

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

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective October 1<sup>st</sup>, 2020.

<b>Drug Name</b>	<b>Formulary Tier</b>	<b>Is Prior Authorization Required?</b>	<b>Is this being added to the Step Therapy Program?</b>	<b>Is there a quantity limit?</b>	<b>Is this medication considered a maintenance drug?</b>	<b>Does this medication need refilled for a three month supply?</b>
Isturisa*	Tier 4 (specialty)	Yes	No	8 tablets per day of the 1 mg strength; 2 tablets per day of the 5 mg strength; 6 tablets per day of the 10 mg strength	No	No
Koselugo*	Tier 4 (specialty)	Yes	No	4 capsules per day	No	No
Nourianz*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Nubeqa*	Tier 4 (specialty)	Yes	No	4 tablets per day	No	No
Pemazyre*	Tier 4 (specialty)	Yes	No	14 tablets per 21 days	No	No
Rozlytrek*	Tier 4 (specialty)	Yes	No	3 capsules per day	No	No
Sivextro*	Tier 4 (specialty)	Yes	No	6 tablets per 30 days; 6 vials per 30 days	No	No
Tukysa*	Tier 4 (specialty)	Yes	No	4 tablets per day	No	No
Xcopri*	Tier 4 (specialty)	Yes	No	2 tablets 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.

<b>Drug Name</b>	<b>Formulary Tier</b>	<b>Is Prior Authorization Required?</b>	<b>Is this being added to the Step Therapy Program?</b>	<b>Is there a quantity limit?</b>	<b>Is this medication considered a maintenance drug?</b>	<b>Does this medication need refilled for a three month supply?</b>
Entyvio	Non-covered	Yes (medical benefit)	No	No	No	No
Sarclisa	Non-covered	Yes (medical benefit; effective October 1 <sup>st</sup> , 2020)	No	No	No	No
Trodelvy	Non-covered	Yes (medical benefit; effective October 1 <sup>st</sup> , 2020)	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.