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 http://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 Programs;
• 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.
# Table of Contents

**CLEVELAND CLINIC HBP PRESCRIPTION DRUG BENEFIT**

- Prescription Drug Benefit Administration .......................................................... 1
- Prescription Drug Benefit Program Overview ......................................................... 1
  - Understanding The Formulary ............................................................................. 1
- HBP Prescription Drug Benefit Chart ..................................................................... 2
  - Filling Your Prescriptions .................................................................................. 3
  - Cleveland Clinic/Akron General Pharmacies and Specialty/Home Delivery Pharmacy .......................................................... 3
    - Cleveland Clinic/Akron General Pharmacies — Locations and Hours of Operation ......................................................... 3
    - Cleveland Clinic Home Delivery Pharmacy Ordering Instructions .......................................................... 5
  - Advantages of Utilizing the Cleveland Clinic/Akron General Pharmacies and Specialty/Home Delivery Pharmacy. ............ 6
  - CVS/caremark Retail Pharmacy Network ............................................................ 7
  - CVS/caremark Mail Service Program .................................................................. 7
    - New Prescriptions ........................................................................................... 7
    - Mail Service Refills ......................................................................................... 8
  - Prescription Drug Benefit Guidelines .................................................................. 8
    - Prescription Drug Benefit — Deductible ......................................................... 8
    - Deductible and Out-of-Pocket Maximum ....................................................... 8
    - Generic Medication Policy ............................................................................. 8
    - Prior Authorization ......................................................................................... 9
      - Pharmaceuticals Requiring Prior Authorization ........................................... 9
    - Formulary Failure Review Process .................................................................. 12
      - Instructions for a Physician on How to Complete the
        Prior Authorization, Formulary Exception and Appeal Form ......................... 12
  - Prior Authorization, Formulary Exception and Appeal Form .............................. 13
- Benefits and Coverage Clarification ................................................................. 13
  - Breast Cancer Prevention Coverage .................................................................. 13
  - Contraceptive Coverage ..................................................................................... 13
  - Oral Medications for Onychomycosis (Nail Fungus) ........................................ 14
  - Over-The-Counter (OTC) Medications ................................................................. 14
  - Statin Medications for Primary Prevention of Cardiovascular Disease ........... 15
  - Non-Preferred Generic Medications .................................................................. 15
  - Lifestyle Medications ....................................................................................... 16
    - Non-Covered Medications ................................................................................ 16
      - Brand Name .................................................................................................. 16
      - Brand and Generic Versions ...................................................................... 17
- EHP Pharmacy Management Programs ............................................................. 20
  - Mandatory Maintenance Drug Program ............................................................ 20
  - Medications Limited by Provider Specialty ....................................................... 21
  - Quantity Level Limits ....................................................................................... 21
  - Split Fill Program ............................................................................................. 25
  - Mandatory Statin Cost Reduction Program ....................................................... 25
    - Tablet Splitting ............................................................................................... 25
    - Generic Statins .............................................................................................. 26
  - Step Therapy Program ....................................................................................... 26
- Specialty Drug Benefit ....................................................................................... 27
- Specialty Drug Copay Card Assistance Program .................................................. 30
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 2019

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$200 Individual $400 Family</td>
<td>(Waived for generic prescriptions if obtained from a Cleveland Clinic/Akron General Pharmacy)</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Member % Co-insurance</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Member Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Cleveland Clinic/Akron Gen. Pharmacies: up to 90-Day Supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member % Co-insurance</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
<td>Member Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>CVS Store Pharmacies — 30-Day Supply Mail Service Program — 90-Day Supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacies: Is there a Minimum or Maximum to the Rx % Co-insurance?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CVS/caremark Mail Service Program: Is there a Minimum or Maximum to the Rx % Co-insurance?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Is there an Annual Out-of-pocket Maximum?</td>
<td>After Deductible</td>
<td>Has Been Met: Individual = $1,500 / Family = $4,500</td>
<td>Combined Maximums for Retail, Specialty and Home Delivery</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Components of Each Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Authorization Required</td>
<td>See pages thru 11 for List of Pharmaceuticals Requiring Prior Authorization.</td>
<td></td>
<td>No</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic Supplies and Prescription Vitamins</td>
<td>Co-insurance 20%</td>
<td>No</td>
<td>No</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies in the Retail Network</td>
<td>Cleveland Clinic/Akron General Pharmacies (including Weston and Akron General Medical Center), Cleveland Clinic Specialty Pharmacy, Cleveland Clinic Home Delivery Pharmacy, CVS store pharmacies (including CVS pharmacies located in Target stores), Caremark Mail Service, Caremark Specialty Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

3Diabetic Supplies — All diabetic supplies covered, except for insulin pumps and insulin pump 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, and injection pens. 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.

4Asthma Delivery Devices — Includes spacers used with asthma inhalers.

5Refers to vitamins that require a prescription from your healthcare provider.

6Members can use any Cleveland Clinic/Akron General 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/Akron General 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 http://employeehealthplan.clevelandclinic.org. The listing of a drug in the Formulary does not guarantee coverage if your contract does not cover that category of drugs (e.g., oral contraceptives, infertility agents).

**Filling Your Prescriptions**

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

**Cleveland Clinic/Akron General Pharmacies and Home Delivery Pharmacy**

HBP members receive a lower percentage co-insurance for their prescriptions by using Cleveland Clinic/Akron General Pharmacies in Akron, Cleveland 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/Akron General 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/Akron General 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, 8 a.m.–8 p.m.,
  - Saturday, Sunday and all Cleveland Clinic
  - Holidays, 9 a.m.–5 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 On Main Campus (continued):

– 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.

– Cleveland Clinic Children’s Pharmacy (R 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.–5 p.m.

– Taussig Cancer Center (CA 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–Friday, 8 a.m.–6 p.m.

– Independence Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 419.609.2869
  5001 Rockside Road, Independence, OH 44131
  Toll-free: 866.650.MEDS (6337)
  Direct Dial: 419.609.2845
  Monday–Friday, 9 a.m.–5 p.m.

– North Coast Cancer Care Ambulatory Pharmacy 216.445.MEDS (6337), Fax: 419.609.2869
  417 Quarry Lakes Drive, Sandusky, OH 44870
  Toll-free: 866.650.MEDS (6337)
  Direct Dial: 419.609.2845
  Monday–Friday, 9 a.m.–5 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–Friday, 8 a.m.–6 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: 216.767.4128
  Monday–Friday, 8 a.m.–6 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: 440.878.3148
  Monday–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–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: 440.516.8620
  Monday–Friday, 8 a.m.–6 p.m.

• Cleveland Clinic/Akron General Location:

– Cleveland Clinic/Akron General Pharmacy 330.344.7732, Fax: 330.996.2927
  1 Akron General Avenue, Akron, OH 44307
  Monday–Friday, 7 a.m.–5:30 p.m.
• **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, 8 a.m.–6 p.m.

  - **Hillcrest Ambulatory Pharmacy** ......................... 440.312.5854, Fax: 440.312.5856
    6770 Mayfield Road, Mayfield Heights, OH 44124
    Monday–Friday, 9 a.m.–5 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.

  - **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.

• **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

• **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

**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](https://myrefills.clevelandclinic.net) to set up your account, change your billing information and shipping address, or to check on the status of your order.

You may also set up your account by completing a Home Delivery Service Processing Form. You can call the Home Delivery Pharmacy at 216.448.4200 or toll-free at 855.276.0855 to have this form mailed or faxed to you. The form is also available on the EHP website at [http://employeehealthplan.clevelandclinic.org](http://employeehealthplan.clevelandclinic.org). Click on the “forms” tab. Fill out a Home Delivery Service Processing Form to indicate payment and shipping information for you and your dependents. This information will be kept on file to avoid filling out a form every time you place a prescription order.

**Note:** You will have to set up your Home Delivery account before the Home Delivery Pharmacy can process and ship your order. In addition, each member that wishes to use the Home Delivery Pharmacy needs a separate account.
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/Akron General 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 7:00 a.m. to 6:00 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/Akron General 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/Akron General 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/Akron General Pharmacy to qualify for medication reimbursement. Medications obtained from the CVS/caremark Mail Service Program are not reimbursable unless the policy holder resides in a state that is not serviced by Cleveland Clinic Home Delivery 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/Akron General EHP Coordinated Care Incentive FAQ located on the EHP website at http://employeehealthplan.clevelandclinic.org.
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/Akron General 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/Akron General Pharmacy. In addition, prescriptions obtained from a non-Cleveland Clinic/Akron General 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/Akron General 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/Akron General Pharmacy or CVS store pharmacy for use until you receive your prescription from the Mail Service Program.

CVS/caremark Retail Pharmacy Network

Processing Form
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/Akron General 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/Akron General Pharmacy and all prescriptions filled with a brand name medication at any Cleveland Clinic/Akron General Pharmacy are subject to the annual deductible.

Note: Members who live in an area of the country not serviced by a Cleveland Clinic/Akron General 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
The 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 below and in the complete drug listing that begins on page 34 of the Formulary in this 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 (see page 33) 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. 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
- Abstral
- Acne Treatments
- Actemra
- Actiq
- Adacel (under 7 years of age)
- Adcetris
- Adcirca
- Adempas
- Adlyxin
- Admelog (effective 4/1/2018)
- Aimovig (effective 6/1/2018)
- Ajovy (effective 10/1/18)
- Akynezeo
- Albenza (effective 10/1/18)
- Aliqopa (effective 4/1/19)
- Alunbrig
- Amjevita
- Ampyra
- Apidra (effective 3/1/2018)
- Aptiom
- Aralast NP
- Aristada
- Aspirin

- Astagraf
- Aubagio
- Austedo
- Avonex
- Banzel
- Basaglar (effective 3/1/2018)
- Bavencio (medical benefit)
- Belbuca
- Beleodaq (medical benefit)
- Bendeka (medical benefit)
- Benlysta
- Berinert
- Besponsa (medical benefit)
- Betaseron
- Bethkis
- Blincyto (medical benefit)
- Boniva IV\(^7\) (medical benefit)
- Bosulif
- Botox (medical benefit)
- Brisdelle
- Briviact
- Butrans
- Bydureon
- Byetta
- Cabometyx

- Calquence (effective 4/1/2018)
- Caprelsa
- Celebrex
- Cerezyme
- Cinqair
- Cinryze
- Cinvanti (effective 4/1/19)
- Cometriq
- Copaxone
- Corlanor
- Cosentyx
- Cotellic
- Cresemba (effective 10/1/18)
- Cuvitru (effective 6/1/2018)
- Cuvposa
- Cyramza
- Daklinza
- Daliresp
- Daraprim
- Darzalex (medical benefit; effective 2/4/2016)
- Descovy
- diclofenac gel
- diclofenac solution
- Differin 0.1% cream

\(^7\) Member is responsible for 20% co-insurance.
<table>
<thead>
<tr>
<th>Pharmaceuticals Requiring Prior Authorization (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differin 0.3% gel</td>
</tr>
<tr>
<td>Dipentum</td>
</tr>
<tr>
<td>Dupixent</td>
</tr>
<tr>
<td>Duvallo (effective 4/1/2018)</td>
</tr>
<tr>
<td>Dysport (medical benefit)</td>
</tr>
<tr>
<td>Egrifta</td>
</tr>
<tr>
<td>Elaprase</td>
</tr>
<tr>
<td>Elelyso</td>
</tr>
<tr>
<td>Eldel Cream</td>
</tr>
<tr>
<td>Emend capsules, oral suspension</td>
</tr>
<tr>
<td>Empliciti</td>
</tr>
<tr>
<td>Emsam patches</td>
</tr>
<tr>
<td>Emverm (effective 10/1/18)</td>
</tr>
<tr>
<td>Enbrel</td>
</tr>
<tr>
<td>Entocort</td>
</tr>
<tr>
<td>Entresto</td>
</tr>
<tr>
<td>Entvyio</td>
</tr>
<tr>
<td>Envirox XR</td>
</tr>
<tr>
<td>Epanova</td>
</tr>
<tr>
<td>Epclusa</td>
</tr>
<tr>
<td>Erelzi</td>
</tr>
<tr>
<td>Erivedge</td>
</tr>
<tr>
<td>Erleada (effective 6/1/2018)</td>
</tr>
<tr>
<td>Erwinaze (medical benefit; effective 1/1/19)</td>
</tr>
<tr>
<td>Erygel 2%</td>
</tr>
<tr>
<td>Esbriet</td>
</tr>
<tr>
<td>Eucrisa ointment</td>
</tr>
<tr>
<td>Exjade</td>
</tr>
<tr>
<td>Extavix</td>
</tr>
<tr>
<td>Eylea (medical benefit)</td>
</tr>
<tr>
<td>Fabrazyme (medical benefit; effective 10/1/18)</td>
</tr>
<tr>
<td>Farxiga</td>
</tr>
<tr>
<td>Farydk</td>
</tr>
<tr>
<td>Fasenra (effective 4/1/2018)</td>
</tr>
<tr>
<td>Fentora</td>
</tr>
<tr>
<td>Ferriprox</td>
</tr>
<tr>
<td>Fetzima</td>
</tr>
<tr>
<td>Fiasp (effective 4/1/2018)</td>
</tr>
<tr>
<td>Firazyr</td>
</tr>
<tr>
<td>Flecto</td>
</tr>
<tr>
<td>Forteo</td>
</tr>
<tr>
<td>Gattex</td>
</tr>
<tr>
<td>Giao</td>
</tr>
<tr>
<td>Gilenya</td>
</tr>
<tr>
<td>Gilotrif</td>
</tr>
<tr>
<td>Glassia</td>
</tr>
<tr>
<td>Glatiramer acetate</td>
</tr>
<tr>
<td>Gleevec</td>
</tr>
<tr>
<td>Grastek</td>
</tr>
<tr>
<td>Growth Hormone</td>
</tr>
<tr>
<td>H.P. Acthar</td>
</tr>
<tr>
<td>Haegarda</td>
</tr>
<tr>
<td>Harvoni</td>
</tr>
<tr>
<td>Hectolol</td>
</tr>
<tr>
<td>Hetlizol</td>
</tr>
<tr>
<td>Hizenta</td>
</tr>
<tr>
<td>Humalog U-200 (effective 1/1/19)</td>
</tr>
<tr>
<td>Humira</td>
</tr>
<tr>
<td>Humulin U-500 (effective 3/1/2018)</td>
</tr>
<tr>
<td>Hycamtin</td>
</tr>
<tr>
<td>Hyqvia</td>
</tr>
<tr>
<td>Ibrance</td>
</tr>
<tr>
<td>Idhifza (effective 4/1/2018)</td>
</tr>
<tr>
<td>Ilaris</td>
</tr>
<tr>
<td>Iluvien</td>
</tr>
<tr>
<td>Imbruvica</td>
</tr>
<tr>
<td>Imfinzi (medical benefit)</td>
</tr>
<tr>
<td>Imlygic (medical benefit)</td>
</tr>
<tr>
<td>Impavido</td>
</tr>
<tr>
<td>Inflectra</td>
</tr>
<tr>
<td>Ingrezzal</td>
</tr>
<tr>
<td>Injectafer (medical benefit)</td>
</tr>
<tr>
<td>Invokamet/Invokamet XR (effective 1/1/19)</td>
</tr>
<tr>
<td>Inlyta</td>
</tr>
<tr>
<td>Invokana</td>
</tr>
<tr>
<td>Iressa</td>
</tr>
<tr>
<td>Jadenu</td>
</tr>
<tr>
<td>Jakafi</td>
</tr>
<tr>
<td>Jardiance</td>
</tr>
<tr>
<td>Kadcyla (medical benefit; effective 1/1/19)</td>
</tr>
<tr>
<td>Kalbitor</td>
</tr>
<tr>
<td>Kalydeco</td>
</tr>
<tr>
<td>Kanuma (medical benefit)</td>
</tr>
<tr>
<td>Keytruda (medical benefit)</td>
</tr>
<tr>
<td>Kinera</td>
</tr>
<tr>
<td>Kisqali</td>
</tr>
<tr>
<td>Kitabis Pak</td>
</tr>
<tr>
<td>Krorym</td>
</tr>
<tr>
<td>Kyrtexxxa (medical benefit)</td>
</tr>
<tr>
<td>Kuvan</td>
</tr>
<tr>
<td>Kymriah (medical benefit)</td>
</tr>
<tr>
<td>Kproplis</td>
</tr>
<tr>
<td>Lartruvo (medical benefit)</td>
</tr>
<tr>
<td>Latruvo (medical benefit)</td>
</tr>
<tr>
<td>Lazanda</td>
</tr>
<tr>
<td>Lemtrada</td>
</tr>
<tr>
<td>Lenvima</td>
</tr>
<tr>
<td>Letairis</td>
</tr>
<tr>
<td>Levemir (effective 3/1/2018)</td>
</tr>
<tr>
<td>Lidoderm</td>
</tr>
<tr>
<td>Linzess</td>
</tr>
<tr>
<td>Lonsurf</td>
</tr>
<tr>
<td>Lucentis (medical benefit)</td>
</tr>
<tr>
<td>Lumizyme (medical benefit)</td>
</tr>
<tr>
<td>Lupron</td>
</tr>
<tr>
<td>Lutathera (effective 4/1/19)</td>
</tr>
<tr>
<td>Luxturna (medical benefit; effective 1/10/2018)</td>
</tr>
<tr>
<td>Luxu</td>
</tr>
<tr>
<td>Lynparza</td>
</tr>
<tr>
<td>Makena</td>
</tr>
<tr>
<td>Marinol</td>
</tr>
<tr>
<td>Mavret</td>
</tr>
<tr>
<td>Mekinist</td>
</tr>
<tr>
<td>MetroGel 1%</td>
</tr>
<tr>
<td>MetroGel 1% with pump</td>
</tr>
<tr>
<td>Metrolotion</td>
</tr>
<tr>
<td>Mirvaso (effective 1/1/19)</td>
</tr>
<tr>
<td>Movantik</td>
</tr>
<tr>
<td>Mylotarg (medical benefit)</td>
</tr>
<tr>
<td>Myobloc (medical benefit)</td>
</tr>
<tr>
<td>Myozyme</td>
</tr>
<tr>
<td>Myrtexipi</td>
</tr>
<tr>
<td>Namenda XR</td>
</tr>
<tr>
<td>Natpara</td>
</tr>
<tr>
<td>Nerlynx (effective 6/1/2018)</td>
</tr>
<tr>
<td>Neupro</td>
</tr>
<tr>
<td>Ninlaroo</td>
</tr>
</tbody>
</table>
Pharmaceuticals Requiring Prior Authorization (continued)

- Novolog (effective 3/1/2018)
- Novolog Mix (effective 3/1/2018)
- Noxafil (effective 10/1/18)
- Nucala
- Nuedexta
- Nulojix (medical benefit)
- Nuplazid
- Nuvigil
- Ocaliva
- Ocrevus (medical benefit)
- Odomzo
- Ofev
- Olumiant (effective 10/1/18)
- Olysio
- Onfí
- Onivyde (medical benefit)
- Opendo (medical benefit)
- Orenica
- Oralair
- Orkambi
- Otezla
- Otrexup
- Ozempic (effective 4/1/2018)
- Pegasys
- Pegintron
- Perjeta (medical benefit)
- Picato
- Plegridy
- Pneumovax-23 (under 2 years of age)
- Pomalyst
- Portrazza (medical benefit)
- Praluent
- Previmis (effective 6/1/2018)
- Pristiq
- Probuphine
- Prolastin-C
- Prolia
- Promacta
- Provenge (medical benefit)
- Prudoxin cream
- Psoriasis Therapies
- Qtern (effective 1/1/19)
- Qudexy XR
- Qutenza
- Radicava (medical benefit)
- Ragwitek
- Rasuvo
- Rayaldee
- Rebif
- Reclast
- Relistor
- Remicade
- Renflexis
- Repatha
- Revatio
- Revlimid
- Restasis
- Rexulti
- Rheumatoid Arthritis Therapies
- Rhofade (effective 1/1/19)
- Rhopressa (effective 10/1/18)
- Rituxan
- Rituxan Hycela (effective 4/1/19)
- Rubraca
- Ruconest
- Rydapt
- Sabril
- Segluromet (effective 6/1/2018)
- Sermorelin
- Seroquel XR
- Shingrix (under 50 years of age)
- Signifor
- Signifor LAR
- Siliq (effective 4/1/2018)
- Simponi
- Sitavig
- Soliqua
- Soliris
- Soolantra
- Spinraza (medical benefit)
- Steglatro (effective 6/1/2018)
- Steglixan (effective 6/1/2018)
- Stivarga
- Strensiq
- Suboxone
- Subsys
- Supprelin LA (medical benefit)
- Sylvant (medical benefit)
- Symdeko (effective 6/1/2018)
- Symproic (effective 4/1/2018)
- Synagis (medical benefit; up to five injections per season)
- Synarel
- Sydros (effective 4/1/2018)
- Synjardy/Synjardy XR (effective 1/1/19)
- Synribo
- Syprine
- Tafinlar
- Tagrisso
- Takhzyro (effective 10/1/18)
- Taltz
- Tavalisse (effective 10/1/18)
- Tecentriq (medical benefit)
- Tecfidera
- Technivie
- Testopel (medical benefit)
- TOBI
- TOBI Podhaler
- Topamax immediate-release sprinkle capsules
- Toujeo
- Tracleer
- Tremfya (effective 4/1/2018)
- Tresiba (effective 3/1/2018)
- Trintellix
- Trogarzo (medical benefit; effective 10/1/18)
- Trokendi XR
- Trulance
- Trulicity
- Truvada
- Tymlos
- Tyvaso
- Uceris
- Uloric
- Upravi
- Varubi
- Vectibix (medical benefit; effective 7/1/2018)
- Veltassa
- Venclexa
- Venlafaxine ER Tablets
- Verzenio (effective 4/1/2018)
Pharmaceuticals Requiring Prior Authorization (continued)

- Viberzi
- Victoza
- Viekira
- Viekira XR
- Viibryd
- Vimovo
- Vosevi
- VPRIV
- Vraylar
- Xadago
- Xalkori
- Xeljanz
- Xeloda
- Xeomin (medical benefit)
- Xepi (effective 10/1/18)
- Xgeva
- Xiaflex
- Xifaxan
- Xigduo XR (effective 1/1/19)
- Xiidra
- Xolair Xtandi
- Xultophy
- Xyrem
- Yervoy (medical benefit)
- Yescarta (medical benefit)
- Yondelis (medical benefit)
- Zejula
- Zelboraf
- Zemaira
- Zemplar
- Zepatier
- Zinplava (medical benefit)
- Zomaxton
- Zometa
- Zonalon cream
- Zoverlex
- Zubsolv
- Zuplenz
- Zurampic
- Zykadia
- Zytiga

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 toll-free at 888.246.6648, option 4 and request a Prior Authorization, Formulary Exception and Appeal Form. See sample on page 33. You can also obtain a form online at http://employeehealthplan.clevelandclinic.org/usefulforms.htm.

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 co-insurance 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: 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 33 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.

**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/Akron General 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/Akron General 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 0-6 years
- **Folic Acid:** Covered at 100% for female members age 40 and under
- **Tobacco Cessation Medications:**
  - Must be prescribed by Tobacco Treatment Center practitioners
  - Coverage includes bupropion, Chantix, gum, lozenges, and patches
  - **Prescriptions must be filled at any Cleveland Clinic/Akron General 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.
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 Statin Formulary Exception Questionnaire to the Employee Health Plan Pharmacy Management Department (see page 53). 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
- Actigall
- Adderall XR<br>• Ambien CR 12.5 mg
- Astelin
- Astepro
- Atacand
- Atacand HCT
- Avalide
- Azor
- Benicar
- Benicar HCT
- Boniva 150 mg tabs
- Celebrex
- Concerta®
- Coreg CR
- Corgard
- Cymbalta
- Daypro
- Detrol LA 4 mg
- Diovan 320 mg
- Ecoza cream
- Exforge HCT
- Focalin XR®
- Frova
- Hectorol
- Hydrocortisone valerate 0.2% cream
- Inderal LA
- Khedezla
- Lamisil
- Lialda
- Micardis HCT
- Pataday
- Pristiq
- Prometrium
- Qudexy XR
- Retin-A cream
- Sporanox
- Strattera®
- Teveten
- Tribenzor
- Twynsta
- Vagifem
- Vytorin
- Zemplar
- Zetia

*EHP members under the age of 20 who are utilizing generic formulations of Adderall XR, Concerta, Focalin XR, 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
- Non-controlled Cough and Cold Agents
- Oral Allergy Medication
- Oral Androgen Products
- Osphena
- Penlac
- Pregnenolone
- Propecia
- Relenza
- Saxenda
- Schedule V cough syrups
- Stendra
- Tamiflu
- Targadox
- Testosterone Cypionate
- Testosterone Enanthate
- Topical Androgen Products
- Vaniqa
- Viagra
- VIBRA-TABS
- Vibramycin
- Vivodex
- Weight Control Products
- Xartemus XR
- Xerece
- Xofluza
- 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
- Absorica
- Actigall
- Adderall XR
- Aggrenox
- AirDuo
- Ambien CR 12.5 mg
- 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
- Epipen
- Epipen Jr.
- Focalin XR
- Gleevec
- Hectorol
- Inderal LA
- Kaletra
- Oral Contraceptives (See Contraceptive Coverage information on page 13.)
- Pataday
- Prometrium
- Protopic
- Retin-A Cream
- Straterra
- Tenormin
- Zemplar
## Brand and Generic Versions

- 510(k) medical devices
- Unapproved drugs
- Abilify MyCite
- Aciphex
- Acyclovir oral solution
- Aczone Gel
- Aczone Gel with Pump
- Adrenaclick
- Adzenys XR-ODT
- Akene-mycin 2% ointment
- Alcortin A 1-2-1% gel
- Alcortin A 1-2-1% gel packets
- Aliqopa (Rx benefit)
- Allzital
- Amcinonide 0.1% Cream
- Amcinonide 0.1% lotion
- Amcinonide 0.1% ointment
- Amrix
- Anaprox DS
- Anucort-HC
- Apadaz
- Aplenzin
- Arestin
- Atenolol+SyrSpend SF PH4 oral suspension
- Atridox
- Auvi-Q
- AVAR Cleanser (sulfacetamide/sulfer 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
- Avonex (medical benefit)
- Axid
- Azelex Cream
- Bavencio (Rx benefit)
- Beconase AQ
- Beleodaq (Rx benefit)
- Belsomra
- Bendeka (Rx benefit)
- BenzaClin
- Benzoyl Peroxide Agents
- Besponsa (Rx benefit)
- Betamethasone valerate 0.12% (Luxiq)
- Betaseron
- Binosto
- Bionect
- Blincryo (Rx benefit)
- Boniva IV (Rx benefit)
- Bonjesta
- Botox (Rx benefit)
- Cadet
- Capex 0.01% shampoo
- Carospir
- Cenovia
- Ceracade
- 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
- 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
- Cotempla
- Cycloset
- Darzalex (Rx benefit)
- Dermasorb AF 3%-0.5% cream
- Dermazene
- Desonate 0.05% gel
- Desozone 0.05% Lotion
- Desoximetasone 0.05% cream
- Desoximetasone 0.05% ointment
- D exilant
- 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
- Donnatal
- Doryx
- Dritho-Creme HP
- Dsuvia (Rx and medical benefits)
- Duac
- Duexis
- Durlaza
- Durolane
- Dutoprol
- Dyanavel XR
- Dymista
- Dysport (Rx benefit)
- Edecrin
- EEMT
- EEMT HS
- Eletone
Brand and Generic Versions (continued)

- Eletone Twinpack
- Emflaza (both Rx and medical benefits)
- Emgality
- Emulsion SB
- Entny
- 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)
- Fabrazyme (Rx benefit)
- Flolipid
- Flonase
- Fluocinonide gel
- Fluocinonide ointment
- Fluocinonide-E Cream
- Fluocinolone 0.01% (Derma-smoothe) Oil
- Fluocinonide 0.05% Cream
- Fluocinonide 0.1% Cream
- Flurandrenolide 0.05% Cream
- Flurandrenolide 0.05% lotion
- Forfivo XL
- Fortamet
- Fosamax Oral Solution
- Fosamax Plus D
- Gel-One
- Gel-Syn
- GenVisc 850
- Glatopa (medical benefit)
- Glumetza
- Glycopyrrolate injectable sol
- Glysset
- GoNitro
- Gralise
- Guainfesin DAC
- Halog (halcinonide) 0.1% Cream
- Halog 0.1% ointment
- Hemangeol
- Homatropine Hydrobromide
- Horizant
- HPR Plus
- Hylagan
- Hydrocortisone Acetate
- Hydrocortisone Acetate/Pramoxine
- Hydrocortisone butyrate (Locoid) 0.1% Lotion
- Hydrocortisone butyrate 0.1% cream (Locoid Lipo)
- Hydroquinone
- Hydroquinone Time Release
- Hylafem
- Hylatopic Plus
- Hymovis
- Hyophen
- Imfinzi (Rx benefit)
- Imlytic (Rx benefit)
- Impoyz
- Injectafer (Rx benefit)
- Iodoquinol-Hydrocortisone 1-1.9%
- Irenka
- Isomethptene/Acetaminophen/Dichloralphenazone
- Isopto Homatropine
- Kadcyla (Rx benefit)
- Kanuma (Rx benefit)
- Karbinal ER
- Keytruda (Rx benefit)
- Klaron
- Krystexxa (Rx benefit)
- Kybella
- Kyleena (Rx benefit)
- Kymriah (Rx benefit)
- Lanoxin 187.5 mcg
- Lanoxic 62.5 mcg
- Lartruvo (Rx benefit)
- Lermtrada
- Librax
- Lilletta (Rx benefit)
- Liptruzet
- Lodine extended-release
- Lopressor HCT
- Lucentis (Rx benefit)
- Lumizyme (Rx benefit)
- Luathera (Rx benefit)
- Luvox extended-release
- Luxturna (Rx benefit)
- ME/NaPhos/MB/Hyo1
- Meclofenamate
- Megestrol acetate 625 milligrams/5 milliliters suspension
- Midrin
- Minocycline immediate-release tablets
- Mirena (Rx benefit)
- Monodox
- Monovisc
- Mydayis
- Mylotarg (Rx benefit)
- Myobloc (Rx benefit)
- Naproxen CR
- Naproxen EQ
- Naproxen suspension
- Nasacort
- Nasacort AQ
- Nasonex
- Neosalus
- Neosalus CP
- Neuac
- Nexium
- Nexplanon
- Nitrolingual
- Noritate
- Novacort External gel 2-1-1%
- Nulojix (Rx benefit)
- Nuvail
- Ocrevus (Rx benefit)
- Ofirmev
- Omnaris
- Onivyde (Rx benefit)
Brand and Generic Versions (continued)

- Onmel
- Onzeta 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
- Pandel 0.1% Cream
- Parlodard (Rx benefit)
- Parodel 5 mg capsules
- Paxil CR
- Pennsaid2%
- Pepcid
- Perjeta (Rx benefit)
- Pexeva
- Phenazopyridine Hydrochloride
- Phenohytro
- 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%)
- Portrazza (Rx benefit)
- Prascion cleanser
- Praxbind
- Prednisolone Orally Disintegrating Tablets
- Prestalia
- Prevacid
- PriLOSEC
- Primlev
- Proctofoam-HC
- Prodrin
- Promiseb
- Propranolol/hydrochlorothiazide
- Protonix
- Provenge (Rx benefit)
- Prozac Weekly
- Pyridium
- Qnasl
- Quillichew
- Radicava (Rx benefit)
- Rapivab (sulfacetamide/sulfur 9-4%)
- Rayos
- Rebif (medical benefit)
- Refissa
- Renal Caps
- Restasis multidose formulations
- Retin-A Micro Gel
- Retin-A Micro Gel Pump
- Rhinocort Aqua
- Riomet
- Rosanil
- Rosula (sulfacetamide/sulfur 10-5%)
- Rosula liquid (sulfacetamide/sulfur 10-4.5%)
- Salicylic Acid
- Salicylic Acid ER
- Salicylic Acid Wart Remover
- Saramen tablets
- Selegiline 5 milligram tablets
- Silenor
- Simponi Aria
- Singular 4 mg packets
- Skyla (Rx benefit)
- Sodium Bicarbonate
- Sodium Sulfacetamide/Sulfur
- Solodyn
- Sonafine
- SpiraZix (Rx benefit)
- 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)
- Synagis (Rx benefit)
- Synerderm
- Synvisc
- Synvisc-One
- Tagamet
- Tarka
- Tecentriq (Rx benefit)
- Testopel (Rx benefit)
- Texacort 2.5% Solution
- Tivorbex (effective date: 1/1/19)
- Tretin-X
- Treximet (effective 1/1/19)
- Triamcinolone (Kenalog) Spray
- Triamexol (triamicinolone) 0.05% ointment
- Triluma
- Trivisc (sodium hyaluronate)
- Trogarzo (Rx benefit)
- Uceris Foam
- Urea
- Uribel
- URO-MP
- Utopic
- Vanatol LQ
- Vanatol S
- Vanoxide HC
- Vectibix (Rx benefit)
- Veltin
- Veramyst
- Verdeso 0.05% Foam
- Vimovo
- Vivitrol
- Vusion 0.25%-0.15% ointment
- Vytone 1.9%-1% cream
- Vyvanse
- Xalix
- Xeomin (Rx benefit)
- Xhance
- Ximino (effective 1/1/19)
- Xofigo (Rx benefit)
- Xopenex
- Yervoy (Rx benefit)
- Yescarta (Rx benefit)
- Yondelis (Rx benefit)
- Zantac
- Zegerid
- Zelapar
- Zembrance
- Zencia wash liquid (sulfacetamide/sulfur 9-4%)
- Zenzedi (effective 1/1/19)
- Zetonna
- Ziana
- Zilretta
- Zincplava (Rx benefit)
- Zovirax oral suspension
- Zyflo continuous-release/extended-release
- Zyflo immediate-release
Pharmacy Management Programs
Mandatory Maintenance Drug Program

Members may use any of the Cleveland Clinic/Akron General 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/Akron General Pharmacies** — Drop off your maintenance prescriptions for refill at any of the 19 Cleveland Clinic/Akron General 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/Akron General Pharmacy or the Home Delivery Pharmacy.

In addition, some maintenance medications must be refilled for three month supplies at a Cleveland Clinic/Akron General 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 [http://employeehealthplan.clevelandclinic.org](http://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.
## 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilify</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Abstral</td>
<td>4 tablets per day; restricted to 30-day supply</td>
</tr>
<tr>
<td>Actonel 35 mg</td>
<td>4 tablets per 28 days</td>
</tr>
<tr>
<td>Adcirca</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Adempas</td>
<td>90 tablets per 30 days</td>
</tr>
<tr>
<td>Adlyxin</td>
<td>6 mL (2 pens) per 30 days</td>
</tr>
<tr>
<td>Afinitor</td>
<td>Limit based on instructions for use; included in the split fill program</td>
</tr>
<tr>
<td>Actiq</td>
<td>4 lozenges per day; restricted to 30-day supply</td>
</tr>
<tr>
<td>Actos 15 mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Aimovig</td>
<td>1 auto-injector/prefilled syringe per 30 days</td>
</tr>
<tr>
<td>AirDuo</td>
<td>1 inhaler per 30 days</td>
</tr>
<tr>
<td>Ajovy</td>
<td>3 prefilled syringes (225 mg ea) per 90 days</td>
</tr>
<tr>
<td>Akynzeo</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Albenza</td>
<td>120 tablets per 30 days</td>
</tr>
<tr>
<td>Alunbrig</td>
<td>180 tablets per 30 days</td>
</tr>
<tr>
<td>Ambien 5 mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Amblyf</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Amerge tablets</td>
<td>9 tablets per 30 days</td>
</tr>
<tr>
<td>Anzemet</td>
<td>6 tablets per 30 days</td>
</tr>
<tr>
<td>Aptiom 200 mg, 400 mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Aptiom 600 mg, 800 mg</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Austedo 6 mg</td>
<td>720 tablets per 90 days</td>
</tr>
<tr>
<td>Austedo 9 mg</td>
<td>450 tablets per 90 days</td>
</tr>
<tr>
<td>Austedo 12 mg</td>
<td>360 tablets per 90 days</td>
</tr>
<tr>
<td>Avalide</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Avapro</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Axert tablets</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Azor</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Belbuca</td>
<td>2 films per day</td>
</tr>
<tr>
<td>Benicar</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Benicar HCT</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Bevespi Aerosphere</td>
<td>1 inhaler per 30 days</td>
</tr>
<tr>
<td>Biktavy</td>
<td>1 table per day</td>
</tr>
<tr>
<td>Boniva 150 mg</td>
<td>1 tablet per 30 days</td>
</tr>
<tr>
<td>Bosulif</td>
<td>Limit based on instructions for use; included in the split fill program</td>
</tr>
<tr>
<td>Breo Ellipta</td>
<td>1 inhaler per 30 days</td>
</tr>
<tr>
<td>Brisdelle</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Briviact oral solution</td>
<td>20 mL per day</td>
</tr>
<tr>
<td>Briviact tablets</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>Butrans</td>
<td>4 patches per 28 days</td>
</tr>
<tr>
<td>Bydureon pens</td>
<td>4 pens per 30 days</td>
</tr>
<tr>
<td>Bydureon vials</td>
<td>4 vials per 30 days</td>
</tr>
<tr>
<td>Byetta</td>
<td>2.4 mL (1 pen) per 30 days</td>
</tr>
<tr>
<td>Byvalson</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Cabometytx</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Calquence</td>
<td>60 capsules per 30 days</td>
</tr>
<tr>
<td>Cimzia starter kit</td>
<td>6 syringes per lifetime</td>
</tr>
<tr>
<td>Cimzia maintenance kit</td>
<td>2 syringes per 28 days</td>
</tr>
<tr>
<td>Cimzia</td>
<td>Limit based on instructions for use</td>
</tr>
<tr>
<td>Cosentyx</td>
<td>1 syringe/pen per 28 days</td>
</tr>
<tr>
<td>Cotelic</td>
<td>21 tablets per 28 days</td>
</tr>
<tr>
<td>Cresemba</td>
<td>1 vial per day; 2 capsules per day</td>
</tr>
<tr>
<td>Crestor</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td>Daklinza</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Descovy</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Duzallo</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Edarbi</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Edarbyclor</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>Effexor XR 37.5 mg</td>
<td>1 capsule/tablet per day</td>
</tr>
<tr>
<td>Effexor XR 75 mg</td>
<td>1 capsule/tablet per day</td>
</tr>
<tr>
<td>Elidel cream</td>
<td>60 grams per 30 days</td>
</tr>
<tr>
<td>Emcyp</td>
<td>Limit based on instructions for use</td>
</tr>
<tr>
<td>Emend</td>
<td>30-day supply; limit based on instructions for use</td>
</tr>
<tr>
<td>Emla 2.5%</td>
<td>2.5% cream-30 grams per 25 days</td>
</tr>
<tr>
<td>Emverm</td>
<td>12 tablets per 30 days</td>
</tr>
<tr>
<td>Enbrel 50 mg/mL pens</td>
<td>4 pens per 28 days</td>
</tr>
<tr>
<td>Enbrel 50 mg/mL syringes</td>
<td>4 syringes per 28 days</td>
</tr>
<tr>
<td>Enbrel 25 mg/mL syringes</td>
<td>8 syringes per 28 days</td>
</tr>
<tr>
<td>Entocort</td>
<td>3 capsules per day</td>
</tr>
<tr>
<td>Entresto</td>
<td>2 tablets per day</td>
</tr>
</tbody>
</table>
Quantity Level Limits (continued)

- 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 the split fill program
- Erleada — 4 tablets per day
- Esbriet — 9 capsules per day
- Eucrisa ointment — 60 grams 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
- Farxiga — 1 tablet per day
- Farydak — 6 capsules per 21 days
- Fasenra — 3 syringes per 180 days
- Fentora — 4 tablets per day; restricted to 30-day supply
- Fetzima — 30 capsules per 30 days
- Flector — 2 patches per day; restricted to 30-day supply
- 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
- Gattex — 30 vials per 30 days
- Genvoya — 1 tablet per day
- Giazo — 6 tablets per day
- Glatopa 20 mg/mL — 1 prefilled syringe per day
- Glatopa 40 mg/mL — 12 prefilled syringes per 28 days
- Gleevec — limit based on instructions for use; included in the split fill program
- Glyxambi — 1 tablet per day
- Harvoni — 1 tablet per day
- Hetlioz — 1 capsule per day
- Hexalen — 30-day supply; limit based on instructions for use
- 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
- Idhifa — 1 tablet per day
- Imbruvica — 4 capsules per day; included in the split fill program
- Immitrex tablets — 9 tablets per 30 days
- Immitrex nasal spray — 9 sprays per 30 days
- Immitrex injection — 4 kits per 30 days
- Impavid — 3 capsules per day
- Inflectra — limit based on instruction for use
- Ingrezza — 60 capsules per 30 days
- Invokamet/Invokamet XR — 2 tablets per day
- Inlyta 1 mg tablets — 180 tablets per 30 days; included in the split fill program
- Inlyta 5 mg tablets — 120 tablets per 30 days; included in the split fill program
- Invokana — 1 tablet per day
- Iressa — 1 tablet per day
- Iressa — 30-day supply; limit based on instructions for use
- Jakafi — limit based on instructions for use; included in the split fill program
- Janumet/Janumet XR — 2 tablets per day
- Januvia — 1 tablet per day
- Jentadueto/Jentadueto XR — 2 tablets per day
- Kalydeco — 60 tablets per 30 days
- Kazano — 2 tablets per day
- Kevezara — 2.28 milliliters (2 syringes) per 30 days
- Khedezla — 1 tablet per day
- Kineret — 240 vials per 30 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
- Kytril — 12 tablets per 30 days
- Lazanda — 30 bottles per month; restricted to 30-day supply
- Lenvima — limit based on instructions for use; included in the split fill program
- Lescol/Lescol XL — 1 tablet per day
- Lialda — 4 tablets per day
- Lidocaine 2% gel — 30 grams per 25 days
Quantity Level Limits (continued)

- Lidocaine 4% gel — 30 grams per 25 days
- Lidocaine 5% ointment — 50 grams per 25 days
- Lidocaine 4% solution — 50 milliliters per 25 days
- Linzess — 1 tablet per day
- Lucentis — 2 injections per 28 days
- Lynparza — 16 capsules per day
- Lyrica CR — 1 tablet per day
- Lysteda — 30 tablets per 30 days
- Mavyret — 84 tablets per 28 days
- Maxalt tablets — 9 tablets per 30 days
- Mekinist — 1 tablet per day
- Mesalazine tablets — 6 tablets per day
- Micardis — 1 tablet per day
- Micardis HCT — 1 tablet per day
- Movantik — 1 tablet per day
- Myrbetriq — 1 tablet per day
- Namenda XR — 1 capsule per day
- Natpara — 2 cartridges per 28 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 the split fill program
- Nikita — 1 tablet per day
- Ninlaro — 3 capsules per 28 days
- Nucala — 1 vial per 28 days
- Nuplazid — 2 tablets per day
- Ocaliva — 1 tablet per day
- Ocrevus — 4 vials (40 milliliters) per 365 days
- 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
- Onglyza — 1 tablet per day
- Orensa syringes — 4 syringes per 28 days
- Orensa auto-Injector 125 mg/mL — 4 auto-injectors per 28 days
- Orensa vials — 4 vials per 28 days
- Orkambi — 4 tablets per day
- Oseni — 1 tablet per day
- Otezla — 2 tablets per day
- Otrexup — 4 auto-injector pens per 30 days
- Ozempic — 2 pens (3 milliliters) per 30 days
- Plaquilen 7% — 7% cream-30 grams per 25 days
- Pomalyst — 1 capsule per day
- Praluent — 2 syringes/pens per 28 days
- Prepac — 112 capsules/tablets per 180 days
- Prevyms solution — 24 milliliters per day
- Prevyms tablets — 1 tablet per day
- Pristiq — 1 tablet per day
- Prudoxin — 60 grams per 90 days
- Qtern — 1 tablet per day
- Rasuvo — 4 auto-injector pens per 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
- 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
- Rhopressa — 5 milliliters per 30 days
- Rubraca — 120 tablets per 30 days; included in the split fill program
- Rydapt — 240 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
- Soliqua — 15 mL (5 pens) per 30 days
- Sovaldi — 30 tablets per 30 days
- Sprycel — limit based on instructions for use; included in the 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
- Subsys — 4 spray units per day; restricted to 30-day supply
Quantity Level Limits (continued)

- Sutent — limit based on instructions for use; included in the split fill program
- Symdeko — 60 tablets per 30 days
- Symproic — 1 tablet per day
- Synera 70-70 milligram patch — 2 patches per 25 days
- Synjardy/Synjardy XR — 2 tablets per day
- Tabloid — 30-day supply; limit based on instructions for use
- Tafinlar — 4 capsules per day
- Tagrisso — 1 tablet per day
- Takhyro — 2 syringes per day
- Taltz — 1 syringe/auto-injector per 28 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
- Targetin — limit based on instructions for use; included in the split fill program
- Tasigna — limit based on instructions for use; included in the split fill program
- Tavalisse — 2 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
- Tekturna - 1 tablet per day
- Tekturna HCT - 1 tablet per day
- Teslac — 30-day supply; limit based on instructions for use
- Teveten — 1 tablet per day
- Toradol 10 mg — 20 tablets per 30 days
- Tradjenta — 1 tablet per day
- Tremfya — 2 syringes per 84 days
- Tribenzor - 1 tablet per day
- 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
- Twynsta — 1 tablet per day
- Tykerb — 30-day supply; limit based on instructions for use
- Tymlos — One pen (1.56 milliliters) per 30 days
- Uceris — 1 tablet per day
- Uloric — 30 tablets 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
- Veltassa — limited based on instructions for use
- Venclexta — limited based on instructions for use
- Verzenio — 60 tablets per 30 days; included in the split fill program
- Viberzi — 2 tablets per day
- Victoza — 3 pens (9 mL) per 30 days
- Viekira — 4 tablets per day
- Viekira XR — 3 tablets per day
- Viibryd — 30 tablets per 30 days
- Vosevi — 1 tablet per day
- Votrient — 800 mg per day; included in the split fill program
- Vytorin — 1 tablet per day
- Wellbutrin XL — 1 tablet per day
- Xadago — 1 tablet per day
- Xeljanz 5 mg — 2 tablets per day
- Xeljanz XR 11 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 — limit based on instructions for use
- Xtandi — 120 capsules per 30 days
- Xultophy — 5 pens (15 mL) per 30 days
- Xuriden — 4 packets per day
- Xyrem — 540 mL per 30 days
- Zejula — 90 capsules per 30 days
- Zelboraf — 8 tablets per day; included in the split fill program
- Zepatier — 1 tablet per day
- Zetia — 1 tablet per day
- Zofran — 30 tablets per 30 days
- Zolinza — limit based on instructions for use; included in the split fill program
- Zonalon — 60 grams per 90 days
- Zomig nasal spray — 12 sprays per 30 days
- Zomig tablets — 12 tablets per 30 days
- Zurampic — 1 tablet per day
- Zypitamag — 1 tablet per day
- Zytiga — 4 tablets per day; included in the split fill program
**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
- Tasigna
- Verzenio
- Votrient
- Xtandi
- Zelboraf
- Zolinza
- 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/Akron General Pharmacy to be included in the Statin Cost Reduction Program.

Tablet splitting Lipitor, generic Lipitor, or using one of the 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.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Is this Medication Available Generically?</th>
<th>Do I Have to Split Tablets?</th>
<th>Member Cost Amount Per 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor</td>
<td>rosvastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Crestor&lt;sup&gt;10&lt;/sup&gt; – $6</td>
</tr>
<tr>
<td>Lescol</td>
<td>fluvastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Lescol&lt;sup&gt;10&lt;/sup&gt; immediate release – $6.00&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Lipitor</td>
<td>atorvastatin</td>
<td>Yes</td>
<td>Yes (but not if your dose is 80 mg/day)</td>
<td>Generic Lipitor&lt;sup&gt;10&lt;/sup&gt; – $6 BRAND Lipitor&lt;sup&gt;11&lt;/sup&gt; – $30 plus the difference in cost between brand name Lipitor and generic Lipitor</td>
</tr>
<tr>
<td>Mevacor</td>
<td>lovastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Mevacor&lt;sup&gt;10&lt;/sup&gt; – $6.00&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pravachol</td>
<td>pravastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Pravachol&lt;sup&gt;10&lt;/sup&gt; – $6.00&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Zocor</td>
<td>simvastatin</td>
<td>Yes</td>
<td>No</td>
<td>Generic Zocor&lt;sup&gt;10&lt;/sup&gt; – $6.00&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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

<sup>11</sup> Under this program, the standard generic medication policy applies if the member receives the brand name versions of 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/Akron General 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, 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:

<table>
<thead>
<tr>
<th>Medication(s) Requiring Step Therapy&lt;sup&gt;12&lt;/sup&gt;</th>
<th>Formulary Alternatives(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acne</strong></td>
<td></td>
</tr>
<tr>
<td>Myorisan</td>
<td>Claravis</td>
</tr>
<tr>
<td>Zenatane</td>
<td></td>
</tr>
<tr>
<td><strong>Antidepressants</strong></td>
<td></td>
</tr>
<tr>
<td>Khedezla</td>
<td>Venlafaxine capsules, venlafaxine ER capsules</td>
</tr>
<tr>
<td>Pristiq</td>
<td></td>
</tr>
<tr>
<td><strong>Blood Pressure Medication</strong></td>
<td></td>
</tr>
<tr>
<td>Atacand</td>
<td>Lisinopril</td>
</tr>
<tr>
<td>Byvalson</td>
<td>Lisinopril/HCTZ</td>
</tr>
<tr>
<td>Diovon</td>
<td>Losartan</td>
</tr>
<tr>
<td>Diovon HCT</td>
<td>Losartan HCT</td>
</tr>
<tr>
<td>Avalor</td>
<td></td>
</tr>
<tr>
<td>Diovon</td>
<td></td>
</tr>
<tr>
<td>Edarbi</td>
<td></td>
</tr>
<tr>
<td>Edarbyclor</td>
<td></td>
</tr>
<tr>
<td>Exforge</td>
<td></td>
</tr>
<tr>
<td>Exforge HCT</td>
<td></td>
</tr>
<tr>
<td>Micardis</td>
<td></td>
</tr>
<tr>
<td>Micardis HCT</td>
<td></td>
</tr>
<tr>
<td>Tribenzo</td>
<td></td>
</tr>
<tr>
<td>Twynsta</td>
<td></td>
</tr>
<tr>
<td>Tekturna</td>
<td></td>
</tr>
<tr>
<td>Tekturna HCT</td>
<td></td>
</tr>
<tr>
<td>Teveten</td>
<td></td>
</tr>
<tr>
<td><strong>Cholesterol Lowering Medications</strong></td>
<td></td>
</tr>
<tr>
<td>Lescol</td>
<td>Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin</td>
</tr>
<tr>
<td>Livalo</td>
<td></td>
</tr>
<tr>
<td>Nikita</td>
<td></td>
</tr>
<tr>
<td>Zypitamag</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes&lt;sup&gt;13&lt;/sup&gt;</strong></td>
<td></td>
</tr>
<tr>
<td>Alogliptin</td>
<td>Metformin</td>
</tr>
<tr>
<td>Januvia</td>
<td></td>
</tr>
<tr>
<td>Januvia XR</td>
<td></td>
</tr>
<tr>
<td>Janumet</td>
<td></td>
</tr>
<tr>
<td>Janumet XR</td>
<td></td>
</tr>
<tr>
<td>Kazano</td>
<td></td>
</tr>
<tr>
<td>Kombiglyze XR</td>
<td></td>
</tr>
<tr>
<td>Nesina</td>
<td></td>
</tr>
<tr>
<td>Onglyza</td>
<td></td>
</tr>
<tr>
<td>Oseni</td>
<td></td>
</tr>
<tr>
<td>Tradjenta</td>
<td></td>
</tr>
<tr>
<td><strong>Gastrointestinal Medications</strong></td>
<td></td>
</tr>
<tr>
<td>Delzicol</td>
<td>Apro, Balsalazide, mesalamine</td>
</tr>
<tr>
<td>Lialda</td>
<td></td>
</tr>
<tr>
<td>Giazo</td>
<td></td>
</tr>
<tr>
<td>Lialda</td>
<td></td>
</tr>
<tr>
<td>Pentasa</td>
<td></td>
</tr>
<tr>
<td><strong>Growth Hormone</strong></td>
<td></td>
</tr>
<tr>
<td>Genotropin</td>
<td>Humatrope, Norditropin</td>
</tr>
<tr>
<td>Nutropin</td>
<td></td>
</tr>
<tr>
<td>Nutropin AQ</td>
<td></td>
</tr>
<tr>
<td>Omnitrope</td>
<td></td>
</tr>
<tr>
<td>Salzen</td>
<td></td>
</tr>
<tr>
<td>Tev-Tropin</td>
<td></td>
</tr>
<tr>
<td>Zomacton</td>
<td></td>
</tr>
<tr>
<td><strong>Immune Modulators</strong></td>
<td></td>
</tr>
<tr>
<td>Amjevita</td>
<td>Humira</td>
</tr>
<tr>
<td>Cimzia</td>
<td></td>
</tr>
<tr>
<td>Enbrel</td>
<td></td>
</tr>
<tr>
<td>Ereli</td>
<td></td>
</tr>
<tr>
<td>Inflectra</td>
<td></td>
</tr>
<tr>
<td>Kineret</td>
<td></td>
</tr>
<tr>
<td>Orencia</td>
<td></td>
</tr>
<tr>
<td>Remicade</td>
<td></td>
</tr>
<tr>
<td>Renflexis</td>
<td></td>
</tr>
<tr>
<td>Simponi (subcutaneous)</td>
<td></td>
</tr>
<tr>
<td>Stelara</td>
<td></td>
</tr>
<tr>
<td>Xeljanz</td>
<td></td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
</tr>
<tr>
<td>Nuvigil</td>
<td>Modafinil</td>
</tr>
</tbody>
</table>

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

<sup>13</sup> 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/Akron General Pharmacy including the Specialty Pharmacy, or from the CVS/caremark Specialty Drug Program. Members enjoy lower out-of-pocket expenses by using a Cleveland Clinic/Akron General 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
- Actimmune
- Adempas
- Adcirca
- Advate
- Afinitor
- Aimovig
- Ajovy
- Alkeran
- Alunbrig
- Ampyra
- Apokyn
- Aptivus
- Aralast NP
- Aranesp
- Arava
- Arcalyst
- Arimidex
- Arista
- Aromasin
- Atripla
- Aubagio
- Austedo
- Avonex
- Banzel
- Baraclude
- Benlysta
- Berinert
- Betaseron
- Bethke
- Biktarvy
- Bosulif
- Buphenyl
- Cabometyx
- Caprelsa
- Cayston
- Cerezyme
- Cimzia
- Cinqair
- Cinryze
- Combivir
- Cometriq
- Complera
- Copaxone
- Copegus
- Costenix
- Cotellec
- Cresemba
- Crixivan
- Cuprimine
- Cyclophosphamide
- Cystagon
- Cytovene
- Daklinza
- Descovy
- Desferal
- Dupixent
- Edurant
- Egrifta
- Elaprase
- Eligard
- Emcyt
- Emtriva
- Enbrel
- Entyvio
- Epclusa
- Epivir
- Epivir HBV
- Epo
gen
- Epoprostenol
- Epzicom
- Ergamisol
- Ervedge
- Erleada
- Esbriet
- Exjade
- Extavia
- Faresto
- Farydak
- Fasenra
- Femara
- Ferriprox
- Firazyr
- Firmagon
- Flolan
- Forteo
- Fuzeon
- Gattex
- Genotropin
- Genvoya
- Gilenya
- Gilotrif
- Glassia
- Gleevec
- Gleostine
- Granix
- Haegarda
- Harvoni
- Hecoria
- Hepsera
- Hetlioz
- Hexalen
- H.P. Acthar
- Humatrope
- Humira
- Hyacamint

\(^{14}\text{Not covered as first line therapy. Use Humira.}\)

\(^{15}\text{Covered under the prescription benefit and delivered by specialty pharmacy to member’s health care provider.}\)

\(^{16}\text{Not covered as first line therapy. Use Humatrope or Norditropin.}\)
<table>
<thead>
<tr>
<th>Specialty Drug Benefit (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrance</td>
</tr>
<tr>
<td>Ilaris</td>
</tr>
<tr>
<td>Iluvien</td>
</tr>
<tr>
<td>Imbruvica</td>
</tr>
<tr>
<td>Impavido</td>
</tr>
<tr>
<td>Incivek</td>
</tr>
<tr>
<td>Increlex</td>
</tr>
<tr>
<td>Infergen</td>
</tr>
<tr>
<td>Ingrezza</td>
</tr>
<tr>
<td>Inlyta</td>
</tr>
<tr>
<td>Inteleence</td>
</tr>
<tr>
<td>Intron-A</td>
</tr>
<tr>
<td>Invirase</td>
</tr>
<tr>
<td>Iressa</td>
</tr>
<tr>
<td>Isentress</td>
</tr>
<tr>
<td>Jadenu</td>
</tr>
<tr>
<td>Jakafi</td>
</tr>
<tr>
<td>Juxtapid</td>
</tr>
<tr>
<td>Kalbitor</td>
</tr>
<tr>
<td>Kleatra</td>
</tr>
<tr>
<td>Kalydeco</td>
</tr>
<tr>
<td>Kevzara</td>
</tr>
<tr>
<td>Kineret</td>
</tr>
<tr>
<td>Kitabis Pak</td>
</tr>
<tr>
<td>Kisqali</td>
</tr>
<tr>
<td>Korlym</td>
</tr>
<tr>
<td>Kuvan</td>
</tr>
<tr>
<td>Kynamro</td>
</tr>
<tr>
<td>Kyprolis</td>
</tr>
<tr>
<td>Lenvima</td>
</tr>
<tr>
<td>Letairis</td>
</tr>
<tr>
<td>Leukeran</td>
</tr>
<tr>
<td>Leukine</td>
</tr>
<tr>
<td>Leuprolide</td>
</tr>
<tr>
<td>Lexiva</td>
</tr>
<tr>
<td>Lonsurf</td>
</tr>
<tr>
<td>Lupron</td>
</tr>
<tr>
<td>Lynparza</td>
</tr>
<tr>
<td>Lysodren</td>
</tr>
<tr>
<td>Makena</td>
</tr>
<tr>
<td>Matulane</td>
</tr>
<tr>
<td>Mavyret</td>
</tr>
<tr>
<td>Mekinist</td>
</tr>
<tr>
<td>Mozobil</td>
</tr>
<tr>
<td>Myleran</td>
</tr>
<tr>
<td>Natpara</td>
</tr>
<tr>
<td>Nerlynx</td>
</tr>
<tr>
<td>Neulasta</td>
</tr>
<tr>
<td>Neumega</td>
</tr>
<tr>
<td>Neupogen</td>
</tr>
<tr>
<td>Nexavar</td>
</tr>
<tr>
<td>Ninlaro</td>
</tr>
<tr>
<td>Norditropin</td>
</tr>
<tr>
<td>Norvir</td>
</tr>
<tr>
<td>Noxafil</td>
</tr>
<tr>
<td>Nplate</td>
</tr>
<tr>
<td>Nucala</td>
</tr>
<tr>
<td>Nuedexta</td>
</tr>
<tr>
<td>Nuplazid</td>
</tr>
<tr>
<td>Nutropin</td>
</tr>
<tr>
<td>Nutropin AQ</td>
</tr>
<tr>
<td>Ocaliva</td>
</tr>
<tr>
<td>Octreotide</td>
</tr>
<tr>
<td>Odefsey</td>
</tr>
<tr>
<td>Odomzo</td>
</tr>
<tr>
<td>Ofev</td>
</tr>
<tr>
<td>Olumiant</td>
</tr>
<tr>
<td>Olysio</td>
</tr>
<tr>
<td>Omnitrope</td>
</tr>
<tr>
<td>Omontys</td>
</tr>
<tr>
<td>Onfi</td>
</tr>
<tr>
<td>Opsumit</td>
</tr>
<tr>
<td>Orence</td>
</tr>
<tr>
<td>Orfadin</td>
</tr>
<tr>
<td>Orkambi</td>
</tr>
<tr>
<td>Otezla</td>
</tr>
<tr>
<td>Oxsoralen</td>
</tr>
<tr>
<td>Panretin</td>
</tr>
<tr>
<td>Peg Intron</td>
</tr>
<tr>
<td>Pegasys</td>
</tr>
<tr>
<td>Plegidy</td>
</tr>
<tr>
<td>Pomalyst</td>
</tr>
<tr>
<td>Praluent</td>
</tr>
<tr>
<td>Previmis</td>
</tr>
<tr>
<td>Prezista</td>
</tr>
<tr>
<td>Probuphine</td>
</tr>
<tr>
<td>Procrit</td>
</tr>
<tr>
<td>Prolactin-C</td>
</tr>
<tr>
<td>Prolia</td>
</tr>
<tr>
<td>Promacta</td>
</tr>
<tr>
<td>Pulmozyme</td>
</tr>
<tr>
<td>Purinethol</td>
</tr>
<tr>
<td>Purixan</td>
</tr>
<tr>
<td>Rasuvo</td>
</tr>
<tr>
<td>Ravicti</td>
</tr>
<tr>
<td>Rebetol</td>
</tr>
<tr>
<td>Rebif</td>
</tr>
<tr>
<td>Reclast</td>
</tr>
<tr>
<td>Regranex</td>
</tr>
<tr>
<td>Remicade</td>
</tr>
<tr>
<td>Remodulin</td>
</tr>
<tr>
<td>Repatha</td>
</tr>
<tr>
<td>Rescriptor</td>
</tr>
<tr>
<td>Restasis</td>
</tr>
<tr>
<td>Retrovir</td>
</tr>
<tr>
<td>Revatio</td>
</tr>
<tr>
<td>Revlimid</td>
</tr>
<tr>
<td>Reyataz</td>
</tr>
<tr>
<td>RibaPak/Ribavirin/Ribasphere</td>
</tr>
<tr>
<td>Rilutek</td>
</tr>
<tr>
<td>Rituxan</td>
</tr>
<tr>
<td>Rubraca</td>
</tr>
<tr>
<td>Ruconest</td>
</tr>
<tr>
<td>Rydapt</td>
</tr>
<tr>
<td>Sabril</td>
</tr>
<tr>
<td>Saizen</td>
</tr>
<tr>
<td>Sandostatin</td>
</tr>
<tr>
<td>Selzentry</td>
</tr>
<tr>
<td>Sensipar</td>
</tr>
<tr>
<td>Sermorelin</td>
</tr>
<tr>
<td>Serostim</td>
</tr>
<tr>
<td>Simponi</td>
</tr>
<tr>
<td>Sivextro</td>
</tr>
<tr>
<td>Soliris</td>
</tr>
<tr>
<td>Somavert</td>
</tr>
<tr>
<td>Soriatane</td>
</tr>
<tr>
<td>Sovaldi</td>
</tr>
<tr>
<td>Sprycel</td>
</tr>
<tr>
<td>Stelara</td>
</tr>
<tr>
<td>Stimate</td>
</tr>
<tr>
<td>Stivarga</td>
</tr>
<tr>
<td>Strefiga</td>
</tr>
<tr>
<td>Stribild</td>
</tr>
<tr>
<td>Sucraid</td>
</tr>
<tr>
<td>Sulfamylon</td>
</tr>
<tr>
<td>Sustiva</td>
</tr>
<tr>
<td>Sutent</td>
</tr>
<tr>
<td>Sylatron</td>
</tr>
<tr>
<td>Symdeko</td>
</tr>
<tr>
<td>Synarel</td>
</tr>
<tr>
<td>Syringe</td>
</tr>
<tr>
<td>Tabloid</td>
</tr>
<tr>
<td>Tafinlar</td>
</tr>
<tr>
<td>Tagrisso</td>
</tr>
<tr>
<td>Takhzyro</td>
</tr>
<tr>
<td>Talta</td>
</tr>
<tr>
<td>Tarcva</td>
</tr>
<tr>
<td>Targetret</td>
</tr>
<tr>
<td>Tasigna</td>
</tr>
<tr>
<td>Tavalisse</td>
</tr>
<tr>
<td>Tecfidera</td>
</tr>
<tr>
<td>Technivie</td>
</tr>
<tr>
<td>Temodar</td>
</tr>
<tr>
<td>Tev-Tropin</td>
</tr>
<tr>
<td>Thalomid</td>
</tr>
<tr>
<td>Thioguanine</td>
</tr>
<tr>
<td>Tivicay</td>
</tr>
<tr>
<td>TOBI</td>
</tr>
<tr>
<td>TOBI Podhaler</td>
</tr>
<tr>
<td>Tracleer</td>
</tr>
<tr>
<td>Treclstar</td>
</tr>
<tr>
<td>Triumeq</td>
</tr>
<tr>
<td>Trizivir</td>
</tr>
</tbody>
</table>

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 Benefit (continued)**

<table>
<thead>
<tr>
<th>Specialty Drug Benefit</th>
<th>Specialty Drug Benefit</th>
<th>Specialty Drug Benefit</th>
<th>Specialty Drug Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Truvada</td>
<td>• Vesanoid</td>
<td>• Xeljanz</td>
<td>• Zemaira</td>
</tr>
<tr>
<td>• Tykerb</td>
<td>• Videx</td>
<td>• Xeloda</td>
<td>• Zepatier</td>
</tr>
<tr>
<td>• Tymlös</td>
<td>• Videx EC</td>
<td>• Xenazine</td>
<td>• Zerit</td>
</tr>
<tr>
<td>• Tyvaso</td>
<td>• Viekira</td>
<td>• Xgeva</td>
<td>• Ziagen</td>
</tr>
<tr>
<td>• Tyzeka</td>
<td>• Viekira XR</td>
<td>• Xiaflex</td>
<td>• Xiidra</td>
</tr>
<tr>
<td>• Uptavi</td>
<td>• Viracept</td>
<td>• Xolair(^{15})</td>
<td>• Zoladex</td>
</tr>
<tr>
<td>• Valcyte</td>
<td>• Viramune</td>
<td>• Xtandi</td>
<td>• Zolinza</td>
</tr>
<tr>
<td>• Veltri</td>
<td>• Viread</td>
<td>• Xyrem</td>
<td>• Zolacton(^{16})</td>
</tr>
<tr>
<td>• Veltassa</td>
<td>• Vitekta</td>
<td>• Zarxio</td>
<td>• Zorbtive(^{16})</td>
</tr>
<tr>
<td>• Venclexa</td>
<td>• Vosevi</td>
<td>• Zavesca</td>
<td>• Zortress</td>
</tr>
<tr>
<td>• Ventavis</td>
<td>• Votrient</td>
<td>• Zejula</td>
<td>• Zykadia</td>
</tr>
<tr>
<td>• VePesid</td>
<td>• Xalkori</td>
<td>• Zelboraf</td>
<td>• Zytiga</td>
</tr>
</tbody>
</table>

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/Akron General Pharmacies in Akron, Cleveland and Weston
2. CVS/caremark Specialty Drug Program — toll-free at 800.237.2767

\(^{15}\) 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 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 subcutaneous
- Advate
- Adynovate
- Afinitor
- Alecensa
- Ampyra
- Atripla
- Benlysta subcutaneous
- Berinert
- Biktarvy
- Cimzia
- Cinqair
- Complera
- Copaxone
- Cosentyx
- Descovy
- Dupixent
- Enbrel
- Epclusa
- Exjade
- Forteo
- Genvoya
- Gilenya
- Glatiramer acetate
- Glatopa
- Gleevec
- Harvoni
- Humira
- Ibrance
- Ilaris
- Imatinib
- Imbruvica
- Inlyta
- Iressa
- Jadenu
- Jakafi
- Juluca
- Kalydeco
- Lynparza
- Mavyret
- Mekinist
- Nucala
- Odefsey
- Ofev
- Orenzia
- Orkambi
- Otezla
- Praluent
- Promacta
- Repatha
- Revlimid
- Simponi (subQ)
- Sovaldi
- Sprycel
- Stelara
- Striolid
- Sustiva
- Sutent
- Tafinlar
- Tagrisso
- Tasigna
- Tivicay
- Tracleer
- Tremfya
- Triumeq
- Truvada
- Tyvaso
- Viekira Pak
- Viekira XR
- Vosevi
- Votrient
- Xeljanz
- Xolair
- Xalkori
- Xyrem
- Zytiga
Prescription Drug Benefit Exclusions

1. The replacement of lost or damaged prescriptions. 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 that can be purchased without a prescription.
7. Drugs used for cosmetic purposes.
8. Drugs used for the treatment of infertility and/or the preservation of fertility.
9. Drugs not included in the Patient Protection and Affordable Care Act that can be purchased without a prescription.
10. Medicinal foods (regardless of whether they require a prescription or not).
11. Insulin pumps and insulin pump supplies.
12. Prescriptions ordered or provided by a member of your immediate family.
13. Histamine H2 Receptor Antagonist (H2RA) drugs for members one year of age or older.
14. Proton Pump Inhibitor (PPI) drugs for members one year of age or older.
15. Nasal corticosteroid drugs.
16. Medical devices approved via the FDA 510(k) Premarket Notification review process.
17. Unapproved prescription drugs that do not have FDA approval, such as drugs classified as grandfathered, DESI, or GRAS/E.
18. Viscosupplementation and intra-articular hyaluronate products.

Refer to page 16 to see the Lifestyle Medications (i.e., Drugs & Items at Discounted Rate) and Non-covered 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.
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: ________________________________

Requesting Medication: ________________________________
Strength: ________________ Quantity: ________________ Dosage Regimen: ________________________________
Diagnosis: ________________________________
Medical Rationale for Requested Medication: ________________________________

Formulary Agents Tried and Failed by the Member:

<table>
<thead>
<tr>
<th>Drug &amp; Strength</th>
<th>Dosing Regimen</th>
<th>Dates Used (Approximate)</th>
<th>Documentation of Treatment Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medical</th>
<th>Pharmacy</th>
<th>MDR Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Tier 1</td>
<td>Initial Determination</td>
<td>Provider 1st Level</td>
</tr>
<tr>
<td>Approved Tier 2</td>
<td>Member 1st Level</td>
<td>Provider 2nd Level</td>
</tr>
<tr>
<td>Denied</td>
<td>Member 2nd Level</td>
<td>External Review</td>
</tr>
</tbody>
</table>
**USPSTF Copay Free Statin Coverage for Primary Prevention Request Form**

Cleveland Clinic/Akron General EHP Pharmacy Management


*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 Regiment:** ____________________________

---

**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**

<table>
<thead>
<tr>
<th>Medical</th>
<th>Pharmacy</th>
<th>MDR Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Tier 1</td>
<td>Initial Determination</td>
<td>Provider 1st Level</td>
</tr>
<tr>
<td>Approved Tier 2</td>
<td>Member 1st Level</td>
<td>Provider 2nd Level</td>
</tr>
<tr>
<td>Denied</td>
<td>Member 2nd Level</td>
<td>External Review</td>
</tr>
</tbody>
</table>

*Rev. 7/2018*
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.

© The Cleveland Clinic Foundation 2019