

Updates to the Employee Health Plan (EHP) Prescription Drug Formulary-March 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?
Ampyra*	Tier 4 (specialty)	Yes	No	60 tablets per 30 days (starting April 1st, 2019)	No	No
Alecensa*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	240 capsules per 30 days	No	No
Arnuity Ellipta	Tier 2 (preferred brand; starting April 1st, 2019)	No	No	1 inhaler (30 blisters) per 30 days	Yes	No
Copiktra*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	2 capsules per day	No	No
Daurismo*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	30 tablets per 30 days for the 100 milligram strength; 60 tablets per 30 days for the 25 milligram strength	No	No
Doptelet*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	15 tablets per 365 days	No	No
Elmiron	Tier 2 (preferred brand)	Yes (starting April 1st, 2019)	No	3 capsules per day	Yes	No
Epidiolex*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	No	No	No
Ezetimibe	Tier 1 (preferred generic; starting	No	No	1 tablet per day	Yes	Yes

	April 1st, 2019)					
Firdapse*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	240 tablets per 30 days	No	No
Gilenya*	Tier 4 (specialty)	Yes	No	1 tablet per day (starting April 1st, 2019)	No	No
Gilotrif*	Tier 4 (specialty)	Yes	No	1 tablet per day (starting April 1st, 2019)	No	No
Ilumya*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	5 syringes per 12 months	No	No
Incruse Ellipta	Tier 2 (preferred brand; (starting April 1st, 2019)	No	No	30 blisters per 30 days	Yes	No
Kineret*	Tier 4 (specialty)	Yes	No	18.76 milliliters (28 prefilled syringes) per 28 days (starting April 1st, 2019)	No	No
Lokelma*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	30 packets per 30 days	No	No
Lonhala	Tier 2 (preferred brand)	Yes (starting April 1st, 2019)	No	2 vials per day	Yes	No
Lorbrena*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	30 tablets per 30 days for the 100 milligram strength; 90 tablets per 30 days for the 25 milligram strength	No	No
Lucemyra	Tier 2 (preferred brand)	Yes (starting April 1st, 2019)	No	224 tablets per 6 months	Yes	No
Mulpleta*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	7 tablets per 365 days	No	No
Northera*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	6 capsules per day of the 200 milligram and 300 milligram strengths; 3 capsules	No	No

				per day of the 100 milligram strength		
Seebri Neohaler	Tier 2 (preferred brand; (starting April 1st, 2019)	No	No	60 capsules per 30 days	Yes	No
Talzenna*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	30 capsules per 30 days for the one milligram strength; 90 capsules per 30 days for the 0.25 milligram strength	No	No
Tarceva*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	60 tablets per 30 days of the 25 milligram strength; 30 tablets per 30 days of the 100 milligram and 150 milligram strengths	No	No
Tegsedi*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	6 milliliters (4 prefilled syringes) per 28 days	No	No
Tiglutik*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	600 milliliters per 30 days	No	No
Trelegy Ellipta	Tier 2 (preferred brand)	Yes (starting April 1st, 2019)	No	No	Yes	No
Vitrakvi*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	60 capsules per 30 days for the 100 milligram strength; 180 capsules per 30 days of the 25 milligram strength; 300 milliliters per 30 days of the 20 milligram/milliliter oral solution	No	No
Yupelri	Tier 2 (preferred brand)	Yes (starting April 1st, 2019)	No	90 milliliters (30 vials) per 30 days	Yes	No

Zavesca*	Tier 4 (specialty)	Yes (starting April 1st, 2019)	No	3 capsules per day	No	No
Zostavax	Tier 2 (preferred brand)	Yes-for all ages (starting April 1st, 2019)	No	One 0.65 milliliter dose per lifetime	Yes-only covered at Cleveland Clinic/Akron General pharmacies	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?
Aliqopa	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Baxdela	Tier 3 (non-formulary brand; starting April 1st, 2019)	No	No	28 tablets per 14 days; 28 vials per 14 days	No	No
Bryhali Lotion	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Chlorzoxazone 250 milligram tablets	Non-covered (starting	No	No	No	No	No

	February 1 st , 2019)					
Emgality	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Eylea	Non-covered (starting April 1 st , 2019)	Yes (medical benefit)	No	One 0.05 milliliter injection every 4 weeks	No	No
Ezallor	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Fenoprofen	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Galafold	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Gamifant	Non-covered	Yes (medical benefit; starting April 1 st , 2019)	No	Limited based on instructions for use	No	No
Ixifi	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Jeuveau	Non-covered (starting February 5 th , 2019)	No	No	No	No	No
Kristalose	Non-covered (starting July 1 st , 2019)	No	No	No	No	No

Libtayo	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	350 milligrams every 3 weeks	No	No
Licart	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Lumoxiti	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Lutathera	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Oncaspar	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Onpattro	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Poteligeo	Non-covered	Yes (medical benefit; starting April 1st, 2019)	No	Limited based on instructions for use	No	No
Proventil	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Seysara	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Spiriva Handihaler	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Spiriva Respimat 1.25 micrograms	Non-covered	No	No	No	No	No

	(starting July 1 st , 2019)					
Suboxone Films (brand only)	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Sympazan	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Tirosint	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Trelstar Mixject	Non-covered (starting April 1 st , 2019)	Yes (medical benefit)	No	Limited based on instructions for use	No	No
Triptodur	Non-covered (starting April 1 st , 2019)	Yes (medical benefit)	No	Limited based on instructions for use	No	No
Trivisc	Non-covered (starting January 1 st , 2019)	No	No	No	No	No
Ultravate Lotion	Non-covered (starting July 1 st , 2019)	No	No	No	No	No
Xyosted	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Yonsa	Non-covered (starting	No	No	No	No	No

	May 1 st , 2019)					
Zilretta	Non-covered (starting January 1 st , 2019)	No	No	No	No	No
Ztildo	Non-covered (starting April 1 st , 2019)	No	No	No	No	No
Zytiga (brand only)	Non-covered (starting May 1 st , 2019)	No	No	No	No	No

*Due to the availability of preferred formulary alternatives, these generic medication formulations are considered non-preferred medications and are subject to a 50% member co-insurance with no monthly maximum out-of-pocket expense.