

Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-April 2018

The medications listed in the table below are being added to the EHP Prescription Drug Formulary.

Drug Name	Formulary Tier	Is Prior Authorization Required?	Is this being added to the Step Therapy Program?	Is there a quantity limit?	Is this medication considered a maintenance drug?	Does this medication need refilled for a three month supply?
Admelog	Diabetic Supplies	Yes (starting April 1 st , 2018)	No	No	Yes	No
Bevespi	Tier 2 (preferred brand; starting April 1 st , 2018)	No	No	One inhaler per 30 days	Yes	No
Breo	Tier 2 (preferred brand; starting April 1 st , 2018)	No	No	One inhaler per 30 days	Yes	No
Calquence*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	60 capsules per 30 days	No	No
Duzallo	Tier 2 (preferred brand)	Yes (starting April 1 st , 2018)	No	One tablet per day	Yes	Yes
Fasenra*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	3 syringes per 180 days	No	No
Fiasp	Diabetic Supplies	Yes (starting April 1 st , 2018)	No	No	Yes	No
Idhifa*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	30 tablets per 30 days	No	No
Lyrica CR (controlled-release)	Tier 2 (preferred brand; starting	No	No	One tablet per day	Yes	No

	April 1 st , 2018)					
Lyrica IR (immediate-release)	Tier 2 (preferred brand)	No	No	No	Yes (starting April 1 st , 2018)	No
Lysteda	Tier 1 (preferred generic)	No (starting April 1 st , 2018)	No	No	No	No
Ozempic	Tier 2 (preferred brand)	Yes (starting April 1 st , 2018)	No	2 pens (3 milliliters) per 30 days	Yes	No
Siliq*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	2 syringes (3 milliliters) per 28 days	No	No
Symproic	Tier 2 (preferred brand)	Yes (starting April 1 st , 2018)	No	30 tablets per 30 days	No	No
Tremfya*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	2 syringes per 84 days	No	No
Verzenio*	Tier 4 (specialty)	Yes (starting April 1 st , 2018)	No	60 tablets per 30 days; added to the split fill program	No	No

*Tier 4 specialty medications can only be obtained from a Cleveland Clinic/Akron General pharmacy or from the CVS/caremark Specialty Mail Order Drug Program.

The medications listed in the table below have been reviewed by the EHP Pharmacy and Therapeutics Committee but are not being added to the EHP Prescription Drug Formulary.

Drug Name	Formulary Tier	Is Prior Authorization Required?	Is this being added to the Step Therapy Program?	Is there a quantity limit?	Is this medication considered a maintenance drug?	Does this medication need refilled for a three month supply?
Besponsa	Non-covered (starting April 1 st , 2018)	Yes (medical benefit)	No	No	No	No
Coreg CR*	Tier 3 (non-formulary generic; starting April 1 st , 2018)	No	No	No	No	No
Diclopr	Non-covered (starting April 1 st , 2018)	No	No	No	No	No
Fluvoxamine ER	Non-covered (starting April 1 st , 2018)	No	No	No	No	No
Luxturna	Non-covered (starting April 1 st , 2018)	Yes (medical benefit)	No	No	No	No
Mylotarg	Non-covered (starting April 1 st , 2018)	Yes (medical benefit)	No	No	No	No
Propranolol/ Hydrochlorothiazide	Non-covered (starting	No	No	No	No	No

	April 1 st , 2018)					
Sublocade	Non-covered (starting April 1 st , 2018)	No	No	No	No	No
Syndros	Tier 3 (non-formulary brand)	Yes (starting April 1 st , 2018)	No	No	No	No
Xhance	Non-covered (starting April 1 st , 2018)	No	No	No	No	No

*Due to the availability of preferred formulary alternatives, these generic medication formulations are considered non-preferred medications and are subject to a 50% member co-insurance with no monthly maximum out-of-pocket expense.