Cleveland Clinic
EHP Total Care/
SummaCare EPO
Prescription Drug Benefit
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**PRESCRIPTION DRUG BENEFIT**

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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.

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 Web site at www.caremark.com for the following:

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

When you call CVS Caremark or visit their Web site, 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. (30 days plus two refills does not equal one prescription written for 90 days.)

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 five business days for all home delivery orders. See page 2 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: 1-800-CCF-CARE (223-2273), ext. 52100
  Monday–Friday, 8 a.m.–8 p.m.,
  Saturday, 9 a.m.–3 p.m.
• Cleveland Clinic Pharmacies On Main Campus (continued):
  – Crile Building (A Building) .......................... 216-445-MEDS (6337), Fax: 216-445-7403
    Toll-free: 1-800-CCF-CARE (223-2273), ext. 52100
    Monday–Friday, 8 a.m.–6 p.m.
  – Children's Hospital & Surgery Center Pharmacy (P Building) .... 216-445-MEDS (6337), Fax: 216-444-9514
    Toll-free: 1-800-CCF-CARE (223-2273), ext. 52100
    Monday–Friday, 9 a.m.–5 p.m.
  – Taussig Cancer Center (R Building) .................. 216-445-MEDS (6337), Fax: 216-445-2172
    Toll-free: 1-800-CCF-CARE (223-2273), ext. 52100
    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: 1-800-CCF-CARE (223-2273), ext. 52100
    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: 1-800-CCF-CARE (223-2273), ext. 52100
    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: 1-800-CCF-CARE (223-2273), ext. 52100
    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: 1-800-CCF-CARE (223-2273), ext. 52100
    Direct Dial: 440-878-3100
    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: 1-800-CCF-CARE (223-2273), ext. 52100
    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.–6 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. Fill out a Home Delivery Prescription 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. This is the only form you will need to fill out for prescriptions that are:
   • Called in by your physician to 1-866-659-MEDS (6337), option 2
   • Faxed in by your physician to 216-328-6076
   • e-Scripted by your physician via EPIC (CCF Home Delivery Pharmacy)
   • Called in by using our automated refill system at 1-866-659-MEDS (6337), option 1
   • Requested through our online form at www.clevelandclinic.org/pharmacy
To obtain a Home Delivery Prescription Processing Form:

- Visit www.clevelandclinic.org/healthplan, then click on “Customer Service” and “Frequently Requested Forms”
- Visit via the Internet: www.clevelandclinic.org/pharmacy
- Visit via the Intranet: http://pharmacy.ccf.org
- Call 216-328-6075 to have one mailed or faxed to you directly

2. If you have a hard copy of a prescription or are transferring a prescription from a pharmacy other than a Cleveland Clinic Pharmacy, please use the Home Delivery Prescription Processing Form and mail the form and the prescription(s) to:
   
   Home Delivery Service
   
   P.O. Box 25220
   
   Garfield Heights, OH  44125-0220

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**

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**Cleveland Clinic**

**Employee Health Plan Total Care/Cleveland Clinic Pharmacies**

**Home Delivery Service: Processing Form**

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: ________________________________________________

Street: ____________________________________________

City/State/Zip: ____________________________________________

Contact Phone No.: ____________________________________________

Alternate Phone No.: ____________________________________________

List prescriptions being filled (name or Rx number): ______________________________________________________________________________________

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): ______________________________________

Payment Method:

- FSA Card (PayFlex): Please also indicate an alternate form of payment should there be an insufficient balance in the PayFlex card to process any balance in Excess of PayFlex Card.
  
  FSA Card No.: ____________________________

  Expiration Date: ____________________________

  Signature: ____________________________________________

- Credit Card (Visa, MasterCard, Discover/AMEX):
  
  Credit Card No.: ____________________________

  Expiration Date: ____________________________

  Signature: ____________________________________________

- Payroll Deduction
  
  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:  ❑ 1 Pay Cycle  ❑ 2 Pay Cycles

At what amount would you like us to contact you before processing your order? $_____________

Phone: 216-328-6075

Fax: 216-328-6076

Mail to: 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).

Note: Processing and delivery times are not guaranteed and may be delayed due to unforeseen circumstances.

For faster service of your prescriptions, please call 216-328-6075 for an estimated fill time.

*Note: 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.

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**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, however, 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 via fax, 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.

- **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.

**Filling Prescriptions**

- Your doctor can call in the prescription.
- You can call to request refills.
- You or your doctor can mail in the prescription.

**Pick up or Home Delivery of Prescriptions**

- You may pick up prescriptions for immediate or one time needs, or the first fill of a maintenance prescription directly from the pharmacy where you dropped them off.
- You may have it mailed to your home within five business days at no cost.

**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 the next page 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 Web site 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.

**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. (30 days plus two refills does not equal one prescription written for 90 days.)
EHP Total Care/SummaCare EPO Prescription Drug Benefit
Administered Through CVS Caremark

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

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Generic Rx</td>
<td>Preferred Brands (Formulary)</td>
<td>Non-Preferred Brands (Non-Formulary)</td>
<td>Specialty Drugs (Hi-Tech)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$100 Individual</td>
<td>$200 Individual</td>
<td>$300 Family</td>
<td>$300 Family</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Employee % Co-pay</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Cleveland Clinic Pharmacies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient — 30 Day Supply</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Delivery — up to 90 Day Supply</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS Caremark Retail — 30 Day Supply</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Service Program — 90 Day Supply</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(including Home Delivery)?</td>
<td>$3 Minimum/ $50 Maximum per Month Supply</td>
<td>$3 Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — Retail?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5 Minimum/ $50 Maximum per Month Supply</td>
<td>$5 Minimum/ $50 Maximum per Month Supply</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — CVS Caremark Mail Service Program?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$15 Minimum/ $150 Maximum 90 Day Supply</td>
<td>$15 Minimum/ $150 Maximum 90 Day Supply</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Annual Out-of-pocket Max?</td>
<td>Individual = $1,500</td>
<td></td>
<td>Family = $4,500</td>
<td>Combined Maximums for Retail and Home Delivery</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Components of Each Category

Generic Drugs
- See Formulary Guide

Brand Drugs
- See Formulary Guide

Specialty Drugs
- Antirejection Therapies
- Antivirals
- Blood Modifying Agents
- Cystic Fibrosis Therapies
- Gn-RH Analog
- Growth Hormone
- Hemophilia Therapies
- Interferons
- Multiple Sclerosis
- Therapies
- Oncology Therapies
- Psoriasis Therapies
- Pulmonary Hypertension Therapies
- Rheumatoid Arthritis Therapies
- Other Medications:
  - Cimzia
  - Forteo
  - Reganex
  - Restasis
  - Rituxan
  - Synagis
  - Sulfinpyrazone
  - Tracleer
  - Vfend
  - Xylo

Life Style Drugs
- Benzoyl Peroxide Only
- Agents
- Caverject
- Cialis
- Cosmetic Agents
- Denavir Cream
- Ede
- Fertility Agents
- Levitra
- Moxe
- Non-controlled Cough and Cold Agents
- Oral Allergy Medication
- Penlac
- Propecia
- Topical Androgen Products
- Viagra
- Weight Control Products
- Zovirax Ointment
- Over-the-Counter

DME (Durable Medical Equipment)
- Alcohol Swabs
- Medical Supplies

Prior Authorization Required

- Boniva IV
- Botox
- Clonidine
- Differin >35 Yrs. Old
- Exjade
- Forteo
- Growth Hormone
- Letairis
- Myobloc
- Psoriasis Therapies
- Reclast
- Retin A >35 Yrs. Old
- Rheumatoid Arthritis Therapies
- Synagis
- Tazorac >35 Yrs. Old
- Tracleer
- Xolair

No

Diabetic Supplies and Asthma Delivery Devices

- Co-pay 20%
- No

Major Chains in the Retail Network

- 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: oral contraceptives — EXCEPT Marymount plan participants — coverage provided only for medical necessity.
- *There are 3 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 Infusion Pharmacy (Injectables only), and 3. 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.
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 Web site at 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 OOP 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 in your Cleveland Clinic EHP Total Care Drug Formulary Book (see the Prescription Drug Benefit chart on page 5). The medications on the list 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 7) 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.

**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 below. 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**

![SAMPLE PRIOR AUTHORIZATION/FORMULARY EXCEPTION FORM]

Please indicate the answers to the following questions and then return this form by fax to 216-643-7378.
If you have any questions or would like to ask for an expedited request, please call 216-986-1050, option 4, or toll-free at 1-888-246-6648, option 4.

1. Patient Name: ____________________________________ EHP ID No.: ____________ DOB: _______________
2. Requested drug name and strength: ________________________________________________________________
3. Diagnosis associated with requested drug: __________________________________________________________
   ____________________________________________________________________________________________
4. Formulary agents tried by the patient:

<table>
<thead>
<tr>
<th>Drug and Strength</th>
<th>Dates Used (approximate)</th>
<th>Documentation of Treatment Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Medical rationale for use of the requested drug:

   ____________________________________________________________________________________________

6. Physician Name (please print): ________________________________________________________________
   Phone No.: __________________________ Fax No.: __________________________
   Physician Signature: __________________________ Date: __________________________

7. For Internal Use Only
   Date Received: __________________ Date Reviewed: __________________ Reviewer’s Initials: __________
   Approved: ____ Denied: ____ Reason: __________________________________________________________________
   __________________________
   Physician Signature: __________________________ Date: __________________________

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*Lower co-insurance will be assessed from the date of authorization. No refunds will be made for previously purchased prescriptions.*
**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 Pharmacy (including Home Delivery Service) 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 5), 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**
Medications that are available without a prescription are not covered under the Prescription Drug Benefit. When a drug is available in the identical strength, dosage form and is approved for the same indications, the prescription drug is usually not covered by the plan. Providers should recommend the equivalent over-the-counter (OTC) product to the patient.

**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

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

• Zomig nasal spray — 12 sprays per 30 days
• Zomig tablets — 12 tablets per 30 days
• 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
• Wellbutrin XL 150mg — 1 tablet per day
• Zofran — 18 tablets per 30 days
• Zolinza — 30 day supply; limit based on instructions for use
Statin Co-Payment Reduction Program (formerly Statin Half-Tablet Program)

Members save money by splitting larger dose tablets that may be similar in cost to smaller dose tablets; which means only 45 tablets are purchased for a 90 day supply.

The medications that are eligible for this program are:

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mevacor*</td>
<td>lovastatin</td>
</tr>
<tr>
<td>Pravachol*</td>
<td>pravastatin</td>
</tr>
<tr>
<td>Zocor*</td>
<td>simvastatin</td>
</tr>
<tr>
<td>Lipitor</td>
<td>atorvastatin</td>
</tr>
<tr>
<td>Crestor</td>
<td>rosuvastatin</td>
</tr>
</tbody>
</table>

If you participate in the Statin Co-Payment Reduction Program, your co-payment for the generic medications listed above is $6. When ordering the brand medications listed above, after paying the deductible, your co-payment will be $30. Members who receive Zocor* (simvastatin) do not need to split tablets in half to receive the co-pay reduction.

To take advantage of the Statin Co-payment Reduction Program, the prescription must be filled for a 90 day supply through the Cleveland Clinic Pharmacy Home Delivery Service.

Note: *If you receive the brand name instead of the preferred generic form of Mevacor, Pravachol, or Zocor, the standard generic medication policy will apply, see page 6.

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. Currently, Cleveland Clinic has four medications that require a step edit:

• Singulair is considered a Formulary medication for asthma and Non-Formulary when prescribed for allergic rhinitis. If a member has asthma and does not receive an inhaled steroid, the provider must complete a Prior Authorization/Formulary Exception Form documenting the member has asthma in order for the member to receive Singulair.

• Januvia is considered a Non-Formulary medication unless 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 the member to receive coverage for Januvia.

• Lexapro is considered a Non-Formulary medication and the pharmacy will be unable to fill a prescription for this medication unless the following requirements are met. If a member has received Lexapro through the Cleveland Clinic EHP Prescription Drug Benefit between January 1, 2003 and December 31, 2006 the following step edit does not apply to you. A member needs to have tried Celexa (citalopram) in the past year for the member to receive coverage of Lexapro at the Formulary rate. If a member is new to EHP Total Care and is stable on Lexapro, attempted Celexa (citalopram) greater than one year ago or if the provider feels Lexapro is the appropriate medication a Prior Authorization/Formulary Exception Form needs to be completed for review.

• Pristiq is considered a Non-Formulary medication for all new prescriptions. Please note that Pristiq will continue to be covered for current members receiving this medication before it became a Non-Formulary medication. If a member is new to EHP Total Care and is stable on Pristiq and the provider feels Pristiq is the appropriate medication, a Prior Authorization/Formulary Exception Form needs to be completed and submitted for review.

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

In addition to the Cleveland Clinic EHP Total Care comprehensive Pharmacy Coordination Programs, CVS Caremark offers specialized pharmaceutical services for individuals with chronic or genetic disorders, and disease management programs for individuals with complex conditions. By combining proven managed care strategies with a strong clinical orientation and sophisticated information systems, the Specialty Drug Benefit enables plan members to enhance their clinical outcomes and gain control over their out-of-pocket (OOP) expenses.

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
  - Infingen
  - Intelecon
  - Intron-A
  - Invirase
  - Isentress
  - Kaletra
  - Lexiva
  - Norvir
  - Noxafil
  - Pegasys
  - Peg Intron
  - Prezista
  - Rebetol
  - Rebetron

- **Anti-Infectives (continued)**
  - Rescriptor
  - Retrovir
  - Reyataz
  - Selzentry
  - Sustiva
  - Trizivir
  - Truvada
  - Tyzeka
  - Valcyte
  - Vfend
  - Videx
  - Videx EC
  - Viracept
  - Virmune
  - Viread
  - Zerit
  - Ziagen
  - Zyvox

- **Cardiovascular**
  - Exjade
  - Letairis
  - Revatio
  - Tracleer
  - Ventavis

- **Central Nervous System**
  - Avonex
  - Betaseron
  - Copaxone
  - Rebif
  - Rilutek

- **Dermatological**
  - Oxsoralen
  - Panretin

- **Dermatological (continued)**
  - Soriatane
  - Sulfamylon

- **Endocrine/Diabetes**
  - Arcalyst
  - Buphenyl
  - Forteo
  - Genotropin
  - Humatrope
  - Increlex
  - Lupron
  - Nutropin
  - Nutropin AQ
  - Nutropin Depot
  - Omnitrope
  - Orfadin
  - Protropin
  - Regranex
  - Saizen
  - Sensipar
  - Serostim
  - Stimate
  - Sucraide
  - Synarel
  - Tev-Tropin
  - Trelstar
  - Zavesca
  - Zoladex
  - Zorbive

- **Immunosuppressants/ Antineoplastics**
  - Actimmune
  - Afinitor
  - Alkeran
Medications that fall under the categories listed on the previous page and above ***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 Infusion Pharmacy in Cleveland (injectables only)
3. CVS Caremark Specialty Drug Program — toll-free at 1-800-237-2767

**Prescription Drug Benefit Exclusions**

1. The replacement of lost or damaged prescriptions. Stolen medications will be covered at the plan rate when accompanied by a police report.
2. Drugs prescribed for the treatment of sexual dysfunction.
3. Drugs to enhance libido function.
4. Vitamins and nutritional supplements that can be purchased without a prescription.
5. Drugs used for experimental or investigational purposes.
6. Drugs that can be purchased without a prescription.
7. Drugs used for cosmetic purposes.

Refer to the Prescription Drug Benefit chart on page 5 and see the Drugs & Items at Discounted Rate and Non-covered Drugs & Items for additional exclusions.
Cleveland Clinic is a non-profit multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education institute and a research institute.

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