



# Your Prescription Benefits Handbook

Summary of State of Maryland Prescription Benefits available through CVS Caremark®



## Health Benefits

Together, we are working toward a **healthier community.**

# Welcome to CVS Caremark

CVS Caremark, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit under a contract with the State of Maryland. CVS Caremark maintains a preferred drug list, manages a network of retail pharmacies and operates Mail Service and Specialty Drug pharmacies. In consultation with the plan, CVS Caremark also provides services to promote the appropriate use of pharmacy benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures. Employees and dependents covered by the State of Maryland prescription drug benefit can use either retail pharmacies or the CVS Caremark Mail Service Pharmacy.

For additional plan information, please refer to the Evidence of Coverage document located on the DBM Health Benefits Prescription Drug Coverage webpage or visit <https://info.caremark.com/stateofmaryland>.



# Understanding your benefits

## Your cost for prescriptions

The amount you pay for your covered medications—also known as your copayment\*—will depend on two factors:

- Whether your prescription is filled as a generic, a brand-name or specialty medication
- Where your prescription is filled (at a participating local pharmacy, at an out-of-network\*\* local pharmacy or through the CVS Caremark Mail Service Pharmacy)

Employees and Non-Medicare Retirees		
Local and Mail Service Pharmacies		
Type of Medication	Up to 45-Day Supply (1 copayment)	46- to 90-Day Supply (2 copayments)
Generics	\$10	\$20
Preferred Brands	\$25	\$50
Other Brands	\$40	\$80
Out-of-Pocket Maximum	Active Employees	Non-Medicare Retirees
Single only coverage	\$1,000	\$1,500
Family coverage	\$1,500	\$2,000

SLEOLA Plan Design—Active Employees Only		
Local and Mail Service Pharmacies		
Type of Medication	Up to 45-Day Supply (1 copayment)	46- to 90-Day Supply (2 copayments)
Generics	\$5	\$10
Preferred Brands	\$15	\$30
Other Brands	\$25	\$50
Out-of-Pocket Maximum		
All coverage tiers	\$700	

SLEOLA = State Law Enforcement Officers Labor Alliance, State of Maryland

## Out-of-pocket maximums

Once your pharmacy out-of-pocket expense reaches the levels specified below, the plan will pay covered charges at 100% for the remainder of the calendar year.

- **Active Employees:** \$1,000 Individual | \$1,500 Family
- **Non-Medicare Retirees:** \$1,500 Individual | \$2,000 Family
- **SLEOLA:** \$700 all coverage levels

Additional costs for purchasing a brand-name medication when a generic equivalent is available (ancillary charges) do not apply to the out-of-pocket maximum. These out-of-pocket maximums are separate from out-of-pocket maximums for your medical plan. Refer to your medical plan summary plan description for information on your medical out-of-pocket maximums.

**Notes for Non-SLEOLA and SLEOLA plan designs:** **1.** If you receive a brand-name medication when a generic is available, you will pay the brand copayment plus the difference in cost between the generic and brand-name medication. **2.** Some specialty drugs require limited distribution and must be filled through a specialty pharmacy. **3.** Specialty drugs are limited to a 30-day supply. You will pay one-third of the 90-day copayment per every 30 days worth of medication.

\*If the cost of your medication is less than the minimum copayment, you will pay the lower amount.

\*\*Refer to page 6 for instructions when using out-of-network pharmacies.

## Affordable Care Act (ACA)

Your health plan offers certain preventive service benefits at no cost to you, which means you don't have to pay a copay. These no-cost benefits are part of the Affordable Care Act and include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Contraceptives for women

CVS Caremark works with your health plan to provide these benefits. For additional details, refer to "ACA Preventive Services List" link on <https://info.caremark.com/stateofmaryland>.

### State of Maryland Zero Copayment for Generics Program

Copayments reduced to \$0 for the following generic drug classes (local and mail service pharmacies)

Drug Class	Generic Drug Examples
HMG CoA Reductase Inhibitors (Statins)	simvastatin, pravastatin
Angiotensin Converting Enzyme Inhibitors (ACEIs)	lisinopril, lisinopril/HCTZ, enalapril, enalapril/HCTZ
PPIs	omeprazole
Inhaled Corticosteroids	budesonide
Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine, paroxetine, sertraline, citalopram

\*This list is not comprehensive and is subject to change without notice to accommodate new prescription medications and to reflect the most current medical literature.

## Generics preferred program (automatic generic substitution)

If you want to lower your out-of-pocket costs, ask your doctor whether a generic medication is available and right for you. With a generic medication, you get the same high-quality, effective treatment that you get with its brand-name counterpart—without the high cost. FDA-approved generic equivalent medications contain the same active ingredients and are subject to the same rigid standards established by the FDA for quality, strength and purity, as their brand-name counterparts. To help manage the cost of prescription benefits, the plan includes an automatic generic substitution feature.

How does the "generics preferred program" work? When your doctor prescribes a brand-name medication and a generic substitute is available, you will automatically receive the generic unless:

- Your doctor writes "dispense as written" (DAW) on the prescription; or
- You request the brand-name medication at the time you fill your prescription

If you choose generic medications, you get high-quality, effective medication at the lowest cost. Your copayment for the generic medication will be less than the copayment for the brand-name medication. If a generic is available, but you or your doctor request the brand-name medication, you will pay the brand copayment PLUS the full difference in cost between the brand-name medication and the generic equivalent.

**Please note:** if your doctor requests you take the brand-name medication due to medical necessity, please call CVS Customer Care at **1-844-460-8767** and request the Brand Exception Process.

# Specialty Guideline Management (SGM)

Your plan has guidelines in place to ensure the appropriate use of specialty medications. Many specialty medications are biotech drugs that are expensive or have limited access, complicated treatment regimens, compliance issues, special storage requirements and/or manufacturer reporting requirements. If your doctor prescribes a specialty medication, it will be automatically reviewed for any additional requirements (such as step therapy, prior authorization, and quantity or dosage limits). Specialty medications will be limited to a maximum 30-day supply per prescription fill. This list may change over time as new prescription medications become available.

**You will pay one-third of the 90-day copayment per every 30 days worth of medication.**

## Examples of Specialty Medications

Auto-Immune Diseases (E.g., Rheumatoid Arthritis, Psoriasis & Inflammatory Bowel Disease)	Cosentyx, Enbrel, Humira, Kevzara, Otezla
Multiple Sclerosis	Glatiramer, Betaseron, Copaxone, Rebif, Tysabri, Gilenya, Aubagio, Tecfidera
Blood Disorder	Nplate, Procrit, Leukine, Neulasta, Zarxio, Neumega, Proleukin, Hemophilia agents
Cancer	Afinitor, Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tasigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolanza, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Bosulif, Stivarga, Pomalyst, Cometriq, Iclusig, Afinitor Disperz
Hepatitis C	Epclusa, Harvoni, Vosevi, Alferon N, Ribavirin
Osteoporosis	Forteo
Growth Hormones	Humatrope, Norditropin

\*This list is not comprehensive and is subject to change without notice to accommodate new prescription medications and to reflect the most current medical literature.

## Excluded

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>- Anorectics (any drug used for the purpose of weight loss)</li><li>- Pregnancy Termination Drugs* (e.g., RU486, Mifeprex)</li><li>- Aerochamber, Aerochamber with Mask and Nebulizer Masks and all other medical supplies</li><li>- Over-the-counter vitamins except those covered under the Affordable Health Care Act</li></ul> | <ul style="list-style-type: none"><li>- Bulk Compounding Ingredients, kits, high cost bases</li><li>- Medications used for cosmetic purposes only such as hair growth stimulants</li><li>- Experimental/Investigative Drugs</li><li>- Homeopathic Products</li><li>- Worker's Compensation Claims</li><li>- Unapproved Products</li></ul> |
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\*Covered under medical.



# How to use your plan

## Filling your prescriptions

There are several ways to fill your prescriptions depending on your needs:

### For medications taken for a short time

For medications you take for a short time, such as antibiotics for strep throat or pain relievers for an injury, filling your prescription at a participating local pharmacy is optimal. Simply present your CVS Caremark member ID card to your pharmacist and pay your copayment as shown in the appropriate charts.

### For medications you take regularly

For prescription medications you take regularly to treat ongoing conditions (such as medications used to treat high-blood pressure or diabetes), you may fill a 90-day supply for your convenience. See below for how to get started with CVS Caremark Mail Service Pharmacy. You may also fill your 90-day supply at a participating local pharmacy.

### For medications taken for complex conditions (specialty medications)

For specialty medications used to treat complex conditions, such as medications that treat cancer or multiple sclerosis, CVS Specialty can help. While CVS Specialty isn't a neighborhood pharmacy you can walk into, we can have your specialty medications available for pickup at any local CVS Pharmacy®, including those inside Target stores. Or you can have your medications delivered to your home, office or location of your choice.† Visit **CVSSpecialty.com** to get started. You may also get your specialty medications at any in-network pharmacy that carries it (i.e., you are not limited to only CVS Specialty for specialty medications).

**Please note:** You must use 75% of your medication before requesting a refill (controlled substance refill threshold is 80%).

## Using an out-of-network pharmacy

Most pharmacy chains such as Walmart, Walgreen's and Giant, as well as independent pharmacies are in network. However, if you use a pharmacy that's not covered in the network, you must pay the entire cost of the medication and then submit a claim for reimbursement. Claim forms are located online at <https://info.caremark.com/stateofmaryland> and can also be requested by calling CVS Caremark Customer Care at 1-844-460-8767. Claims must be submitted within 365 days of the prescription purchase date. You will be reimbursed for the amount the plan would have paid if you had obtained your medication at a participating local pharmacy, minus the appropriate copayment.

## CVS Caremark Mail Service Pharmacy

Filling your prescriptions through the CVS Caremark Mail Service Pharmacy offers the most convenient way to get your medications. Your medications are delivered safely and conveniently to your home.



**When you use the CVS Caremark Mail Service Pharmacy, you can count on:**

- Up to a 90-day supply of your medications for two copayments
- No-cost standard shipping in a plain, weather-resistant package
- Flexible payment options and, if you elect, automatic refills
- Refill orders placed at your convenience, by telephone or online
- Access to a registered pharmacist any time, day or night

## Getting started with mail service

You can begin using CVS Caremark Mail Service Pharmacy for home delivery of your medications, using one of the following options:



### Online

Register online at <https://info.caremark.com/stateofmaryland> to begin managing your prescriptions online.



### Mobile

Our mobile app gives you a secure, simple way to manage your prescription benefits and plan member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this—and much more—at your convenience. To download our mobile app, visit [Caremark.com/mobile](https://caremark.com/mobile) (after your benefits begin).



### By mail

Ask your doctor to provide you with a written prescription for your medications. Sign in to **Caremark.com** to download and print a mail service form. Mail the prescription(s) along with a completed order form to the address below:

CVS Caremark  
P.O. Box 94467  
Palatine, IL 60094

**Please note:** to avoid delays in filling your prescription, be sure to include payment with your order. Please do not send correspondence to this address.



### By fax or electronic submission from your doctor

Have your doctor's office fax or electronically send the prescription for a 90-day supply, plus the appropriate number of refills (maximum one-year supply). Your doctor's office will have the appropriate fax number.

Important notes:

- Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.
- For new prescriptions, please allow approximately one week from the day CVS Caremark Mail Service Pharmacy receives your request.
- You must use 75% of your medication before you can request a refill through mail service (80% of your medication for controlled substances).

If you believe your claim was incorrectly denied or you have questions about a processed claim, call CVS Caremark Customer Care at **1-844-460-8767**.

## CVS Specialty®

CVS Specialty is a full-service pharmacy that provides your choice of home delivery service or delivery to your local CVS Pharmacy for specialty medications. These medications are used to treat a number of complex conditions, such as cancer and multiple sclerosis. CVS Specialty does more than provide your medication. We help you stay on track so you can stay healthier longer. We do this by providing the support you need to take them safely and effectively.

### Getting started

To get started, call a CVS Specialty representative at **1-800-237-2767** or register online at **CVSspecialty.com**. You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medication on a day that is convenient for you. You may refill specialty medications one month at a time (maximum 30-day supply per copayment).

### 24/7 personalized care

CVS Specialty provides 24/7 support from an entire CareTeam of specially-trained pharmacists and nurses. Your CareTeam can help you manage your condition by: checking dosing and medication schedules; answering your medication questions; helping you manage side effects; helping you set up new medication regimens; and checking that you are taking your medication as prescribed.

### Flexible, medication pick-up or delivery

CVS Specialty lets you stay in control and on track with flexible medication pick-up or delivery service. Just pick up your medication at any of the 9,900 CVS Pharmacy locations nationwide or have it delivered to your home or work—the choice is yours.<sup>†</sup>

### Convenient online prescription management

Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools.

- **Fast refill requests:** Most specialty medications and supplies can be filled at the same time with the one-click “Refill All” tool.
- **Up-to-date prescription information:** View your prescription history, refills remaining, your costs, last fill date and more.
- **Medication pick-up or delivery options:** Request your refills be sent directly to the location of your choice or pick them up at your local CVS Pharmacy.
- **Secure prescription information storage:** Keep all your specialty prescription information in one, secure place. Save your favorite CVS Pharmacy location or address for faster ordering and checkout.





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## Transform Diabetes Care®

Transform Diabetes Care is a health benefit that combines advanced blood glucose testing technology with coaching to support chronic health conditions like diabetes. It is available at no cost to you as part of your CVS Caremark prescription benefit plan.

### What's included at \$0 cost to you:



- A connected glucose meter
- As many strips as you need
- Lancing device, lancets, and carrying case
- Personalized insights with each reading
- Anytime access to Certified Diabetes Educators
- And more

To enroll, register on the **BioTel website** or call BioTel Care at **1-888-342-1160**.

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## Utilization Management Programs

To promote safety along with appropriate and cost-effective use of prescription medications, the plan includes several utilization management programs. For a more comprehensive list of utilization management edits, visit <https://info.caremark.com/stateofmaryland>.

### Step therapy

Step therapy is a process for finding the best treatment while ensuring you are receiving the most appropriate medication therapy and reducing prescription costs. Medications are grouped into two categories:



- **First-line medications:** These are the medications recommended for you to take first—usually generics, which have been proven safe and effective. You pay the lowest copayment for these.
- **Second-line medications:** These are brand-name medications. They are recommended for you only if a first-line medication does not work. You may pay more for brand-name medications.

These steps follow the most current and appropriate medication therapy recommendations. CVS Caremark will review your records for step therapy medications when you go to the pharmacy to fill a prescription. If your prescription is for a step therapy medication, the pharmacy will search your prescription records for use of a first-line alternative.

If prior use of a first-line medication is not found, the second-line medication will not be covered. You will need to obtain a new prescription from your doctor for one of the first-line alternatives, or have your doctor request a prior authorization for coverage of the second-line medication. For more information on step therapy, visit <https://info.caremark.com/stateofmaryland> or call CVS Caremark Customer Care at **1-844-460-8767**.



## Prior authorization (PA)

Prescriptions for certain medications require a Prior Authorization—also known as a coverage review—to ensure the medication is cost-effective and clinically appropriate. This review uses formulary, clinical guidelines and other criteria to determine if the plan will pay for certain medications. At the time you fill a prescription, the pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system and your doctor will need to contact CVS Caremark's Prior Authorization department to provide justification for CVS Caremark's consideration of why you should be on the prescribed medication.

**The following are examples that may require prior authorization for your prescription:**

- Your doctor prescribes a medication not covered by the formulary
- The medication prescribed is subject to age limits
- The medication is only covered for certain conditions

If the Prior Authorization is denied, written notification is sent to both you and your provider. You have the right to appeal the denial through the appeals process. The written notification of denial you receive provides instructions for filing an appeal. For more information on prior authorization, visit <https://info.caremark.com/stateofmaryland> or call CVS Caremark Customer Care at 1-844-460-8767.

## Quantity limits

For some medications, such as medications used to treat pain or sleep disorders, your plan covers a limited quantity within a specific time period. These limits are based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs. Some medications with quantity limits have a prior authorization available if a greater quantity is medically necessary.

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## Appeals

If a prior authorization is denied, you or your representative may appeal the decision by proceeding with the Appeal procedure listed on the denial letter.

If you require an urgent review, call CVS Customer Care at **1-844-460-8767** for instructions. Please note that not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours. If you choose to fill this prescription without prior authorization approval, you will be responsible for the full cost of the medication. You have a right to receive, upon written request and at no charge, information used to review your request. Appeals must be submitted within 180 calendar days after you receive the notice of a denial of a prior authorization.

For more information regarding Appeals, refer to the “Evidence of Coverage” document located on the DBM Health Benefits Prescription Drug Coverage page (<https://dbm.maryland.gov/benefits/Pages/CVS-Caremark.aspx>).

## Vaccinations

Vaccines are now covered under the prescription benefit. Members can use their CVS Caremark ID card at any participating pharmacy.

## Claims inquiry

If you believe your claim was incorrectly denied or you have questions about a processed claim, call CVS Caremark Customer Care at **1-844-460-8767**.

## Vacation overrides

If you are going on vacation or out of the country and need more than a 90-day supply of medication, you must fill out an **Out-of-Country Request Form**. Once completed, fax it to the number listed on the form to receive the state’s approval. Your form must include supporting documentation related to your trip (plane ticket confirmation, itinerary, letter, etc.) or it will not be reviewed. If you have additional questions, please contact CVS Caremark Customer Care at **1-844-460-8767** for assistance.

## Privacy

Your State of Maryland Benefit Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. CVS Health is committed to meeting both the HIPAA and State of Maryland guidelines related to protecting your privacy.

**All services listed above are available 24 hours a day, 7 days a week.**

**Customer Care ..... 1-844-460-8767 (TTY 711)**

**CVS Specialty ..... 1-800-237-2767**

**Online Resources**

**[info.caremark.com/stateofmaryland](http://info.caremark.com/stateofmaryland)**

**[CVSSpecialty.com](http://CVSSpecialty.com)**





†Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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