

May 2022 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
ADBRY	Formulary	3	Yes	2	Yes	Yes	4 mL per 28 days maintenance	Dupixent*
DHIVY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 tablets per day	carbidopa/levodopa IR, carbidopa/levodopa ER, carbidopa/levodopa/entacapone, entacapone, pramipexole, pramipexole extended release*, rasagiline, ropinirole, selegiline, tolcapone*, Apokyn*, Inbrija
LIVTENCITY	Formulary	3	Yes	2	Yes	Yes	4 tablets per day	valganciclovir
OXBRYTA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	500 mg tablets: 3 tablets per day, 30 day supply per fill 300 mg oral soluble tablets: 5 tablets per day, 30 day supply per fill	hydroxyurea, Endari*, Siklos*
RECORLEV	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8 tablets per day	ketoconazole, Signifor*, Signifor LAR*
RINVOQ	Formulary	3	Yes	2	Yes	Yes	Rinvoq 15 mg and 30 mg tablets: 1 tablet per day, 30 day supply per fill Rinvoq 45 mg tablets: 56 tablets per 180 days	Humira*, Cosentyx*
SOAANZ	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	20 mg tablets: 1 tablet per day 40 mg tablets: 2 tablets per day 60 mg tablets: 3 tablets per day	bumetanide, furosemide, torsemide
VONJO†	Formulary	3	No	2	Yes	Yes	4 capsules per day, 30 day supply per fill	none
VOXZOGO	Formulary	3	Yes	2	Yes	Yes	1 vial per day	none
XARELTO SUSPENSION	Formulary	2	No	2	No	No	-	none

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADBRY	Formulary	2	Yes	Yes	4 mL per 28 days maintenance	Dupixent*
DHIVY	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	carbidopa/levodopa IR, carbidopa/levodopa ER, carbidopa/levodopa/entacapone, entacapone, pramipexole, pramipexole extended release*, rasagiline, ropinirole, selegiline, tolcapone*, Apokyn*, Inbrija
LIVTENCITY	Formulary	2	Yes	Yes	4 tablets per day	valganciclovir
OXBRYTA	Non Formulary	Non Formulary	Yes	Yes	500 mg tablets: 3 tablets per day, 30 day supply per fill 300 mg oral soluble tablets: 5 tablets per day, 30 day supply per fill	hydroxyurea, Endari*, Siklos*
RECORLEV	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	ketoconazole, Signifor*, Signifor LAR*
RINVOQ	Formulary	2	Yes	Yes	Rinvoq 15 mg and 30 mg tablets: 1 tablet per day, 30 day supply per fill Rinvoq 45 mg tablets: 56 tablets per 180 days	Humira*, Cosentyx*
SOAANZ	Non Formulary	Non Formulary	Yes	Yes	20 mg tablets: 1 tablet per day 40 mg tablets: 2 tablets per day 60 mg tablets: 3 tablets per day	bumetanide, furosemide, torsemide
VONJO	Formulary	2	Yes	Yes	4 capsules per day, 30 day supply per fill	none
VOXZOGO	Formulary	2	Yes	Yes	1 vial per day	none
XARELTO SUSPENSION	Formulary	2	No	No	-	none

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
RECORLEV	Non Formulary	Non Formulary	Yes	No		not applicable
SOAANZ	Non Formulary	Non Formulary	Yes	No		torsemide, furosemide, bumetanide
VOXZOGO	Formulary	Brand	Yes	No		not applicable

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ADBRY	Formulary	Specialty	25% coinsurance	Yes	Yes	6 mL per 28 days	Dupixent*, tacrolimus ointment, triamcinolone, fluocinolone, betamethasone, fluocinonide, clobetasol, halobetasol
DHIVY	Non Formulary						carbidopa-levodopa IR, carbidopa-levodopa ER, amantadine, bromocriptine, entacapone, Neupro*, pramipexole, rasagiline**, ropinirole, ropinirole ER, selegiline, tolcapone*
LIVTENCITY	Formulary	Specialty	25% coinsurance	Yes	Yes	4 tablets/day	ganciclovir, valganciclovir, cidofovir, foscarnet
OPDUALAG	Formulary	Specialty	25% coinsurance	Yes	Yes	40 ml (2 vials) per 28 days	Keytruda*, Opdivo*, Yervoy*
RECORLEV	Non Formulary						Signifor*/**, Signifor LAR*/**
SOAANZ	Non Formulary						toremide, furosemide, bumetanide
TEZSPIRE	Formulary	Specialty	25% coinsurance	Yes	Yes	1.91 mL (210 mg) every 28 days	Dupixent*, Xolair*, Serevent, Arnuity, Flovent, Pulmicort, QVAR, Breo, Dulera, fluticasone-salmeterol, Spiriva, montelukast, zafirlukast
VONJO	Formulary	Specialty	25% coinsurance	Yes	Yes	4 capsules per day, 30 day supply per fill	Inrebic*/**, Jakafi */**
VOXZOGO	Non Formulary						none
VYVGART	Non Formulary						dexamethasone, methylprednisolone, prednisone, pyridostigmine, azathioprine, mycophenolate, cyclosporine, Riabni*, Ruxience*, Truxima*
XARELTO ORAL SUSPENSION	Formulary	Brand Preferred	25% coinsurance	No	Yes	620 mls per 30 days	none

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ADBRY	Formulary	5	Yes	Yes	4 mL per 28 days maintenance	Dupixent*
DHIVY	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	carbidopa/levodopa IR, carbidopa/levodopa ER, carbidopa/levodopa/entacapone, entacapone, pramipexole, pramipexole extended release*, rasagiline, ropinirole, selegiline, tolcapone*, Apokyn*, Inbrija
LIVTENCITY	Formulary	5	Yes	Yes	4 tablets per day	valganciclovir
OXBRYTA	Non Formulary	Non Formulary	Yes	Yes	500 mg tablets: 3 tablets per day, 30 day supply per fill 300 mg oral soluble tablets: 5 tablets per day, 30 day supply per fill	hydroxyurea, Endari*, Siklos*
RECORLEV	Non Formulary	Non Formulary	Yes	Yes	8 tablets per day	ketoconazole, Signifor*, Signifor LAR*
RINVOQ	Formulary	5	Yes	Yes	Rinvoq 15 mg and 30 mg tablets: 1 tablet per day, 30 day supply per fill Rinvoq 45 mg tablets: 56 tablets per 180 days	Humira*, Cosentyx*
SOAANZ	Non Formulary	Non Formulary	Yes	Yes	20 mg tablets: 1 tablet per day 40 mg tablets: 2 tablets per day 60 mg tablets: 3 tablets per day	bumetanide, furosemide, torsemide
VONJO	Formulary	4	Yes	Yes	4 capsules per day, 30 day supply per fill	none
VOXZOGO	Formulary	5	Yes	Yes	1 vial per day	none
XARELTO SUSPENSION	Formulary	3	No	No	-	none