

# November 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
ACCRUFER	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	2 capsules per day	ferumoxytol, Injectafer, Auryxia*, Velporo*
ACTICLATE	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	doxycycline hyclate tablets, doxycycline hyclate capsules, doxycycline delayed release tablets
ADLARITY	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 transdermal patches per 28 days	donepezil tablets, donepezil ODT, galantamine tablets, galantamine ER capsules, rivastigmine capsules
ATELVIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 tablets per 28 days	risdronate 150 mg, risedronate 35 mg (generic Actonel), risedronate 30 mg
BACLOFEN ORAL SOLUTION	Formulary	1	No	1	Yes	Yes	16 milliliters per day	Baclofen and Tizanidine tablets
BRONCHITOL	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	560 capsules per 28 days	Pulmozyme*, HyperSal Nebulization Solution 7%
CAROSPIR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	20 milliliters per day	bumetanide, furosemide, torsemide, spironolactone, amiloride, hydrochlorothiazide, indapamide, metolazone, chlorthalidone
COARTEM	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	24 tablets per fill	Atovaquone/proguanil, chloroquine, mefloquine, quinine*
CYSTADANE	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	folic acid
CYSTADROPS	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	none
DUAKLIR PRESSAIR	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	fluticasone/salmeterol, Wixela Inhub, Anoro Ellipta, Arnuity Ellipta, Breo Ellipta, Incruse Ellipta, Spiriva Handihaler/Respimat, Stiolto Respimat, Striverdi Respimat, Trelegy Ellipta^, Tudorza Pressair#
DYNAVEL XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine

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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
ELYXYB	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	144 milliliters per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
EPSOLAY	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
EXSERVAN	Formulary	3	Yes	2	Yes	Yes	60 films per 30 days	riluzole tablets, Tiglutik Suspension
EYSUVIS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	8.3 milliliters per 14 days	loteprednol, fluometholone
FARESTON	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	anastrozole, letrozole, exemestane, tamoxifen
GIMOTI	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	metoclopramide tablet, metoclopramide solution
GLOPERBA	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 milliliters per day	colchicine, celecoxib, diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac tromethamine, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone
IMPEKLO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	Aclometasone, Acinonide, Clobetasol, Desonide, Diflorasone, Fluocinolone, Fluocinonide, Halobetasol, mometasone, triamcinolone
JYNNEOS†	Formulary	3	No	2	No	No	-	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
LICART	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	30 patches per 30 days	diclofenac epolamine patch*, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
MINOLIRA ER	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
MOUNJARO	Formulary	2	No	2	Yes	Yes	2 milliliters per 28 days	Victoza*, Ozempic*, Rybelsus*, Trulicity*
MYCAPSSA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	4 capsules per day	bromocriptine, lanreotide SQ, octreotide SQ, Sandostatin LAR Depot, Signifor, Signifor LAR, Somatuline Depot
ONZETRA XSAIL	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^
OZOBAX	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	16 milliliters per day	baclofen tablets, tizanidine tablets
PRESTALIA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	perindopril, amlodipine, benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, felodipine, isradipine, nifedipine, nifedipine, Olmesartan/amlodipine, valsartan/amlodipine, candesartan, irbesartan, olmesartan, valsartan
PRIORIX†	Formulary	2	No	2	No	No	-	none
QDOLO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
RASUVO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	4 syringes per 28 days	methotrexate vials, methotrexate tablet

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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
RETEVMO	Formulary	3	No	2	Yes	Yes	cholangiocarcinoma: 14 tablets per 21 days myeloid/lymphoid neoplasms (MLNS): 1 tablet per day	none
SITAVIG	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	1 tablet per fill	acyclovir capsule, acyclovir suspension, acyclovir tablet, acyclovir ointment, famciclovir, valacyclovir
SOTYLIZE	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	sotalol tablets, amiodarone, disopyramide, flecainide
THIOLA EC	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	none
THYQUIDITY	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	levothyroxine, Armour thyroid, Levo-T, Levoxyl, NP Thyroid, Synthroid, Unithroid
TOLSURA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	itraconazole capsules & solution*
TOREMIFENE†	Formulary	1	No	1	No	No	-	anastrozole, letrozole, exemestane, tamoxifen
TRAMADOL ORAL SOLUTION	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
TUZISTRA XR	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	benzonatate, coditussin ac, guaifenesin-codeine solution, hydrocodone/chlorpheniramine suspension, hydrocodone/homatropine tablet and solution, promethazine vc/codeine, promethazine-codeine
TWYNEO	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
UPNEEQ	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	none
VESICARE LS	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	10 milliliters per day	oxybutynin tablets, oxybutynin solution
VISTOGARD	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	none
VOQUEZNA DUAL PAK/ VOQUEZNA TRIPLE PAK	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	Voquezna Triple Pak: 112 tablets/capsules per 14 days Voquezna Dual Pak: 112 tablets/capsules per 14 days	amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole

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Brand Name	Status	Triple Tier Formulary	4th Tier Applicable	Traditional Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
VTAMA	Non Formulary	Non Formulary	Yes	Non Formulary	Yes	No	-	Topical Vitamin D Analogs: calcipotriene 0.005% cream/ointment, calcitriol 3 mcg/g ointment Topical Retinoids: tazarotene 0.1% cream/gel (Tazorac) Topical Calcineurin Inhibitors: tacrolimus 0.03% ointment, tacrolimus 0.1% ointment
WYNZORA	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	calcipotriene 0.005% cream/ointment*, calcitriol 3 mcg/g ointment*
XATMEP	Formulary	3	No	2	Yes	No	-	methotrexate tablets
ZILXI	Non Formulary	Non Formulary	No	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
ZTLIDO	Non Formulary	Non Formulary	No	Non Formulary	Yes	Yes	3 patches per day	lidocaine 5% patches* (*prior authorization required), gabapentin, pregabalin

## CHIP

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ACCRUFER	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	ferumoxytol, Injectafer, Auryxia*, Velphoro*
ACTICLATE	Non Formulary	Non Formulary	Yes	No	-	doxycycline hyclate tablets, doxycycline hyclate capsules, doxycycline delayed release tablets
ADLARITY	Non Formulary	Non Formulary	Yes	Yes	4 transdermal patches per 28 days	donepezil tablets, donepezil ODT, galantamine tablets, galantamine ER capsules, rivastigmine capsules
ATELVIA	Non Formulary	Non Formulary	Yes	Yes	4 tablets per 28 days	risderonate 150 mg, risedronate 35 mg (generic Actonel), risedronate 30 mg
BACLOFEN ORAL SOLUTION	Formulary	1	Yes	Yes	16 milliliters per day	Baclofen and Tizanidine tablets
BRONCHITOL	Non Formulary	Non Formulary	Yes	Yes	560 capsules per 28 days	Pulmozyme*, HyperSal Nebulization Solution 7%
CAROSPIR	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	bumetanide, furosemide, torsemide, spironolactone, amiloride, hydrochlorothiazide, indapamide, metolazone, chlorthalidone
COARTEM	Non Formulary	Non Formulary	Yes	Yes	24 tablets per fill	Atovaquone/proguanil, chloroquine, mefloquine, quinine*
CYSTADANE	Non Formulary	Non Formulary	Yes	No	-	folic acid
CYSTADROPS	Non Formulary	Non Formulary	Yes	No	-	none
DUAKLIR PRESSAIR	Non Formulary	Non Formulary	Yes	No	-	fluticasone/salmeterol, Wixela Inhub, Anoro Ellipta, Arnuity Ellipta, Breo Ellipta, Incruse Ellipta, Spiriva Handihaler/Respimat, Stiolto Respimat, Striverdi Respimat, Trelegy Ellipta^, Tudorza Pressair#
DYNAVEL XR	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine

## CHIP (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ELYXYB	Non Formulary	Non Formulary	Yes	Yes	144 milliliters per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
EPSOLAY	Non Formulary	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
EXSERVAN	Formulary	2	Yes	Yes	60 films per 30 days	riluzole tablets, Tiglutik Suspension
EYSUVIS	Non Formulary	Non Formulary	Yes	Yes	8.3 milliliters per 14 days	loteprednol, fluometholone
FARESTON	Non Formulary	Non Formulary	Yes	No	-	anastrozole, letrozole, exemestane, tamoxifen
GIMOTI	Non Formulary	Non Formulary	Yes	No	-	metoclopramide tablet, metoclopramide solution
GLOPERBA	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	colchicine, celecoxib, diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac tromethamine, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone
IMPEKLO	Non Formulary	Non Formulary	Yes	No	-	Aclometasone, Acinonide, Clobetasol, Desonide, Diflorasone, Fluocinolone, Fluocinonide, Halobetasol, mometasone, triamcinolone
JYNNEOS	Formulary	2	No	No	-	none
LICART	Non Formulary	Non Formulary	Yes	Yes	30 patches per 30 days	diclofenac epolamine patch*, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin

## CHIP (cont.)

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
MINOLIRA ER	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
MOUNJARO	Formulary	2	Yes	Yes	2 milliliters per 28 days	Victoza*, Ozempic*, Rybelsus*, Trulicity*
MYCAPSSA	Non Formulary	Non Formulary	Yes	No	4 capsules per day	bromocriptine, lanreotide SQ, octreotide SQ, Sandostatin LAR Depot, Signifor, Signifor LAR, Somatuline Depot
ONZETRA XSAIL	Non Formulary	Non Formulary	Yes	No	-	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan*^, eletriptan*^, frovatriptan*^, naratriptan^, rizatriptan^, sumatriptan^, zolmitriptan^, sumatriptan/naproxen*^
OZOBAX	Non Formulary	Non Formulary	Yes	Yes	16 milliliters per day	baclofen tablets, tizanidine tablets
PRESTALIA	Non Formulary	Non Formulary	Yes	No	-	perindopril, amlodipine, benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, felodipine, isradipine, nicardipine, nifedipine, Olmesartan/amlodipine, valsartan/amlodipine, candesartan, irbesartan, olmesartan, valsartan
PRIORIX	Formulary	2	No	No	-	none
QDOLO	Non Formulary	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
RASUVO	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	methotrexate vials, methotrexate tablet
RETEVMO	Formulary	2	Yes	Yes	cholangiocarcinoma: 14 tablets per 21 days myeloid/lymphoid neoplasms (MLNS): 1 tablet per day	none
SITAVIG	Non Formulary	Non Formulary	Yes	Yes	1 tablet per fill	acyclovir capsule, acyclovir suspension, acyclovir tablet, acyclovir ointment, famciclovir, valacyclovir
SOTYLIZE	Non Formulary	Non Formulary	Yes	No	-	sotalol tablets, amiodarone, disopyramide, flecainide
THIOLA EC	Non Formulary	Non Formulary	Yes	No	-	none



## CHIP (cont.)

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
THYQUIDITY	Non Formulary	Non Formulary	Yes	No	-	levothyroxine, Armour thyroid, Levo-T, Levoxyl, NP Thyroid, Synthroid, Unithroid
TOLSURA	Non Formulary	Non Formulary	Yes	No	-	itraconazole capsules & solution*
TOREMIFENE	Formulary	1	No	No	-	anastrozole, letrozole, exemestane, tamoxifen
TRAMADOL ORAL SOLUTION	Non Formulary	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
TUZISTRA XR	Non Formulary	Non Formulary	Yes	No	-	benzonatate, coditussin ac, guaifenesin-codeine solution, hydrocodone/chlorpheniramine suspension, hydrocodone/homatropine tablet and solution, promethazine vc/codeine, promethazine-codeine
TWYNEO	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
UPNEEQ	Non Formulary	Non Formulary	Yes	No	-	none
VESICARE LS	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	oxybutynin tablets, oxybutynin solution
VISTOGARD	Non Formulary	Non Formulary	Yes	No	-	none
VOQUEZNA DUAL PAK/VOQUEZNA TRIPLE PAK	Non Formulary	Non Formulary	Yes	Yes	Voquezna Triple Pak: 112 tablets/capsules per 14 days Voquezna Dual Pak: 112 tablets/capsules per 14 days	amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
VTAMA	Non Formulary	Non Formulary	Yes	No	-	Topical Vitamin D Analogs: calcipotriene 0.005% cream/ointment, calcitriol 3 mcg/g ointment Topical Retinoids: tazarotene 0.1% cream/gel (Tazorac) Topical Calcineurin Inhibitors: tacrolimus 0.03% ointment, tacrolimus 0.1% ointment

## CHIP (cont.)

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
WYNZORA	Non Formulary	Non Formulary	Yes	No	-	calcipotriene 0.005% cream/ointment*, calcitriol 3 mcg/g ointment*
XATMEP	Formulary	2	Yes	No	-	methotrexate tablets
ZILXI	Non Formulary	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
ZTLIDO	Non Formulary	Non Formulary	Yes	Yes	3 patches per day	lidocaine 5% patches* (*prior authorization required), gabapentin, pregabalin

## 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)
CAROSPIR	Non Formulary	Non Formulary	Yes	No		Bumetanide, Furosemide, Torsemide, Spironolactone tablets, Spironolactone-HCTZ, Eplerenone, Amiloride, Amiloride- HCTZ, Triamterene-HCTZ, Hydrochlorothiazide, Indapamide, Metolazone, Chlorthalidone
EPSOLAY	Non Formulary	Non Formulary	Yes	No		metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
JYNNEOS	Formulary	Brand	No	No		Not Applicable
PRIORIX	Formulary	Brand	No	No		M-M-R II

Geisinger Gold

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

Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternative(s)
ADLARITY	Non Formulary						donepezil tablets, donepezil ODT, galantamine tablets, galantamine ER capsules, rivastigmine capsules, rivastigmine transdermal system
AMVUTTRA	Formulary	Specialty	25% coinsurance	Yes	Yes	0.5 ml every 84 days	Onpattro*, Tegsedi*
CAROSPIR	Non Formulary						bumetanide, furosemide (tablets, solution), torsemide, spironolactone tablets, spironolactone-hydrochlorothiazide,
CYSTADROPS	Formulary	Specialty	25% coinsurance				
EPSOLAY	Non Formulary						metronidazole (gel/cream/lotion), azelaic acid 15% gel, ivermectin 1% cream
EXSERVAN	Formulary	Specialty	25% coinsurance	Yes	Yes	60 films/30 days	riluzole tablets
EYSUVIS	Formulary	Brand Non Preferred	25% coinsurance	Yes			cyclosporine ophthalmic emulsion, Xiidra
MOUNJARO	Formulary	Brand Preferred	25% coinsurance	Yes	Yes	2 ml every 28 days	Victoza**, Ozempic**, Rybelsus**, Trulicity**
RASUVO	Non Formulary						methotrexate vials, methotrexate tablets
VOQUEZNA DUAL PAK/VOQUEZNA TRIPLE PAK	Non Formulary						amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
VTAMA	Non Formulary						topical corticosteroids, calcipotriene 0.005% solution/cream/ointment, calcitriol ointment), tazarotene 0.1% cream/gel
ZTLIDO	Non Formulary						lidocaine 5% patches*/**, gabapentin

## Marketplace

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
ACCRUFER	Non Formulary	Non Formulary	Yes	Yes	2 capsules per day	ferumoxytol, Injectafer, Auryxia*, Velphoro*
ACTICLATE	Non Formulary	Non Formulary	Yes	No	-	doxycycline hyclate tablets, doxycycline hyclate capsules, doxycycline delayed release tablets
ADLARITY	Non Formulary	Non Formulary	Yes	Yes	4 transdermal patches per 28 days	donepezil tablets, donepezil ODT, galantamine tablets, galantamine ER capsules, rivastigmine capsules
ATELVIA	Non Formulary	Non Formulary	Yes	Yes	4 tablets per 28 days	risdronate 150 mg, risedronate 35 mg (generic Actonel), risedronate 30 mg
BACLOFEN ORAL SOLUTION	Formulary	2	Yes	Yes	16 milliliters per day	Baclofen and Tizanidine tablets
BRONCHITOL	Non Formulary	Non Formulary	Yes	Yes	560 capsules per 28 days	Pulmozyme*, HyperSal Nebulization Solution 7%
CAROSPIR	Non Formulary	Non Formulary	Yes	Yes	20 milliliters per day	bumetanide, furosemide, torsemide, spironolactone, amiloride, hydrochlorothiazide, indapamide, metolazone, chlorthalidone
COARTEM	Non Formulary	Non Formulary	Yes	Yes	24 tablets per fill	Atovaquone/proguanil, chloroquine, mefloquine, quinine*
CYSTADANE	Non Formulary	Non Formulary	Yes	No	-	folic acid
CYSTADROPS	Non Formulary	Non Formulary	Yes	No	-	none
DUAKLIR PRESSAIR	Non Formulary	Non Formulary	Yes	No	-	fluticasone/salmeterol, Wixela Inhub, Anoro Ellipta, Arnuity Ellipta, Breo Ellipta, Incruse Ellipta, Spiriva Handihaler/Respimat, Stiolto Respimat, Striverdi Respimat, Trelegy Ellipta^, Tudorza Pressair#
DYNAVEL XR	Non Formulary	Non Formulary	Yes	Yes	1 tablet per day	dextroamphetamine, dextroamphetamine/amphetamine combination, dextroamphetamine/amphetamine SR combination, methylphenidate, methylphenidate sustained-release, methylphenidate extended-release, Metadate CD, guanfacine ER, atomoxetine
ELYXYB	Non Formulary	Non Formulary	Yes	Yes	144 milliliters per 30 days	celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
EPSOLAY	Non Formulary	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel

## Marketplace (cont.)

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
EXSERVAN	Formulary	5	Yes	Yes	60 films per 30 days	riluzole tablets, Tiglutik Suspension
EYSUVIS	Non Formulary	Non Formulary	Yes	Yes	8.3 milliliters per 14 days	loteprednol, fluometholone
FARESTON	Non Formulary	Non Formulary	Yes	No	-	anastrozole, letrozole, exemestane, tamoxifen
GIMOTI	Non Formulary	Non Formulary	Yes	No	-	metoclopramide tablet, metoclopramide solution
GLOPERBA	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	colchicine, celecoxib, diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac tromethamine, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone
IMPEKLO	Non Formulary	Non Formulary	Yes	No	-	Aclometasone, Acinonide, Clobetasol, Desonide, Diflorasone, Fluocinolone, Fluocinonide, Halobetasol, mometasone, triamcinolone
JYNNEOS	Formulary	4	No	No	-	none
LICART	Non Formulary	Non Formulary	Yes	Yes	30 patches per 30 days	diclofenac epolamine patch*, celecoxib, choline magnesium salicylate, diclofenac, diclofenac extended release, diflunisal, etodolac, etodolac extended release, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin sustained-release, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen ec, oxaprozin, piroxicam, salsalate, sulindac, tolmetin
MINOLIRA ER	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
MOUNJARO	Formulary	3	Yes	Yes	2 milliliters per 28 days	Victoza*, Ozempic*, Rybelsus*, Trulicity*
MYCAPSSA	Non Formulary	Non Formulary	Yes	No	4 capsules per day	bromocriptine, lanreotide SQ, octreotide SQ, Sandostatin LAR Depot, Signifor, Signifor LAR, Somatuline Depot
ONZETRA XSAIL	Non Formulary	Non Formulary	Yes	No	-	dihydroergotamine nasal spray, diclofenac, ibuprofen, naproxen, butorphanol nasal spray, almotriptan*, eletriptan*, frovatriptan*, naratriptan*, rizatriptan*, sumatriptan*, zolmitriptan*, sumatriptan/naproxen*^

## Marketplace (cont.)

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

Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
OZOBAX	Non Formulary	Non Formulary	Yes	Yes	16 milliliters per day	baclofen tablets, tizanidine tablets
PRESTALIA	Non Formulary	Non Formulary	Yes	No	-	perindopril, amlodipine, benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, felodipine, isradipine, nicardipine, nifedipine, Olmesartan/amlodipine, valsartan/amlodipine, candesartan, irbesartan, olmesartan, valsartan
PRIORIX	Formulary	3	No	No	-	none
QDOLO	Non Formulary	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
RASUVO	Non Formulary	Non Formulary	Yes	Yes	4 syringes per 28 days	methotrexate vials, methotrexate tablet
RETEVMO	Formulary	4	Yes	Yes	cholangiocarcinoma: 14 tablets per 21 days myeloid/lymphoid neoplasms (MLNS): 1 tablet per day	none
SITAVIG	Non Formulary	Non Formulary	Yes	Yes	1 tablet per fill	acyclovir capsule, acyclovir suspension, acyclovir tablet, acyclovir ointment, famciclovir, valacyclovir
SOTYLIZE	Non Formulary	Non Formulary	Yes	No	-	sotalol tablets, amiodarone, disopyramide, flecainide
THIOLA EC	Non Formulary	Non Formulary	Yes	No	-	none
THYQUIDITY	Non Formulary	Non Formulary	Yes	No	-	levothyroxine, Armour thyroid, Levo-T, Levoxyl, NP Thyroid, Synthroid, Unithroid
TOLSURA	Non Formulary	Non Formulary	Yes	No	-	itraconazole capsules & solution*
TOREMIFENE	Formulary	2	No	No	-	anastrozole, letrozole, exemestane, tamoxifen
TRAMADOL ORAL SOLUTION	Non Formulary	Non Formulary	Yes	Yes	80 milliliters per day	tramadol tablets, tramadol-acetaminophen, oxycodone, oxycodone oral solution, acetaminophen-codeine oral solution, morphine oral solution
TUZISTRA XR	Non Formulary	Non Formulary	Yes	No	-	benzonatate, coditussin ac, guaifenesin-codeine solution, hydrocodone/chlorpheniramine suspension, hydrocodone/homatropine tablet and solution, promethazine vc/codeine, promethazine-codeine
TWYNEO	Non Formulary	Non Formulary	Yes	No	-	adapalene, benzoyl peroxide, topical clindamycin, clindamycin/benzoyl peroxide, oral doxycycline, topical erythromycin, erythromycin/benzoyl peroxide, isotretinoin, oral minocycline, sulfacetamide/sulfur, topical tretinoin
UPNEEQ	Non Formulary	Non Formulary	Yes	No	-	none
VESICARE LS	Non Formulary	Non Formulary	Yes	Yes	10 milliliters per day	oxybutynin tablets, oxybutynin solution

Marketplace (cont.)

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Brand Name	Status	Tier	Prior Auth	Qty Limit	Detailed Limits	Formulary Alternatives
VISTOGARD	Non Formulary	Non Formulary	Yes	No	-	none
VOQUEZNA DUAL PAK/VOQUEZNA TRIPLE PAK	Non Formulary	Non Formulary	Yes	Yes	Voquezna Triple Pak: 112 tablets/capsules per 14 days Voquezna Dual Pak: 112 tablets/capsules per 14 days	amoxicillin, clarithromycin, levofloxacin, metronidazole, rifabutin, tetracycline, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
VTAMA	Non Formulary	Non Formulary	Yes	No	-	Topical Vitamin D Analogs: calcipotriene 0.005% cream/ointment, calcitriol 3 mcg/g ointment Topical Retinoids: tazarotene 0.1% cream/gel (Tazorac) Topical Calcineurin Inhibitors: tacrolimus 0.03% ointment, tacrolimus 0.1% ointment
WYNZORA	Non Formulary	Non Formulary	Yes	No	-	calcipotriene 0.005% cream/ointment*, calcitriol 3 mcg/g ointment*
XATMEP	Formulary	4	Yes	No	-	methotrexate tablets
ZILXI	Non Formulary	Non Formulary	Yes	No	-	metronidazole (gel/cream/lotion), ivermectin 1% cream, azelaic acid gel
ZTLIDO	Non Formulary	Non Formulary	Yes	Yes	3 patches per day	lidocaine 5% patches* (*prior authorization required), gabapentin, pregabalin