

Updates to the Non-Medicare Retiree 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 1st, 2020.

Drug Name	Formulary Tier	Is Prior Authorization Required?	Is this being added to the Step Therapy Program?	Is there a quantity limit?
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
Koselugo*	Tier 4 (specialty)	Yes	No	4 capsules per day
Nourianz*	Tier 4 (specialty)	Yes	No	1 tablet per day
Nubeqa*	Tier 4 (specialty)	Yes	No	4 tablets per day
Pemazyre*	Tier 4 (specialty)	Yes	No	14 tablets per 21 days
Rozlytrek*	Tier 4 (specialty)	Yes	No	3 capsules per day
Sivextro*	Tier 4 (specialty)	Yes	No	6 tablets per 30 days; 6 vials per 30 days
Tukysa*	Tier 4 (specialty)	Yes	No	4 tablets per day
Xcopri*	Tier 4 (specialty)	Yes	No	2 tablets per day

*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?
Entyvio	Non-covered	Yes (medical benefit)	No	No
Sarclisa	Non-covered	Yes (medical benefit; effective October 1 st , 2020)	No	No
Trodelvy	Non-covered	Yes (medical benefit; effective October 1 st , 2020)	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.