



Updates to the Non-Medicare Retiree 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?
Baqsimi	Tier 2 (preferred brand)	No	No	6 units per 365 days
Brexafemme	Tier 2 (preferred brand)	Yes	No	4 tablets per 30 days
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
Glucagon Emergency Kit	Tier 1 (preferred generic)	No	No	6 kits per 365 days
Glucagen HypoKit	Tier 2 (preferred brand)	No	No	6 kits per 365 days
Gvoke	Tier 2 (preferred brand)	No	No	6 syringes/auto-injectors (1.2 mL) per 365 days

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

*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?
Abecma	Non-covered	Yes (medical benefit)	No	No
Aldurazyme	Non-covered	Yes (medical benefit)	No	No
Antivert 50 mg tablets	Non-covered	No	No	No

Astepro	Non-covered	No	No	No
Carisoprodol/Aspirin/Codeine tablets	Non-covered	No	No	No
Drizalma	Non-covered	No	No	No
Korsuva	Non-covered	Yes (medical benefit)	No	No
Loreev XR tablets	Non-covered	No	No	No
Lybalvi	Non-covered	No	No	No
Naglazyme	Non-covered	Yes (medical benefit)	No	No
Nexviazyme	Non-covered	Yes (medical benefit)	No	No
Nitrofurantoin 25 mg macrocrystals capsules (for members 12 years of age or older)	Non-covered	No	No	No
Nitrofurantoin Suspension	Non-covered	No	No	No
Orphengesic forte tablets	Non-covered	No	No	No
Ozobax liquid	Non-covered	No	No	No
Reltone capsules	Non-covered	No	No	No
Rybrevant	Non-covered	Yes (medical benefit)	No	No
Saphnelo	Non-covered	Yes (medical benefit)	No	No
Skytrofa	Non-covered	No	No	No
Solosec	Non-covered	No	No	No
Vitamedmd Redichew Rx tablets/Prena 1 Chewable Tablets/ Vitapearl/Prena 1 Pearl/ Vitatrue/Prena 1 True	Non-covered	No	No	No
Xaracoll	Non-covered	No	No	No
Xyzmune capsules	Non-covered	No	No	No

Zimhi	100% of the discounted price	No	No	No
Zoladex	Non-covered	Yes (medical benefit)	No	No
Zynrelef	Non-covered	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.