



Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-January 2022

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective January 1st, 2022.

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?
Baqsimi	Tier 2 (preferred brand)	No	No	6 units per 365 days	No	No
Brexafemme	Tier 2 (preferred brand)	Yes	No	4 tablets per 30 days	No	No
Bylvay*	Tier 4 (specialty)	Yes	No	2 capsules per day of 400 mcg strength; 1 capsule per day of 200 mcg strength; 1 capsule per day of 600 mcg strength; 5 capsules per day of the 1200 mcg strength	No	No
Glucagon Emergency Kit	Tier 1 (preferred generic)	No	No	6 kits per 365 days	No	No
Glucagen HypoKit	Tier 2 (preferred brand)	No	No	6 kits per 365 days	No	No
Gvoke	Tier 2 (preferred brand)	No	No	6 syringes/auto-injectors (1.2	No	No

				mL) per 365 days		
Kerendia	Tier 2 (preferred brand)	Yes	No	1 tablet per day	Yes	Yes
Lumakras*	Tier 4 (specialty)	Yes	No	8 tablets per day	No	No
Qulipta*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Rezurock*	Tier 4 (specialty)	Yes	No	1 tablet per day	No	No
Semglee	Tier 2 (preferred brand)	No	No	No	Yes	No
Tavneos*	Tier 4 (specialty)	Yes	No	6 capsules per day	No	No
Teriparatide*	EHP Specialty Drug Copay Card Program	Yes	No	2.48 mL per 30 days	No	No
Twirla patches	Affordable Care Act Contraceptive Coverage	Yes	No	3 patches per 28 days	Yes	Yes
Zegalogue	Tier 2 (preferred brand)	No	No	6 kits (3.6 mL) per 365 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 effective January 1st, 2022.

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?
Abecma	Non-covered	Yes (medical benefit)	No	No	No	No
Aldurazyme	Non-covered	Yes (medical benefit)	No	No	No	No
Antivert 50 mg tablets	Non-covered	No	No	No	No	No
Astepro	Non-covered	No	No	No	No	No
Carisoprodol/Aspirin/Codeine tablets	Non-covered	No	No	No	No	No
Drizalma	Non-covered	No	No	No	No	No
Korsuva	Non-covered	Yes (medical benefit)	No	No	No	No
Loreev XR tablets	Non-covered	No	No	No	No	No
Lybalvi	Non-covered	No	No	No	No	No
Naglazyme	Non-covered	Yes (medical benefit)	No	No	No	No
Nexviazyme	Non-covered	Yes (medical benefit)	No	No	No	No
Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)	Non-covered	No	No	No	No	No
Nitrofurantoin Suspension	Non-covered	No	No	No	No	No
Orphengesic forte tablets	Non-covered	No	No	No	No	No
Ozobax liquid	Non-covered	No	No	No	No	No
Reltone capsules	Non-covered	No	No	No	No	No

Rybrevant	Non-covered	Yes (medical benefit)	No	No	No	No
Saphnelo	Non-covered	Yes (medical benefit)	No	No	No	No
Skytrofa	Non-covered	No	No	No	No	No
Solosec	Non-covered	No	No	No	No	No
Vitamedmd Redichew Rx tablets/Prena 1 Chewable Tablets/ Vitapearl/Prena 1 Pearl/ Vitatrue/Prena 1 True	Non-covered	No	No	No	No	No
Xaracoll	Non-covered	No	No	No	No	No
Xyzmune capsules	Non-covered	No	No	No	No	No
Zimhi	100% of the discounted price	No	No	No	No	No
Zoladex	Non-covered	Yes (medical benefit)	No	No	No	No
Zynrelef	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.