

September 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
ABSORICA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	doxycycline, minocycline, erythromycin, isotretinoin, trimethoprim/sulfamethoxazole, azithromycin, Claravis, Myorisan, Zenatane, Amnesteem
BYDUREON - - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
BYDUREON BCISE - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
CAMZYOS	Formulary	3	Yes	2	Yes	Yes	1 tablet per day	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate, nadolol, pindolol, propranolol, timolol, diltiazem, verapamil, disopyramide
DARTISLA ODT	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 tablets per day	glycopyrrolate tablets
FARXIGA - EFFECTIVE 01/01/2023	Formulary	3	No	2	No	Yes	1 tablet per day	none
FERRIPROX 1000 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	deferasirox (generic Exjade)*
ILUMYA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	methotrexate, cyclosporine, azathioprine, acitretin*, Humira*^, Cosentyx*^
INVOKAMET/INVOKAMET XR - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day	metformin, Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR
INVOKANA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	Farxiga, Jardiance, Synjardy
IVERMECTIN 1% CREAM	Formulary	1	No	1	No	No	-	none
JATENZO	Formulary	3	No	2	Yes	Yes	158 and 198 capsules: 4 capsules per day 237 mg capsules: 2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aveed*

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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
JYNARQUE 15 MG AND 30 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 tablets per day, 28 day supply per fill	tolvaptan
NORLIQVA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 milliliters per day	amlodipine oral tablets, amlodipine/benazepril, Cartia XT, diltiazem, diltiazem extended release, felodipine extended release, nifedipine, Taztia XT, Tiadylt extended release, nifedipine extended release, verapamil, verapamil extended release
OZEMPIC - EFFECTIVE 01/01/2023	Formulary	3	No	2	Yes	Yes	0.25 or 0.5 milligrams per dose: 1.5 milliliters per 28 days 1 milligram per dose: 3 milliliters per 28 days	none
PRADAXA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 capsules per day	Eliquis, Xarelto
RADICAVA ORS	Formulary	3	Yes	2	Yes	Yes	loading dose: 70 milliliters per 28 days maintenance dose: 50 milliliters per 28 days	riluzole
RYBELSUS - EFFECTIVE 01/01/2023	Formulary	3	No	2	Yes	Yes	3 mg tablets: 30 tablets per 180 days, 7 mg and 14 mg: 1 tablet per day	none
TALTZ - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 syringe per 28 days	methotrexate, cyclosporine, azathioprine, acitretin*, Humira*^, Cosentyx*^
TLANDO	Formulary	3	No	2	Yes	Yes	2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aveed*
TRULICITY - EFFECTIVE 01/01/2023	Formulary	3	No	2	Yes	Yes	2 milliliters per 28 days	none
VERKAZIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	120 drops per 30 days	olopatadine 0.1% ophthalmic, olopatadine 0.2% ophthalmic, azelastine 0.05% ophthalmic, epinastine 0.05% ophthalmic, cyclosporine 0.05% ophthalmic emulsion, Restasis 0.05% ophthalmic emulsion, Restasis 0.05% Multidose emulsion, cromolyn 4% ophthalmic
VICTOZA - EFFECTIVE 01/01/2023	Formulary	3	No	2	Yes	Yes	9 milliliters per 30 days	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
VIMPAT - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	lacosamide, lamotrigine IR, topiramate IR, topiramate ER *, gabapentin, oxcarbazepine, divalproex, levetiracetam ER, tiagabine, lamotrigine ER, felbamate, and zonisamide
XIGDUO XR - EFFECTIVE 01/01/2023	Formulary	3	No	2	No	Yes	1 tablet per day	none

CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABSORICA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	doxycycline, minocycline, erythromycin, isotretinoin, trimethoprim/sulfamethoxazole, azithromycin, Claravis, Myorisan, Zenatane, Amnesteem
BYDUREON - - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
BYDUREON BCISE - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
CAMZYOS	Formulary	2	Yes	Yes	1 tablet per day	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate, nadolol, pindolol, propranolol, timolol, diltiazem, verapamil, disopyramide
DARTISLA ODT	Non Formulary	Non Formulary	Yes	Yes	4 tablets per day	glycopyrrolate tablets
FARXIGA - EFFECTIVE 01/01/2023	Formulary	2	No	Yes	1 tablet per day	none
FERRIPROX 1000 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	deferasirox (generic Exjade)*
ILUMYA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	methotrexate, cyclosporine, azathioprine, acitretin*, Humira*^, Cosentyx*^
INVOKAMET/INVOKAMET XR - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	metformin, Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR
INVOKANA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Farxiga, Jardiance, Synjardy
IVERMECTIN 1% CREAM	Formulary	1	No	No	-	none

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
JATENZO	Formulary	2	Yes	Yes	158 and 198 capsules: 4 capsules per day 237 mg capsules: 2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aved* [*]
JYNARQUE 15 MG AND 30 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day, 28 day supply per fill	tolvaptan
NORLIQVA	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	amlodipine oral tablets, amlodipine/benazepril, Cartia XT, diltiazem, diltiazem extended release, felodipine extended release, nifedipine, Taztia XT, Tiadyt extended release, nifedipine extended release, verapamil, verapamil extended release
OZEMPIC -EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	0.25 or 0.5 milligrams per dose: 1.5 milliliters per 28 days 1 milligram per dose: 3 milliliters per 28 days	none
PRADAXA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	Eliquis, Xarelto
RADICAVA ORS	Formulary	2	Yes	Yes	loading dose: 70 milliliters per 28 days maintenance dose: 50 milliliters per 28 days	riluzole
RYBELSUS - EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	3 mg tablets: 30 tablets per 180 days, 7 mg and 14 mg: 1 tablet per day	none
TALTZ - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	1 syringe per 28 days	methotrexate, cyclosporine, azathioprine, acitretin*, Humira* [^] , Cosentyx* [^]
TLANDO	Formulary	2	Yes	Yes	2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aved* [*]
TRULICITY - EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	2 milliliters per 28 days	none
VERKAZIA	Non Formulary	Non Formulary	Yes	Yes	120 drops per 30 days	olopatadine 0.1% ophthalmic, olopatadine 0.2% ophthalmic, azelastine 0.05% ophthalmic, epinastine 0.05% ophthalmic, cyclosporine 0.05% ophthalmic emulsion, Restasis 0.05% ophthalmic emulsion, Restasis 0.05% Multidose emulsion, cromolyn 4% ophthalmic

CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
VICTOZA - EFFECTIVE 01/01/2023	Formulary	3	Yes		9 milliliters per 30 days	none
VIMPAT - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	lacosamide, lamotrigine IR, topiramate IR, topiramate ER *, gabapentin, oxcarbazepine, divalproex, levetiracetam ER, tiagabine, lamotrigine ER, felbamate, and zonisamide
XIGDUO XR - EFFECTIVE 01/01/2023	Formulary	2	No	Yes	1 tablet per day	none

GHP Family

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Brand Name	Status	GHP Family Formulary Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
CAMZYOS	Formulary	Brand	Yes	No		per Statewide PDL
RADICAVA ORS	Formulary	Brand	Yes	No		riluzole
SOOLANTRA	Formulary	Generic	No	No		metronidazole (topical), azelaic acid gel

Geisinger Gold

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Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ALKINDI SPRINKLE	Formulary	Specialty	25% coinsurance	Yes	No		hydrocortisone, cortisone, dexamethasone, fludrocortisone, methylprednisolone, prednisone, prednisolone
ARAZLO	Formulary	Brand Non Preferred	25% coinsurance	Yes	No		adapalene 0.1% gel/cream, adapalene 0.3% gel, tretinoin cream/gel*, tazarotene 0.1% cream, clindamycin, erythromycin, clindamycin and benzoyl peroxide, erythromycin and benzoyl peroxide gel
CAMZYOS	Formulary	Specialty	25% coinsurance	Yes	Yes	30 tablets per 30 days	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate, nadolol, pindolol, propranolol, timolol, diltiazem, verapamil, disopyramide
DARTISLA ODT	Non Formulary			No	No		glycopyrrolate tablets
IVERMECTIN 1% CREAM	Formulary	Generic	25% coinsurance	No	No		
JATENZO	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	158mg and 198mg capsules: 4 capsules per day 237mg capsules: 2 capsules per day	
NORLIQVA	Non Formulary			No	No		amlodipine oral tablets, verapamil, nifedipine ER, diltiazem, diltiazem ER, felodipine, isradipine, nicardipine, nisoldipine
RADICAVA ORS	Formulary	Specialty	25% coinsurance	Yes	Yes	70 mL per 28 days	riluzole
TLANDO	Formulary	Brand Non Preferred	25% coinsurance	Yes	Yes	2 capsules per day	testosterone cypionate injection, testosterone enanthate injection, Androderm, testosterone transdermal gel
VERKAZIA	Non Formulary			No	No		olopatadine 0.1% ophthalmic, olopatadine 0.2% ophthalmic, azelastine 0.05% ophthalmic, epinastine 0.05% ophthalmic, cyclosporine 0.05% ophthalmic emulsion, Restasis 0.05% Multidose emulsion, cromolyn 4% ophthalmic

Marketplace

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ABSORICA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	doxycycline, minocycline, erythromycin, isotretinoin, trimethoprim/sulfamethoxazole, azithromycin, Claravis, Myorisan, Zenatane, Amnesteem
BYDUREON - - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
BYDUREON BCISE - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	Ozempic, Victoza, Rybelsus, Trulicity
CAMZYOS	Formulary	5	Yes	Yes	1 tablet per day	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate, nadolol, pindolol, propranolol, timolol, diltiazem, verapamil, disopyramide
CARBAGLU - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	carglumic acid
CARGLUMIC ACID	Formulary	5	Yes	No	-	none
CELONTIN - EFFECTIVE 01/01/2023	Formulary	4	No	No	-	none
CLINDAGEL - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	clindamycin phosphate gel
DARTISLA ODT	Non Formulary	Non Formulary	Yes	Yes	4 tablets per day	glycopyrrolate tablets
FARXIGA - EFFECTIVE 01/01/2023	Formulary	3	No	Yes	1 tablet per day	none
FERRIPROX 1000 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	deferasirox (generic Exjade)*
HYDROCODONE BITARTRATE ER CAPSULE - EFFECTIVE 01/01/2023	Formulary	2	Yes	No	-	none
HYDROMORPHONE ER TABLETS - EFFECTIVE 01/01/2023	Formulary	2	Yes	No	-	none
ILUMYA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	methotrexate, cyclosporine, azathioprine, acitretin*, Humira*^, Cosentyx*^
INVOKAMET/INVOK AMET XR - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day	metformin, Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR
INVOKANA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	Farxiga, Jardiance, Synjardy

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
IVERMECTIN 1% CREAM	Formulary	2	No	No	-	none
JATENZO	Formulary	4	Yes	Yes	158 and 198 capsules: 4 capsules per day 237 mg capsules: 2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aveed*
JYNARQUE 15 MG AND 30 MG TABLETS - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 tablets per day, 28 day supply per fill	tolvaptan
NORLIQVA	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	amlodipine oral tablets, amlodipine/benazepril, Cartia XT, diltiazem, diltiazem extended release, felodipine extended release, nifedipine, Taztia XT, TiadyIt extended release, nifedipine extended release, verapamil, verapamil extended release
OZEMPIC -EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	0.25 or 0.5 milligrams per dose: 1.5 milliliters per 28 days 1 milligram per dose: 3 milliliters per 28 days	none
PRADAXA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	Eliquis, Xarelto
RADICAVA ORS	Formulary	5	Yes	Yes	loading dose: 70 milliliters per 28 days maintenance dose: 50 milliliters per 28 days	riluzole
REVLIMID - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	2.5 mg, 5 mg, and 10 mg capsules: 1 capsule per day, 28 day supply per fill 15 mg, 20 mg, and 25 mg capsules: 21 capsules per 28 days	lenalidomide
RYBELSUS - EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	3 mg tablets: 30 tablets per 180 days, 7 mg and 14 mg: 1 tablet per day	none
SAMSCA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	tolvaptan
TALTZ - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	1 syringe per 28 days	methotrexate, cyclosporine, azathioprine, acitretin*, Humira*^, Cosentyx*^
TLANDO	Formulary	4	Yes	Yes	2 capsules per day	testosterone gel, testosterone transdermal gel, testosterone transdermal solution, testosterone cypionate, testosterone enanthate, Androderm, Aveed*

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
TRULICITY - EFFECTIVE 01/01/2023	Formulary	3	Yes	Yes	2 milliliters per 28 days	none
VERKAZIA	Non Formulary	Non Formulary	Yes	Yes	120 drops per 30 days	olopatadine 0.1% ophthalmic, olopatadine 0.2% ophthalmic, azelastine 0.05% ophthalmic, epinastine 0.05% ophthalmic, cyclosporine 0.05% ophthalmic emulsion, Restasis 0.05% ophthalmic emulsion, Restasis 0.05% Multidose emulsion, cromolyn 4% ophthalmic
VICTOZA -EFFECTIVE 01/01/2023	Formulary	3	Yes		9 milliliters per 30 days	none
VIMPAT - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	No	-	lacosamide, lamotrigine IR, topiramate IR, topiramate ER *, gabapentin, oxcarbazepine, divalproex, levetiracetam ER, tiagabine, lamotrigine ER, felbamate, and zonisamide
XIGDUO XR - EFFECTIVE 01/01/2023	Formulary	3	No	Yes	1 tablet per day	none
ZYTIGA - EFFECTIVE 01/01/2023	Non Formulary	Non Formulary	Yes	Yes	120 tablets per 30 days	abiraterone