



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

The medications listed in the table below are being added to the EHP Prescription Drug Formulary effective October 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?
Adynovate*	Tier 4 (specialty)	Yes	No	Limit based on instructions for use	No	No
Camzyos*	Tier 4 (specialty)	Yes	No	30 capsules per 30 days	No	No
Clidinium and Chlordiazepoxide (generic for Librax)	Tier 1 (preferred generic; only generic NDCs: 67877-0731-01, 60219-1677-01)	No	No	240 capsules per 30 days	No	No
Hyftor*	Tier 4 (specialty)	Yes	No	30 grams per 30 days	No	No
Livtency*	Tier 4 (specialty)	Yes	No	120 tablets per 30 days	No	No
Orgovyx*	Tier 4 (specialty)	Yes	No	30 tablets per 30 days	No	No
Pyrukynd*	Tier 4 (specialty)	Yes	No	60 tablets per 30 days	No	No
Recorlev*	Tier 4 (specialty)	Yes	No	240 tablets per 30 days	No	No
Trintellix	Tier 2 (preferred brand)	Yes	No	30 tablets per 30 days	Yes	Yes
Vioice*	Tier 4 (specialty)	Yes	No	60 tablets per 30 days	No	No

Vonjo*	Tier 4 (specialty)	Yes	No	120 capsules per 30 days	No	No
Voquezna	Tier 2 (preferred brand)	Yes	No	112 tablets/capsules 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 October 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?
Amvuttra	Non-covered	Yes (medical benefit)	No	No	No	No
Carvykti	Non-covered	Yes (medical benefit)	No	No	No	No
Enhertu	Non-covered	Yes (medical benefit)	No	No	No	No
Khapzory/Fusilev	Non-covered	Yes (medical benefit)	No	No	No	No
Soaanz	Non-covered	No	No	No	No	No
Vivjoa	Non-covered	No	No	No	No	No
Xelstrym	Non-covered	No	No	No	No	No
Zonisade	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.