



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

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective April 1st, 2022.

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?
Apretude*	Tier 4 (specialty)	Yes	No	3 milliliters every 60 days	No	No
Empaveli*	Tier 4 (specialty)	Yes	No	200 milliliters per 30 days	No	No
Exkivity*	Tier 4 (specialty)	Yes	No	120 capsules per 30 days	No	No
Fintepla*	Tier 4 (specialty)	Yes	No	360 milliliters per 30 days	No	No
Livmarli*	Tier 4 (specialty)	Yes	No	90 milliliters per 30 days	No	No
Myfembree*	Tier 4 (specialty)	Yes	No	30 tablets per 30 days	No	No
Opzelura*	Tier 4 (specialty)	Yes	No	60 grams per 30 days	No	No
Oriahnn*	Tier 4 (specialty)	Yes	No	60 capsules per 30 days	No	No
Purified Cortrophin Gel*	EHP Specialty Drug Copay Card Assistance Program	Yes	No	Two 5 milliliter vials per prescription	No	No
Savella	Tier 2 (preferred brand)	Yes	No	2 tablets per day	Yes	Yes
Tyrvaya*	Tier 4 (specialty)	Yes	No	8.4 milliliters per 30 days	No	No
Verkazia*	Tier 4 (specialty)	Yes	No	120 vials per 30 days	No	No

Voxzogo*	Tier 4 (specialty)	Yes	No	30 vials per 30 days	No	No
Welireg*	Tier 4 (specialty)	Yes	No	90 tablets 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, 2022.

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?
Dartisla ODT	Non-covered	No	No	No	No	No
Entadfi	Non-covered	No	No	No	No	No
Leqvio	Non-covered	Yes (medical benefit)	No	No	No	No
Lumizyme	Non-covered	Yes (medical benefit)	No	No	No	No
Lyvispah	Non-covered	No	No	No	No	No
Nexviazyme	Non-covered	Yes (medical benefit)	No	No	No	No
Seglentis	Non-covered	No	No	No	No	No
Xaciato	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.