

# February & March 2024 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
AISUPRA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	32.1 grams per 30 days	albuterol HFA, levalbuterol HFA, budesonide-formoterol* (*quantity limits apply)
AUGTYRO†	Formulary	3	No	2	Yes	Yes	8 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*
BREYNA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10.3 grams per 30 days	budesonide/formoterol, fluticasone/salmeterol Diskus, Wixela, fluticasone/salmeterol HFA, Advair HFA, Breo Ellipta, Dulera
IWILFIN†	Formulary	3	No	2	Yes	Yes	8 tablets per day, 30 days supply per fill	none
IYUZEH	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	6 milliliters per 30 days	latanoprost, tafuprost*, travoprost*, Xelpros*, Lumigan*, Vyzulta*
JESDUVROQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 mg tablets, 2 mg tablets, 4 mg tablets: 1 tablet per day 6 mg tablets: 2 tablets per day 8 mg tablets: 3 tablets per day	Procrit*, Epogen*, Retracrit*, Aranesp*
LODOCO	Formulary	3	No	2	Yes	Yes	1 tablet per day	none
MOTPOLY XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	100mg capsule : 1 capsule daily 150mg and 200 mg capsule: 2 capsules daily	For patients aged ≥ 1 month of age: lacosamide IR, carbamazepine, levetiracetam IR, phenobarbital, phenytoin, pregabalin Additional formulary alternatives for patients over certain ages: lamotrigine IR (2+), topiramate IR (2+), topiramate ER (2+), gabapentin (3+), oxcarbazepine (4+), divalproex (10+), levetiracetam ER (12+), tiagabine (12+), lamotrigine ER (13+), felbamate (14+), and zonisamide (16+)
MOUNJARO	Formulary	2	No	2	Yes	Yes	2.5 mg: 2 mL per 180 days 5 mg, 7.5 mg, 10 mg, 12.5 mg, & 15 mg: 2 mL per 28 days	none
OGSIVEO†	Formulary	3	No	2	Yes	Yes	6 tablets per day, 30 day supply per fill	none

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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
OLPRUVA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2gm dose: 20 packets per day 3gm dose: 12 packets per day 4gm dose: 15 packets per day 5gm dose: 12 packets per day 6 gm and 6.67 gram dose QL: 9 packets per day 30 days supply fill for all doses	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*
VELSIPITY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Humira*, adalimumab-FKJP*, Hadlima*, Yusimry*, Rinvoq*, Xeljanz/XR*, Simponi*
XPHOZAH	Formulary	3	Yes	2	Yes	Yes	2 tablets per day	Auryxia*, calcium acetate, Fosrenol, lanthanum carbonate, sevelamer carbonate, Velphoro*

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AISUPRA	Non Formulary	Non Formulary	Yes	Yes	32.1 grams per 30 days	albuterol HFA, levalbuterol HFA, budesonide-formoterol* (*quantity limits apply)
AUGTYRO	Formulary	2	Yes	Yes	8 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*
BREYNA	Non Formulary	Non Formulary	Yes	Yes	10.3 grams per 30 days	budesonide/formoterol, fluticasone/salmeterol Diskus, Wixela, fluticasone/salmeterol HFA, Advair HFA, Breo Ellipta, Dulera
IWILFIN	Formulary	2	Yes	Yes	8 tablets per day, 30 days supply per fill	none
IYUZEH	Non Formulary	Non Formulary	Yes	Yes	6 milliliters per 30 days	latanoprost, tafuprost*, travoprost*, Xelpros*, Lumigan*, Vyzulta*
JESDUVROQ	Non Formulary	Non Formulary	Yes	Yes	1 mg tablets, 2 mg tablets, 4 mg tablets: 1 tablet per day 6 mg tablets: 2 tablets per day 8 mg tablets: 3 tablets per day	Procrit*, Epogen*, Retracrit*, Aranesp*
LODOCO	Formulary	2	Yes	Yes	1 tablet per day	none

## CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
MOTPOLY XR	Non Formulary	Non Formulary	Yes	Yes	100mg capsule : 1 capsule daily 150mg and 200 mg capsule: 2 capsules daily	For patients aged ≥ 1 month of age: lacosamide IR, carbamazepine, levetiracetam IR, phenobarbital, phenytoin, pregabalin Additional formulary alternatives for patients over certain ages: lamotrigine IR (2+), topiramate IR (2+), topiramate ER (2+), gabapentin (3+), oxcarbazepine (4+), divalproex (10+), levetiracetam ER (12+), tiagabine (12+), lamotrigine ER (13+), felbamate (14+), and zonisamide (16+)
MOUNJARO	Formulary	2	Yes	Yes	2.5 mg: 2 mL per 180 days 5 mg, 7.5 mg, 10 mg, 12.5 mg, & 15 mg: 2 mL per 28 days	none
OGSIVEO	Formulary	2	Yes	Yes	6 tablets per day, 30 day supply per fill	none
OLPRUVA	Non Formulary	Non Formulary	Yes	Yes	2gm dose: 20 packets per day 3gm dose: 12 packets per day 4gm dose: 15 packets per day 5gm dose: 12 packets per day 6 gm and 6.67 gram dose QL: 9 packets per day 30 days supply fill for all doses	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*
VELSIPITY	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Humira*, adalimumab-FKJP*, Hadlima*, Yusimry*, Rinvoq*, Xeljanz/XR*, Simponi*
XPHOZAH	Formulary	2	Yes	Yes	2 tablets per day	Auryxia*, calcium acetate, Fosrenol, lanthanum carbonate, sevelamer carbonate, Velphoro*

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
JESDUVROQ	Non Formulary	Non Formulary	Yes	No		per Statewide PDL

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
AIRSUPRA	Non Formulary						albuterol HFA, levalbuterol HFA, budesonide-formoterol
AUGTYRO	Formulary	Specialty	25% coinsurance	Yes	Yes	240 capsules per 30 days	Xalkori*, Rozlytrek*
IWILFIN	Formulary	Specialty	25% coinsurance	Yes	Yes	240 tablets/30 days	Danyelza*, cyclophosphamide, doxorubicin, Unituxin*, vincristine
IYUZEH	Non Formulary						Iatanoprost, tafluprost, travoprost*, Xelpros*, Lumigan, Vyzulta
JESDUVROQ	Non Formulary						Procrit*, Epogen*, Retracrit*, Aranesp*
LODOCO	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	30 tablets/30 days	none
LOQTORZI	Formulary	Specialty	25% coinsurance	Yes	No		none
MOTPOLY XR	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	100 mg: 30 capsules/30 days; 150 mg and 200 mg: 60 capsules/30 days	lacosamide tablets, lacosamide oral solution, carbamazepine, gabapentin, lamotrigine, lamotrigine ER, levetiracetam, oxcarbazepine, pregabalin, primidone, topiramate, topiramate ER*, zonisamide, Aptiom*, Briviact*, Eptol, Eprontia*, Spritam*
OGSIVEO	Formulary	Specialty	25% coinsurance	Yes	Yes	180 tablets per 30 days	none
VELSIPITY	Non Formulary						azathioprine, balsalazide, mesalamine, sulfasalazine, Humira*, adalimumab-fkjb*, Hadlima*, Yusimry*, Rinvoq*, Simponi*, Xeljanz*
XPHOZAH	Formulary	Specialty	25% coinsurance	Yes	Yes	60 tablets/30 days	calcium acetate, sevelamer carbonate, lanthanum carbonate

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
AISUPRA	Non Formulary	Non Formulary	Yes	Yes	32.1 grams per 30 days	albuterol HFA, levalbuterol HFA, budesonide-formoterol* (*quantity limits apply)
AUGTYRO	Formulary	4	Yes	Yes	8 capsules per day, 30 day supply per fill	Xalkori*, Rozlytrek*
BREYNA	Non Formulary	Non Formulary	Yes	Yes	10.3 grams per 30 days	budesonide/formoterol, fluticasone/salmeterol Diskus, Wixela, fluticasone/salmeterol HFA, Advair HFA, Breo Ellipta, Dulera
IWILFIN	Formulary	4	Yes	Yes	8 tablets per day, 30 days supply per fill	none
IYUZEH	Non Formulary	Non Formulary	Yes	Yes	6 milliliters per 30 days	latanoprost, tafuprost*, travoprost*, Xelpros*, Lumigan*, Vyzulta*
JESDUVROQ	Non Formulary	Non Formulary	Yes	Yes	1 mg tablets, 2 mg tablets, 4 mg tablets: 1 tablet per day 6 mg tablets: 2 tablets per day 8 mg tablets: 3 tablets per day	Procrit*, Epogen*, Retracrit*, Aranesp*
LODOCO	Formulary	4	Yes	Yes	1 tablet per day	none
MOTPOLY XR	Non Formulary	Non Formulary	Yes	Yes	100mg capsule : 1 capsule daily 150mg and 200 mg capsule: 2 capsules daily	For patients aged ≥ 1 month of age: lacosamide IR, carbamazepine, levetiracetam IR, phenobarbital, phenytoin, pregabalin Additional formulary alternatives for patients over certain ages: lamotrigine IR (2+), topiramate IR (2+), topiramate ER (2+), gabapentin (3+), oxcarbazepine (4+), divalproex (10+), levetiracetam ER (12+), tiagabine (12+), lamotrigine ER (13+), felbamate (14+), and zonisamide (16+)
MOUNJARO	Formulary	3	Yes	Yes	2.5 mg: 2 mL per 180 days 5 mg, 7.5 mg, 10 mg, 12.5 mg, & 15 mg: 2 mL per 28 days	none
OGSIVEO	Formulary	4	Yes	Yes	6 tablets per day, 30 day supply per fill	none
OLPRUVA	Non Formulary	Non Formulary	Yes	Yes	2gm dose: 20 packets per day 3gm dose: 12 packets per day 4gm dose: 15 packets per day 5gm dose: 12 packets per day 6 gm and 6.67 gram dose QL: 9 packets per day 30 days supply fill for all doses	sodium phenylbutyrate powder*, sodium phenylbutyrate tablet*
VELSIPITY	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Humira*, adalimumab-FKJP*, Hadlima*, Yusimry*, Rinvoq*, Xeljanz/XR*, Simponi*
XPHOZAH	Formulary	5	Yes	Yes	2 tablets per day	Auryxia*, calcium acetate, Fosrenol, lanthanum carbonate, sevelamer carbonate, Velphoro*