

# Prescription Drug Benefit

The Cleveland Clinic Employee Health Plan (EHP) Total Care Prescription Drug Benefit is administered through CVS Caremark. CVS Caremark has a dedicated, toll-free Customer Service Number for members to call: 1-866-804-5876. Operators are available 24 hours a day, 7 days a week. CVS Caremark Customer Service is also available through e-mail at [customerservice@caremark.com](mailto:customerservice@caremark.com).

If your CVS Caremark Prescription card is lost or stolen, contact CVS Caremark at the phone number or e-mail address listed above for a replacement card.

Members can also go to the CVS Caremark website at [www.caremark.com](http://www.caremark.com) for the following:

- Prescription Refills for CVS Caremark Mail Service
- Order Status
- Pharmacy Locations
- Benefit Coverage
- Request Forms
- Frequently Asked Questions
- 13 Month Drug History
- Additional Health Information

When you call CVS Caremark or visit their website, please have the following information available:

- Member's ID Number
- Member's Date of Birth
- Payment Method

Appropriate and cost-effective use of pharmaceutical therapies can be the key to a successful strategy for improving individual patient outcomes and containing overall healthcare costs. Through your Prescription Drug Benefit, you have three options for filling your prescription medications. The three options described on the following pages include the Cleveland Clinic Pharmacies and Home Delivery Service (includes Cleveland Clinic Pharmacies in Cleveland and Cleveland Clinic Weston Pharmacy); the CVS Caremark Retail Pharmacy Network; and the CVS Caremark Mail Service Program.

## Cleveland Clinic Pharmacies and Home Delivery Service

EHP Total Care members receive a lower percentage co-insurance for their prescriptions by using Cleveland Clinic Pharmacies in Cleveland, Cleveland Clinic Weston Pharmacy, or the Home Delivery Service. In addition, a deductible will not be charged for generic prescriptions filled at these pharmacies or via home delivery. Call the pharmacy hotline at 216-445-MEDS (6337) for answers to your questions and to obtain pharmacist consultation services. You can receive up to a 30 day supply of medication at any of the Cleveland Clinic Pharmacies in Cleveland, or up to a 90 day supply of medication through the Cleveland Clinic Home Delivery Service or Weston Pharmacy.

**Note:** *By law, the Cleveland Clinic Home Delivery Service must fill your prescription for the **exact quantity of medication** prescribed by your doctor, up to the 90 day plan limit. For example, a prescription written for a 30 day supply plus two refills does not equal one prescription written for a 90 day supply.*

You may pick up your prescriptions at any of the locations listed below or you can have your prescription(s) mailed to your home by using the Cleveland Clinic Home Delivery Service. There is a turnaround time of up to five business days for all home delivery pharmacy orders. See page 39 for details.

## Cleveland Clinic Pharmacies — Locations and Hours of Operation

### • Cleveland Clinic Pharmacies On Main Campus:

- **Euclid Avenue Parking Garage** ..... 216-445-MEDS (6337), Fax: 216-445-6015  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-636-0760  
Monday–Friday, 8 a.m.–8 p.m.,  
Saturday, 9 a.m.–3 p.m.
- **Crile Building (A Building)** ..... 216-445-MEDS (6337), Fax: 216-445-7403  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-636-0761  
Monday–Friday, 8 a.m.–6 p.m.

• **Cleveland Clinic Pharmacies On Main Campus (continued):**

- **Children’s Hospital and Surgery Center Pharmacy (P Building)** ..... 216-445-MEDS (6337), Fax: 216-444-9514  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-636-0762  
Monday–Friday, 9 a.m.–5 p.m.
- **Taussig Cancer Center (R Building)** ..... 216-445-MEDS (6337), Fax: 216-445-2172  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-636-0763  
Monday–Friday, 9 a.m.–5 p.m.

• **Cleveland Clinic Pharmacies Off Campus:**

- **Beachwood Pharmacy** ..... 216-445-MEDS (6337), Fax: 216-839-3271  
26900 Cedar Road, Beachwood, OH 44122  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-839-3270  
Monday–Friday, 8 a.m.–6 p.m.
- **Fairview Health Center Pharmacy** ..... 216-445-MEDS (6337), Fax: 216-476-9905  
18099 Lorain Road, Cleveland, OH 44111  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-476-7119  
Monday–Friday, 8 a.m.–6 p.m.
- **Marymount Family Pharmacy** ..... 216-445-MEDS (6337), Fax: 216-587-8844  
12000 McCracken Road, Suite 151  
Garfield Heights, OH 44125  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 216-587-8822  
Monday–Friday, 9 a.m.–6 p.m.  
Saturday, 9 a.m.–1 p.m.
- **Strongsville Family Health Center** ..... 216-445-MEDS (6337), Fax: 440-878-3148  
16761 Southpark Center, Strongsville, OH 44136  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 440-878-3125  
Monday & Thursday, 9 a.m.–8 p.m.  
Tuesday, Wednesday & Friday, 9 a.m.–5:30 p.m.
- **Willoughby Family Health Center** ..... 216-445-MEDS (6337), Fax: 440-516-8629  
2570 SOM Center Road, Willoughby, OH 44094  
Toll-free: 1-866-650-MEDS (6337)  
Direct Dial: 440-516-8620  
Monday–Friday, 8 a.m.–6 p.m.

• **Cleveland Clinic Florida Pharmacy**

- **Cleveland Clinic Weston Pharmacy** ..... 954-659-MEDS (6337), Fax: 954-659-6338  
2950 Cleveland Clinic Blvd., Weston, FL 33331  
Toll-free: 1-866-2WESTON (293-7866)  
Monday-Friday, 9 a.m.–5:30 p.m.

**Cleveland Clinic Home Delivery Service Ordering Instructions**

The Home Delivery Service is designed to ship medication directly to your home with **no shipping charge**. By using the Home Delivery Service, members receive a lower percentage co-insurance for their medications compared to the CVS Caremark Retail Pharmacy Network and can enjoy the convenience of having 90 day supplies of their maintenance medications delivered directly to their home. Here’s how you can get started:

1. Go to the MyRefills website at <https://myrefills.clevelandclinic.net> to set up your account, change your billing information and shipping address, or to check on the status of your order.

You may also set up your account by completing a Home Delivery Service Processing Form. You can call the Home Delivery Pharmacy at 216-328-6075 to have this form mailed or faxed to you. Fill out a Home Delivery Service Processing Form to indicate payment and shipping information for you and your dependents. This information will be kept on file to avoid filling out a form every time you place a prescription order.

**Note:** You will have to set up your Home Delivery account before the Home Delivery Pharmacy can process and ship your order. In addition, each of your dependents that wishes to use the Home Delivery Pharmacy needs a separate account.

2. The Home Delivery Pharmacy receives prescription orders in the following ways:

- Called in by your physician to 1-866-650-MEDS (6337), option 2
- Faxed in by your physician to 216-328-6076
- e-Scripted by your physician via EPIC (CCF Home Delivery Pharmacy)
- Requested online through <https://myrefills.clevelandclinic.net/>

If you have a hard copy of a new prescription, please mail the prescription to:

Home Delivery Service  
 P.O. Box 25220  
 Garfield Heights, OH 44125-0220

Please be sure to have your Home Delivery account set up so that your order can be processed without delay.


If you are transferring a prescription from a pharmacy other than a Cleveland Clinic Pharmacy, please contact the Home Delivery Pharmacy at 216-328-6075 for assistance.

Please note that members cannot drop off or pick up their orders at the Home Delivery Pharmacy. Orders will be shipped free of charge to the address you designate.

The Cleveland Clinic Home Delivery Service is available Monday–Friday from 7:00 a.m. to 6:00 p.m. Please allow **five business days** from the time they receive your prescription order(s) for delivery.

Please call 216-328-6075 for questions or additional information on the Cleveland Clinic Home Delivery Service.

## Processing Form

 <b>Cleveland Clinic</b>		<b>Employee Health Plan Total Care/Cleveland Clinic Pharmacies          Home Delivery Service: Processing Form</b>	
Date: _____ / _____ / _____	E-mail: _____	Employee Name: _____	Prescription Insurance ID No.: _____
Employee ID Badge No. (Required): _____	Badge Encoded No.: _____ (6 digit number on back of ID badge)	Patient Name (If different): _____	
Patient Medical Record No.: _____	Patient Date of Birth: _____ / _____ / _____	Primary Shipping Address:	Patient Address:
Street: _____	Street: _____	City/State/Zip: _____	City/State/Zip: _____
Contact Phone No.: _____	Alternate Phone No.: _____	List prescriptions being filled (name or Rx number): 1. _____ 2. _____ 3. _____	
Is Generic OK? <input type="checkbox"/> Yes <input type="checkbox"/> No, Brand Name is requested: _____		*If these are prescriptions from another pharmacy, please indicate the following: Name and Phone No. of Pharmacy: _____ Rx Number's or Name(s) of Medications: _____	
Drug Allergies (Please list): _____			
<b>Payment Method:</b>			
<input type="checkbox"/> <b>FSA Card (PayFlex):</b> Please also indicate an alternate form of payment should there be an insufficient balance. If PayFlex is your primary choice for payment, we will need a credit card to process any balance in excess of the PayFlex card.		<input type="checkbox"/> <b>Credit Card (Visa/Mastercard/Discover/AMEX)</b>	
FSA Card No.: _____	Expiration Date: _____	Credit Card No.: _____	Expiration Date: _____
Signature: _____		Signature: _____	
<input type="checkbox"/> <b>Payroll Deduction</b> I hereby authorize Cleveland Clinic Pharmacies to enroll me in the Payroll Deduction for Pharmacy Purchases Program. I understand that my badge is the property of the Cleveland Clinic Foundation and must be returned to the ID badge Department upon termination of employment or upon request by the Cleveland Clinic Foundation. I further understand that I will be responsible for all charges made with this badge and I hereby authorize those charges to be deducted from my paycheck. Charges made during a payroll period will be reflected as "Pharmacy" on the corresponding paycheck stub. Furthermore, I agree to protect this badge from unauthorized use and to pay Cleveland Clinic Pharmacies any outstanding balance upon termination of my employment or withdrawal from this program. The information above will be held confidential. I recognize that any unauthorized and/or illegal use of any badge is classified as a major infraction and will be grounds for disciplinary action in accordance with CCF Policy 121.			
I have read the above information and agree to all of the above and authorize use of one time payroll deduction for the entire amount due.			
Signature: _____		Date: _____ / _____ / _____ Use: <input type="checkbox"/> 1 Pay Cycle <input type="checkbox"/> 2 Pay Cycles	
At what amount would you like us to contact you before processing your order? \$ _____			
<b>Phone:</b> 216-328-6075 <b>Fax:</b> 216-328-6076		<b>Mail to:</b> Home Delivery Service P.O. Box 25220 Garfield Heights, OH 44125-0220	
All hard copy prescriptions must be mailed with this form Home Delivery turnaround time is five business days from receipt of this form and your prescription(s) For faster service of your refills, please call 216-445-MEDS (6337) or 1-866-650-6337 to use our automated refill system. *Note: Prescriptions transferred from a retail pharmacy can only be filled for a 30 day supply. If you would like to order a 90 day supply, have your physician call in or write a new prescription to be filled for a 90 day supply.			

## Mandatory Maintenance Drug Program

Members may use any of the Cleveland Clinic Pharmacies or any pharmacy in the CVS Caremark Retail Pharmacy Network for obtaining prescription medications for an immediate need, a one time prescription medication (example: antibiotics), or the **first fill** of a maintenance medication. Maintenance medications include drugs taken regularly to treat chronic medical conditions such as asthma, diabetes, or high blood pressure, as well as drugs taken on a long-term basis, such as contraceptives or sleeping aids.

Refills of all maintenance drugs must be obtained through one of the following three options:

- **Cleveland Clinic Pharmacy Home Delivery Service** — Home delivery enables you to order up to a 90 day supply of your maintenance medication refill prescriptions, which are delivered to your home, saving you a trip to the pharmacy. There is no extra charge for home delivery and you will save 5% on your co-insurance compared to using the CVS Caremark Mail Service Program.
- **Cleveland Clinic Pharmacy** — Drop off your maintenance prescriptions for refill at any of the nine Cleveland Clinic Pharmacy locations in the greater Cleveland area. You can obtain up to a 30 day supply of medication and you will save 5% on your co-insurance.
- **CVS Caremark Mail Service Program** — You can order up to a 90 day supply of your maintenance medication prescription to be delivered to your home, but will not get the same 5% discount available when you order your prescription from a Cleveland Clinic Pharmacy or the Home Delivery Service.

## Advantages of Utilizing the Cleveland Clinic Pharmacies and Home Delivery Service

- *Lower cost:* You will pay less for prescription co-insurance — by an average of 20% to 25% less compared to using the CVS Caremark Retail Pharmacy Network. In addition, your deductible will be waived for generic prescriptions filled at these pharmacies.
- *Convenience:* You may request a 90 day supply of medications through the Home Delivery Service.  
**Note: The prescription must be written for a 90 day supply.**
- *Peace of mind:* You will have access to a toll-free hotline number for questions and pharmacist consultation services during regular business hours.

## CVS Caremark Retail Pharmacy Network

Members have the option of picking up acute care prescriptions (such as a one time course of antibiotic therapy or pain medication) or the first fill of any maintenance medication (limited to a 30 day supply) at any neighborhood pharmacy that participates in the CVS Caremark Retail Pharmacy Network. Please see the Prescription Drug Benefit chart on page 42 for major pharmacy chains in the Retail Network. CVS Caremark offers over 55,000 participating retail pharmacies in their national pharmacy network. A complete list of these pharmacies can be found on the CVS Caremark website at [www.caremark.com](http://www.caremark.com). Please note that when using a pharmacy within the CVS Caremark Retail Network, employee co-insurance is higher when compared to obtaining your prescriptions from a Cleveland Clinic Pharmacy.

# EHP Total Care Prescription Drug Benefit

## Administered Through CVS Caremark

The Following Is a Summary Overview of the Prescription Drug Benefit:

Categories	Tier 1 Generic Rx	Tier 2 Preferred Brands (Formulary)	Tier 3 Non-Preferred Brands (Non-Formulary)	Tier 4 Specialty Drugs (Hi-Tech)	Drugs & Items at Discounted Rate	Non- Covered Drugs & Items
<b>Annual Deductible</b>	\$100 Individual / \$300 Family <i>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</i>				No	No
<b>Employee % Co-pay Cleveland Clinic Pharmacies:</b> Outpatient — 30 Day Supply Home Delivery — up to 90 Day Supply	15%	25%	45%	20%	Employee Pays 100% of the Discounted Price	Not Available through Rx Plan
<b>Employee % Co-pay CVS Caremark Retail — 30 Day Supply Mail Service Program — 90 Day Supply</b>	20%	30%	50%	20%	Employee Pays 100% of the Discounted Price	Not Available through Rx Plan
<b>Is there a Minimum or Maximum to the Rx % Co-pay — Cleveland Clinic Pharmacies (including Home Delivery)?</b>	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$75 Maximum per Month Supply	No	No
<b>Is there a Minimum or Maximum to the Rx % Co-pay — Retail?</b>	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	NA	No	No
<b>Is there a Minimum or Maximum to the Rx % Co-pay — CVS Caremark Mail Service Program?</b>	Yes \$15 Minimum/ \$150 Maximum 90 Day Supply	Yes \$15 Minimum/ \$150 Maximum 90 Day Supply	No	Yes No Minimum/ \$300 Maximum 90 Day Supply	No	No
<b>Is there an Annual Out-of-pocket Max?</b>	Individual = \$1,500 / Family = \$4,500 Combined Maximums for Retail and Home Delivery				No	No
<b>Components of Each Category</b>	Generic Drugs	Brand Drugs See Formulary Guide		Specialty Drugs* See complete list of Specialty Drugs on page 50	Life Style Drugs Benzoyl Peroxide Only Agents Caverject Cialis Cosmetic Agents Denavir Cream Edex Fertility Agents Levitra Muse Non-controlled Cough and Cold Agents Oral Allergy Medication Penlac Propecia Relenza Tamiflu Topical Androgen Products Viagra Weight Control Products Xerese Zovirax Cream Zovirax Ointment	Over-the-Counter Drugs Alcohol Swabs DME (Durable Medical Equipment) Medical Devices Medical Supplies <b>Prescription Drugs</b> Oral Contraceptives (Brand Name Products) Proton Pump Inhibitors (Brand Name Products)  Certain OTC Medications are covered. See page 46
<b>Prior Authorization Required</b>	See page 44 for List of Pharmaceuticals Requiring Prior Authorization				No	NA
<b>Diabetic Supplies† and Asthma Delivery Devices‡</b>	Co-pay 20%			No	No	NA
<b>Major Chains‡ in the Retail Network</b>	ACME, Cleveland Clinic Pharmacies, Costco, CVS, Discount Drug Mart, Giant Eagle, K-Mart, Marc's, Medicine Shoppe, Rite Aid, Target, Walgreens, Wal-Mart, plus other chains and independent pharmacies.					

*Note:* Plan Includes: generic oral contraceptives — covered for Marymount plan participants for clinical appropriateness only.

\*There are 4 options for obtaining medications in the category listed above. The options are: 1. *Cleveland Clinic Pharmacies in Cleveland and Cleveland Clinic Weston Pharmacy* 2. *Cleveland Clinic Home Delivery Pharmacy*, 3. *Cleveland Clinic Home Infusion Pharmacy (injectables only)*, and 4. *CVS Caremark Specialty Drug Program*.

†Diabetic Supplies — Insulin and all diabetic supplies covered. Includes: needles purchased separately, test strips, lancets, glucose meters, syringes and injection pens.

Asthma Delivery Devices — Includes spacers used with asthma inhalers.

‡Members can utilize the CVS Caremark Retail Pharmacy Network for obtaining acute care prescriptions (e.g., single course of antibiotic therapy) and for the first fill of maintenance medications but must use a Cleveland Clinic Pharmacy or CVS Caremark Mail Service Program for all maintenance medications.

## CVS Caremark Mail Service Program

### New Prescriptions

CVS Caremark's Mail Service Program provides a way for you to order up to a 90 day supply of maintenance or long-term medication for direct delivery to your home. Follow this easy step-by-step ordering procedure:

1. For new maintenance medications, ask your doctor to write two prescriptions:
  - One, for up to a 90 day\* supply plus refills, to be ordered through the Mail Service Program; and
  - The other, to be filled immediately at a CVS Caremark participating retail pharmacy for use until you receive your prescription from the Mail Service Program.

*Note: \*By law, CVS Caremark must fill your prescription for the **exact quantity of medication** prescribed by your doctor, up to the 90 day plan limit. For example, a prescription written for a 30 day supply plus two refills does not equal one prescription written for a 90 day supply.*
2. Complete a Mail Service Order Form and send it to CVS Caremark, along with your original prescription(s) and the appropriate payment for each prescription. Be sure to include your **original prescription**, not a photocopy. Forms are available on CVS Caremark's website at [www.caremark.com](http://www.caremark.com).
  - You can expect to receive your prescription approximately 14 calendar days after CVS Caremark receives your order.
  - You will receive a new Mail Service Order Form and pre-addressed envelope with each shipment.

### Mail Service Refills

Once you have processed a prescription through CVS Caremark, you can obtain refills using the Internet, phone or mail. Please order your prescription **three weeks** in advance of your current prescription running out. Suggested refill dates will be included on the prescription label you receive from CVS Caremark. You will receive specific instructions related to refills from CVS Caremark.

## Prescription Drug Benefit Guidelines

### Prescription Drug Benefit — Deductible

The Prescription Drug Benefit has an annual deductible of \$100 individual/\$300 family. This means that, with the exception of families with four or more members, each family member must meet the \$100 individual deductible to satisfy the \$300 family deductible. For families with four or more members, after two family members meet the \$100 individual deductible, two other family members may combine their individual deductibles (*e.g.*, \$50 each) for the remaining \$100 to satisfy the \$300 family deductible.

*Note:* Prescriptions filled through the **Cleveland Clinic Pharmacies** and **Home Delivery Service** for **generic** medications are not subject to the deductible. Members will still pay the deductible when they purchase all brand name and generic medications at other pharmacies.

### Deductible and Out-Of-Pocket (OOP) Maximum

Not all pharmacy charges apply toward the deductible and out-of-pocket (OOP) maximum expenses. The total charges for medications not covered by the plan (*e.g.*, Viagra, Levitra, weight control products, cosmetic agents) do not apply to either the deductible or out-of-pocket maximum.

In addition, the Dispense as Written Penalty (DAW) that applies to some brand name medications does not apply to the deductible or OOP maximum. If a generic version of the prescribed brand medication exists, the Prescription Drug Benefit will reimburse only up to the price of the generic version. If you choose to use the brand name, you are required to pay the price difference between the generic and the brand medication. That difference does not apply to the deductible or the OOP maximum (see Generic Medication Policy).

### Generic Medication Policy

Cleveland Clinic supports and encourages the use of FDA-approved generic drugs that are both chemically and therapeutically equivalent to manufacturer's brand name products. Generically equivalent products are safe and effective treatments that offer savings as alternatives to brand name products. If a member or physician requests the brand name drug be dispensed when a generic is available, the participant will be required to pay their generic co-insurance **AND** the cost difference between the brand name drug price and the generic drug price.

## Prior Authorization

Prior authorization is necessary for coverage of certain medications. These medications are listed below and in your *Cleveland Clinic EHP Total Care Drug Formulary Book*. The medications listed may change during the year due to new drugs being approved by the FDA or as new indications are established for previously approved drugs. A Prior Authorization/Formulary Exception Form (see page 45) must be completed or sufficient documentation must be submitted before a case will be reviewed. All requests must meet the clinical criteria approved by the Pharmacy and Therapeutics (P&T) Committee before approval is granted. In some cases, approvals will be given a **limited** authorization date. If a limited authorization is given, both the member and the physician will receive documentation on when this authorization will expire. Most requests will be processed within one to two business days from the time of receipt. A response will be faxed to the requesting physician, and the member will be informed of the request and the decision via mail.

### Pharmaceuticals Requiring Prior Authorization

- Acne Treatments > 21 Years Old
- Actemra
- Aspirin
- Berinert
- Boniva IV\*
- Botox
- Cerezyme
- Cimzia
- Cinryze
- Enbrel
- Exjade
- Forteo
- Growth Hormone
- Hizentra
- Humira
- Ilaris
- Kalbitor
- Kineret
- Letairis
- Lumizyme
- Lupron
- Myobloc
- Myozyme
- Orenzia
- Prolia
- Psoriasis Therapies
- Qutenza
- Reclast\*
- Remicade
- Rheumatoid Arthritis Therapies
- Simponi
- Synagis (up to five injections per season)
- Tracleer
- Vimovo
- VPRIV
- Xeomin
- Xiaflex
- Xolair
- Zemplar
- Zuplenz

\*Member is responsible for 20% co-insurance.

### Formulary Failure Review Process

If it is determined that a member is not responding to drugs available on the Formulary, your physician may request a review for preferred coverage of a Non-Formulary drug. To start the review process, your physician should call the Cleveland Clinic EHP Total Care Pharmacy Coordination Department at 216-986-1050, option 4 or toll-free at 1-888-246-6648, option 4 and request a Prior Authorization/Formulary Exception Form, see sample on page 45. You can also obtain a form online at [www.clevelandclinic.org/healthplan/usefulforms.htm](http://www.clevelandclinic.org/healthplan/usefulforms.htm). All requests must be in writing and signed by the prescribing physician. If a Non-Formulary drug is approved, the member will be responsible for a 30% co-insurance\* with no monthly maximum out-of-pocket. The co-insurance amount will be applied to the yearly maximum out-of-pocket. In most cases, approvals will be given an **unlimited** authorization date, so that you will not be required to resubmit a request every year. Most requests will be processed within one to two business days from the time of receipt. A response will be faxed to the requesting physician, and we will also inform the member of the request and the decision via mail.

**Note:** \*Lower co-insurance will be assessed from the date of authorization. No refunds will be made for previously purchased prescriptions.

## Prior Authorization/Formulary Exception Form

See page 69 for full size usable form.

**Cleveland Clinic EHP Total Care Pharmacy Coordination  
Prior Authorization/Formulary Exception Form**

Please complete this form and return via fax: 216-643-7378.  
If you have any questions, please call 216-986-1050, option 4.

Patient Name: \_\_\_\_\_

Patient Insurance ID Number: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Requested medication name and strength: \_\_\_\_\_

Diagnosis associated with requested medication: \_\_\_\_\_

**Please indicate any documented medications the patient has previously tried to treat condition:**

Medication & Strength: \_\_\_\_\_ Date(s) Used: \_\_\_\_\_

Medication & Strength: \_\_\_\_\_ Date(s) Used: \_\_\_\_\_

Medication & Strength: \_\_\_\_\_ Date(s) Used: \_\_\_\_\_

**Please indicate documented treatment failure with the above medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please explain the provider's medical rationale for use of the requested medication:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting Provider's Name: \_\_\_\_\_

Requesting Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Decisions will be sent via fax to the requesting provider. A decision letter will also be sent to the patient.

**Please Note:** Decisions are generally made within two business days, but could take longer pending clinical review. Completion of this form provides no guarantee of approval.

**Internal Use Only:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reviewer's Initials: \_\_\_\_\_

Medical Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12/2010

## Benefits and Coverage Clarification

### Compounded Prescriptions

A customized medication prepared by a pharmacist according to a doctor's specifications is considered a compounded prescription. These prescriptions are considered non-preferred and have a charge of 45% at any Cleveland Clinic Outpatient Pharmacy or 50% at all other locations.

### IUD and Depo-Provera Guidelines

IUD insertions are a form of birth control; and in most cases, Depo-Provera is used as a birth control method. IUD insertions are a form of birth control and therefore will have a \$50 co-insurance charge at the provider's office.

If Depo-Provera is used as a birth control method, the member will be charged the Prescription Drug Benefit co-payment of \$15 per injection when supplied by a doctor's office. Standard co-payment rates are charged if Depo-Provera is purchased at a pharmacy.

## Oral Medications for Onychomycosis (Nail Fungus)

All oral prescriptions for the treatment of nail fungus are covered at the Non-Preferred rate (see the Prescription Drug Benefit chart on page 42), which is 45% at Cleveland Clinic Pharmacies and Home Delivery Service or 50% at all other locations. This Non-Preferred rate is in effect for brand name and generic medications appropriate for treating this condition. Formulary overrides to reimburse 25% at Cleveland Clinic Pharmacies or 30% at all other locations are given to members who have this condition and diabetes or some form of peripheral vascular disease (poor blood flow). Overrides are also given to any member who has the fingernail form of this condition; however, only one course of treatment will be covered at the Formulary rate in a lifetime.

## Over-The-Counter (OTC) Medications

Certain over-the-counter (OTC) medications that are available without a prescription, such as aspirin, iron supplements, folic acid, and medications used in smoking cessation therapy, are covered under the EHP Total Care Prescription Drug Benefit. See the box below for more information. All other OTC medications are not covered. When an OTC drug is available in the identical strength and dosage form as the prescription medication, and is approved for the same indications, the prescription drug is usually not covered by EHP Total Care. Providers should recommend the equivalent OTC product to the patient.

**The recent passage of the Patient Protection and Affordable Care Act requires that employer provided health plans, such as EHP Total Care, now cover certain OTC and prescription medications at no cost to the member. The member must have a prescription from his or her provider and fill the prescription at a Cleveland Clinic or CVS Caremark Retail Network Pharmacy. The list includes:**

- **Aspirin:** Prior authorization required
- **Iron Supplements:** Covered at 100% for members age 0-12 months
- **Oral Fluoride Products:** Covered at 100% for members age 0-6 years
- **Folic Acid:** Covered at 100% for *female* members age 40 and under
- **Tobacco Cessation Medications:**
  - Must be prescribed by Tobacco Treatment Center practitioners
  - Coverage includes bupropion, Chantix, gum lozenges, and patches
  - Prescriptions must be filled by the **Cleveland Clinic Home Delivery Pharmacy**

## Non-Covered Medications

Due to the availability of generically available alternatives, brand name medications in the following drug classes are not covered by the EHP Total Care Prescription Drug Benefit:

Oral Contraceptives (effective 1/3/2011)

Proton Pump Inhibitors

## Sharps Container Program

Members who obtain their self-administered injection medications from the Cleveland Clinic Pharmacies are eligible to receive one Sharps Container (1.5 quart size) every six months at no cost.

Please note that the Cleveland Clinic Pharmacies in Cleveland and the Cleveland Clinic Weston Pharmacy cannot take back full containers. Each container should be disposed of properly. Should you have additional questions, please contact your Cleveland Clinic pharmacist.

# Pharmacy Coordination Programs

## Medications Limited by Provider Specialty

The continual development of complex drug therapy options requires that certain medications be prescribed by an appropriate specialist (*e.g.*, cardiologist, neurologist, oncologist) to ensure appropriate use. If these medications are not prescribed by an approved specialist, prior authorization (see page 44) must be obtained for coverage under the EHP Total Care Prescription Drug Program. The first medication included in this category is **Multaq**, which must be prescribed by a cardiologist. Additional medications limited by provider specialty (prescription written by a specialist) may be added to the Total Care Prescription Drug Formulary in the future. Prescriptions written by non-specialists will need prior authorization.

## Quantity Level Limits

Quantity level limits are applied to medications for various reasons. For example, to prevent medication misuse or abuse, to promote adherence to an appropriate course of therapy for reasons of efficacy and safety, and to prevent the stockpiling of medication. Below is a list of medications that have quantity level limits. Cleveland Clinic Employee Health Plan Total Care will continue to monitor drug utilization to possibly expand quantity level limits for other medications.

- Actonel 35mg — 4 tablets per 28 days
- Afinitor — 30 day supply; limit based on instructions for use
- Actos 15mg — 1 tablet per day
- Ambien 5mg — 1 tablet per day
- Amerge tablets — 9 tablets per 30 days
- Anzemet — 6 tablets per 30 days
- Axert tablets — 12 tablets per 30 days
- Boniva 150mg — 1 tablet per 30 days
- Cymbalta 30mg — 1 capsule per day
- Detrol LA 2mg — 1 capsule per day
- Effexor XR 37.5mg — 1 capsule per day
- Effexor XR 75mg — 1 capsule per day
- Emcyt — 30 day supply; limit based on instructions for use
- Fosamax 35mg — 4 tablets per 28 days
- Fosamax 70mg — 4 tablets per 28 days
- Frova tablets — 9 tablets per 30 days
- Gleevec — 30 day supply; limit based on instructions for use
- Hexalen — 30 day supply; limit based on instructions for use
- Hycamtin — 30 day supply; limit based on instructions for use
- Imitrex tablets — 9 tablets per 30 days
- Imitrex nasal spray — 9 sprays per 30 days
- Imitrex injection — 4 kits per 30 days
- Iressa — 30 day supply; limit based on instructions for use
- Kytril — 12 tablets per 30 days
- Maxalt tablets — 12 tablets per 30 days
- Nexavar — 30 day supply; limit based on instructions for use
- Relpax tablets — 12 tablets per 30 days
- Revlimid — 30 day supply; limit based on instructions for use
- Sprycel — 30 day supply; limit based on instructions for use
- Sutent — 30 day supply; limit based on instructions for use
- Tabloid — 30 day supply; limit based on instructions for use
- Tarceva — 30 day supply; limit based on instructions for use
- Targretin — 30 day supply; limit based on instructions for use
- Tassigna — 30 day supply; limit based on instructions for use
- Teslac — 30 day supply; limit based on instructions for use
- Toradol 10mg — 20 tablets per 30 days
- Treximet 85-500 — 12 tablets per 30 days
- Tykerb — 30 day supply; limit based on instructions for use
- Valtrex 1000mg — 30 tablets per 365 days
- Valtrex 500mg — 10 tablets per 30 days
- Various acetaminophen containing products — 4 grams a day
- Votrient — 800mg per day
- Wellbutrin XL 150mg — 1 tablet per day
- Zofran — 18 tablets per 30 days
- Zolinza — 30 day supply; limit based on instructions for use
- Zomig nasal spray — 12 sprays per 30 days
- Zomig tablets — 12 tablets per 30 days

## Mandatory Statin Cost Reduction Program

Cholesterol medications in the statin class are among the most commonly prescribed medications to EHP Total Care members. These statins are considered maintenance medications. Refills for statin medications must be obtained from the Cleveland Clinic Pharmacy Home Delivery Service to be covered under the EHP Prescription Drug Benefit (See page 41).

Tablet splitting the brand name cholesterol medications Crestor or Lipitor, or using one of the generic statins such as lovastatin, pravastatin, or simvastatin will help EHP members save money.

<b>Brand Name</b>	<b>Generic Name</b>
Mevacor	lovastatin
Pravachol	pravastatin
Zocor	simvastatin
Lipitor	atorvastatin*
Crestor	rosuvastatin*

\*Generic versions of the medications Crestor and Lipitor are not available.

The annual deductible must be satisfied before members receive the reduced co-payments associated with this program.

### Tablet Splitting

EHP members using Crestor or Lipitor are required to split their tablets for coverage under the EHP Prescription Drug Benefit. The Clinic's purchase prices for each of these medications are similar for different strength tablets. For example, an equal quantity of Lipitor 20mg tablets and Lipitor 40mg tablets cost the same. Therefore, members who split larger dose tablets in half to obtain their prescribed dose reduce the total amount of tablets purchased. This reduces medication costs and allows EHP Total Care to pass on significant savings to members (For additional savings, see Generic Statins below).

If your provider prescribes a dose appropriate for tablet splitting, the prescription should be written that way. For example, if your daily dose is Lipitor 20mg, your prescription should be written as follows:

Lipitor 40mg #45 — take one-half tablet daily

This will provide you with ninety 20mg doses. Free tablet splitters are provided.

Members on maximum doses (*e.g.*, Lipitor 80mg per day, Crestor 40mg per day) of any statin products cannot split their tablets. However, they still receive the reduced co-payment as long as their prescription is written for a 90 day supply and is filled by the Cleveland Clinic Pharmacy Home Delivery Service.

### Generic Statins

Using the generic alternatives listed above also delivers significant cost savings to Total Care members. For example, a 90 day supply of the generic medications lovastatin, pravastatin, or simvastatin obtained through the Cleveland Clinic Pharmacy Home Delivery Service costs \$6, while a 90 day supply of either Crestor or Lipitor will cost \$30. Members who receive brand name statins Mevacor, Pravachol, or Zocor will pay the price difference between brand name and generic costs (See Generic Medication Policy on page 43). In addition, members who use generic lovastatin, pravastatin, or simvastatin do not need to split tablets to receive their reduced co-payment.

### Step Edit Program

Step edits are a process for prescribing the most effective and least expensive medication for a particular condition. First, they help verify that the member has the covered condition so that preferred rates are applied when filling prescriptions. Second, prescriptions for less expensive — but equally effective — generic medications for covered conditions will be approved; the computer system will stop orders for more expensive drugs. The following medications require a step edit:

- Brand name medications included in the Angiotensin Receptor Blocker (ARB) class and the medications Tekturna and Valturna are being added to the Step Edit Program effective January 3, 2011. Brand name ARBs include Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Diovan, Diovan HCT, Micardis, Micardis HCT, Teveten, and Teveten HCT. EHP Total Care members who are currently receiving any of

these medications will continue to have coverage. Beginning January 3, 2011, members starting therapy with any of the medications listed on the previous page will be required to first try a generically available ACE inhibitor such as lisinopril. Members who fail to respond to or who are intolerant of ACE inhibitor therapy will then have to try losartan (generic Cozaar) or losartan HCT (generic Hyzaar) before coverage of a brand name ARB, or Tekturna, Tekturna HCT, or Valtorna will be covered.

- Singulair can be used in the management of asthma and allergic rhinitis.

If a member has asthma and is not receiving an inhaled steroid, the provider must complete a Prior Authorization/Formulary Exception Form documenting the member has asthma. Documented use of an inhaled steroid or intolerance to inhaled steroid therapy is required before coverage of Singulair will be considered in the management of asthma.

If a member has allergic rhinitis, the provider must submit a Prior Authorization/Formulary Exception Form. Members need to try OTC Claritin, OTC Zyrtec, and at least two intranasal steroids before coverage of Singulair will be considered for the management of allergic rhinitis.

- Januvia and Onglyza will be covered if the member has tried and failed therapy with the medication metformin. In addition, if a member's kidney function prevents the use of metformin, an authorization will be granted. In either case, the provider must complete a Prior Authorization/Formulary Exception Form for a member to receive coverage for Januvia or Onglyza.
- Lexapro will be covered in circumstances where a member is new to EHP Total Care and is currently stable on Lexapro. In addition, members who have tried and failed or who were intolerant to Celexa (citalopram) will be granted coverage. In either case, the provider must complete a Prior Authorization/Formulary Exception Form for a member to receive coverage of Lexapro.
- Pristiq will be covered in circumstances where a member is new to EHP Total Care and is currently stable on Pristiq. In addition, members who have tried and failed or who were intolerant to Effexor (venlafaxine) or Effexor XR (venlafaxine ER) will be granted coverage. In either case, the provider must complete a Prior Authorization/Formulary Exception Form for a member to receive coverage of Lexapro.
- Livalo will be covered if the member has tried and failed or been intolerant to therapy with a generic statin medication. Generically available statin medications include lovastatin, pravastatin, and simvastatin. The provider must complete a Prior Authorization/Formulary Exception Form for a member to receive coverage of Lexapro.

During the benefit year, new medications may be added to this list. Members will be notified before these changes take effect.

## Specialty Drug Benefit

Specialty drugs can be obtained from any Cleveland Clinic Pharmacy including the Home Delivery Pharmacy, the Cleveland Clinic Home Infusion Pharmacy (injectables only) or from the CVS Caremark Specialty Drug Program. Members enjoy lower out-of-pocket expenses by using a Cleveland Clinic Pharmacy to obtain their specialty drugs. Members with certain chronic conditions may wish to participate in the Accordant Rare Disease Management Program (see page 36 for more details).

Members will be responsible for their co-payment for all drugs that are determined to be self-administrable by the patient. Self-administrable medications are defined as medications that are typically administered subcutaneously (SC) and have patient instruction for use in the package insert (PI). Some intramuscular injections are also considered self-administrable due to frequency of injection and PI instructions for the patient on how to self-administer the drug. A co-payment applies at all locations where the drug can be obtained. If a self-administrable drug is administered in a doctor's office, the member will be responsible for the office co-payment as well as the drug co-payment. If administered in the physician's office, the co-payment is not applied to the pharmacy deductible or out-of-pocket maximum. Medications that are not self-administered are covered under the medical benefit.

EHP Total Care considers the following categories of drugs as specialty drugs:

- **Analgesics**
  - Arava
  - Enbrel
  - Humira
  - Kineret
  - Simponi
- **Anti-Infectives**
  - Agenerase
  - Aptivus
  - Atripla
  - Baraclude
  - Combivir
  - Copegus
  - Crixivan
  - Cytovene
  - Emitriva
  - Epivir
  - Epivir HBV
  - Epzicom
  - Fuzeon
  - Hepsera
  - Infergen
  - Intelence
  - Intron-A
  - Invirase
  - Isentress
  - Kaletra
  - Lexiva
  - Norvir
  - Noxafil
  - Pegasys
  - Peg Intron
  - Prezista
  - Rebetol
  - Rebetron
  - Rescriptor
  - Retrovir
  - Reyataz
  - Selzentry
  - Sustiva
  - Trizivir
  - Truvada
  - Tyzeka
  - Valcyte
  - Vfend
  - Videx
  - Videx EC
  - Viracept
  - Viramune
  - Viread
  - Zerit
  - Ziagen
  - Zyvox
- **Cardiovascular**
  - Exjade
  - Letairis
  - Revatio
  - Tracleer
  - Ventavis
- **Central Nervous System**
  - Avonex
  - Betaseron
  - Copaxone
  - Gilenya
  - Rebif
  - Rilutek
- **Dermatological**
  - Oxsoralen
  - Panretin
  - Soriatane
  - Sulfamylon
- **Endocrine/Diabetes**
  - Arcalyst
  - Buphenyl
  - Forteo
  - Genotropin
  - Humatrope
  - Increlex
  - Lupron
  - Nutropin
  - Nutropin AQ
  - Nutropin Depot
  - Omnitrope
  - Orfadin
  - Protropin
  - Regranex
  - Saizen
  - Sensipar
  - Serostim
  - Stimate
  - Sucraid
  - Synarel
  - Tev-Tropin
  - Trelstar
  - Zavesca
  - Zoladex
  - Zorbtive
- **Immunosuppressants/  
Antineoplastics**
  - Actimmune
  - Afinitor
  - Alkeran
  - Aranesp
  - Arimidex
  - Aromasin
  - CeeNU
- **Immunosuppressants/  
Antineoplastics (continued)**
  - Cellcept
  - Emcyt
  - Epogen
  - Ergamisol
  - Fareston
  - Femara
  - Gengraf
  - Gleevec
  - Hexalen
  - Hycamtin
  - Iressa
  - Leukeran
  - Leukine
  - Lysodren
  - Matulane
  - Myfortic
  - Myleran
  - Neoral
  - Neulasta
  - Neumega
  - Neupogen
  - Nexavar
  - Oforta
  - Procrit
  - Prograf
  - Purinethol
  - Rapamune
  - Revlimid
  - Roferon-A
  - Sandimmune
  - Sandostatin
  - Sprycel
  - Sutent
  - Tabloid
  - Tarceva
  - Targretin
  - Tassigna
  - Temodar
  - Teslac
  - Thalomid
  - Thioguanine
  - Tykerb
  - VePesid
  - Vesanoid
  - Xeloda
  - Zolinza
  - Zortress
- **Other Specific Medications**
  - Cimzia
  - Kuvan
  - Restasis
  - Syprine

Medications that fall under the categories listed on the previous page ***CANNOT*** be obtained through the CVS Caremark Retail Pharmacy Network. There are three options for obtaining these medications:

1. Cleveland Clinic Pharmacies in Cleveland and Weston
2. Cleveland Clinic Home Delivery Pharmacy
3. Cleveland Clinic Home Infusion Pharmacy in Cleveland (injectables only)
3. CVS Caremark Specialty Drug Program — toll-free at 1-800-237-2767