updates/Marketplace-formulary-2022.pdf?la=en> (<- This is a placeholder with a vanity URL pending).

Visit [GeisingerHealthPlan.com/Marketplace/2022](https://www.geisinger.org/Marketplace/2022) changes or contact the customer care team at 866-379-4489, Monday – Friday 7:00 a.m. to 7 p.m. and Saturday 8 a.m. to 2 p.m. for a list of services and/or supplies or agents and/or medications that require precertification. These services may change your out-of-pocket costs, so it is important to review the list carefully.

HPLGL02

\\geisinger.edu\dfs\0004\0341\341003\2022 Benefit Documents\Marketing Letters\Marketing Letters (ACA) - Small Group (1.1.22)\SG With Precert\2022 SG Member Letters with precert 8.30.21 cl.docx - FINAL

Dev. 8/30/21