

**Updates to the Non-Medicare Retiree 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.

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

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

Qbrexza*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	30 cloths per 30 days
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 <sup>st</sup> , 2020)
Skyrizi*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	2 prefilled syringes per 84 days
Sunosi*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	1 tablet per day
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
Tibsovo*	Tier 4 (specialty)	Yes (starting January 1st, 2020)	No	60 tablets per 30 days
Tracleer*	Tier 4 (specialty)	Yes	No	2 tablets per day (starting January 1st, 2020)
Triazolam (generic version of Halcion)	Tier 1 (preferred generic)	Yes (starting January 1st, 2020)	No	1 tablet per day
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 <sup>st</sup> , 2019)

Zaleplon (generic version of Sonata)	Tier 1 (preferred generic)	No	No	1 capsule per day (starting October 1 <sup>st</sup> , 2019)
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 <sup>st</sup> , 2019)

\*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.

<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>
Adcirca (brand only)	Non-covered (starting January 1 <sup>st</sup> , 2020)	No	No	No
Altoprev	Non-covered (starting January 1 <sup>st</sup> , 2020)	No	No	No
Atropine Ophthalmic Ointment	Non-covered (starting January 1 <sup>st</sup> , 2020)	No	No	No
Azesco	Non-covered (starting	No	No	No

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

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

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

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



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

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

\*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.