



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

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective July 1<sup>st</sup>, 2022.

<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>
Adbry*	Tier 4 (specialty)	Yes	No	52 single-dose prefilled syringes per 365 days	No	No
Cibinqo*	Tier 4 (specialty)	Yes	No	one tablet per day	No	No
Cuprimine*	Tier 4 (specialty)	Yes	No	8 capsules per day	No	No
Cymbalta	Tier 1 (preferred non-specialty generic)	No	No	2 capsules per day	Yes	Yes
Diacomit*	Tier 4 (specialty)	Yes	No	250 mg strength: 12 capsules/ packets per day; 500 mg strength: 6 capsules/ packets per day	No	No
Lexapro	Tier 1 (preferred non-specialty generic)	No	No	2 tablets per day	Yes	Yes
Scemblix*	Tier 4 (specialty)	Yes	No	2 tablets per day	No	No

Vraylar	Tier 2 (preferred non-specialty brand)	Yes	No	One capsule per day	Yes	Yes
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\*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 July 1<sup>st</sup>, 2022.

<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>
Camcevi	Non-covered	No	No	No	No	No
Carvykti	Non-covered	Yes (medical benefit)	No	No	No	No
Ciprofloxacin/fluocinolone ear drops	Non-covered	No	No	No	No	No
Dimethyl Fumarate (only the following generic NDCs: 00378-0399-91, 00378-0399-18, 43598-0430-60, 00378-0396-14, 43598-0429-52)	Non-covered	No	No	No	No	No
Enjaymo	Non-covered	Yes (medical benefit)	No	No	No	No
Eprontia	Non-covered	No	No	No	No	No
Fleqsuvy	Non-covered	No	No	No	No	No
Fyarro	Non-covered	Yes (medical benefit)	No	No	No	No
Indocin suppositories	Non-covered	No	No	No	No	No

Kimtrak	Non-covered	Yes (medical benefit)	No	No	No	No
Lacrisert	Non-covered	No	No	No	No	No
Quillivant XR oral solution	Non-covered	No	No	No	No	No
Rylaze	Non-covered	Yes (medical benefit)	No	No	No	No
Ryplazim	Non-covered	Yes (medical benefit)	No	No	No	No
Sertraline capsules	Non-covered	No	No	No	No	No
Susvimo	Non-covered	No	No	No	No	No
Tarpeyo	Non-covered	No	No	No	No	No
Tezspire	Non-covered	Yes (medical benefit)	No	No	No	No
Thalitone	Non-covered	No	No	No	No	No
Tivdak	Non-covered	Yes (medical benefit)	No	No	No	No
Trudhesa	Non-covered	No	No	No	No	No
Vabysmo	Non-covered	Yes (medical benefit)	No	No	No	No
Vuity	Non-covered	No	No	No	No	No
Vyvgart	Non-covered	Yes (medical benefit)	No	No	No	No
Zerviate	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.