

Employee Health Plan

Prescription Drug Benefit Handbook



Your Guide to Quality Healthcare Services and Healthier Living

Welcome to the Cleveland Clinic Employee Health Plan, hereafter referred to as the “Health Benefit Program” (HBP) Prescription Drug Benefit Program. As a Health Benefit Program member, you have access to a comprehensive prescription drug benefit. This *Prescription Drug Benefit Handbook* (hereafter referred to as the *Handbook*) has been developed to help you understand the healthcare services and benefits available to you. It is updated as necessary and is also available on our website at <https://employeehealthplan.clevelandclinic.org>. This Handbook is updated as needed. In addition, changes to the Prescription Drug Benefit Program are communicated to members through quarterly *My EHP Health Connection* Bulletins.

This *Handbook* defines your prescription drug coverage. We encourage you to take the time to read this information carefully. You may wish to consider taking this *Handbook* with you when you visit your healthcare provider(s) to aid in the selection of effective, safe, and value-based prescription drug therapy.

You will find helpful information about:

- Where you can get your prescriptions filled;
- The HBP Prescription Drug Formulary;
- The Mandatory Maintenance Program;
- Prior Authorization and Formulary Exception Program;
- Quantity Limit and Step Therapy Programs; and
- The Specialty Drug Program

Adherence to your prescribed drug therapy plan is critical to improving your quality of life and decreasing your out-of-pocket expenses in the long run. The HBP looks forward to assisting you with your prescription drug benefit needs.

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Cleveland Clinic Health Benefit Program Prescription Drug Benefit January 2021

Prescription Drug Benefit Administration

The Prescription Drug Benefit is administered through CVS/caremark™ under the guidance of the EHP Pharmacy Management Department. You can contact the EHP Pharmacy Management Department Monday through Friday, from 8 a.m. to 4:30 p.m., by calling 216.986.1050, option 4 or 888.246.6648, option 4. In addition, CVS/caremark has a dedicated, toll-free Customer Service phone number that members can call 24 hours a day, seven days a week: 866.804.5876. CVS/caremark Customer Service is also available through email at customerservice@caremark.com.

If your CVS/caremark Prescription card is lost or stolen, contact CVS/caremark at the phone number or email address listed above for a replacement card.

Members can also go to the CVS/caremark website at <https://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

Prescription Drug Benefit Program Overview

The HBP Prescription Drug Benefit chart on page 2 of this *Handbook* summarizes drug categories such as generic, preferred, non-preferred, and specialty drugs, as well as deductible and out-of-pocket maximum information. Use this *Handbook* as a resource for information regarding:

- Options for filling your prescription medications;
- The HBP Prescription Drug Benefit guidelines;
- Benefits coverage and clarification;
- Pharmacy Management programs; and
- The HBP Prescription Formulary.

Understanding the Formulary

The medications included in this *Handbook* are chosen by a group of healthcare professionals known as the Pharmacy and Therapeutics (P&T) Committee. This Committee reviews and selects FDA-approved prescription medications for inclusion in the Formulary based on the drug's safety, effectiveness, quality and cost to the benefit program. All medications that have been reviewed but not added to the Formulary or that have not yet been reviewed by the P&T Committee are considered Non-Formulary.

CVS/caremark is a trademark of CVSHealth Inc.

HBP Prescription Drug Benefit

Administered Through CVS/caremark

The Following Is a Summary Overview of the Prescription Drug Benefit for 2021

Categories	TIER 1	TIER 2	TIER 3	TIER 4	Drugs & Items at Discounted Rate	Non-Covered Drugs & Items
	Preferred Generics	Preferred Brands	Non-Preferred Brands and Generics (Non-Formulary)	Specialty Drugs (Hi-Tech)		
Annual Deductible	\$200 Individual \$400 Family	<i>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</i>			No	No
Member % Co-insurance Cleveland Clinic Pharmacies: up to 90-Day Supply	15%	25%	45%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
Member % Co-insurance CVS Store Pharmacies: 30-Day Supply Mail Service Program: 90-Day Supply	20%	30%	50%	20%	Member Pays 100% of the Discounted Price	Not Available through Rx Plan
Cleveland Clinic Pharmacies including Specialty & Home Delivery: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$3 Minimum/ \$50 Maximum per Month Supply	Yes \$3 Minimum/ \$50 Maximum per Month Supply	No	Yes No Minimum/ \$50 Maximum per Month Supply	No	No
Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$5 Minimum/ \$50 Maximum per Month Supply	Yes \$5 Minimum/ \$50 Maximum per Month Supply	No	NA	No	No
CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-insurance?	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	Yes \$15 Minimum/ \$150 Maximum 90-Day Supply	No	Yes No Minimum/ \$100 Maximum per Month Supply	No	No
Is there an Annual Out-of-pocket Maximum?	After Deductible Has Been Met: \$3,950 Individual / \$7,900 Family Combined Maximums for Retail, Specialty and Home Delivery				No	No
Components of Each Category			Brand Name Drugs Not Listed in the Drug Formulary starting on page 35 and Certain Generic Drugs listed on page 15.	Specialty Drugs ^{1,2} See complete list of Specialty Drugs on pages 27–29.	Lifestyle Drugs See complete list of Lifestyle Drugs on page 16.	Over-the-Counter Drugs For a full list of non-covered drugs and certain OTC Medications that are covered, see pages 14, 16–19.
Prior Authorization Required	See pages 9–11 for List of Pharmaceuticals Requiring Prior Authorization				No	NA
Diabetic Supplies³ Asthma Delivery Devices³ and Prescription Vitamins⁴	Co-insurance 20%			No	No	NA
Pharmacies⁵ in the Retail Network	Cleveland Clinic Pharmacies listed on pages 3, 4 and 5, Cleveland Clinic Specialty Pharmacy, Cleveland Clinic Home Delivery Pharmacy, CVS store pharmacies (including CVS pharmacies located in Target stores), CVS/caremark Mail Service, CVS/specialty Pharmacy					

Note: Benefit Program Includes: generic oral contraceptives – covered for Marymount HBP participants for clinical appropriateness only under the HBP.

1. Certain specialty medications are included in the Copay Card Assistance Program. Please refer to the Prescription Drug Benefit Handbook.

2. There are 3 options for obtaining medications in the category listed above. The options are: 1. Cleveland Clinic Pharmacies listed on pages 3, 4 and 5, 2. Cleveland Clinic Specialty Pharmacy, and 3. CVS/specialty Pharmacy. Specialty Drug prescription orders (first fill and refills) are limited to a one month supply.

3. Diabetic Supplies — All diabetic supplies covered, except for most insulin pumps and insulin pump supplies (with the exception of Omnipod Dash), continuous glucose monitors, and continuous glucose monitor supplies (which are covered under the medical benefit). Diabetic supplies covered under the

prescription drug benefit include: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, injection pens, and Omnipod Dash. Members with type 1 diabetes who are under 18 years of age will have no out-of-pocket expense for their insulins and diabetic supplies covered under the prescription drug benefit.

Asthma Delivery Devices — Includes spacers used with asthma inhalers.

4. Refers to vitamins that require a prescription from your healthcare provider.

5. Members can use any Cleveland Clinic pharmacy or any CVS store pharmacy for obtaining acute care medications (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.

Take this Handbook with you to all doctor appointments. You are encouraged to share this with your physician when he or she is prescribing your medication to help ensure the most appropriate prescription drug therapy for your needs. Appropriate and cost-effective use of pharmaceutical therapies can be key to a successful strategy for improving individual member outcomes and containing healthcare costs. The Handbook will assist with both of these goals – maintaining the quality of member care while helping to keep the cost of prescription medications affordable.

The P&T Committee reviews and updates the Formulary throughout the year. Medications may be added to or removed from the Formulary during the year. The Cleveland Clinic Health Benefit Program may add medications to the Formulary four times a year. Medications may be removed from the Formulary twice a year, once at the start of the benefit year in January and again at mid-year in July.

Two resources are available to assist you with determining if the drug prescribed for you is covered under your program (another reason why you should take the Handbook with you each time you visit your doctor). The two resources are: this *Cleveland Clinic Health Benefit Program Prescription Drug Benefit Handbook* and our website. The website version of the Formulary is updated on a regular basis and contains the most current information regarding the Formulary. You can access this website by logging into <https://employeehealthplan.clevelandclinic.org>. The listing of a drug in the Formulary does not guarantee coverage

Filling Your Prescriptions

Through your Prescription Drug Benefit you have six options for filling your prescription medications. The six options described on the following pages include the Cleveland Clinic Pharmacies; Cleveland Clinic Specialty Pharmacy; Cleveland Clinic Home Delivery Pharmacy; the CVS store pharmacies; the CVS/caremark Mail Service Program; and the CVS/specialty Pharmacy.

Cleveland Clinic Pharmacies and Home Delivery Pharmacy⁶

HBP members receive a lower percentage co-insurance for their prescriptions by using Cleveland Clinic Pharmacies in Akron, Cleveland, Dover, and Weston (Option 1), or the Specialty/Home Delivery Pharmacy (Option 2). In addition, a deductible will not be charged for prescriptions filled at these pharmacies with a generic medication. Call the pharmacy hotline at 216.445.MEDS (6337) for answers to your questions and to obtain pharmacist consultation services. You may receive up to a 90-day supply of medication at any of the Cleveland Clinic Pharmacies.

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 Specialty or Home Delivery Pharmacy. There is a turnaround time of up to ten business days for all home delivery pharmacy orders. **Please Note:** You cannot drop off or pick up prescription orders at the Cleveland Clinic Specialty or Home Delivery Pharmacy. See page 5 for details.

Cleveland Clinic Pharmacies – Locations and Hours of Operation

• Cleveland Clinic Pharmacies On Main Campus:

Euclid Avenue Pharmacy (Parking Garage)	216.445.MEDS (6337), Fax: 216.445.6015 Toll-free: 866.650.MEDS (6337) Direct Dial: 216.636.0760 Monday–Friday, 7 a.m.–8 p.m. Saturday, Sunday and all Cleveland Clinic Holidays, 9 a.m.–5 p.m.
Crile Pharmacy (A Building)	216.445.MEDS (6337), Fax: 216.445.7403 Toll-free: 866.650.MEDS (6337) Direct Dial: 216.636.0761 Monday–Friday, 8 a.m.–6 p.m.

6. The Cleveland Clinic Home Delivery Pharmacy is only available to members within the states of Florida, Indiana, Nevada, Ohio, Pennsylvania, and West Virginia. All other members can utilize the CVS/caremark Mail Service Program — see page 7 for details.

Cleveland Clinic Pharmacies – Locations and Hours of Operation (continued)

• Cleveland Clinic Pharmacies On Main Campus (continued)

Childrens Hospital and Surgical Pharmacy (P Building) 216.445.MEDS (6337), Fax: 216.444.9514
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.636.0762
Monday–Friday, 9 a.m.–6 p.m.

Taussig Cancer Center (R Building) 216.445.MEDS (6337), Fax: 216.445.2172
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.636.0763
Monday–Friday, 8 a.m.–6 p.m.

• Cleveland Clinic Family Health Centers

Beachwood Family Health Center Pharmacy 216.445.MEDS (6337), Fax: 216.839.3271
26900 Cedar Road, Beachwood, OH 44122
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.839.3270
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.

Independence Ambulatory Pharmacy Toll-free: 866.650.MEDS (6337)
5001 Rockside Road, Independence, OH 44131
Direct Dial: 216.986.4610
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.

North Coast Cancer Care Ambulatory Pharmacy Toll-free: 866.650.MEDS (6337), Fax: 419.609.2869
417 Quarry Lakes Drive, Sandusky, OH 44870
Direct Dial: 419.609.2845
Monday–Friday, 9 a.m.–4 p.m.

Richard E. Jacobs Family Health Center Pharmacy 216.445.MEDS (6337), Fax: 440.965.4109
33100 Cleveland Clinic Boulevard, Avon, OH 44011
Toll-free: 866.650.MEDS (6337)
Direct Dial: 440.695.4100
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.
Saturday, 9 a.m.–1 p.m.

Stephanie Tubbs Jones Health Center Pharmacy 216.445.MEDS (6337), Fax: 216.767.4128
13944 Euclid Avenue, East Cleveland, OH 44112
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.767.4200
Monday–Friday, 9 a.m.–5 p.m.

Strongsville Family Health Center Pharmacy 216.445.MEDS (6337), Fax: 440.878.3148
16761 Southpark Center, Strongsville, OH 44136
Toll-free: 866.650.MEDS (6337)
Direct Dial: 440.878.3125
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.

Twinsburg Family Health Center Pharmacy 216.445.MEDS (6337), Fax: 330.888.4105
8701 Darrow Road, Twinsburg, OH 44087
Toll-free: 866.650.MEDS (6337)
Direct Dial: 330.888.4200
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.

Willoughby Hills Family Health Center Pharmacy 216.445.MEDS (6337), Fax: 440.516.8629
2570 SOM Center Road, Willoughby, OH 44094
Toll-free: 866.650.MEDS (6337)
Direct Dial: 440.516.862
Monday–Thursday, 8 a.m.–8 p.m.; Friday, 8 a.m.–6 p.m.

• Akron General Medical Center Location

Akron General Medical Center 330.344.7732, Fax: 330.996.2927
Ambulatory Care Pharmacy
400 Wabash Avenue, Akron, OH 44307
Monday–Friday, 8 a.m.–6:30 p.m.

Cleveland Clinic Pharmacies – Locations and Hours of Operation (continued)

• Cleveland Clinic Regional Hospital Locations

Fairview Hospital Health Center Pharmacy 216.445.MEDS (6337), Fax: 216.476.9905
18099 Lorain Road, Cleveland, OH 44111
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.476.7119
Monday–Friday, 7 a.m.–7 p.m.
Saturday, 9 a.m.–1 p.m.

Hillcrest Ambulatory Pharmacy 440.312.5854, Fax: 440.312.5856
6770 Mayfield Road, Mayfield Heights, OH 44124
Monday–Friday, 7 a.m.–7 p.m.
Saturday, 9 a.m.–1 p.m.

Lutheran Hospital Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 419.774.3140
1730 West 25th Street, Cleveland, OH 44113
Toll-free: 866.650.MEDS (6337)
Direct Dial: 216.696.7055
Monday–Friday, 9 a.m.–5 p.m.

Mansfield Cancer Center Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 419.774.3140
1125 Aspira Court, Mansfield, OH 44906
Toll-free: 866.650.MEDS (6337)
Direct Dial: 419.774.3121
Monday–Friday, 8 a.m.–4 p.m.

Martin Memorial Medical Center Outpatient Pharmacy 772.288.5813, Fax: 772.221.2064
200 SE Hospital Ave., Stuart, FL 34995
Monday–Friday, 7:30 a.m.–6 p.m.

Martin Health Physician Group Tradition Pharmacy 772.345.8166, Fax: 772.345.8167
10080 SW Innovation Way, Suite 102
Port St. Lucie, FL 34987
Monday–Friday, 7:30 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: 866.650.MEDS (6337)
Direct Dial: 216.587.8822
Monday–Friday, 8 a.m.–6 p.m.

Medina Hospital Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 330.721.5495
1000 East Washington Street, Medina, OH 44256
Toll-free: 866.650.MEDS (6337)
Direct Dial: 330.721.5490
Monday–Friday, 9 a.m.–5 p.m.

Cleveland Clinic Florida Ambulatory Pharmacy 954.659.MEDS (6337), Fax: 954.659.6338
2950 Cleveland Clinic Blvd., Weston, FL 33331
Toll-free: 866.2WESTON (293.7866)
Direct Dial: 954.659.6337
Monday–Friday, 8 a.m.–7 p.m.

Union Hospital Outpatient Pharmacy 330.365.3845, Fax: 330-365-3817
659 Blvd. St., Dover, OH 44622
Monday–Friday: 7 a.m.–6 p.m.,
Saturday: 7 a.m.–3 p.m., Sunday: Closed

• Cleveland Clinic Specialty Pharmacy

Cleveland Clinic Specialty Pharmacy Direct Dial: 216.448.7732, Fax: 216.448.5601
Toll-free: 844.216.7732, Fax: 844.337.3209
Monday–Friday, 7 a.m.–6 p.m.

• Free Shipping Mail Order by Cleveland Clinic

Cleveland Clinic Home Delivery Pharmacy Direct Dial: 216.448.4200, Fax: 216.448.5603
Toll-free: 855.276.0885
Monday–Friday, 7 a.m.–6 p.m.

Cleveland Clinic Home Delivery Pharmacy Ordering Instructions

The Home Delivery Pharmacy is designed to ship medication directly to your home with **no shipping charge**. By using the Home Delivery Pharmacy, 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.

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 member 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 855.276.0885
- Faxed in by your physician to 216.448.5603
- 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, by law, you cannot fax the prescription to the Home Delivery Pharmacy. Please mail the prescription to:

Cleveland Clinic Home Delivery Pharmacy
9500 Euclid Ave AC5b-137
Cleveland, OH 44195
Phone: 216.448.4200
Fax: 216.448.5603

- If you are transferring a prescription from a pharmacy other than a Cleveland Clinic Pharmacy, please contact the Home Delivery Pharmacy at 216.448.4200 for assistance. **Please note:** 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 Pharmacy is available Monday–Friday from 7 a.m. to 6 p.m. Please allow **ten business days** from the time they **receive** your prescription order(s) for delivery.

Please note: Eligibility is based upon the date the Home Delivery Pharmacy processes your prescription order and not on the day your order was received.

Please call 216.448.4200 for questions or additional information on the Cleveland Clinic Home Delivery Service.

Advantages of Utilizing the Cleveland Clinic Pharmacies and Home Delivery Pharmacy

- **Lower cost:** You will pay less for prescription co-insurance. In addition, your deductible will be waived for prescriptions filled with a generic medication at these pharmacies.
- **Convenience:** You may request a 90-day supply of non-specialty medications at any Cleveland Clinic Pharmacy. **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.
- **Healthy Choice Coordinated Care program medication reimbursement:** If the EHP member is enrolled in the Healthy Choice Coordinated Care program and is eligible for medication reimbursement, the member must utilize a Cleveland Clinic Pharmacy to qualify for medication reimbursement. Medications obtained from the CVS/caremark Mail Service Program are **not** serviced by the Cleveland Clinic Home Delivery Pharmacy or the Cleveland Clinic Specialty Pharmacy. Appropriate documentation must be submitted with the request, which includes both the tax receipt and cash register receipt. Please communicate with your EHP Care Coordinator to learn if your medication qualifies for reimbursement. Additional information can be found in the *Summary Plan Description (SPD)* and the Cleveland Clinic EHP Coordinated Care Incentive FAQ located on the EHP website at <https://employeehealthplan.clevelandclinic.org>.

CVS/caremark Retail Pharmacy Network

Members have the option of picking up acute care prescriptions (such as antibiotic therapy or pain medication) or the first fill of any maintenance medication (limited to a 30-day supply) at any Cleveland Clinic Pharmacy or CVS store pharmacy. Refills of maintenance medications must be obtained through one of the three options identified in the Mandatory Maintenance Drug Program section on page 20. A complete list of these pharmacies can be found on the CVS/caremark website at <https://www.caremark.com>. Please note that when using a CVS store pharmacy or the CVS/caremark Mail Service Program, member co-insurance is higher when compared to obtaining your prescriptions from a Cleveland Clinic Pharmacy. In addition, prescriptions obtained from a non-Cleveland Clinic Pharmacy are not eligible for reimbursement through the Healthy Choice program (see page 6).

Note: Effective March 1, 2017, members may utilize any Cleveland Clinic Pharmacy or any CVS store pharmacy for obtaining acute care prescriptions.

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
 - A second, to be filled immediately at any Cleveland Clinic Pharmacy or CVS store pharmacy for use until you receive your prescription from the Mail Service Program.
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 <https://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 **\$200 individual/\$400 family**.

Note: The annual deductible is waived if:

- i. The member uses a **Cleveland Clinic Pharmacy** to obtain their prescription
and
- ii. The prescription is filled using a **generic** medication.

This waiver is considered a value-added benefit. All prescriptions filled at a non-Cleveland Clinic Pharmacy and all prescriptions filled with a brand name medication at any Cleveland Clinic Pharmacy are subject to the annual deductible.

Note: Members who live in an area of the country not serviced by a Cleveland Clinic pharmacy are not eligible for a waiver of the annual pharmacy deductible. The amount you have contributed to your annual deductible resets to \$0 at midnight on December 31 each year. It is not based on a rolling 365 days.

Deductible and Out-of-Pocket Maximum

Your annual deductible must be satisfied before your out-of-pocket pharmacy expenses begin accumulating toward your annual out-of-pocket maximum expense. Not all pharmacy charges apply toward the deductible and out-of-pocket (OOP) maximum expenses. The total charges for medications not covered by the benefit program (e.g., Viagra, Levitra, weight control products, cosmetic agents, etc.) do not apply to either the deductible or out-of-pocket maximum.

In addition, if a generic version of the prescribed brand medication exists, the Prescription Drug Benefit will cover only up to the price of the generic version. If you receive the brand name medication, 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 below).

Generic Medication Policy

Cleveland Clinic HBP supports and encourages the use of FDA-approved generic medications that are both chemically and therapeutically equivalent to manufacturers' brand name products. Generically equivalent products are safe and effective treatments that offer savings as alternatives to brand name products.

Drugs that are available as generics are designated in this *Handbook* with an asterisk (*). However certain generic medications are considered non-preferred medications. Please see page 15 of this *Handbook*. All other drugs listed are the Preferred Brands (Tier 2) or Specialty (SP) drugs (Tier 4).

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 required for coverage of certain medications. These medications are listed in the subsequent pages and in the complete drug listing found in the *HBP Prescription Drug Formulary Handbook*. This 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 and Appeal Form* must be completed or sufficient documentation must be submitted by the member's provider before a case will be reviewed. Please refer to the Formulary Failure Review Process on page 12 for information about obtaining a form. Completed forms can be faxed to 216.442.5790.

All prior authorization requests must meet the clinical criteria approved by the Pharmacy and Therapeutics (P&T) Committee before approval is granted. Obtaining medications through a previous insurance plan or from prior use and participation in a manufacturer bridge or assistance program does not supersede EHP medication-specific prior authorization criteria and does not guarantee coverage under the EHP. Members will still be required to meet all of the EHP P&T approved prior authorization criteria for coverage of the requested medication. 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. Prior authorization approvals are subject to future plan benefit changes or utilization management programs that may impact coverage of the authorized medication. 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.

Note: Prior authorization approvals are effective from the initial date of the authorization. No refunds or adjustments will be made for previously purchased medications. Depending upon the strength and/or formulation of the drug prescribed by your provider, different quantity limits apply. Please consult the Quantity Level Limits section beginning on page 21 of this *Handbook* for the specific quantity limit that applies to the particular strength/formulation of your medication.

Pharmaceuticals Requiring Prior Authorization

- Abilify
- Abilify Maintena
- Absorica LD (effective 4/1/20)
- Abstral
- Acne Treatments
- Actemra
- Actemra ACTPen
- Acthar gel
- Actiq
- Adacel (under 7 years of age)
- Adakveo (medical benefit; effective 4/1/20)
- Adcetris
- Adcirca
- Adempas
- Adlyxin
- Admelog (effective 4/1/18)
- Aemcolo (effective 7/1/19)
- Afrezza (effective 4/1/20)
- Aimovig (effective 6/1/18)
- Ajovy (effective 10/1/18)
- Akynzeo
- Albenza (effective 10/1/18)
- Alecensa (effective 4/1/19)
- Aliqopa (effective 4/1/19)
- Alunbrig
- Alyq
- Amjevita
- Ampyra
- Angeliq (effective date 1/1/20)
- Apidra (effective 3/1/18)
- Aptiom
- Aralast NP (medical benefit)
- Aristada
- Aristada Initio
- Aspirin
- Astagraf
- Aubagio
- Austedo
- Avonex
- Avsola (medical benefit; effective date 7/1/20)
- Ayvakit (effective date 7/1/20)
- Azedra (medical benefit; effective 7/1/19)
- Balversa (effective date 1/1/20)
- Banzel
- Basaglar (effective 3/1/18)
- Bavencio (medical benefit)
- Belbuca
- Beleodaq (medical benefit)
- Belrapzo (medical benefit; effective 4/1/20)
- Bendeka (medical benefit)
- Benlysta
- Beovu (medical benefit; effective 1/1/20)
- Berinert
- Besponsa (medical benefit)
- Betaseron
- Bethkis
- Bijuva (effective date 1/1/20)
- Blincyto (medical benefit)
- Boniva IV⁷ (medical benefit)
- Bosulif
- Botox (medical benefit)
- Braftovi (effective 4/1/20)
- Brisdelle
- Briviact
- Brineura (medical benefit) (effective 7/1/19)
- Brukinsa (effective 4/1/20)
- Butrans
- Bydureon
- Byetta
- Bystolic (effective 7/1/19)
- Cablivi (effective 4/1/20)
- Cabometyx
- Calquence (effective 4/1/18)
- Caplyta (effective date 7/1/20)
- Caprelsa
- Celebrex
- Cerezyme
- Cinqair⁸
- Cinryze
- Cinvanti (effective 4/1/19)
- Climara Pro (effective date 1/1/20)
- CombiPatch (effective date 1/1/20)
- Cometriq
- Copaxone
- Copiktra (effective 4/1/19)
- Corlanor
- Cosentyx
- Cotellic
- Cresemba (effective 10/1/18)
- Crysvita (medical benefit)
- Cuvitru (effective 6/1/18)
- Cuvposa
- Cyramza (medical benefit)
- Daklinza
- Daliresp
- Daraprim
- Darzalex (medical benefit; effective 2/4/16)
- Darzalex Faspro (medical benefit; effective 1/1/21)
- Daurismo (effective 4/1/19)
- Descovy
- Diclofenac gel
- Diclofenac solution
- Differin 0.1% cream
- Differin 0.3% gel
- Dihydroergotamine mesylate injection (effective date 1/1/20)
- Dihydroergotamine mesylate nasal spray (effective date 1/1/2020)
- Dipentum
- Doptelet (effective 4/1/19)
- Duavee (effective date 1/1/20)
- Duopa (medical benefit; effective 7/1/19)
- Dupixent⁸
- Durysta (medical benefit; effective 10/1/20)
- Dysport (medical benefit)
- Edular (effective date 1/1/20)
- Egrifta
- Elaprase (medical benefit)
- Elelyso (medical benefit)
- Elidel Cream
- Elmiron (effective 4/1/19)
- Elzonris (medical benefit; effective 7/1/19)
- Emend capsules, oral suspension
- Emgality (effective 10/1/19)
- Empliciti
- Emsam patches
- Emverm (effective 10/1/18)
- Enbrel
- Enstilar Foam (effective date 1/1/20)
- Entocort
- Entresto
- Entyvio (medical benefit)
- Envarsus XR
- Eplclusa
- Epidiolex (effective 4/1/19)
- Erelzi
- Erivedge
- Erleada (effective 6/1/2018)
- Erwinaze (medical benefit; effective 1/1/19)
- Erygel 2%
- Esbriet
- Eucrisa ointment
- Evenity (effective 7/1/19)
- Evrysdi (effective 8/11/20)
- Exjade
- Extavia
- Eylea (medical benefit)

7. Member is responsible for 20% co-insurance.

8. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

Pharmaceuticals Requiring Prior Authorization (continued)

- Fabrazyme (medical benefit; effective 10/1/18)
- Fanapt (effective 4/1/20)
- Farxiga
- Farydak
- Fasenra prefilled syringes⁸
- Fasenra pens⁸
- Fentora
- Ferriprox
- Fetzima
- Fiasp (effective 4/1/18)
- Firazyr
- Firdapse (effective 4/1/19)
- Flector
- Forteo
- Fycompa (effective 4/1/20)
- Gamifant (medical benefit; effective 4/1/19)
- Gattex
- Gazyva (medical benefit)
- Genotropin
- Giazio
- Gilenya
- Gilotrif
- Givlaari (medical benefit; effective date 7/1/20)
- Glassia (medical benefit)
- Glatiramer acetate
- Gleevec
- Grastek
- Growth Hormone
- Haegarda
- Harvoni
- Hectorol
- Hetlioz
- Hizentra
- Humalog U-200 (effective 1/1/19)
- Humatrope
- Humulin U-500 (effective 3/1/2018)
- Hycamtin
- Hyqvia
- Ibrance
- Idhifa (effective 4/1/2018)
- Ilaris
- Ilumya (effective 4/1/19)
- Iluvien (medical benefit)
- Imbruvica
- Imfinzi (medical benefit)
- Imlygic (medical benefit)
- Impavido
- Increlex
- Inflectra (medical benefit)
- Ingrezza
- Injectafer (medical benefit)
- Inqovi (effective 1/1/21)
- Intermezzo (effective date 1/1/20)
- Invokamet/Invokamet XR (effective 1/1/19)
- Inlyta
- Invokana
- Inrebic (effective 4/1/20)
- Iressa
- Isturisa (effective 10/1/20)
- Jadenu
- Jakafi
- Jardiance
- Jynarque (effective 4/1/20)
- Kadcyla (medical benefit; effective 1/1/19)
- Kalbitor
- Kalydeco
- Kanuma (medical benefit)
- Kesimpta (effective 1/1/21)
- Kevzara
- Keytruda (medical benefit)
- Kineret
- Kisqali
- Kitabis Pak
- Korlym
- Koselugo (effective 10/1/20)
- Krystexxa (medical benefit)
- Kuvan
- Kymriah (medical benefit)
- Kyprolis
- Latuda (effective 4/1/20)
- Lazanda
- Lemtrada (medical benefit)
- Lenvima
- Letairis
- Levemir (effective 3/1/18)
- Libtayo (medical benefit; effective 4/1/19)
- Lidoderm
- Linzess
- Lokelma (effective 4/1/19)
- Lonhala Magnair (effective 4/1/19)
- Lonsurf
- Lorbrena (effective 4/1/19)
- Lotronex
- Lucemyra (effective 4/1/19)
- Lucentis (medical benefit)
- Lumizyme (medical benefit)
- Lumoxiti (medical benefit; effective 4/1/19)
- Lupron
- Lutathera (effective 4/1/19)
- Luxturna (medical benefit; effective 1/10/18)
- Luzu
- Lynparza
- Macugen (medical benefit)
- Marinol
- Mavenclad (effective date 1/1/20)
- Mavyret
- Mayzent (effective 7/1/19)
- Mekinist
- Mektovi (effective 4/1/20)
- Mepsevii (medical benefit)
- MetroGel 1%
- MetroGel 1% with pump
- Metroloction
- Mirvaso (effective 1/1/19)
- Motegrity (effective 7/1/19)
- Movantik
- Mulpleta (effective 4/1/19)
- Mupirocin cream (effective date 1/1/20)
- Mylotarg (medical benefit)
- Myobloc (medical benefit)
- Myrbetriq
- Namenda XR
- Natpara
- Nayzilam (effective 4/1/20)
- Nerlynx (effective 6/1/18)
- Neupro
- Nexleto⁸ (effective date 7/1/20)
- Nexlizet⁸ (effective date 7/1/20)
- Ninlaro
- Norditropin
- Northera (effective 4/1/19)
- Nourianz (effective 10/1/20)
- Novolog (effective 3/1/18)
- Novolog Mix (effective 3/1/18)
- Noxafil (effective 10/1/18)
- Nubeqa (effective 10/1/20)
- Nucala⁸
- Nuedexta
- Nulojix (medical benefit)
- Nuplazid
- Nurtec ODT (effective date 7/1/20)
- Nutropin AQ
- Nuvigil
- Ocaliva
- Ocrevus (medical benefit)
- Odactra (effective date 7/1/20)
- Odomzo
- Ofev
- Olumiant (effective 10/1/18)
- Olysio

7. Member is responsible for 20% co-insurance.

8. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

Pharmaceuticals Requiring Prior Authorization (continued)

- Omnipod Dash (effective 4/1/20)
- Omnitrope
- Oncaspar (medical benefit; effective 4/1/19)
- Onpattro (medical benefit; effective 4/1/19)
- Onfi
- Onivyde (medical benefit)
- Opdivo (medical benefit)
- Opsumit (effective 4/1/20)
- Orenicia
- Orenitram (effective date 7/1/20)
- Oralair
- Orilissa (effective 7/1/19)
- Orkambi
- Otezla
- Otrexup
- Oxbryta (effective 4/1/20)
- Oxervate (effective 4/1/20)
- Oxtellar XR (effective 4/1/20)
- Ozempic (effective 4/1/18)
- Ozurdex (medical benefit; effective date 7/1/20)
- Padcev (medical benefit; effective date 7/1/20)
- Palforzia (effective 4/1/20)
- Pegasys
- Pegintron
- Pemazyre (effective 10/1/20)
- Perjeta (medical benefit)
- Picato
- Piqray (effective 4/1/20)
- Plegridy
- Pneumovax-23 (under 2 years of age)
- Polivy (medical benefit; effective 1/1/20)
- Pomalyst
- Portrazza (medical benefit)
- Poteligeo (medical benefit; effective 4/1/19)
- Praluent⁸
- Prefest (effective date 1/1/20)
- Premphase (effective date 1/1/20)
- PremPro (effective date 1/1/20)
- Prevymis (effective 6/1/18)
- Pristiq
- Probuphine
- Prolastin-C (medical benefit)
- Prolia
- Promacta
- Provenge (medical benefit)
- Prudoxin cream
- Psoriasis Therapies
- Qbrexza (effective date 1/1/20)
- Qinlock (effective 1/1/21)
- Qtern (effective 1/1/19)
- Qudexy XR
- Qutenza
- Radicava (medical benefit)
- Ragwitek
- Rasuvo
- Rayaldee
- Rebif
- Reblozyl (medical benefit; effective 4/1/20)
- Reclast⁷ (medical benefit)
- Relistor
- Remicade (medical benefit)
- Remodulin
- Renflexis (medical benefit)
- Repatha⁸
- Restasis
- Restoril 7.5 mg (effective date 1/1/20)
- Restoril 22.5 mg (effective date 1/1/20)
- Retevmo (effective 1/1/21)
- Retisert (medical benefit)
- Revatio
- Revlimid
- Rexaphenac
- Rexulti
- Reyvow (effective date 7/1/20)
- Rheumatoid Arthritis Therapies
- Rhofade (effective 1/1/19)
- Rhopressa (effective 10/1/18)
- Rinvoq (effective 4/1/20)
- Rituxan (medical benefit)
- Rituxan Hycela (medical benefit, effective 4/1/19)
- Rozerem (effective date 1/1/20)
- Rozlytrek (effective 10/1/20)
- Rubraca
- Ruconest
- Rukobia (effective 1/1/21)
- Ruxience (medical benefit; effective date 7/1/20)
- Ruzurgi (effective date 7/1/20)
- Rybelsus (effective 4/1/20)
- Rydapt
- Sabril
- Saizen
- Samsca (effective 4/1/20)
- Saphris (effective 4/1/20)
- Sarclisa (medical benefit; effective 10/1/20)
- Secuado (effective 4/1/20)
- Segluromet (effective 6/1/18)
- Sensipar
- Sermorelin
- Seroquel XR
- Serostim
- Shingrix (under 50 years of age)
- Signifor
- Signifor LAR
- Siliq (effective 4/1/18)
- Simponi
- Sitavig
- Sivextro (effective 10/1/20)
- Skyrizi (effective date 1/1/20)
- Solaraze
- Soliqua
- Soliris (medical benefit)
- Somavert
- Soolantra
- Sorilux Foam (effective date 1/1/20)
- Spinraza (medical benefit)
- Spritam (effective 4/1/20)
- Spravato (effective 4/1/19)
- Steglatro (effective 6/1/18)
- Steglujan (effective 6/1/18)
- Stivarga
- Strensiq
- Suboxone
- Subsys
- Sunosi (effective date 1/1/20)
- Supprelin LA (medical benefit)
- Sylvant (medical benefit)
- Symdeko (effective 6/1/18)
- Symproic (effective 4/1/18)
- Synagis (medical benefit; up to five injections per season)
- Synarel
- Syndros (effective 4/1/18)
- Synjardy/Synjardy XR (effective 1/1/19)
- Synribo
- Syprine
- Taclonex Ointment (effective date 1/1/20)
- Taclonex Topical Suspension (effective date 1/1/20)
- Tafilnar
- Tagrisso
- Takhzyro (effective 10/1/18)
- Taltz
- Talzenna (effective 4/1/19)
- Tarceva (effective 4/1/19)
- Targretin (effective date 7/1/20)
- Tavalisse (effective 10/1/18)
- Tazverik (effective date 7/1/20)

7. Member is responsible for 20% co-insurance.

8. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

Pharmaceuticals Requiring Prior Authorization (continued)

- Tacentriq (medical benefit)
- Tecfidera
- Technivie
- Tegsedi (effective 4/1/19)
- Temazepam 7.5 mg (effective date 1/1/2020)
- Temazepam 22.5 mg (effective date 1/1/2020)
- Tepezza (medical benefit; effective date 7/1/20)
- Testopel (medical benefit)
- Tev-Tropin
- Tibsovo (effective date 1/1/20)
- Tiglutik (effective 4/1/19)
- TOBI
- TOBI Podhaler
- Topamax immediate-release sprinkle capsules
- Toujeo
- Tracleer
- Treanda (medical benefit)
- Trelegy Ellipta (effective 4/1/19)
- Trelstar Mixject (medical benefit)
- Tremfya (effective 4/1/18)
- Tresiba (effective 3/1/18)
- Triazolam (effective date 1/1/20)
- Trijardy XR (effective date 7/1/20)
- Trikafta (effective 4/1/20)
- Trintellix
- Triptodur (medical benefit)
- Trodelvy (medical benefit; effective 10/1/20)
- Trogarzo (medical benefit; effective 10/1/18)
- Trokendi XR
- Trulance
- Trulicity
- Truvada (for quantities > 30 tablets per 365 days)
- Tukysa (effective 10/1/20)
- Turalio (effective 4/1/20)
- Tymlos
- Tysabri (medical benefit)
- Tyvaso
- Ubrelyv (effective 4/1/20)
- Uloric
- Ultomiris (medical benefit; effective 7/1/19)
- Uplizna (medical benefit; effective 1/1/21)
- Upravi
- Valtoco (effective date 7/1/20)
- Varubi
- Vectibix (medical benefit; effective 7/1/18)
- Vectical Ointment (effective date 1/1/20)
- Veltassa
- Vemlidy (effective 1/1/21)
- Venclexta
- Venlafaxine ER Tablets
- Verzenio (effective 4/1/18)
- Viberzi
- Victoza
- Viekira
- Viibryd
- Vitrakvi (effective 4/1/19)
- Vosevi
- VPRIV
- Vraylar
- Vumerity (effective 4/1/20)
- Vyepi (medical benefit; effective date 7/1/20)
- Vyndamax (effective 4/1/20)
- Vyndaqel (effective 4/1/20)
- Vytorin
- Wakix (effective 4/1/20)
- Xadago
- Xalkori
- Xcopri (effective 10/1/20)
- Xeljanz
- Xeljanz XR
- Xeloda
- Xeomin (medical benefit)
- Xepi (effective 10/ 1/18)
- Xgeva
- Xiaflex (medical benefit)
- Xifaxan
- Xigduo XR (effective 1/1/19)
- Xiidra
- Xofigo (medical benefit)
- Xolair⁸
- Xtandi
- Xultophy
- Xuriden
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yondelis (medical benefit)
- Yupelri (effective 4/1/19)
- Yutiq (medical benefit)
- Zavesca (effective 4/1/19)
- Zejula
- Zelboraf
- Zemaira (medical benefit)
- Zemplar
- Zepatier
- Zeposia (effective date 7/1/20)
- Zepzelca (medical benefit; effective 1/1/21)
- Zinplava (medical benefit)
- Zohydro ER
- Zolgensma (medical benefit)
- Zolpimist (effective date 1/1/20)
- Zomacton
- Zometa
- Zonalon cream
- Zorbivie
- Zubsolv
- Zulresso (medical benefit; effective 7/1/19)
- Zuplenz
- Zykadia
- Zytiga

7. Member is responsible for 20% co-insurance.

8. In addition to meeting all other prior authorization criteria, members must also enroll in the corresponding EHP Healthy Choice Coordinated Care program to receive coverage for this medication.

Formulary Failure Review Process

The Formulary is designed to meet the needs of the majority of HBP members. However, if it is determined that you require treatment with a medication not included in the Formulary, your physician may request a review for preferred coverage of a Non-Formulary medication. To start the review process, your physician should call the EHP Pharmacy Management Department at 216.986.1050, option 4 or tollfree at 888.246.6648, option 4 and request a *Prior Authorization, Formulary Exception and Appeal Form*. See sample on page 32. You can also obtain a form online at <https://employeehealthplan.clevelandclinic.org>.

Physicians should complete the form using specific laboratory data, physical exam findings, and other supporting documentation whenever possible in order to document the medical necessity of using a Non-Formulary Medication. Approvals will be granted only if the physician can document ineffectiveness of Formulary alternatives or the reasonable expectation of harm from the use of Formulary medications. A separate form should be submitted for each member for each Non-Formulary drug.

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 coinsurance amount will be applied to the yearly maximum out-of-pocket. 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:¹⁰ Lower co-insurance will be assessed from the date of authorization. No refunds or adjustments will be made for previously purchased prescriptions. Depending upon the strength and/or formulation of the drug prescribed by your provider, different quantity limits apply. Please consult the Quantity Level Limits section beginning on page 21 of this *Handbook* for the specific quantity limit that applies to the particular strength/formulation of your medication.

Instructions for a Physician on How to Complete the *Prior Authorization, Formulary Exception and Appeal Form*:

1. Complete all information requested.
2. Submit a **separate form** for each member and for each drug you wish to have reviewed.
3. Keep a copy for your records.
4. Fax the form to:
Cleveland Clinic Employee Health Plan
EHP Pharmacy Management Department
216.442.5790
OR
Mail the form to:
Cleveland Clinic Employee Health Plan
EHP Pharmacy Management Department
6000 West Creek Road, Suite 20
Independence, Ohio 44131

Exception Process – Once received, requests will be processed within 72 hours. Expedited requests may be made by calling EHP Pharmacy Management at 216.986.1050, option 4, or toll-free at 888.246.6648, option 4. In most cases, these requests will be reviewed and processed the same business day; however, calls received after 4 p.m. or during the weekend will be handled the next business day. One of the following criteria must be met to file an expedited request:

- The drug is necessary to complete a specific course of therapy after discharge from an acute care facility (e.g., hospital, skilled nursing facility).
- The timeframe required for a standard review would compromise the member’s life, health or functional status.
- The drug requires administration in a timeframe that will not be met using the standard process.

Prior Authorization, Formulary Exception and Appeal Form

See page 32 in the back of this *Handbook* for a full size version of the *Prior Authorization, Formulary Exception and Appeal Form*.

Benefits and Coverage Clarification

Detailed benefit coverage clarification information about the HBP Prescription Drug Benefit is included in the following pages. This information complements and further explains the Prescription Drug Benefit chart on page 2 in this *Handbook* and in the *SPD*, Section One: “Getting Started.”

Breast Cancer Prevention Coverage

Under the provisions of the Affordable Care Act mandate regarding breast cancer preventive health services, generic raloxifene and tamoxifen will be covered under the HBP Prescription Drug Benefit at no out-of-pocket expense only for female members 35 years of age or older when accompanied by a valid prescription from the member’s healthcare provider.

Two medications used in the prevention of breast cancer, generic anastrozole and generic exemestane, will also be covered at no member cost, if the member’s individual medical condition meets the criteria set forth by the United States Preventive Services Task Force. Members or providers can obtain the *Aromatase Inhibitor for Breast Cancer Risk Reduction Formulary Exception Form* on page 35 of this *Handbook* to request coverage of these medications at no member cost share.

Contraceptive Coverage

Under the provisions of the Affordable Care Act mandate regarding women's preventive health services, contraceptives will be covered under the HBP Prescription Drug Benefit within the following guidelines:

- Diaphragms, emergency contraceptives, generic oral contraceptives, generic injectables (medroxyprogesterone) will be covered with no out-of-pocket expense for the member. However, a prescription from your health care provider is required.
- Brand name oral contraceptives that are not available generically require prior authorization. If the prior authorization request is approved, the member will not have any out-of-pocket expense. If the prior authorization request is denied, the brand name contraceptive will not be covered.
- Members who receive a brand name formulation of a contraceptive that is available generically will not pay any co-insurance but will be charged the difference in cost between the brand name contraceptive product and the generic alternative.
- Contraceptive products that do not require a prescription to be purchased are not covered under the HBP Prescription Drug Benefit.
- Members who are employed at Marymount Hospital are excluded from this coverage.
- Mirena and other intrauterine devices (IUDs) are not covered under the HBP Prescription Drug Benefit. Rather, they are covered under the medical benefit and no co-payment will be charged.

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 2), 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. To obtain an override, please have your healthcare provider complete and submit a *Prior Authorization, Formulary Exception and Appeal Form*.

Over-The-Counter (OTC) Medications

Certain over-the-counter (OTC) medications that are available without a prescription are covered under the Prescription Drug Benefit.

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 0–5 years
- **Folic Acid:** Covered at 100% for **female** members age 40 and under
- **Tobacco Cessation Medications:**
 - Must be prescribed by an EHP approved Tobacco Cessation provider (in person) or EHP Tobacco Cessation eCoaching program provider (online only)
 - Coverage includes generic bupropion, brand Chantix, generic nicotine gum, generic nicotine lozenges, and generic nicotine patches
 - **Prescriptions must be filled at any Cleveland Clinic Pharmacy**

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 the HBP. Providers should recommend the equivalent OTC product to the member.

Pre-exposure prophylaxis (PrEP) Coverage

Under the provisions of the Affordable Care Act mandate regarding PrEP treatment, medications used in members at high risk for HIV infection will be provided at no member cost, if the use is for PrEP. If the use is for the treatment of HIV infection or for post-exposure prophylaxis, the member's co-payment will be adjusted upward to maximize the financial benefit offered by the pharmaceutical manufacturer as part of the Specialty Drug Copay Card Assistance Program. Generic Truvada will remain the preferred agent, with Descovy being the alternative product. Both generic Truvada and Descovy will continue to require prior authorization. Coverage requests approved for PrEP will be coded in the pharmacy claims adjudication system such that the member's annual pharmacy deductible and any co-insurance are waived.

Statin Medications for Primary Prevention of Cardiovascular Disease

Under the provisions of the Affordable Care Act mandate regarding cardiovascular disease preventive health services, generic formulary low to moderate dose statins will be covered under the HBP Prescription Drug Benefit at no member out-of-pocket expense within the following guidelines:

1. Members are between 40 and 75 years of age.
2. Members on generic formulary low to moderate dose statins require prior authorization in order to receive their medication at no member out-of-pocket expense. To begin this process, please have the prescribing provider submit a *USPSTF Copay Free Statin Coverage Request Form* to the Employee Health Plan Pharmacy Management Department (see page 33). If the prior authorization request is approved, the member will not have any out-of-pocket expense. If the prior authorization request is denied, the standard plan benefits will apply regarding statin coverage (see page 25).
3. Members who receive a brand name formulation of a formulary statin that is available generically will not pay any co-insurance but will be charged the difference in cost between the brand name statin product and the generic alternative.
4. For members who do not go through the prior authorization process, the standard plan benefits will apply regarding statin coverage (see page 25).
5. Statin products that do not require a prescription to be purchased are not covered under the HBP Prescription Drug Benefit (i.e., red yeast rice).

Non-Preferred Generic Medications

Generic formulations of the medications listed below are considered non-preferred medications and are subject to a 50% member co-insurance with no monthly maximum out-of-pocket expense:

- Abilify oral solution, ODT tablets, tablets
- Actigall
- Adderall XR⁹
- Ambien CR 12.5 mg
- Astelin
- Astepro
- Atacand
- Atacand HCT
- Avalide
- Avita cream
- Azor
- Benicar
- Benicar HCT
- Boniva 150 mg tabs
- Celebrex
- Concerta⁹
- Coreg CR
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Diovan 320 mg
- Ecoza cream
- Edular
- Enstilar Foam
- Exforge HCT
- Fentora
- Focalin XR⁹
- Frova
- Hectorol
- Hydrocortisone valerate 0.2% cream
- Inderal LA
- Intermezzo
- Lamisil
- Lialda
- Micardis HCT
- Pristiq
- Qudexy XR
- Retin-A cream
- Rozerem
- Sorilux Foam
- Sporanox capsules
- Strattera⁹
- Taclonex ointment
- Taclonex Topical Suspension
- Tekturna
- Tekturna HCT
- Teveten
- Tribenzor
- Twynsta
- Uloric
- Vectical Ointment
- Vytorin
- Zemplar
- Zolpimist

9. EHP members under the age of 20 who are utilizing generic formulations of Adderall XR, Concerta, Focalin XR, and Strattera will continue to pay a Tier 1 co-insurance.

Lifestyle Medications

The medications listed below are able to be purchased such that members pay 100% co-insurance on the discounted price of the medication. The member's out of pocket expense does not apply toward their annual pharmacy deductible nor their annual out-of-pocket maximum.

- Acticlate
- Addyi
- Caverject
- Cialis
- Clomid (males only)
- Cosmetic Agents
- Denavir Cream
- Doryx
- Doryx MPC
- Edex
- Evzio
- Fertility Agents
- Flumadine
- Hysingla
- Intrarosa
- Jublia
- Kerydin
- Latisse
- Levitra
- Muse
- Naloxone
- Narcan
- Natesto
- Non-controlled Cough and Cold Agents
- Oral Allergy Medication
- Oral Androgen Products
- Osphena
- Penlac
- Pregnenolone
- Propecia
- Relenza
- Saxenda
- Stendra
- Targadox
- Testosterone Cypionate
- Testosterone Enanthate
- Topical Androgen Products
- Vaniqa
- Viagra
- VIBRA-TABS
- Vivlodex
- Weight Control Products
- Xartemus XR
- Xerese
- Xofluzza
- Zipsor
- Zorvolex
- Zovirax Cream
- Zovirax Ointment

Non-Covered Medications

Due to the availability of generically available or over-the-counter alternatives, medications in the following drug classes are not covered by the HBP Prescription Drug Benefit:

Brand Name

- Abilify oral solution, ODT tablets, tablets
- Absorica
- Actigall
- Adcirca
- Adderall XR
- Afinitor
- Aggrenox
- AirDuo
- Ambien
- Ambien CR
- Ampyra
- Asacol HD
- Astepro
- Boniva 150 mg tablets
- Celebrex
- Cleocin T 1% solution
- Cleocin T 1% gel
- Cleocin T 1% lotion
- Cleocin T 1% swab
- Concerta
- Coreg CR
- Corgard
- Crestor
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Ecoza Cream
- Epcclusa
- Epipen
- Epipen Jr.
- Flector
- Focalin XR
- Gleevec
- Harvoni 90/400 mg tablets
- Hecctorol
- Inderal LA
- Kaletra
- Lialda
- Lyrica
- Nuvaring
- Onfi
- Oral Contraceptives (See Contraceptive Coverage information on page 14)
- Prometrium
- Protopic
- Retin-A Cream
- Revatio
- Sensipar
- Straterra
- Suboxone films
- Sustiva
- Tecfidera
- Tenormin
- Tracleer 62.5 mg tablets
- Tracleer 125 mg tablets
- Truvada
- Uloric
- Vagifem
- Valcyte
- Vibramycin
- Xopenex
- Zemplar
- Zytiga
- Zyvox

Brand and Generic Versions

- 510(k) medical devices
- Unapproved drugs
- Abilify MyCite
- Acanya
- Aciphex
- Acyclovir oral solution
- Aczone Gel
- Aczone Gel with Pump
- Adakveo (Rx benefit)
- Adhansia XR
- Adrenallick
- Adzenys XR-ODT
- Akene-mycin 2% ointment
- Akliel
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Aliqopa (Rx benefit)
- Allzital
- Altoprev
- Altreno
- Amcinonide 0.1% Cream
- Amcinonide 0.1% lotion
- Amcinonide 0.1% ointment
- Amrix
- Amzeeq
- Ana-Lex cream
- Anaprox DS
- Annovera
- Anucort-HC
- Anusol-HC suppositories
- Apadaz
- Aplenzin
- Aptensio XR
- Aralast NP (Rx benefit)
- Arazlo
- Arestin
- Atenolol+SyrSpend SF PH4 oral suspension
- Atridox
- Atropine Sulfate Ophthalmic Ointment
- Auvi-Q
- Avage
- AVAR Cleanser (sulfacetamide/sulfur 10-5%)
- AVAR Foam (sulfacetamide/sulfur 9.5-5%)
- AVAR LS Cleanser (sulfacetamide/sulfur 10-2%)
- AVAR LS Foam (sulfacetamide/sulfur 10-2%)
- AVAR LS Pad (sulfacetamide/sulfur 10-2%)
- AVAR Pad (sulfacetamide/sulfur 9.5-5%)
- Avar-E emollient Cream (sulfacetamide/sulfur 10-5%)
- Avar-E Green Cream (sulfacetamide/sulfur 10-5%)
- Avar-E LS cream (sulfacetamide/sulfur 10-2%)
- Aveed
- Avenova Sol Neutrox
- Avonex (medical benefit)
- Avsola (Rx benefit)
- Axid
- Azedra (Rx benefit)
- Azelex Cream
- Azesco
- Bavencio (Rx benefit)
- Beconase AQ
- Beleodaq (Rx benefit)
- Belrapzo (Rx benefit)
- Belsomra
- Bendeka (Rx benefit)
- BenzaClin
- Benzonatate 150 mg capsules
- Benzoyl Peroxide Agents
- Beovu (Rx benefit)
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Biaxin XL
- Binosto
- Bionect
- Blincyto (Rx benefit)
- Boniva IV (Rx benefit)
- Bonjesta
- Botox (Rx benefit)
- Breztri
- Brineura (Rx benefit)
- Briviact
- Bryhali
- Butalbital/acetaminophen
- Butalbital/acetaminophen/caffeine
- Butalbital/acetaminophen/caffeine/codeine
- Butalbital/aspirin/caffeine
- Butalbital/aspirin/caffeine/codeine
- Caduet
- Capex 0.01% shampoo
- Carac 0.5% cream
- Carospir
- Cenovia
- Centany
- Centany AT
- Cequa
- Ceracade
- Ceramax Cream
- Chlorzoxazone 250 mg tablets
- Cimzia (only for the diagnosis of Psoriasis)
- Cipro HC
- CiproDex
- Clarifoam (sulfacetamide/sulfur 10-5%)
- Clarus
- Clindacin ETZ 1%
- Clindacin P 1%
- Clindacin PAC 1%
- Clindamycin 1 % foam
- Clindamycin-benzoyl peroxide 1.2%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel
- Clindamycin-benzoyl peroxide 1%-5% gel with pump
- Clindamycin-tretinoin 1.2-0.25% gel
- Clinpro
- Clobetasol propionate 0.05% Foam (hydroalcoholic)
- Clobetasol propionate 0.05% Foam (non-aqueous)
- Clobetasol propionate 0.05% Lotion
- Clobetasol propionate 0.05% Shampoo
- Clobetasol propionate 0.05% Spray
- Clocortolone 0.1% Cream
- Consensi
- Conzip
- Copaxone (medical benefit)
- Cordran 0.05% Cream
- Cordran 0.05% Lotion
- Cordran 0.05% Ointment
- Cordran tape 4 mcg/sqcm
- Cortifoam aerosol 90 mg
- Cosentyx (only for the diagnosis of Psoriasis)
- Cotempla
- Covaryx
- Covaryx HS
- Crysvita (Rx benefit)
- Cyclobenzaprine 7.5 mg tablets
- Cycloset
- Cyramza (Rx benefit)
- Dacogen
- Darzalex (Rx benefit)
- Darzalex Faspro (Rx benefit)
- Dayvigo
- Denta 5000 cream
- Dentagel
- Dermasorb AF 3%-0.5% cream
- Dermazene
- Desonate 0.05% gel
- Desonide 0.05% Lotion
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- Dexilant
- Dextenza
- Dexycu
- Diclegis
- Diclopr
- Differin 0.1% gel
- Differin 0.1% lotion
- Differin 0.3% gel with pump
- Diflorasone 0.05% emollient cream
- Diflorasone diacetate 0.05% Cream
- Diflorasone diacetate 0.05% Ointment
- Disalcid
- Dojolvi
- Donnatal
- Doryx
- Doxycycline monohydrate 75 mg capsules/tablets
- Doxycycline monohydrate 150 mg tablets
- Dritho-Creme HP
- Dsuvia (Rx and medical benefits)
- Duac
- Duaklir Pressair
- Duexis
- Dulera
- Duobrii
- Duopa (Rx benefit)
- Durlaza
- Durolane
- Durysta (Rx benefit)
- Dutoprol
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- EC-Naprosyn
- EC-Naproxen
- ED BRON GP Liquid

Brand and Generic Versions (continued)

- Edecrin
- EEMT
- EEMT HS
- Elaprase (Rx benefit)
- Elelyso (Rx benefit)
- Eleton
- Eleton Twinpack
- Elyxyb
- Elzonris (Rx benefit)
- Emflaza (both Rx and medical benefits)
- Emla 2.5% — 2.5% cream
- Emulsion SB
- Enbrel (only for the diagnosis of Psoriasis)
- Endari
- Etonogestrel/ethinyl estradiol vaginal ring
- Entty
- Entyvio (Rx benefit)
- Epaned
- Epiceram
- Epiduo Gel with Pump
- Epiduo Forte Gel with Pump
- Erwinaze (Rx benefit)
- Erythromycin-benzoyl peroxide 3-5% gel
- Eskata
- Esterified Estrogens/ Methyltestosterone
- Ethacrynic acid
- Ethacrynate Sodium
- Euflexxa
- Evekeo
- Evoclin 1% Foam
- Exondys 51 (both Rx and medical benefits)
- Extavia (medical benefit)
- Eylea (Rx benefit)
- Ezallor
- Fabior
- Fabrazyme (Rx benefit)
- Fenoprofen
- Finacea foam
- Flolipid
- Flonase
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide-E Cream
- Fluocinolone 0.01% (Derma-smoothe) Oil
- Fluocinonide 0.1% Cream
- Fluoridex
- Fluoroplex 1% cream
- Flurandrenolide 0.05% Cream
- Flurandrenolide 0.05% lotion
- Forfivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Freestyle Libre diabetic test strips
- Galafold
- Gamifant (Rx benefit)
- Ganirelix
- Gazyva (Rx benefit)
- Gel-One
- Gel-Syn
- GenVisc 850
- Genadur
- Givlaari (Rx benefit)
- Gloperba
- Glassia (Rx benefit)
- Glumetza
- Glycopyrrolate injectable sol
- Glyset
- GoNitro
- Gralise
- Guaifenesin-codeine liquid
- Guaifenesin DAC
- Guaifenesin DAC syrup
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hemangeol
- Hemmorex-HC suppositories
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hyalgan
- Hyaluronate Sodium Gel
- Hydrocortisone Acetate
- Hydrocortisone Acetate/ Pramoxine
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hydroquinone
- Hydroquinone Time Release
- Hydroxyprogesterone pens/vials
- Hygel
- Hylafem
- Hylatopic Plus
- Hymovis
- Hyophen
- Hypochlorous Acid Solution
- Iluvien (Rx benefit)
- Imbruvica 140 mg tablets
- Imbruvica 280 mg tablets
- Imfinzi (Rx benefit)
- Imlygic (Rx benefit)
- Impozz
- Inbrija
- Inderal XL
- Inflectra (Rx benefit)
- Injectafer (Rx benefit)
- InnoPran XL
- Insulin Aspart
- Insulin Lispro
- Iodoquinol-Hydrocortisone 1-1.9%
- Irenka
- Isometheptene/ Acetaminophen/ Dichloralphenazone
- Isopto Homatropine
- Ixifi
- Jatenzo
- Jeuveau
- Jornay PM
- Kadcyra (Rx benefit)
- Kanuma (Rx benefit)
- Karbinal ER
- Kapsargo Sprinkles ER
- Katerzia
- Keragel
- Ketoconazole 2% foam
- Ketodan
- Keveyis
- Keytruda (Rx benefit)
- Kristalose
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Lanoxin 187.5 mcg
- Lanoxin 62.5 mcg
- Lartruvo
- Lemtrada (Rx benefit)
- Lexette
- Librax (except NDC: 51293-0607-01)
- Libtayo (Rx benefit)
- Licart
- Lidocaine 3% gel
- Lidocaine 10%
- Lidocaine cream
- Lidocaine/hydrocortisone gel
- Lidocaine lotion
- Lidocaine/menthol
- Lidocaine ointment
- Lidocaine/prilocaine cream
- Liletta (Rx benefit)
- Linezolid oral suspension (members ≥ 12 years of age)
- Liptruzet
- Iodine extended-release
- Iodine immediate-release 300 mg capsules
- Lopressor HCT
- Lorzone
- Loyalon
- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Lumoxiti (Rx benefit)
- Luradox
- Lutathera (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- Lyrica CR
- Lyumjev
- Macugen (Rx benefit)
- Makena
- ME/NaPhos/MB/Hyo1
- Meclofenamate
- Mefenamic Acid
- Megestrol acetate 625 milligrams/ 5 milliliters suspension
- Mepsevii (Rx benefit)
- Methylphenidate ER 72 mg tablets
- Midrin
- Minocycline immediate release tablets
- Miralax
- Mirena (Rx benefit)
- Monodox
- Mydayis
- Mylotarg (Rx benefit)
- Myobloc (Rx benefit)
- Naproxen controlled-release
- Naproxen delayed-release
- Naproxen EQ
- Naproxen extended-release
- Naproxen suspension
- Nasacort
- Nasacort AQ
- Nasonex
- Neosalus
- Neosalus CP
- Neucac
- Nexium
- Nexplanon (Rx benefit)
- Nitrolingual
- Noritate

Brand and Generic Versions (continued)

- Novacort External gel 2-1-1%
- Nucynta extended-release
- Nucynta immediate-release
- Nulojix (Rx benefit)
- Nuvail
- Ocrevus (Rx benefit)
- Ofirmev
- Omidria
- Omnaris
- Oncaspar (Rx benefit)
- Onivyde (Rx benefit)
- Onmel
- Onpattro (Rx benefit)
- Onzetra Xsail
- Opdivo (Rx benefit)
- Oracea
- Orthovisc
- Ovace plus cream (sulfacetamide 10%)
- Ovace plus foam (sulfacetamide 9.8%)
- Ovace plus gel (sulfacetamide 10%)
- Ovace plus lotion (sulfacetamide 9.8%)
- Ovace plus shampoo (sulfacetamide 10%)
- Ovace plus wash liquid (sulfacetamide 10%)
- Oxistat
- Oxytrol
- Ozurdex (Rx benefit)
- Padcev (Rx benefit)
- Pandel 0.1% Cream
- Paragard (Rx benefit)
- Parlodel 5 mg capsules
- Pataday
- Patanol
- Paxil CR
- Pazeo
- Pennsaid 2%
- Pepcid
- Perjeta (Rx benefit)
- Perphenazine/ Amitriptyline
- Pexeva
- Phenazopyridine Hydrochloride
- Phenohydro
- Phosphasal
- Pizensy
- Plenity
- Plexion cleanser (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cloths (sulfacetamide/sulfur 9.8-4.8%)
- Plexion cream (sulfacetamide/sulfur 9.8-4.8%)
- Plexion lotion (sulfacetamide/sulfur 9.8-4.8%)
- Polivy (Rx benefit)
- Portrazza (Rx benefit)
- Poteligeo (Rx benefit)
- Prascion cleanser
- Praxbind
- Pradaxa
- Prednisolone Orally Disintegrating Tablets
- Prestalia
- Prevacid
- Prevident
- Prilosec
- Primlev
- Procentra
- Proctofoam-HC
- Prodrin
- Prolastin-C (Rx benefit)
- Promiseb
- Propranolol/ hydrochlorothiazide
- Proctocort suppositories
- Protonix
- Provenge (Rx benefit)
- Proventil HFA
- Prozac Weekly
- Pyridium
- Qnasl
- Quillichew
- Qwo
- Radicava (Rx benefit)
- Rapivab (sulfacetamide/ sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Reblozyl (Rx benefit)
- Recedo
- Reclast (Rx benefit)
- Refissa
- Relexxii
- Remicade (Rx benefit)
- Renal Caps
- Renflexis (Rx benefit)
- Renovo Pads
- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Retisert (Rx benefit)
- Rhinocort Aqua
- Riomet
- Rituxan (Rx benefit)
- Rituxan Hycela (Rx benefit)
- Rosadan
- Rosanil
- Rosula (sulfacetamide/ sulfur 5%)
- Rosula liquid (sulfacetamide/ sulfur 10-4.5%)
- Ruxience (Rx benefit)
- Rytary
- Salicylic Acid
- Salicylic Acid ER
- Salicylic Acid Wart Remover
- Sarafem tablets
- Sarclisa (Rx benefit)
- Savaysa
- Selegiline 5 milligram tablets
- Semglee
- Sernivo
- Seysara
- SF 5000 Plus Cream
- Siklos
- Silenor
- Silvasorb
- Simponi Aria
- Singulair 4 mg packets
- Sinuva
- Slynd
- Skyla (Rx benefit)
- Sodium Bicarbonate
- Sodium Fluoride Gel
- Sodium Sulfacetamide/ Sulfur
- Soliris (Rx benefit)
- Solodyn
- Sonafine
- Sotradecol
- Spinraza (Rx benefit)
- Spiriva Handihaler
- Spiriva Respimat 1.25 mcg/actuation
- Sporanox 10 milligrams/ milliliter solution
- Sprix
- SSS cream, foam
- Sublocade
- Sulfacleanse 8/4
- Sumaxin Pad (sulfacetamide/sulfur 10-4%)
- Sumaxin skin cleanser kit (sulfacetamide/sulfur 10-4%)
- Sumaxin wash liquid
- Supartz
- Supprelin LA (Rx benefit)
- Sustol
- Sylvant (Rx benefit)
- Sympazan
- Synagis (Rx benefit)
- Synerderm
- Synjoynt
- Synvisc
- Synvisc-One
- Tagamet
- Talicia
- Tarka
- Taytulla
- Tazorac
- Tecentriq (Rx benefit)
- Tepezza (Rx benefit)
- Testopel (Rx benefit)
- Tetracaine
- Texacort 2.5% Solution
- Therapevo
- Tirosint
- Tivorbex (effective 1/1/19)
- Tolak 4% cream
- Tolsura
- Tosymra
- Treanda
- Trelstar Mixject (Rx benefit)
- Tretin-X
- Treximet (effective 1/1/19)
- Triamcinolone (Kenalog) Spray
- Trianex (triamcinolone) 0.05% ointment
- Triluma
- Triluron
- Triptodur (Rx benefit)
- Trivisc (sodium hyaluronate)
- Trodelvy (Rx benefit)
- Trogarzo (Rx benefit)
- Tysabri (Rx benefit)
- Uceris Foam
- Ultomiris (Rx benefit)
- Ultravate Lotion
- Unithroid
- Uplizna (Rx benefit)
- Urea
- Urelle
- Uretron D/S
- Uribel
- Urimar-T
- Urin DS
- Uro-458
- URO-MP
- UroAv-81
- UroAv-B
- Ustell
- Uticap
- Utira-C
- Utrona-C

Brand and Generic Versions (continued)

- Utopic
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Vectibix (Rx benefit)
- Veltin
- Venelex Ointment
- Veramyst
- Verdeso 0.05% Foam
- Vilamit MB
- Vilevev MB
- Viltepso
- Vimovo
- Virtussin
- Virtussin DAC
- Visco-3
- Vivitrol
- Voltaren 1% gel
- Vusion 0.25%-0.15% ointment
- Vyepti (Rx benefit)
- Vyleesi
- Vyondys 53
- Vytone 1.9%-1% cream
- Vyvanse
- Xalix
- Xeomin (Rx benefit)
- Xeroform Gauze
- Xeroform Pads
- Xhance
- Xiaflex (Rx benefit)
- Ximino
- Xofigo (Rx benefit)
- Xyosted
- Yervoy (Rx benefit)
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Yonsa
- Yosprala
- Yutiq (Rx benefit)
- Yuvaferm
- Zalvit
- Zantac
- Zegerid
- Zelapar
- Zemaira (Rx benefit)
- Zembrace
- Zencia wash liquid (sulfacetamide/sulfur 9-4%)
- Zenedi (effective 1/1/19)
- Zepzelca (Rx benefit)
- Zetonna
- Ziana
- Zilretta
- Zinplava (Rx benefit)
- Zolgensma (Rx benefit)
- Zovirax oral suspension
- Ztlido
- Zulresso (Rx benefit)
- Zyflo continuous-release/extended-release
- Zyflo immediate-release

Pharmacy Management Programs

Mandatory Maintenance Drug Program

Members may use any of the Cleveland Clinic Pharmacies, or a CVS store pharmacy 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.

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 (see page 7 for details).
- **Cleveland Clinic Pharmacies** – Drop off your maintenance prescriptions for refill at any of the 19 Cleveland Clinic Pharmacy locations in northeast Ohio or the Weston Pharmacy in Florida. You can obtain up to a 90-day supply of medication and you will save 5% on your co-insurance (see page 3 for details).
- **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 Pharmacy.

In addition, some maintenance medications must be refilled for three month supplies at a Cleveland Clinic Pharmacy, through the Cleveland Clinic Home Delivery Pharmacy, or through the CVS/caremark Mail Service in order to be covered. A complete list of these maintenance medications can be found at <https://employeehealthplan.clevelandclinic.org>.

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 9) must be obtained for coverage under the Prescription Drug Benefit. 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 Formulary in the future. Prescriptions written by non-specialists will need prior authorization. Please consult the *HBP Prescription Drug Formulary Handbook* to determine if your medication is limited by provider specialty.

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. The Cleveland Clinic Health Benefit Program will continue to monitor drug utilization to possibly expand quantity level limits for other medications.

- Abilify: 1 tablet per day
- Absorica LD: 2 capsules per day
- Abstral: 4 tablets per day; restricted to 30-day supply
- Actemra ACTPen: 4 auto-injector pens per 28 days
- Actemra prefilled syringes: 4 prefilled syringes per 28 days
- Acthar gel: two 5 milliliter vials per prescription
- Actiq: 4 lozenges per day; restricted to 30-day supply
- Actonel 35 mg: 4 tablets per 28 days
- Actos 15 mg: 1 tablet per day
- Adcirca: 2 tablets per day
- Adempas: 90 tablets per 30 days
- Adlyxin: 6 mL (2 pens) per 30 days
- Aemcolo: 12 tablets per 30 days
- Afinitor: limit based on instructions for use; included in split fill program
- Aimovig: 1 auto-injector/prefilled syringe per 30 days
- AirDuo: 1 inhaler per 30 days
- Ajovy: 3 prefilled syringes (225 mg ea) per 90 days
- Akynzeo: 1 capsule per day
- Albenza: 120 tablets per 30 days
- Aldara cream 5%: 24 packets every 30 days
- Alecensa: 240 capsules per 30 days
- Alunbrig: 180 tablets per 30 days
- Alyq: 2 tablets per day
- Ambien controlled-release: 1 tablet per day
- Ambien immediate-release: 1 tablet per day
- Amblify: 1 tablet per day
- Amerge tablets: 9 tablets per 30 days
- Ampyra: 60 tablets per 30 days
- Angeliq: 1 tablet per day
- Anzemet: 6 tablets per 30 days
- Aptiom 200 mg, 400 mg: 1 tablet per day
- Aptiom 600 mg, 800 mg: 2 tablets per day
- Aralen: 30 tablets per 30 days
- Arnuity Ellipta: 1 inhaler (30 blisters) per 30 days
- Austedo 6 mg: 720 tablets per 90 days
- Austedo 9 mg: 450 tablets per 90 days
- Austedo 12 mg: 360 tablets per 90 days
- Avalide: 1 tablet per day
- Avapro: 1 tablet per day
- Avita Cream 0.025%: 45 grams every 30 days
- Avita Gel 0.025%: 45 grams every 30 days
- Axert tablets: 12 tablets per 30 days
- Ayvakit: 1 tablet per day
- Azor: 1 tablet per day
- Balversa 3mg: 84 tablets per 28 days
- Balversa 4mg: 56 tablets per 28 days
- Balversa 5mg: 28 tablets per 28 days
- Baxdela: 28 tablets per 14 days; 28 vials per 14 days
- Braftovi: 6 capsules per day
- Belbuca: 2 films per day
- Benicar: 1 tablet per day
- Benicar HCT: 1 tablet per day
- Bevespi Aerosphere: 1 inhaler per 30 days
- Bijuva: 1 capsule per day
- Biktarvy: 1 table per day
- Boniva 150 mg: 1 tablet per 30 days
- Bosulif: limit based on instructions for use; included in split fill program
- Breo Ellipta: 1 inhaler per 30 days
- Brisdelle: 1 tablet per day
- Briviact oral solution: 20 mL per day
- Briviact tablets: 2 tablets per day
- Brukinsa: 4 capsules per day; included in split fill program
- Butrans: 4 patches per 28 days
- Bydureon pens: 4 pens per 30 days
- Bydureon vials: 4 vials per 30 days
- Byetta: 2.4 mL (1 pen) per 30 days
- Bystolic 2.5 mg: 1 tablet per day
- Bystolic 5 mg: 1 tablet per day
- Bystolic 10 mg: 1 tablet per day
- Bystolic 20 mg: 2 tablets per day
- Cablivi: 1 kit per day
- Cabometyx: 1 tablet per day
- Calquence: 60 capsules per 30 days
- Caplyta: 1 capsule per day
- Cimzia starter kit: 6 syringes per lifetime
- Cimzia maintenance kit: 2 syringes per 28 days
- ClimaraPro: 4 patches per 28 days
- Clindamycin gel 1%: 75 grams every 30 days
- Clindamycin solution 1%: 60 mL every 30 days
- Clotrimazole 1% solution: 30 mL every 30 days
- CombiPatch: 8 patches per 28 days
- Cometriq: limited based on instructions for use
- Copaxone 20 mg/mL: 1 prefilled syringe per day
- Copaxone 40 mg/mL: 12 prefilled syringes per 28 days
- Copiktra: 2 capsules per day
- Corlanor: 60 tablets per 30 days
- Cosentyx: 30-day supply; limit based on instructions for use
- Cosentyx: 1 syringe/pen per 28 days
- Cotellic: 21 tablets per 28 days
- Cresemba: 1 vial per day; 2 capsules per day
- Crestor: 1 tablet per day
- Cymbalta: 1 capsule per day
- Daklinza: 1 tablet per day
- Daurismo 100 mg: 30 tablets per 30 days
- Daurismo 25 mg: 60 tablets per 30 days
- Descovy: 1 tablet per day

Quantity Level Limits (continued)

- Detrol LA 2 mg: 1 capsule per day
- Dihydroergotamine mesylate injections-60 vials/ampules (1 mL per vial) per 90 days
- Dihydroergotamine mesylate nasal spray-24 vials (3 kits) per 90 days
- Dipentum: 4 capsules per day
- Doptelet: 15 tablets per 365 days
- Dovato: 1 tablet per day
- Dovonex Cream 0.005%: 120 grams every 30 days
- Dovonex Ointment 0.005%: 120 grams every 30 days
- Dovonex Solution 0.005%: 120 mL every 30 days
- Duavee: 1 tablet per day
- Dupixent: 26 syringes per 365 days
- Edarbi: 1 tablet per day
- Edarbyclor: 1 tablet per day
- Edular: 1 tablet per day
- Effexor XR 37.5 mg: 1 capsule/tablet per day
- Effexor XR 75 mg: 1 capsule/tablet per day
- Elidel cream: 60 grams per 30 days
- Eliquis Starter Pack: 74 tabs every 30 days
- Eliquis 2.5 mg: 60 tabs every 30 days
- Eliquis 5 mg: 74 tabs every 30 days
- Elmiron: 3 capsules per day
- Emcyt: 30-day supply; limit based on instructions for use
- Emend: limit based on instructions for use
- Emgality 100 mg syringes: 3 syringes per 30 days
- Emgality 120 mg pens/syringes: 6 prefilled pens/syringes per 180 days
- Emverm: 12 tablets per 30 days
- Enbrel 50 mg/mL pens: 4 pens per 28 days
- Enbrel 50 mg/mL syringes: 4 syringes per 28 days
- Enbrel 25 mg/mL syringes: 8 syringes per 28 days
- Enbrel 25 mg/mL vials: 8 vials per 28 days
- Enstilar Foam: 120 grams per 30 days
- Entocort: 3 capsules per day
- Entresto: 2 tablets per day
- Entyvio: 8 vials per 365 days
- Envarsus XR: 1 tablet per day
- Epclusa: 1 tablet per day
- Epipen (generic only): 4 pens per 30 days; 24 pens per 365 days
- Epipen Jr. (generic only): 4 pens per 30 days; 24 pens per 365 days
- Erivedge: limit based on instructions for use; included in split fill program
- Erleada: 4 tablets per day
- Esbriet: 9 capsules per day
- Estradiol vaginal tablets: 18 tablets per 30 days
- Eucrisa ointment: 60 grams per 30 days
- Evenity: 2 prefilled syringes per 30 days
- Evrysdi: 3 bottles (60 milligrams per bottle) per 30 days
- Exforge: 1 tablet per day
- Exforge HCT: 1 tablet per day
- Eylea: One 0.05 mL injection every 4 weeks
- Famvir: 30 tablets per 365 days
- Fanapt: 2 tablets per day
- Fanapt titration pak: 8 tablets per 365 days
- Farxiga: 1 tablet per day
- Farydak: 6 capsules per 21 days
- Fasenra pens: 3 pens per 180 days
- Fasenra prefilled syringes: 3 syringes per 180 days
- Fentora: 4 tablets per day; restricted to 30-day supply
- Fetzima: 30 capsules per 30 days
- Firdapse: 240 tablets per 30 days
- Flector: 2 patches per day; restricted to 30-day supply
- Fluocinonide 0.01% solution: 90 mL every 30 days
- Fluocinonide 0.05% solution: 60 mL every 30 days
- Fluorouracil 5% cream: 40 grams every 30 days
- Fluorouracil 2% solution: 10 mL every 30 days
- Fluorouracil 5% solution: 10 mL every 30 days
- Forteo: One pen (2.4 milliliters) per 30 days
- Fosamax 35 mg: 4 tablets per 28 days
- Fosamax 70 mg: 4 tablets per 28 days
- Frova tablets: 9 tablets per 30 days
- Fycompa: 1 tablet per day
- Gattex: 30 vials per 30 days
- Genvoya: 1 tablet per day
- Giazio: 6 tablets per day
- Gilenya: 1 tablet per day
- Gilotrif: 1 tablet per day
- Glatopa 20 mg/mL: 1 prefilled syringe per day
- Glaptopa 40 mg/mL: 12 prefilled syringes per 28 days
- Gleevec: limit based on instructions for use; included in split fill program
- Glyxambi: 1 tablet per day
- Harvoni: 1 tablet per day
- Hetlioz: 1 capsule per day
- Humira prefilled syringe kit 40 mg/0.8 mL: 2 syringes per 28 days
- Humira prefilled syringe kit 10 mg/0.2 mL: 2 syringes per 28 days
- Humira prefilled syringe kit 20 mg/0.4 mL: 2 syringes per 28 days
- Humira pediatric crohns disease starter pack: 3 syringes per lifetime
- Humira adult crohns disease starter pack: 6 pens per lifetime
- Humira pen-injector kit 40 mg/0.8 mL: 2 pens per 28 days
- Humira psoriasis starter pack: 4 pens per lifetime
- Hycamtin: 30-day supply; limit based on instructions for use
- Hydrocortisone Butyrate 0.1% cream: 45 grams every 30 days
- Hydrocortisone Butyrate 0.1% ointment: 45 grams every 30 days
- Ibrance: 21 tablets per 28 days

Quantity Level Limits (continued)

- Idhifa: 1 tablet per day
- Ilumya: 5 syringes per 12 months
- Imbruvica 70 mg capsules: one capsule per day
- Imbruvica 140 mg capsules: 3 capsules per day
- Imbruvica 420 mg tablets: one tablet per day
- Imbruvica 560 mg tablets: one tablet per day
- Imitrex tablets: 9 tablets per 30 days
- Imitrex nasal spray: 9 sprays per 30 days
- Imitrex injection: 4 kits per 30 days
- Impavido: 3 capsules per day
- Incruse Ellipta: 30 blisters per 30 days
- Inflectra: limit based on instruction for use
- Ingrezza: 60 capsules per 30 days
- Inlyta 1 mg tablets: 180 tablets per 30 days; included in split fill program
- Inlyta 5 mg tablets: 120 tablets per 30 days; included in split fill program
- Inqovi: 5 tablets per 28 days
- Intermezzo: 1 tablet per day
- Invokamet/Invokamet XR: 2 tablets per day
- Invokana: 1 tablet per day
- Inrebic: 4 capsules per day
- Iressa: 1 tablet per day
- Iressa: 30-day supply; limit based on instructions for use
- Isturisa 1 mg tablets: 8 tablets per day
- Isturisa 5 mg tablets: 2 tablets per day
- Isturisa 10 mg tablets: 6 tablets per day
- Jakafi: limit based on instructions for use; included in split fill program
- Janumet/Janumet XR: 2 tablets per day
- Januvia: 1 tablet per day
- Jardiance: 1 tablet per day
- Jentadueto/Jentadueto XR: 2 tablets per day
- Jynarque: 2 tablets per day
- Kalydeco: 60 tablets per 30 days
- Kazano: 2 tablets per day
- Kesimpta: 0.4 mL (one pen/syringe) per 28 days
- Ketoconazole Cream 2%: 60 grams every 30 days
- Kevzara: 2.28 milliliters (2 syringes) per 30 days
- Kineret: 240 vials per 30 days
- Kineret prefilled syringes: 18.76 mL (28 prefilled syringes) per 28 days
- Kisqali 200 dose: 21 tablets per 30 days
- Kisqali 400 dose: 42 tablets per 30 days
- Kisqali 600 dose: 63 tablets per 30 days
- Kisqali Femara 200 dose: 49 tablets per 30 days
- Kisqali Femara 400 dose: 70 tablets per 30 days
- Kisqali Femara 600 dose: 91 tablets per 30 days
- Kombiglyze XR: 2 tablets per day
- Koselugo: 4 capsules per day
- Kytril: 12 tablets per 30 days
- Latuda: 1 tablet per day
- Lazanda: 30 bottles per month; restricted to 30-day supply
- Lenvima: limit based on instructions for use; included in split fill program
- Lescol/Lescol XL: 1 tablet per day
- Letairis: 1 tablet per day
- Lialda: 4 tablets per day
- Librax: 8 capsules per day
- Lidocaine 2% gel: 30 grams per 25 days
- Lidoderm patches: 90 patches per 30 days
- Linzess: 1 tablet per day
- Lokelma: 30 packets per 30 days
- Lonhala Magnair: 2 vials per day
- Lonsurf: limit based on instructions for use
- Lorbrena 100 mg: 30 tablets per 30 days
- Lorbrena 25 mg: 90 tablets per 30 days
- Lovaza: 4 capsules per day
- Lucentis: 2 injections per 28 days
- Lucemyra: 224 tablets per 6 months
- Lunesta: 1 tablet per day
- Lynparza: 16 capsules per day
- Lyrica CR: 1 tablet per day
- Lysteda: 30 tablets per 30 days
- Mavenclad: 20 tablets per 365 days
- Mavyret: 84 tablets per 28 days
- Maxalt tablets: 9 tablets per 30 days
- Mayzent 2 mg tablets: 30 tablets per 30 days
- Mayzent 0.25 mg tablets: 120 tablets per 30 days
- Mekinist: 1 tablet per day
- Mektovi: 6 tablets per day
- Mesalamine tablets: 6 tablets per day
- Micardis: 1 tablet per day
- Micardis HCT: 1 tablet per day
- Movantik: 1 tablet per day
- Mupleta: 7 tablets per 365 days
- Mupirocin cream: 60 grams per prescription fill
- Mupirocin ointment 2%: 220 grams every 30 days
- Myrbetriq: 1 tablet per day
- Namenda XR: 1 capsule per day
- Natpara: 2 cartridges per 28 days
- Nayzilam: 8 spray bottles per 30 days
- Nerlynx: 6 tablets per day
- Nesina: 1 tablet per day
- Neupro: 1 patch per day
- Nexavar: limit based on instructions for use; included in split fill program
- Nexletol: 1 tablet per day
- Nexlizet: 1 tablet per day
- Nikita: 1 tablet per day
- Ninlaro: 3 capsules per 28 days
- Northera 100 mg: 3 capsules per day
- Northera 200 mg: 6 capsules per day
- Northera 300 mg: 6 capsules per day
- Nourianz: 1 tablet per day

Quantity Level Limits (continued)

- Nubeqa: 4 tablets per day
- Nucala: 1 vial, auto-injector, or prefilled syringe per 28 days
- Nuplazid: 2 tablets per day
- Nurtec ODT: 8 tablets per 30 days
- Nuvaring: 1 ring per 28 days
- NYAMYC powder 100,000 units: 60 grams every 30 days
- Nystatin powder 100,000 units: 60 grams every 30 days
- Nystop powder 100,000 units: 60 grams every 30 days
- Ocaliva: 1 tablet per day
- Ocrevus: 4 vials (40 milliliters) per 365 days
- Odactra: 1 tablet per day
- Odefsey: 1 tablet per day
- Odomzo: 1 capsule per day
- Ofev: 2 capsules per day
- Olumiant: 1 tablet per day
- Olysio: 1 capsule per day
- Omeclamox: 80 capsules/tablets per 180 days
- Omnipod Dash: 10 pods per 30 days
- Onglyza: 1 tablet per day
- Opsumit: 1 tablet per day
- Orencia syringes: 4 syringes per 28 days
- Orenitram: 3 tablets per day
- Orencia auto-Injector 125 mg/mL: 4 autoinjectors per 28 days
- Orencia vials: 4 vials per 28 days
- Orilissa 150 mg tablets: 30 tablets per 30 days
- Orilissa 200 mg tablets: 60 tablets per 30 days
- Orkambi: 4 tablets per day
- Oseni: 1 tablet per day
- Otezla: 2 tablets per day
- Otrexup: 4 auto-injector pens per 30 days
- Oxbryta: 3 tablets per day
- Oxervate: 56 milliliters per lifetime
- Oxtellar XR 150 mg: one tablet per day
- Oxtellar XR 300 mg: one tablet per day
- Oxtellar XR 600 mg: 4 tablets per day
- Ozempic: 2 pens (3 milliliters) per 30 days
- Panretin 0.1% gel: 60 grams every 30 days
- Pemazyre: 14 tablets per 21 days
- Picato 0.015% gel: 3 tubes every 30 days
- Picato 0.05% gel: 2 tubes every 30 days
- Piqray 200 mg pack: 28 tablets per 28 days
- Piqray 250 mg pack: 56 tablets per 28 days
- Piqray 300 mg pack: 56 tablets per 28 days
- Pliaglis 7%: 7% cream-30 grams per 25 days
- Pomalyst: 1 capsule per day
- Praluent: 2 syringes/pens per 28 days
- Prefest: 1 tablet per day
- Premphase: 1 tablet per day
- Prempro: 1 tablet per day
- Prevpac: 112 capsules/tablets per 180 days
- Prevymis solution: 24 milliliters per day
- Prevymis tablets: 1 tablet per day
- Pristiq: 1 tablet per day
- Progesterone capsules: 2 capsules per day
- Prudoxin: 60 grams per 90 days
- Qbrexza: 30 cloths per 30 days
- Qinlock: 90 tablets per 30 days
- Qtern: 1 tablet per day
- Ranexa: 2 tablets per day
- Rasuvo: 4 auto-injector pens per 30 days
- Rectiv 0.4% ointment: 30 grams every 30 days
- Regranex 0.01% gel: 30 grams every 30 days
- Relistor tablets: 90 tablets per 30 days
- Relistor syringes/vials: 30 prefilled syringes or 30 vials per 30 days
- Relpax tablets: 12 tablets per 30 days
- Remicade: limit based on instructions for use
- Renflexis: limit based on instructions for use
- Repatha 140 mg/mL: 2 syringes/pens per 28 days
- Repatha 420 mg/mL: 1 cartridge per 28 days
- Restasis: 60 single-use vials per 30 days
- Retevmo 40 mg capsules: 2 capsules per day
- Retevmo 80 mg capsules: 4 capsules per day
- Revatio injectable vials: 1,125 milliliters per 30 days
- Revatio oral suspension: 112 milliliters per 30 days
- Revatio tablets: 90 tablets per 30 days
- Revlimid: 30-day supply; limit based on instructions for use
- Rexulti: 1 tablet per day
- Reyvow 50 mg: 4 tablets per 30 days
- Reyvow 100 mg: 8 tablets per 30 days
- Rhopressa: 5 milliliters per 30 days
- Rinvoq: 1 tablet per day
- Rozerem: 1 tablet per day
- Rozlytrek: 3 capsules per day
- Rubraca: 120 tablets per 30 days; included in split fill program
- Rukobia: 60 tablets per 30 days
- Ruzurgi: 150 tablets per 30 days
- Rybelsus: 1 tablet per day
- Rydapt: 240 capsules per 30 days
- Samsca: 2 tablets per day
- Saphris: 2 sublingual tablets per day
- Secuado: 1 patch per day
- Seebri Neohaler: 60 capsules per 30 days
- Segluromet: 2 tablets per day
- Siliq: 2 syringes (3 milliliters) per 28 days
- Simponi 50 mg syringes: 1 syringe per 28 days
- Simponi 50 mg auto-injector: 1 auto-injector per 28 days
- Simponi 100 mg syringes: 1 syringe per 28 days
- Simponi 100 mg auto-injectors: 1 auto-injector per 28 days
- Sivextro tablets: 6 tablets per 30 days
- Sivextro injection: 6 vials per 30 days
- Skyrizi: 2 prefilled syringes per 84 days
- Soliqua: 15 mL (5 pens) per 30 days
- Sonata: 1 capsule per day
- Sorilux Foam: 120 grams per 30 days
- Sovaldi: 30 tablets per 30 days

Quantity Level Limits (continued)

- Spravato: 4 kits per 28 days
- Spritam: 60 tablets per 30 days
- Sprycel: limit based on instructions for use; included in split fill program
- Steglatro: 1 tablet per day
- Steglujan: 1 tablet per day
- Stelara 45 mg/0.5 mL injection: 1 vial per 12 weeks
- Stelara 90 mg/mL prefilled syringe: 1 syringe per 12 weeks
- Suboxone sublingual tablets: 45 tablets per 365 days (without prior authorization)
- Subsys: 4 spray units per day; restricted to 30-day supply
- Sunosi: 1 tablet per day
- Sustiva capsules: 2 capsules per day
- Sustiva tablets: 1 tablet per day
- Sutent: limit based on instructions for use; included in split fill program
- Symdeko: 60 tablets per 30 days
- Symproic: 1 tablet per day
- Synera 70-70 mg patch: 2 patches per 25 days
- Synjardy/Synjardy XR: 2 tablets per day
- Tabloid: 30-day supply; limit based on instructions for use
- Taclonex Ointment: 60 grams per 30 days
- Taclonex Topical Suspension: 60 grams per 30 days
- Tacrolimus 0.03% ointment: 100 grams every 30 days
- Tacrolimus 0.1% ointment: 100 grams every 30 days
- Tafenlar: 4 capsules per day
- Tagrisso: 1 tablet per day
- Takhyzyro: 2 syringes per day
- Taltz: 1 syringe/auto-injector per 28 days
- Talzenna 1 mg: 30 capsules per 30 days
- Talzenna 0.25 mg: 90 capsules per 30 days
- Tamiflu capsules: 10 capsules per 180 days
- Tamiflu suspension: 120 mL per 180 days
- Tarceva 25 mg tablets: 60 tablets per 30 days
- Tarceva 100 mg tablets: 30 tablets per 30 days
- Tarceva 150 mg tablets: 30 tablets per 30 days
- Targretin capsules: limit based on instructions for use; included in split fill program
- Targretin 1% gel: 60 grams every 30 days
- Tasigna: limit based on instructions for use; included in split fill program
- Tavalisse: 2 tablets per day
- Tazverik: 8 tablets per day
- Tecfidera 120 mg capsules: 14 capsules per 6 months
- Tecfidera 240 mg capsules: 60 capsules per 30 days
- Tecfidera starter pack: 60 capsules per 6 months
- Technivie: 2 tablets per day
- Tegsedi: 6 mL (4 prefilled syringes) per 28 days
- Tekturna: 1 tablet per day
- Tekturna HCT: 1 tablet per day
- Temazepam: 1 tablet per day
- Teslac: 30-day supply; limit based on instructions for use
- Teveten: 1 tablet per day
- Tibsovo: 60 tablets per 30 days
- Tiglutik: 600 mL per 30 days
- Toradol 10 mg: 20 tablets per 30 days
- Tracleer: 2 tablets per day
- Tracleer: 60 tablets per 30 days
- Tradjenta: 1 tablet per day
- Tremfya: 2 syringes per 84 days
- Tretinoin 0.025% cream: 45 grams every 30 days
- Tretinoin 0.05% cream: 45 grams every 30 days
- Tretinoin 0.1% cream: 45 grams every 30 days
- Tretinoin 0.01% gel: 45 grams every 30 days
- Tretinoin 0.025% gel: 45 grams every 30 days
- Triamcinolone 0.1% cream: 454 grams every 30 days
- Triazolam: 1 tablet per day
- Tribenzor: 1 tablet per day
- Trijardy XR: 2 tablets per day
- Trikafta: 84 tablets per 28 days
- Trintellix: 30 tablets per 30 days
- Trulance: 1 tablet per day
- Trulicity: 4 pens (2 mL) per 30 days
- Truvada: 30 tablets per 365 days
- Tukysa: 4 tablets per day
- Turalio: 4 capsules per day
- Twynsta: 1 tablet per day
- Tykerb: 30-day supply; limit based on instructions for use
- Tymlos: One pen (1.56 milliliters) per 30 days
- Tysabri: one vial (300 mg/15 mL) per 30 days
- Ubrelyvy: 16 tablets per 30 days
- Uceris: 1 tablet per day
- Uloric: 30 tablets per 30 days
- Utibron: 60 capsules per 30 days
- Valchlor 0.016% gel: 60 grams every 30 days
- Valtoco: 10 doses per 30 days
- Valtrex 500 mg: 10 tablets per 30 days
- Valtrex 1000 mg: 30 tablets per 365 days
- Various acetaminophen containing products: 4 grams a day
- Varubi: 4 tablets per 28 days; restricted to 28-day supply
- Vascepa 1 gram: 4 capsules per day
- Vascepa 0.5 grams: 8 capsules per day
- Vectical Ointment: 100 grams per 30 days
- Veltassa: limited based on instructions for use
- Vemlidy: 1 tablet per day
- Venclexta: limited based on instructions for use
- Verzenio: 60 tablets per 30 days; included in split fill program
- Viberzi: 2 tablets per day
- Victoza: 3 pens (9 mL) per 30 days
- Viekira: 4 tablets per day
- Viibryd: 30 tablets per 30 days
- Vitrakvi 100 mg: 60 capsules per 30 days
- Vitrakvi 25 mg: 180 capsules per 30 days
- Vitrakvi 20 mg/mL oral solution: 300 mL per 30 days
- Vosevi: 1 tablet per day
- Votrient: 800 mg per day; included in split fill program

Quantity Level Limits (continued)

- Vumerity: 4 capsules per day
- Vyndamax: 1 capsule per day
- Vyndaquel: 4 capsules per day
- Vytorin: 1 tablet per day
- Wakix: 2 tablets per day
- Wellbutrin XL: 1 tablet per day
- Xadago: 1 tablet per day
- Xarelto Stater Pack: 51 tabs every 30 days
- Xarelto 2.5 mg: 60 tabs every 30 days
- Xarelto 10 mg: 30 tabs every 30 days
- Xarelto 15 mg: 30 tabs every 30 days
- Xarelto 20 mg: 30 tabs every 30 days
- Xcopri: 2 tablets per day
- Xeljanz 5 mg: 2 tablets per day
- Xeljanz 10 mg: 2 tablets per day
- Xeljanz XR 11 mg: 1 tablet per day
- Xeljanz XR 22 mg: 1 tablet per day
- Xepi: One tube per 30 days
- Xigduo XR: 2 tablets per day
- Xiidra: 60 single-use vials per 30 days
- Xolair 75 milligram syringes: 2 prefilled syringes per 28 days
- Xolair 150 milligram syringes: 4 prefilled syringes per 28 days
- Xtandi: 120 capsules per 30 days
- Xulane: 9 patches per 84 days
- Xultophy: 5 pens (15 mL) per 30 days
- Xuriden: 4 packets per day
- Xyrem: 540 mL per 30 days
- Yondelis: limited based on instructions for use
- Yupelri: 90 mL (30 vials) per 30 days
- Zavesca: 3 capsules per day
- Zejula: 90 capsules per 30 days
- Zelboraf: 8 tablets per day; included in the split fill program
- Zepatier: 1 tablet per day
- Zeposia: 30 capsules per 30 days
- Zetia: 1 tablet per day
- Zofran: 30 tablets per 30 days
- Zolinza: limit based on instructions for use; included in split fill program
- Zolpimist: 7.7 milliliters per 30 days
- Zonalon: 60 grams per 90 days
- Zomig nasal spray: 12 sprays per 30 days
- Zomig tablets: 12 tablets per 30 days
- Zykadia: 5 capsules per day
- Zypitamag: 1 tablet per day
- Zytiga: 4 tablets per day; included in split fill program
- Zyvox oral suspension: 12 bottles (1800 mL) per 30 days
- Zyvox tablets: 2 tablets per day

Split Fill Program

HBP members **beginning** therapy with any of the medications listed below will be limited to a 15-day supply for the initial two months of therapy to ensure the member tolerates the medication:

- Afinitor
- Bosulif
- Erivedge
- Gleevec
- Imbruvica
- Inlyta
- Jakafi
- Nexavar
- Rubraca
- Sprycel
- Sutent
- Tarceva
- Targretin
- Tassigna
- Verzenio
- Votrient
- Xtandi
- Zelboraf
- Zolanza
- Zytiga

Mandatory Statin Cost Reduction Program

Cholesterol medications in the statin class are among the most commonly prescribed medications to HBP members. These statins are considered maintenance medications. Refills for statin medications must be obtained from any Cleveland Clinic Pharmacy to be included in the Statin Cost Reduction Program. Tablet splitting Lipitor, generic Lipitor, or using whole tablets of one of the other generic statins such as fluvastatin immediate release, lovastatin, pravastatin, rosuvastatin, or simvastatin will help members save money. The annual deductible must be satisfied before members receive the reduced co-insurance associated with this program.

Brand Name	Generic Name	Is this Medication Available Generically?	Do I Have to Split Tablets?	Member Cost Amount per 90-Day Supply
Crestor	rosuvastatin	Yes	No	Generic Crestor ¹⁰ – \$6.00 ¹¹
Lescol	fluvastatin immediate release	Yes	No	Generic Lescol ¹⁰ immediate release – \$6.00 ¹¹
Lipitor	atorvastatin	Yes	Yes (but not if your dose is 80 mg/day)	Generic Lipitor ¹⁰ – \$6.00 Brand Lipitor ¹¹ – \$30 plus the difference in cost between brand name Lipitor and generic Lipitor
Mevacor	lovastatin	Yes	No	Generic Mevacor ¹⁰ – \$6.00 ¹¹
Pravachol	pravastatin	Yes	No	Generic Pravachol ¹⁰ – \$6.00 ¹¹
Zocor	simvastatin	Yes	No	Generic Zocor ¹⁰ – \$6.00 ¹¹

10. Members pay the lesser of \$6.00 or the Usual and Customary (U&C) price for the particular generic statin prescription being filled.

11. Under this program, the standard generic medication policy applies, if the member receives the brand name versions of Crestor, Lescol, Lipitor, Mevacor, Pravachol, or Zocor.

Tablet Splitting

Members using Lipitor, or generic Lipitor are required to split their tablets for coverage under the HBP Prescription Drug Benefit. The Cleveland Clinic's purchase prices for each of these medications are similar for different strength tablets. For example, an equal quantity of generic Lipitor 20 mg tablets and generic Lipitor 40 mg 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 the HBP 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 Generic Lipitor 20 mg, your prescription should be written as follows:

Generic Lipitor 40 mg #45 – Take one-half tablet daily
This will provide you with 90 20 mg doses.

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

Generic Statins

Using the generic alternatives listed above delivers significant cost savings to members. For example, a 90-day supply of the generic medications atorvastatin, fluvastatin immediate release, lovastatin, pravastatin, rosuvastatin, or simvastatin obtained through the Cleveland Clinic Home Delivery Pharmacy costs \$6. Members who receive brand name statins Lescol, Lipitor, Mevacor, Pravachol, or Zocor will pay the price difference between brand name and generic costs (see Generic Medication Policy on page 8). In addition, members who use generic fluvastatin immediate release, lovastatin, pravastatin, rosuvastatin, or simvastatin do not need to split tablets to receive their reduced co-insurance.

Step Therapy Program

The Step Therapy Program promotes the first-line use of effective, value-based medications over higher cost alternatives. Prescriptions for equally effective – but less expensive – generic medications for covered conditions will be approved with preferred rates. The Step Therapy Program stops payment of prescription claims for higher cost alternative medications that have not received prior authorization. The following medications are included in the Step Therapy Program:

Medication(s) Requiring Step Therapy ¹²			Formulary Alternatives(s)
Acne			
Myorisan	Zenatane		Claravis
Antidepressants			
Pristiq			Venlafaxine capsules, venlafaxine ER capsules
Blood Pressure Medication			
Atacand	Benicar HCT	Tekturna	Lisinopril
Atacand HCT	Diovan	Tekturna HCT	Lisinopril/HCTZ
Avalide	Diovan HCT	Teveten	Losartan
Avapro	Micardis		Losartan HCT
Benicar	Micardis HCT		
Cholesterol Lowering Medications			
Lescol extended-release	Livalo	Zypitamag	Atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Lescol immediate-release	Nikita		
Diabetes¹³			
Alogliptin	Januvia	Kombiglyze XR	Metformin
Alogliptin/metformin	Glyxambi	Nesina	
Alogliptin/pioglitazone	Jentadueto	Onglyza	
Janumet	Jentadueto XR	Oseni	
Janumet XR	Kazano	Tradjenta	
Gastrointestinal Medications			
Delzicol	Giazo	Pentasa	Balsalazide, mesalamine ER 0.375 mg capsules, mesalamine 800 mg tablets, sulfasalazine
Dipentum	Lialda		
Growth Hormone			
Genotropin	Omnitrope	Zomacton	Humatrope, Norditropin
Nutropin	Saizen		
Nutropin AQ	Tev-Tropin		
Immune Modulators			
Amjevita	Kineret	Stelara	Humira
Cimzia	Orencia	Xeljanz	
Enbrel	Remicade	Xeljanz XR	
Erelzi	Renflexis		
Inflectra	Simponi (subcutaneous)		
Stimulants			
Nuvigil			Modafinil

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

13. Alogliptin and alogliptin/metformin are the preferred DPP-IV inhibitor products under the EHP prescription drug benefit.

Specialty Drug Benefit

Specialty drugs can be obtained from any Cleveland Clinic Pharmacy including the Specialty Pharmacy, or from the CVS/specialty Pharmacy. 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. Please refer to your *SPD* for more details.

Members will be responsible for their co-insurance for all drugs that are determined to be self-administrable by the member. Self-administrable medications are defined as medications that are typically administered orally or 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-insurance 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-insurance. If administered in the physician's office, the co-insurance is not applied to the pharmacy deductible or out-of-pocket maximum, unless stated otherwise below as being a medication that is white-bagged. White-bagging refers to a specialty pharmaceutical, that is not intended to be self-administered, being shipped or delivered by an in-network specialty pharmacy directly to the location where it will be administered by the member's chosen health care provider. **Most Medications that are not self-administered are covered under the medical benefit.**

- | | | | | |
|-------------------|-------------------------|---|----------------------------|---------------|
| • Actemra | • Berinert | • Descovy | • Firdapse | • Inlyta |
| • Acthar gel | • Betaseron | • Desferal | • Firmagon | • Inqovi |
| • Actimmune | • Bethkis | • Doptelet | • Flolan | • Inrebic |
| • Adempas | • Bethkis | • Dupixent | • Forteo | • Intelence |
| • Adcetris | • Biktarvy | • Edurant | • Fuzeon | • Intron-A |
| • Adcirca | • Bosulif | • Egrifta | • Fycompa | • Invirase |
| • Advate | • Braftovi | • Eligard | • Gattex | • Iressa |
| • Afinitor | • Brukinsa | • Emcyt | • Gengraf | • Isentress |
| • Aimovig | • Buphenyl | • Emgality | • Genotropin ¹⁶ | • Isturisa |
| • Ajovy | • Cablivi | • Emtriva | • Genvoya | • Jadenu |
| • Alecensa | • Cabometyx | • Enbrel ¹⁴ | • Gilenya | • Jakafi |
| • Alkeran | • Caprelsa | • Epcclusa | • Gilotrif | • Juxtapid |
| • Alyq | • Cayston | • Epidiolex | • Glassia | • Jynarque |
| • Alunbrig | • Cellcept | • Epivir | • Gleevec | • Kalbitor |
| • Ampyra | • Cerezyme | • Epivir HBV | • Gleostine | • Kaletra |
| • Apokyn | • Cimzia ¹⁴ | • Epogen | • Granix | • Kalydeco |
| • Aptivus | • Cinqair ¹⁵ | • Epoprostenol | • Haegarda | • Kevzara |
| • Aralast NP | • Cinryze | • Epzicom | • Harvoni | • Kesimpta |
| • Aranesp | • Combivir | • Ergamisol | • Hecoria | • Kineret |
| • Arava | • Cometriq | • Erivedge | • Hepsera | • Kitabis Pak |
| • Arcalyst | • Complera | • Erleada | • Hetlioz | • Kisqali |
| • Arimidex | • Copaxone | • Esbriet | • Humatrope | • Korlym |
| • Aristada | • Copegus | • Evenity | • Humira | • Koselugo |
| • Aristada Initio | • Copiktra | • Evrysdi | • Hycamtin | • Kuvan |
| • Aromasin | • Costenyx | • Exjade | • Ibrance | • Kyprolis |
| • Atripla | • Cotellic | • Extavia | • Ilaris | • Lenvima |
| • Aubagio | • Cresemba | • Fareston | • Ilumya | • Letairis |
| • Austedo | • Crixivan | • Farydak | • Iluvien | • Leukeran |
| • Avonex | • Cuprimine | • Fasentra pens ¹⁵ | • Imbruvica | • Leukine |
| • Ayvakit | • Cyclophosphamide | • Fasentra prefilled syringes ¹⁵ | • Impavido | • Leuprolide |
| • Balversa | • Cystagon | • Femara | • Incivek | • Lexiva |
| • Banzel | • Cytovene | • Feriprox | • Increlex | • Lokelma |
| • Baraclude | • Daklinza | • Firazyf | • Infergen | • Lonsurf |
| • Benlysta | • Daurismo | | • Ingrezza | • Lorbrena |

14. Not covered as first line therapy. Use Humira.

15. Covered under the prescription benefit and delivered by specialty pharmacy to member's health care provider.

16. Not covered as first line therapy. Use Humatrope or Norditropin.

Specialty Drug Benefit (continued)

- Lupron
- Lynparza
- Lysodren
- Matulane
- Mavenclad
- Mavyret
- Mayzent
- Mekinist
- Mektovi
- Mozobil
- Mulpleta
- Myfortic
- Myleran
- Natpara
- Nayzilam
- Neoral
- Nerlynx
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Nexletol
- Nexlizet
- Ninlaro
- Norditropin
- Northera
- Norvir
- Nouriaz
- Noxafil
- Nplate
- Nubeqa
- Nucala¹⁵
- Nuedexta
- Nuplazid
- Nurtec ODT
- Nutropin¹⁶
- Nutropin AQ¹⁶
- Ocaliva
- Octreotide
- Odefsey
- Odomzo
- Ofev
- Olumiant
- Olysio
- Omnitrope¹⁶
- Omontys
- Onfi
- Opsumit
- Orencea¹⁴
- Orenitram
- Orfadin
- Orilissa
- Orkambi
- Otezla
- Oxbryta
- Oxervate
- Oxsoralen
- Oxtellar XR
- Palforzia
- Panretin
- Peg Intron
- Pegasys
- Pemazyre
- Piqray
- Plegridy
- Pomalyst
- Praluent¹⁷
- Prevymis
- Prezista
- Probuphine
- Procrit
- Prograf
- Prolastin-C
- Prolia
- Promacta
- Pulmozyme
- Purinethol
- Purixan
- Qbrexza
- Qinlock
- Rapamune
- Rasuvo
- Ravicti
- Rebetol
- Rebif
- Regranex
- Remodulin
- Repatha
- Rescriptor
- Restasis
- Retevmo
- Retrovir
- Revatio
- Revlimid
- Reyataz
- Reyvow
- Ribapak/Ribavirin
- Ribasphere
- Rilutek
- Rinvoq
- Rituxan
- Rozlytrek
- Rubraca
- Ruconest
- Rukobia
- Ruzurgi
- Rybelsus
- Rydapt
- Sabril
- Saizen¹⁶
- Samsca
- Sandimmune
- Sandostatin
- Selzentry
- Sensipar
- Sermorelin
- Serostim¹⁶
- Simponi¹⁴
- Sivextro
- Skyrizi
- Somavert
- Soriatane
- Sovaldi
- Spravato
- Spritam
- Sprycel
- Stelara^{14,15}
- Stimote
- Stivarga
- Strensiq
- Stribild
- Sucraid
- Sulfamylon
- Sunosi
- Sustiva
- Sutent
- Sylatron
- Symdeko
- Synarel
- Syprine
- Tabloid
- Tafenlar
- Tagrisso
- Takhzyro
- Taltz
- Talzenna
- Tarceva
- Targretin
- Tassigna
- Tavalisse
- Tazverik
- Tecfidera
- Technivie
- Tegsedi
- Temodar
- Tev-Tropin¹⁶
- Thalomid
- Thioguanine
- Tibsovo
- Tiglutik
- Tivicay
- TOBI
- TOBI Podhaler
- Tracleer
- Trelstar
- Triumeq
- Trizivir
- Truvada
- Tukysa
- Turalio
- Tykerb
- Tymlos
- Tyvaso
- Tyzeka
- Ubrelvy
- Uptravi
- Valcyte
- Valtoco
- Veletri
- Veltassa
- Vemlidy
- Venclexta
- Ventavis
- VePesid
- Vesanoide
- Videx
- Videx EC
- Viekira
- Viracept
- Viramune
- Viread
- Vitekta
- Vitrakvi
- Vosevi
- Votrient
- Vumerity
- Vyndamax
- Vyndaquel
- Wakix
- Xalkori
- Xeljanz
- Xeljanz XR
- Xeloda
- Xenazine
- Xgeva
- Xolair¹⁵
- Xtandi
- Xyrem
- Zarxio
- Zavesca
- Zejula
- Zelboraf
- Zemaia
- Zepatier
- Zeposia
- Zerit
- Ziagen
- Xiidra
- Xcopri
- Zoladex
- Zolinza
- Zomacton¹⁶
- Zorbtive¹⁶
- Zortress
- Zykadia
- Zytiga

Specialty drugs CANNOT be obtained through the CVS/caremark Retail Pharmacy Network. There are two options for obtaining these medications:

1. Cleveland Clinic Specialty Pharmacy or Cleveland Clinic Pharmacies in Akron, Cleveland, Dover and Weston
2. CVS/specialty Pharmacy – toll-free at 800.237.2767

14. Not covered as first line therapy. Use Humira.

15. Covered under the prescription benefit and delivered by specialty pharmacy to member's health care provider.

16. Not covered as first line therapy. Use Humatrope or Norditropin.

17. Not covered as first line therapy. Use Repatha.

Specialty Drug Copay Card Assistance Program

The Cleveland Clinic Employee Health Plan reserves the right to change/adjust specialty drug copays to meet the needs of a manufacturer-sponsored variable member copay assistance program. As such, certain specialty medications require the use of the manufacturer's copay assistance card. For those specialty medications included in the Copay Card Assistance Program, the member's copay will be adjusted upward to maximize the financial benefit offered by the pharmaceutical manufacturer, but this adjustment will be completely offset by the copay card, such that members will have **no additional out of pocket expense above and beyond what they are currently paying for their specialty medication**. The value of the manufacturer's copay card will apply to your annual deductible but will not apply to your annual out of pocket maximum.

In the event the manufacturer discontinues a specialty medication's copay assistance card, the member's cost share will revert back to the benefit design outlined on page 2 of the *Cleveland Clinic Employee Health Plan Prescription Drug Benefit Handbook*.

Please refer to the EHP Pharmacy Benefits link on the Cleveland Clinic Employee Health Plan's website for updates on medications included in the Copay Card Assistance Program. If you have any questions, please contact EHP Pharmacy Management at 216.986.1050, option 4.

The specialty medications included in the Copay Card Assistance Program include:

- Actemra
- Actemra ACTPen
- Acthar Gel
- Adcirca
- Advate
- Adynovate
- Afinitor
- Aimovig
- Ajovy
- Alecensa
- Alunbrig
- Ampyra
- Atripla
- Aubagio
- Avonex
- Banzel
- Benlysta subcutaneous
- Berinert
- Betaseron
- Biktarvy
- Brukinsa
- Cabometyx
- Cayston
- Cimzia
- Cinqair
- Complera
- Copaxone
- Cosentyx
- Daurismo
- Descovy
- Doptelet
- Dupixent
- Emgality
- Enbrel
- Epcclusa
- Esbriet
- Evenity
- Exjade
- Fasenra
- Forteo
- Fulphila
- Fycompa
- Genvoya
- Gilenya
- Glatiramer acetate
- Glatopa
- Gleevec
- Harvoni
- Humatrope
- Humira
- Ibrance
- Ilaris
- Imatinib
- Imbruvica
- Inlyta
- Inrebic
- Intelence
- Iressa
- Isentress
- Isentress HD
- Jadenu
- Jakafi
- Juluca
- Kalydeco
- Kevzara
- Kineret
- Kisqali
- Koselugo
- Lenvima
- Lorbrena
- Lupron Depot
- Lupron Depot-Ped
- Lynparza
- Mavyret
- Mayzent
- Mekinist
- Neulasta
- Ninlaro
- Norditropin
- Norvir
- Nouriaz
- Nubeqa
- Nucala
- Nurtec ODT
- Odefsey
- Odomzo
- Ofev
- Olumiant
- Orenicia
- Orenitram
- Orilissa
- Orkambi
- Otezla
- Oxbryta
- Oxtellar XR
- Pemazyre
- Praluent
- Promacta
- Pomalyst
- Prezista
- Prolia
- Pulmozyme
- Rebif
- Repatha
- Restasis
- Restasis Multidose
- Revlimid
- Reyvow
- Rozlytrek
- Rubraca
- Rydapt
- Sandostatin
- Simponi subcutaneous
- Sivextro
- Somavert
- Sovaldi
- Spritam
- Sprycel
- Stelara
- Stivarga
- Stribild
- Sustiva
- Sutent
- Tafinlar
- Tagrisso
- Talzenna
- Tassigna
- Tavalisse
- Tivicay
- Tracleer
- Tremfya
- Trikafta
- Triumeq
- Truvada
- Tykerb
- Tymlos
- Tyvaso
- Ubrelyv
- Udenyca
- Upravi
- Venclexta
- Viekira Pak
- Vitrakvi
- Vosevi
- Votrient
- Xalkori
- Xeljanz
- Xeljanz XR
- Xgeva
- Xiidra
- Xolair
- Xtandi
- Xyrem
- Zarxio
- Zejula
- Zelboraf
- Zeposia
- Ziextenzo
- Zortress
- Zykadia

Prescription Drug Benefit Exclusions

1. The replacement of lost or damaged prescriptions.¹⁸ Stolen medications will be covered at the benefit program rate when accompanied by a police report.
2. Drugs prescribed for the treatment of sexual dysfunction.
3. Drugs to enhance libido function.
4. Enteral feedings, food supplements, lactose-free foods, specialized formulas, vitamins and/or minerals that do not require a prescription are not covered, even if they are required to maintain weight or strength and regardless of whether these are prescribed by a physician.
5. Drugs used for experimental or investigational purposes.
6. Drugs used for cosmetic purposes.
7. Drugs used for the treatment of infertility and/or the preservation of fertility.
8. Drugs not included in the Patient Protection and Affordable Care Act that can be purchased without a prescription.
9. Medicinal foods (regardless of whether they require a prescription or not).
10. Insulin pumps and insulin pump supplies.
11. Prescriptions ordered or provided by a member of your immediate family.
12. Histamine H2 Receptor Antagonist (H2RA) drugs for members one year of age or older.
13. Proton Pump Inhibitor (PPI) drugs for members one year of age or older.
14. Nasal corticosteroid drugs.
15. Medical devices approved via the FDA 510(k) Premarket Notification review process.
16. Unapproved prescription drugs that do not have FDA approval, such as drugs classified as grandfathered, DESI, or GRAS/E.
17. Viscosupplementation and intra-articular hyaluronate products.

Refer to page 16 to see the Lifestyle Medications (i.e., Drugs & Items at Discounted Rate) and Noncovered Drugs & Items for additional exclusions.

18. Members may contact Pharmacy Management at 216.986.1050, option 4 or toll-free at 888.246.6648, option 4 between the hours of 8 a.m. and 4:30 p.m., Monday through Friday to request an override so that they are able to purchase a replacement supply at their expense. The member will be responsible for 100% of the discounted price.



**Cleveland Clinic/Akron General
EHP Pharmacy Management**

Questions? Call 216.986.1050, option 4 or 888.246.6648, option 4.
Please complete this form and return via fax: 216.442.5790.

- Appropriate Box*
- Prior Authorization**
- Formulary Exception**
- Appeal**

Member Name: _____

Member EHP Insurance ID Number: _____ Member DOB: _____

Requesting Physician's Name: _____

Office Phone Number: _____ Office Fax Number: _____

Requesting Physician's Signature: _____ Date: _____

Requesting Medication: _____

Strength: _____ Quantity: _____ Dosage Regimen: _____

Diagnosis: _____

Medical Rationale for Requested Medication: _____

Formulary Agents Tried and Failed by the Member:

Drug & Strength	Dosing Regimen	Dates Used (Approximate)	Documentation of Treatment Failure

Note: Please include any and all documentation pertaining to the request. Completion of this form does not guarantee approval. Requests are reviewed on all available information. Decisions are generally made within two business days, but may take longer pending clinical review. Decision letters will be sent via fax to the requesting provider and to the member via U.S. mail.

Internal Use Only: DO NOT WRITE BELOW

Medical	Pharmacy		MDR Outcome
Approved Tier 1	Initial Determination	Provider 1st Level	Approved
Approved Tier 2	Member 1st Level	Provider 2nd Level	Denied
Denied	Member 2nd Level	External Review	Peer-to-Peer



**USPSTF Copay Free Statin
Coverage for Primary
Prevention Request Form**

**Cleveland Clinic/Akron General
EHP Pharmacy Management**

Questions? Call 216.986.1050, option 4.

Please complete this form and return via fax: 216.442.5790.

Member Name: _____

Member EHP Insurance ID Number: _____ Member DOB: _____

Requesting Physician's Name: _____

Office Phone Number: _____ Office Fax Number: _____

Requesting Physician's Signature: _____ Date: _____

Requested Statin: _____

Strength: _____ Quantity: _____ Dosage Regimen: _____

Please answer the following questions in regards to the member (Patient):

1. Age _____ (Must be aged 40 to 75)

2. History of cardiovascular disease (CVD)? Yes No (Copay free statin is for primary prevention only)

3. ≥1 CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking)? Yes No

4. Gender? Male Female

5. Race? White African American Other

6 Total cholesterol _____ mg/dL; HDL cholesterol _____ mg/dL; LDL cholesterol _____ mg/dL

7. Systolic blood pressure _____ mm Hg

8. History of diabetes? Yes No

9. On treatment for hypertension? Yes No

10. Smoker? Yes No Former (Quit date: ___ / ___ / ___)

11. On statin therapy? Yes No (Copay free statin is for low- or moderate-intensity statin only)

12.. On aspirin therapy? Yes No

13. Known history of familial hypercholesterolemia? Yes No

Internal Use Only: DO NOT WRITE BELOW

Medical	Pharmacy		MDR Outcome
Approved Tier 1	Initial Determination	Provider 1st Level	Approved
Approved Tier 2	Member 1st Level	Provider 2nd Level	Denied
Denied	Member 2nd Level	External Review	Peer-to-Peer

**USPSTF Copay Free
Aromatase Inhibitor
Coverage for Breast Cancer
Prevention Request Form**



Cleveland Clinic

Employee Health Plan Pharmacy Management

Questions? Call: 216.986.1050, option 4

Please complete this form and return via fax: 216-442-5790

Member Name: _____

Member EHP Insurance ID Number: _____ Member DOB: _____

Requesting Physician's Name: _____

Office Phone Number: _____ Office Fax Number: _____

Requesting Physician's Signature: _____ Date: _____

Requested Aromatase Inhibitor: _____

Strength: _____ Quantity: _____ Dosage Regimen: _____

Please answer the following questions in regards to the member (patient):

1. Gender?	Male	Female
2. Age ____	(Must be ≥ 35 years old)	
3. Postmenopausal?	Yes	No
4. Personal history of breast cancer?	Yes	No
(Copay free aromatase inhibitor is for primary breast cancer risk reduction)		
5. Known carrier of mutation in BRCA1/2?	Yes	No
6. Personal history of ovarian, fallopian tube, or primary peritoneal cancer?	Yes	No
7. Personal history of pancreatic cancer?	Yes	No
8. Family history of a known BRCA1/2 mutation?	Yes	No
9. Family history of breast cancer, ovarian, fallopian tube, or primary peritoneal cancer, or pancreatic cancer, or prostate cancer (please list specific details of relationship to member and type of cancer):		

Internal Use Only: DO NOT WRITE BELOW

Medical	Pharmacy		MDR Outcome
Approved Tier 1	Initial Determination	Provider 1 st Level	Approved
Approved Tier 2	Member 1 st Level	Provider 2 nd Level	Denied
Denied	Member 2 nd Level	External Review	Peer-to-Peer



Every life deserves world class care.

9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a top-ranked nonprofit academic medical center founded in 1921. With more than 1,300 staffed beds, as well as research and education institutes, the organization is dedicated to providing expert inpatient and hospital care through innovation, quality, teamwork and service.