

What You Should Know About Your Medications and Prescription Coverage

Formulary vs. Non-formulary

A formulary is a list of medications (brand and generic/"off-brand") that are preferred by your prescription plan. Your plan may only pay for medications that are on this preferred list, or if they cover them, it may be at a higher cost to you. The purpose of a formulary is to provide you with the least expensive medications that are effective for treating your health condition. Each prescription plan has a unique formulary; this may be available on your insurance company's website. Additionally, some plans require you to fill your prescriptions at preferred pharmacies. Talk to your local pharmacist and/or insurance company to obtain a list of preferred pharmacies and medications.

Co-payments or "Co-pays"

A co-pay is the amount, or portion of the cost, you are required to pay out-of-pocket for your prescription medication after your insurance has paid their part. Another term that is frequently used is "coinsurance" which means you are responsible for a percentage of the cost of your medication (i.e. 10% of all generic medications) instead of a flat fee.

Formulary Tiers

Medications on the formulary are categorized into three categories:

1. Generic--these "off-brand" medications have the lowest co-pays and are generally referred to as "Tier 1 medications" (generic medications are FDA approved to be equivalent to their brand name counterparts).
2. Formulary brand name--these medications, which are only available as the brand product because their generic form is not yet available, have a higher co-pay and are generally referred to as "Tier 2 medications".
3. Non-formulary--these medications have the highest co-pays because there may be a similar drug available on a lower tier of the formulary. Alternatively, a medication may be non-formulary if it is new or extremely expensive. These are generally considered "Tier 3 medications".

Prior Authorization or "PA"

If a medication is not included on your prescription plan's formulary, it is sometimes possible to obtain coverage. Your doctor must complete this process, also known as a prior authorization, by submitting the proper forms and documentation to your insurance plan. It is important for you to determine whether or not you need a PA for your medication before you attempt to have your prescription filled for the first time, because the PA process may take a few days to complete. Additionally, some medications may require a PA every month, whereas others require your doctor to complete the process only one time.



Patient Name _____

Medical Record Number _____

This worksheet was created so you are aware of the potential financial impact of several expensive medications you may require following transplant. Every patient's insurance coverage is different. You should contact your insurance company to ask what you will be required to pay for these medicines IF they are needed.

Medication List

The list only includes the most common and most expensive medications that typical patients require following transplant, **and is not all-inclusive**. Your medication list will be determined by your doctor based on your specific needs and circumstances. Cash prices listed reflect only the current prices offered by the Cleveland Clinic as of March 18, 2015. Cash prices for other pharmacies may vary. The "cash price" is the cost of the medication WITHOUT prescription coverage.

Allogeneic Blood & Marrow Transplant Patient Medication Cost Worksheet

Drug Name <small>*(Indicates brand only) ononly)</small>	Dose	Monthly Quantity	Indication	Cash Price (Monthly)	Monthly cost to patient (co-pay)	Prior Auth Needed Y or N	Mail Order or retail pharmacy M or P
Voriconazole	200	60 tablets	Prevent/treat fungal infection	\$2,323.32			
Itraconazole (Sporanox*)	10 mg/mL solution	600 mL (4 bottles)	Prevent/treat fungal infection	\$1,004.19			
Posaconazole (Noxafil*)	40 mg/mL	630 mL (6 bottles)	Prevent/treat fungal infection	\$6,901.93			
Posaconazole (Noxafil*)	100 mg	90 tablets	Prevent/treat fungal infection	\$5,330.32			
Valganciclovir	450 mg	120 tablets	Prevent/treat viral infection	\$6,357.10			
Sirolimus	1 mg	30 tablets	Immunosuppressant	\$395.80			
Sirolimus (Rapamune*)	1 mg/mL solution	60 mL (1 bottle)	Immunosuppressant	\$584.26			
Tacrolimus (Mylan)	1 mg	120 capsules	Immunosuppressant	\$414.06			
Cyclosporine	100 mg	120 capsules	Immunosuppressant	\$680.83			
Mycophenolate Mofetil	500 mg	120 tablets	Immunosuppressant	\$735.16			

Are there restrictions on what pharmacy I may use to fill these prescriptions? YES NO

Am I required to use a mail order pharmacy for any of these prescriptions? YES NO

Prescription Insurance Information**

Plan Name: _____

Policy Holder Name: _____

RX ID _____

Relationship to Policy Holder: _____

RX BIN: _____

Customer Service Phone No.: _____

RXPCN: _____

Date of Contact _____

RX Group: _____

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**This information can be found on your prescription insurance card

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