

APRIL & MAY 2026 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
AUSTEDO XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	One tablet per day, 30 day supply per fill	Huntington's Disease: tetrabenazine* Tardive Dyskinesia: amantadine
CARDAMYST	Formulary	3	Yes	2	Yes	Yes	One carton (2 nasal spray units) per 28 days	none
DAPAGLIFLOZIN; DAPAGLIFLOZIN/ METFORMIN	Formulary	1	No	1	No	Yes	One tablet per day	none
DEXCOM G6/G7 RECEIVER	Formulary	2	No	2	No	Yes	One receiver per 365 days	none
JAVADIN	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	clonidine tablet, clonidine transdermal patch
OMLONTI	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	latanoprost (generic Xalatan), travoprost, tafluprost (generic Zioptan)*
REDEMPLO	Formulary	3	Yes	2	Yes	Yes	0.5 milliliters (1 syringe) per 90 days	Tryngolza*
SUBLOCADE	Formulary	3	Yes	2	No	Yes	Sublocade 100 mg/0.5 mL Syringe: 0.5 mL (1 syringe) per 28 days Sublocade 300 mg/1.5 mL Syringe: 3 mL (2 syringes) per 28 days	none
VOYXACT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 milliliters per 28 days, 28 day supply per fill	none

CHIP

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AUSTEDO XR	Non Formulary	Non Formulary	Yes	Yes	One tablet per day, 30 day supply per fill	Huntington's Disease: tetrabenazine* Tardive Dyskinesia: amantadine
CARDAMYST	Formulary	2	Yes	Yes	One carton (2 nasal spray units) per 28 days	none
DAPAGLIFLOZIN; DAPAGLIFLOZIN/ METFORMIN	Formulary	1	No	Yes	One tablet per day	none
DEXCOM G6/G7 RECEIVER	Formulary	2	No	Yes	One receiver per 365 days	none
JAVADIN	Non Formulary	Non Formulary	Yes	No	-	clonidine tablet, clonidine transdermal patch
OMLONTI	Non Formulary	Non Formulary	Yes	No	-	latanoprost (generic Xalatan), travoprost, tafluprost (generic Zioptan)*
REDEMPLO	Formulary	2	Yes	Yes	0.5 milliliters (1 syringe) per 90 days	Tryngolza*
SUBLOCADE	Formulary	2	No	Yes	Sublocade 100 mg/0.5 mL Syringe: 0.5 mL (1 syringe) per 28 days Sublocade 300 mg/1.5 mL Syringe: 3 mL (2 syringes) per 28 days	none
VOYXACT	Non Formulary	Non Formulary	Yes	Yes	2 milliliters per 28 days, 28 day supply per fill	none

GHP Family

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

Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
VOYXACT	Non Formulary	Non Formulary	Yes	Yes	28 day supply per fill	Filspari*

Geisinger Gold

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

Brand Name	Status	6-Tier Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AUSTEDO XR	Formulary	Specialty	Yes	Yes	1 tablet per day	For Tardive Dyskinesia: Ingrezza*/**, amantadine For Huntington's Disease: tetrabenazine**
CARDAMYST	Formulary	Specialty	Yes	Yes	2 units per 28 days	none
EXDENSUR	Formulary	Specialty	Yes	Yes	1 ml every 6 months	Dupixent*/**, Fasenra*/**, Xolair*
JAVADIN	Non Formulary					clonidine tablets, clonidine transdermal
JOBEVNE	Formulary	Specialty	No	No		Alymsys, Mvasi, Vegzelma, Zirabev
LUNSUMIO VELO	Formulary	Specialty	Yes	No		none
REDEMPLO	Formulary	Specialty	Yes	Yes	0.5 ml every 90 days	Tryngolza*/**
RYBREVANT FASPRO	Formulary	Specialty	Yes	No		none
RYZNEUTA	Non Formulary					Fylmetra*/**, Nyvepria*, Stimufend*/**, Udenyca*/**, Ziextenzo*/**
VOYXACT	Non Formulary					Filspari*/**

Marketplace

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AUSTEDO XR	Non Formulary	Non Formulary	Yes	Yes	One tablet per day, 30 day supply per fill	Huntington's Disease: tetrabenazine* Tardive Dyskinesia: amantadine
CARDAMYST	Formulary	5	Yes	Yes	One carton (2 nasal spray units) per 28 days	none
DAPAGLIFLOZIN; DAPAGLIFLOZIN/METFORMIN	Formulary	2	No	Yes	One tablet per day	none
DEXCOM G6/G7 RECEIVER	Formulary	3	No	Yes	One receiver per 365 days	none
JAVADIN	Non Formulary	Non Formulary	Yes	No	-	clonidine tablet, clonidine transdermal patch
OMLONTI	Non Formulary	Non Formulary	Yes	No	-	latanoprost (generic Xalatan), travoprost, tafluprost (generic Zioptan)*
REDEMPLO	Formulary	5	Yes	Yes	0.5 milliliters (1 syringe) per 90 days	Tryngolza*
SUBLOCADE	Formulary	5	No	Yes	Sublocade 100 mg/0.5 mL Syringe: 0.5 mL (1 syringe) per 28 days Sublocade 300 mg/1.5 mL Syringe: 3 mL (2 syringes) per 28 days	none
VOYXACT	Non Formulary	Non Formulary	Yes	Yes	2 milliliters per 28 days, 28 day supply per fill	none