



Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-March 2021

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective April 1st, 2021.

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?
Aripiprazole immediate release tablets (Abilify)	Tier 1 (preferred generic)	No	No	1 tablet per day	Yes	No
Atorvastatin (Lipitor)	Tier 1 (preferred generic)	No	No	1 tablet per day (no longer requires tablet splitting)	Yes	Yes
Bafiertam*	Tier 4 (specialty)	Yes	No	4 capsules per day	No	No
Bronchitol*	Tier 4 (specialty)	Yes	No	560 capsules per 28 days	No	No
Enspryng*	Tier 4 (specialty)	Yes	No	1 prefilled syringe per 28 days	No	No
Gavreto*	Tier 4 (specialty)	Yes	No	4 capsules per day	No	No
Lampit*	Tier 4 (specialty)	Yes	No	270 tablets per 30 days of the 30 mg strength; 225 tablets per 30 days of the 120 mg strength	No	No
Lupkynis*	Tier 4 (specialty)	Yes	No	6 tablets per day	No	No
Mycapssa*	Tier 4 (specialty)	Yes	No	4 capsules per day	No	No
Nimodipine capsules	Tier 1 (preferred generic)	Yes	No	252 capsules per 21 days	No	No

Nuzyra*	Tier 4 (specialty)	Yes	No	30 tablets or 15 vials per 30 days	No	No
Nymalize oral solution*	Tier 4 (specialty)	Yes	No	126 prefilled oral syringes per 21 days	No	No
Quetiapine extended release tablets (Seroquel XR)	Tier 1 (preferred generic)	No	No	2 tablets per day	Yes	No
Upneeq*	Tier 4 (specialty)	Yes	No	30 single-use containers per 30 days	No	No
Xywav*	Tier 4 (specialty)	Yes	No	540 mL 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 effective April 1st, 2021.

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?
Avastin	Non-covered	Yes (medical benefit)	No	No	No	No
Blenrep	Non-covered	Yes (medical benefit)	No	No	No	No
Brand Seroquel XR	Non-covered	No	No	No	No	No
Herceptin	Non-covered	Yes (medical benefit)	No	No	No	No
Herceptin Hylecta	Non-covered	Yes (medical benefit)	No	No	No	No
Imcivree	Non-covered	No	No	No	No	No

Kanjinti	Non-covered	Yes (medical benefit)	No	No	No	No
Monjuvi	Non-covered	Yes (medical benefit)	No	No	No	No
Mvasi	Non-covered	Yes (medical benefit)	No	No	No	No
Ogivri	Non-covered	Yes (medical benefit)	No	No	No	No
Scenesse	Non-covered	Yes (medical benefit)	No	No	No	No
Sogroya	Non-covered	No	No	No	No	No
Tecartus	Non-covered	Yes (medical benefit)	No	No	No	No
Winlevi	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.