

Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-October 2019

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?
Adcirca/Alyq*	Tier 4 (specialty)	Yes	No	2 tablets per day (starting January 1 st , 2020)	No	No
Angeliq	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	Yes	Yes
Balversa*	Tier 4 (specialty)	Yes (starting January 1 st , 2020)	No	5mg tablets: 28 tablets per 28 days; 4mg tablets: 56 tablets per 28 days; 3mg tablets: 84 tablets per 28 days	No	No
Bijuva	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 capsule per day	Yes	Yes
Climara Pro	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	4 patches per 28 days	Yes	Yes
CombiPatch	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	8 patches per 28 days	Yes	Yes
Dihydroergotamine Injections (generic version of D.H.E.)	Tier 1 (preferred generic)	Yes (starting January 1 st , 2020)	No	60 vials/ampules (1 mL per vial) per 90 days	No	No
Dihydroergotamine Nasal Spray (generic version of Migranal)	Tier 1 (preferred generic)	Yes (starting January 1 st , 2020)	No	24 vials (3 kits) per 90 days	No	No

Duavee	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	Yes	Yes
Emgality*	Tier 4 (specialty)	Yes (starting October 1 st , 2019)	No	120 mg pens/syringes: 6 prefilled pens/syringes per 180 days; 100 mg syringes: 3 syringes per 30 days	No	No
Estradiol vaginal tablets (generic version of Vagifem)	Tier 1 (preferred generic)	No	No	18 tablets per 30 days (starting October 1 st , 2019)	Yes	Yes
Eszopiclone (generic version of Lunesta)	Tier 1 (preferred generic)	No	No	1 tablet per day (starting October 1 st , 2019)	No	No
Mavenclad*	Tier 4 (specialty)	Yes (starting January 1 st , 2020)	No	20 tablets per 365 days	No	No
Mupirocin Cream (generic version of Bactroban)	Tier 1 (preferred generic)	Yes (starting January 1 st , 2020)	No	60 grams per each prescription fill	No	No
Omega-3 Ethyl Esters	Tier 1 (preferred generic)	Yes (when not written by a cardiologist)	No	4 capsules per day (starting October 1 st , 2019)	Yes	Yes
Prefest	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	Yes	Yes
Premphase	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	Yes	Yes
PremPro	Tier 2 (preferred brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	Yes	Yes
Progesterone capsules (generic version of Prometrium)	Tier 1 (preferred generic; starting October 1 st , 2019)	No	No	2 capsules per day	Yes	Yes

Qbrexza*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	30 cloths per 30 days	No	No
Sildenafil (generic version of Revatio)*	Tier 4 (specialty)	Yes	No	1125 mL per 30 days for vials; 90 tablets per 30 days for 20 mg tablets; 112 mL per 30 days for suspension (starting January 1 st , 2020)	No	No
Skyrizi*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	2 prefilled syringes per 84 days	No	No
Sunosi*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	1 tablet per day	No	No
Temazepam (generic version of Restoril)	Tier 1 (preferred generic)	Yes (starting January 1st, 2020; only for 7.5 mg and 22.5 mg capsules)	No	1 capsule per day	No	No
Tibsovo*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	60 tablets per 30 days	No	No
Tracleer*	Tier 4 (specialty)	Yes	No	2 tablets per day (starting January 1st, 2020)	No	No
Triazolam (generic version of Halcion)	Tier 1 (preferred generic)	Yes (starting January 1st, 2020)	No	1 tablet per day	No	No
Vascepa	Tier 2 (preferred brand)	Yes (when not written by a cardiologist)	No	1 gram capsules: 4 capsules per day; 0.5 gram capsules: 8 capsules per day (starting October 1 st , 2019)	Yes	Yes

Zaleplon (generic version of Sonata)	Tier 1 (preferred generic)	No	No	1 capsule per day (starting October 1 st , 2019)	No	No
Zolpidem immediate-release and extended-release (generic versions of Ambien & Ambien CR)	Tier 1 (preferred generic)	No	No	1 tablet per day (starting October 1 st , 2019)	No	No

*Tier 4 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?
Adcirca (brand only)	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Altprev	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Atropine Ophthalmic Ointment	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Azesco	Non-covered (starting	No	No	No	No	No

	January 1 st , 2020)					
Benzonatate 150 mg capsules	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Briviact	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Butalbital combination products	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Calcipotriene/Betamethasone Ointment (generic version of Taclonex)*	Tier 3 (non-formulary generic)	Yes (starting January 1 st , 2020)	No	60 grams per 30 days	No	No
Calcitriol Ointment (generic version of Vectical)*	Tier 3 (non-formulary generic)	Yes (starting January 1 st , 2020)	No	100 grams per 30 days	No	No
Carac 0.5% cream	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Centany Ointment	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Clinpro	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Crysvita	Non-covered (starting October 1st, 2019)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No

Denta 5000 Plus Cream	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Dentagel	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Edular	Tier 3 (non-formulary brand)	Yes (starting January 1 st , 2020)	No	1 tablet per day	No	No
Enstilar Foam	Tier 3 (non-formulary brand)	Yes (starting January 1 st , 2020)	No	120 grams per 30 days	No	No
Febuxostat (generic version of Uloric)*	Tier 3 (non-formulary generic; starting January 1 st , 2020)	Yes	No	30 tablets per 30 days	Yes	No
Fentanyl citrate buccal tablets (generic version of Fentora)*	Tier 3 (non-formulary generic; starting January 1 st , 2020)	Yes	No	4 tablets per day; restricted to 30-day supply	No	No
Fluoroplex 1% cream	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Gazyva	Non-covered (starting October 1 st , 2019)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No
Gelx Gel	Non-covered (starting	No	No	No	No	No

	January 1 st , 2020)					
Hyaluronate Sodium Spray	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Hydrogel Dressing Pads	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Hygel	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Jornay PM	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Keveyis	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Lorzone	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Luradrox Gel	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Lyrica CR	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Lyrica immediate-release capsules and solution (brand only)	Non-covered (starting	No	No	No	No	No

	January 1 st , 2020)					
Macugen	Non-covered (starting October 1st, 2019)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No
Mepsevii	Non-covered (starting January 1st, 2020)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No
Methylphenidate Extended-Release 72 mg Tablets	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Nucynta Immediate-Release and Extended-Release Tablets	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Perphenazine/amitriptyline	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Prevident	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Ramelteon (generic version of Rozerem)*	Tier 3 (non-formulary generic)	Yes (starting January 1 st , 2020)	No	1 tablet per day	No	No
Revatio (brand only)	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Sodium Fluoride 5000 Cream	Non-covered (starting January 1 st , 2020)	No	No	No	No	No

Sodium Fluoride Gel	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Sorilux Foam	Tier 3 (non-formulary brand)	Yes (starting January 1 st , 2020)	No	120 grams per 30 days	No	No
Synojynt	Non-covered (starting October 1st, 2019)	No	No	No	No	No
Taclonex Topical Suspension	Tier 3 (non-formulary brand)	Yes (starting January 1 st , 2020)	No	60 grams per 30 days	No	No
Tetracaine Ophthalmic Solution	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Therapevo Gel	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Tolak 4% cream	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Tracleer 62.5 mg & 125 mg tablets (brand only)	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Treanda	Non-covered (starting January 1st, 2020)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No
Triluron	Non-covered (starting	No	No	No	No	No

	October 1st, 2019)					
Vagifem (brand only)	Non-covered (starting October 1st, 2019)	No	No	No	No	No
Uloric (brand only)	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Venelex Ointment	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Vyleesi	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Xeroform Dressing Pads	Non-covered (starting January 1 st , 2020)	No	No	No	No	No
Zolgensma	Non-covered (starting October 1st, 2019)	Yes (medical benefit)	No	Yes-limit based on instructions for use	No	No
Zolpidem sublingual tablets (generic version of Intermezzo)*	Tier 3 (non-formulary generic)	Yes (starting January 1 st , 2020)	No	1 tablet per day	No	No
Zolpimist	Tier 3 (non-formulary brand)	Yes (starting January 1 st , 2020)	No	7.7 mL per 30 days	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.