



Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-November 2020

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective January 1st, 2021.

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?
Inqovi*	Tier 4 (specialty)	Yes	No	5 tablets per 28 days	No	No
Kesimpta*	Tier 4 (specialty)	Yes	No	0.4 mL (one pen/syringe) per 28 days	No	No
Qinlock*	Tier 4 (specialty)	Yes	No	90 tablets per 30 days	No	No
Retevmo*	Tier 4 (specialty)	Yes	No	80 mg strength: 4 capsules per day; 40 mg strength: 2 capsules per day	No	No
Rukobia*	Tier 4 (specialty)	Yes	No	60 tablets per 30 days	No	No
Vemlidy*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No

*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 effective January 1st, 2021.

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?
Acanya	Non-covered	No	No	No	No	No
Aptensio XR	Non-covered	No	No	No	No	No
Arazlo	Non-covered	No	No	No	No	No
Biaxin XL	Non-covered	No	No	No	No	No
Brand Afinitor	Non-covered	No	No	No	No	No
Brand Tecfidera	Non-covered	No	No	No	No	No
Brand Truvada 200/300 mg tablets	Non-covered	No	No	No	No	No
Breztri	Non-covered	No	No	No	No	No
Darzalex Faspro	Non-covered	Yes (medical benefit)	No	No	No	No
Dojolvi	Non-covered	No	No	No	No	No
Duobrii	Non-covered	No	No	No	No	No
Durysta	Non-covered	Yes (medical benefit)	No	No	No	No
Elyxyb	Non-covered	No	No	No	No	No
Fabior	Non-covered	No	No	No	No	No
Finacea foam	Non-covered	No	No	No	No	No
Insulin Aspart	Non-covered	No	No	No	No	No

Insulin Lispro	Non-covered	No	No	No	No	No
Lexette	Non-covered	No	No	No	No	No
Lyumjev	Non-covered	No	No	No	No	No
Procentra	Non-covered	No	No	No	No	No
Qwo	Non-covered	No	No	No	No	No
Semglee	Non-covered	No	No	No	No	No
Talicia	Non-covered	No	No	No	No	No
Tolsura	Non-covered	No	No	No	No	No
Tosymra	Non-covered	No	No	No	No	No
Unithroid	Non-covered	No	No	No	No	No
Uplizna	Non-covered	Yes (medical benefit)	No	No	No	No
Viltepso	Non-covered	No	No	No	No	No
Zepzelca	Non-covered	Yes (medical benefit)	No	No	No	No

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