

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

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?
Ayvakit*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Caplyta	Tier 2 (preferred brand)	Yes	No	1 capsule per day	Yes	Yes
Clidinium/chlordiazepoxide	Tier 1 (preferred generic)	No	No	8 capsules per day	Yes	No
Doxycycline Hyclate immediate-release 50 mg and 100 mg capsules	Tier 1 (preferred generic)	No	No	No	No	No
Efavirenz*	Tier 4 (specialty)	No	No	2 capsules per day; 1 tablet per day	No	No
Linezolid tablets	Tier 1 (generic)	No	No	2 tablets per day	No	No
Linezolid oral suspension (covered only for members 0-11 years of age)	Tier 1 (generic)	No	No	12 bottles (1800 mL) per 30 days)	No	No
Nexletol*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Nexlizet*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Nurtec ODT*	Tier 4 (specialty)	Yes	No	8 tablets per 30 days	No	No
Odactra	Tier 2 (preferred brand)	Yes	No	1 tablet per day	Yes	No
Orenitram*	Tier 4 (specialty)	Yes	No	3 tablets per day	No	No

Reyvow*	Tier 4 (specialty)	Yes	No	4 tablets per 30 days of the 50 mg strength; 8 tablets per 30 days of the 100 mg strength	No	No
Ruzurgi*	Tier 4 (specialty)	Yes	No	150 tablets per 30 days	No	No
Targretin*	Tier 4 (specialty)	Yes	No	Split fill program	No	No
Tazverik*	Tier 4 (specialty)	Yes	No	8 tablets per day	No	No
Trijardy XR	Tier 2 (preferred brand)	Yes	No	2 tablets per day	Yes	Yes
Valtoco*	Tier 4 (specialty)	Yes	No	10 doses per 30 days	No	No
Xeljanz XR* (extended-release)	EHP specialty copay card program	Yes	No	XR 22 mg strength – one tablet per day	No	No
Zeposia*	Tier 4 (specialty)	Yes	No	30 capsules per 30 days	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.

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?
Aklief	Non-covered	No	No	No	No	No
Amzeeq	Non-covered	No	No	No	No	No
Brand Epclusa	Non-covered	No	No	No	No	No
Brand Harvoni 90/400 mg tablets	Non-covered	No	No	No	No	No
Brand Sustiva	Non-covered	No	No	No	No	No
Brand Vibramycin	Non-covered	No	No	No	No	No
Brand Zyvox	Non-covered	No	No	No	No	No
Cimzia	Non-covered (only for the diagnosis of Psoriasis)	No	No	No	No	No
Cosentyx	Non-covered (only for the diagnosis of Psoriasis)	No	No	No	No	No
Dayvigo	Non-covered	No	No	No	No	No
Dextenza	Non-covered	No	No	No	No	No
Dexycu	Non-covered	No	No	No	No	No

Doxycycline Monohydrate immediate-release 75 mg capsules and tablets, 150 mg tablets	Non-covered	No	No	No	No	No
Enbrel	Non-covered (only for the diagnosis of Psoriasis)	No	No	No	No	No
Givlaari	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Inbrija	Non-covered	No	No	No	No	No
Ketoconazole 2% foam	Non-covered	No	No	No	No	No
Lidocaine 10%	Non-covered	No	No	No	No	No
Mefenamic Acid	Non-covered	No	No	No	No	No
Naproxen delayed-release	Non-covered	No	No	No	No	No
Ozurdex	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Padcev	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Patanol/Pataday/Pazeo	Non-covered	No	No	No	No	No
Pizensy	Non-covered	No	No	No	No	No
Rytary	Non-covered	No	No	No	No	No
Sylvant	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Taytulla	Non-covered	No	No	No	No	No

Tepezza	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Voltaren 1% gel	Non-covered	No	No	No	No	No
Vyepti	Non-covered (Rx benefit)	Yes (medical benefit)	No	No	No	No
Vyondys 53	Non-covered	No	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.