August & September 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
BRUKINSA†	Formulary	3	No	2	Yes	Yes	80 mg capsules: 4 capsules per day, 30 day supply per fill 160 mg tablets: 2 tablets per day, 30 day supply per fill	none
FOUNDAYO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Foundayo 0.8 mg, 2.5 mg: 30 tablets per 180 days Foundayo 5.5 mg, 9 mg, 14.5 mg, and 17.2 mg: 30 tablets per 30 days	
ICOTYDE	Formulary	3	Yes	2	Yes	Yes	1 tablet per day, 30 day supply per fill	cyclosporine, methotrexate
LASIX ONYU	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 prefilled cartridges per day	none
NEREUS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 capsules per 30 days	Scopolamine 1 mg/3 days patch 72 hr, meclizine tablets
ORLYNVAH	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 tablets per 5 days	nitrofurantoin, sulfamethoxazole-trimethoprim, amoxicillin-clavulanate, ciprofloxacin
TRYPTYR	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	cyclosporine 0.05% ophthalmic emulsion, Xiidra ophthalmic solution
VEPPANU†	Formulary	3	No	2	Yes	Yes	1 tablet per day, 30 day supply per fill	none

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
BRUKINSA	Formulary	2	Yes	Yes	80 mg capsules: 4 capsules per day, 30 day supply per fill 160 mg tablets: 2 tablets per day, 30 day supply per fill	none
FOUNDAYO	Non Formulary	Non Formulary	Yes	Yes	Foundayo 0.8 mg, 2.5 mg: 30 tablets per 180 days Foundayo 5.5 mg, 9 mg, 14.5 mg, and 17.2 mg: 30 tablets per 30 days	
ICOTYDE	Formulary	2	Yes	Yes	1 tablet per day, 30 day supply per fill	cyclosporine, methotrexate
LASIX ONYU	Non Formulary	Non Formulary	Yes	Yes	2 prefilled cartridges per day	none
NEREUS	Non Formulary	Non Formulary	Yes	Yes	8 capsules per 30 days	•Scopolamine 1 mg/3 days patch 72 hr, meclizine (12.5 mg, 25 mg) tablets
ORLYNVAH	Non Formulary	Non Formulary	Yes	Yes	10 tablets per 5 days	nitrofurantoin, sulfamethoxazole-trimethoprim, amoxicillin-clavulanate, ciprofloxacin
TRYPTYR	Non Formulary	Non Formulary	Yes	No	-	cyclosporine 0.05% ophthalmic emulsion, Xiidra ophthalmic solution
VEPPANU	Formulary	2	Yes	Yes	1 tablet per day, 30 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)
Lasix Onyu	Non-formulary	Non-formulary	Yes			None

Geisinger Gold

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Brand Name	Status	6-Tier Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AVLAYAH	Formulary	Specialty	Yes	No		none
ICOTYDE	Formulary	Specialty	Yes	Yes	1 tablet/day, limited to 1 month supply per fill	betamethasone cream/lotion/oint, desoximetasone cream/oint, triamcinolone cream/oint, clobetasole cream/oint, halobetasol cream/oint, cyclosporine, methotrexate
LASIX ONYU	Non Formulary					bumetanide (oral tablets/injection), furosemide (oral tablets/oral solution/injection), torsemide (oral tablets)
NEREUS	Non Formulary					scopolamine patch, meclizine tablets
ORLYNVAH	Non Formulary					Amoxicillin-pot clavulanate tablets/suspension, ciprofloxacin tablets, nitrofurantoin, sulfamethoxazole-trimethoprim
TRYPTYR	Non Formulary					cyclosporine drops, Xiidra
VEPPANU	Formulary	Specialty	Yes	Yes	1 tablet per day, limited to one month supply per fill	Orserdu*/**, Inluriyo*/**

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
BRUKINSA	Formulary	4	Yes	Yes	80 mg capsules: 4 capsules per day, 30 day supply per fill 160 mg tablets: 2 tablets per day, 30 day supply per fill	none
FOUNDAYO	Non Formulary	Non Formulary	Yes	Yes	Foundayo 0.8 mg, 2.5 mg: 30 tablets per 180 days Foundayo 5.5 mg, 9 mg, 14.5 mg, and 17.2 mg: 30 tablets per 30 days	
ICOTYDE	Formulary	5	Yes	Yes	1 tablet per day, 30 day supply per fill	cyclosporine, methotrexate
LASIX ONYU	Non Formulary	Non Formulary	Yes	Yes	2 prefilled cartridges per day	none
NEREUS	Non Formulary	Non Formulary	Yes	Yes	8 capsules per 30 days	•Scopolamine 1 mg/3 days patch 72 hr, meclizine (12.5 mg, 25 mg) tablets
ORLYNVAH	Non Formulary	Non Formulary	Yes	Yes	10 tablets per 5 days	nitrofurantoin, sulfamethoxazole-trimethoprim, amoxicillin-clavulanate, ciprofloxacin
TRYPTYR	Non Formulary	Non Formulary	Yes	No	-	cyclosporine 0.05% ophthalmic emulsion, Xiidra ophthalmic solution
VEPPANU	Formulary	4	Yes	Yes	1 tablet per day, 30 day supply per fill	none