# Prescription Drug Benefits

Prescription coverage is not included in any of our medical plans. It is offered separately and you have to enroll in it separately.

Now you can get your diabetic supplies at participating pharmacies using your CVS Caremark ID card!

The State offers prescription drug coverage through a separate plan; it is not included in your medical plan. To have prescription drug coverage you **must** enroll in it.

The prescription drug plan is administered by CVS Caremark. After you elect coverage, you will receive an ID card to present when you have your prescriptions filled at the participating pharmacy of your choice. You will receive a new ID card effective January 1, 2018 which you must present at the pharmacy the first time you fill a prescription. You don't need to get a new prescription to continue refills for existing prescriptions. You will have a new customer service number, located on your card and may use CVS Caremark mail service and Specialty pharmacy if you choose. However, you are not limited to the CVS Specialty pharmacy.

Here are some important features of the program:

- Your prescription drug coverage has a "mandatory generics" feature. If you purchase a brand name medication when a generic medication is available, even if the brand name medication is prescribed by your doctor, you must pay the difference in price between the brand name and the generic, **plus** the applicable copayment.
- A home delivery service is available for prescribed maintenance medications (medications you take regularly for an ongoing health condition) with no cost for standard shipping.
- There is no copayment for a certain limited list of generic medications filled at a retail pharmacy and through the CVS Caremark Mail Service.
- If you are eligible for Medicare, your prescription drug coverage is through the CVS Medicare Part D EGWP program. When you become eligible for Medicare, you will be enrolled in SilverScript® Employer PDP sponsored by State of Maryland (SilverScript).
- Active employees represented by Bargaining Unit I (SLEOLA) have a different premium schedule and plan design for prescription drug benefits. Please refer to the SLEOLA Addendum or visit the Employee Benefit Division's website for more information: **www.dbm.maryland.gov/benefits**.

CVS Caremark can provide you with additional plan information, participating pharmacy locations, the preferred drug list, prescription costs and other plan information. Please see the inside front cover of this guide for CVS Caremark's contact information.

### Coverage for Generic Drugs

Generic drugs are those drugs approved by the FDA as being as safe and effective as their brand name counterparts; they are just less expensive.

### Preferred Brand Name Medications

Preferred brand name medications are those medications that CVS Caremark has on its formulary (preferred drug list). Non-preferred brand name refers to brand name drug on the formulary. CVS Caremark uses an independent panel of doctors and pharmacists to evaluate the medications approved by the U.S. Food & Drug Administration (FDA) for inclusion on the preferred drug list.

Each prescription medication is reviewed for safety, side effects, efficacy (how well it works), ease of dosage and cost. Preferred medications are reviewed throughout the year and are subject to change.

This list is subject to change at any time. You can review and/or print the list at **http://info.caremark.com/stateofmaryland**. You may also call CVS Caremark for a copy of the list.

## Zero Dollar Copay for Generics Program

To support your efforts to improve your health and help stick with your doctor's recommended treatment, you do not pay a copayment for specific generic medications at a retail pharmacy and through the CVS Caremark Mail Service. The five drug classes, including some examples of generic medications covered under this program, are listed in the chart below. Not all generic drugs in these drug classes are covered under the Zero Dollar Copay for Generics Program.

If you are currently taking a brand name medication in one of these drug classes, please consult with your doctor to determine if a generic alternative is appropriate.

| Zero-Dollar Copayment for Generics Program | | |
|---|---|---|
| DRUG CLASS | USED TO TREAT | GENERIC MEDICATION |
| HHG CoA Reductase Inhibitors (Statins) | High Cholesterol | simvastatin (generic Zocor)<br>pravastatin (generic Pravachol) |
| Angiotensin Converting Enzyme Inhibitors (ACEIs) | High Blood Pressure | lisinopril (generic Zestril)<br>lisinopril/HCTZ (generic Zestoretic)<br>enalapril (generic Vasotec)<br>enalapril/HCTZ (generic Vaseretic) |
| Proton Pump Inhibitors (PPIs) | Ulcer/GERD | omeprazole (generic Prilosec) |
| Inhaled Corticosteroids | Asthma | budesonide (generic Pulmicort Respules) |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Depression | fluoxetine (generic Prozac)<br>paroxetine (generic Paxil)<br>sertraline (generic Zoloft)<br>citalopram (generic Celexa) |
| Contraception Methods | Prevention of Pregnancy | Oral Contraceptives, Diaphragm, Levonorgestrel (Generic Plan B) |
| Tobacco Cessation | Smoking | Bupropion (generic Zyban) |

## Your Cost for Prescription Drugs

Whether you have a prescription filled at a retail pharmacy or home delivery, your copayment depends on the type of medication and the quantity purchased.

| Type of Medication | Prescriptions for 1-45 Days (1 copay) | Prescriptions for 46-90 Days (2 copays) |
|---|---|---|
| Generic | $10 | $20 |
| Preferred brand name | $25 | $50 |
| Non-preferred brand name | $40 | $80 |

## Home Delivery Program

Home delivery from the CVS Caremark Pharmacy delivers your maintenance medications, (the prescription medication you take regularly to treat an ongoing condition), to your home with no cost for standard shipping.

You may refill your mail ordered delivered medications online or by phone.

Visit **http://info.caremark.com/stateofmaryland** or call **(844) 460-8767** to get started with home delivery service from the CVS Caremark Pharmacy.

The standards of quality are the same for generics as brand name. The FDA requires that all medications be safe and effective. When a generic medication is approved and on the market, it has met the rigorous standards established by the FDA with respect to identification, strength, quality, purity and potency.

### Annual Out-of-Pocket Copayment Maximum for Prescription Drugs

The annual out-of-pocket copayment maximum for prescription drugs is separate from your medical plan's annual out-of-pocket maximum and is as follows:

- Active Employees: $1,000 per individual and $1,500 per family
- Retirees: $1,500 per individual and $2,000 per family.

This means that when the total amount of copayments you and/or your covered dependents pay for prescription drugs during the plan year reaches the annual out-of-pocket copayment maximum, the plan will pay 100% of your prescription drug costs for the remainder of the plan year (through December 31).

If you purchase a brand name medication when a generic medication is available, your copayment will count toward your annual out-of-pocket copayment maximum but the difference in cost you pay between the generic and brand name medication ***will not*** count toward the maximum.

### Specialty Drug Management Program

CVS Specialty replaces Accredo specialty pharmacy and ensures the appropriate use of specialty medications. Many specialty medications are biotech medications that may require special handling and may be difficult to tolerate.

The specialty medications included in this program are generally used for the treatment of rheumatoid arthritis, multiple sclerosis, blood disorders, cancer, hepatitis C or osteoporosis. Specialty medications will be reviewed automatically for step therapy, prior authorization and quantity. Certain specialty medications will be continue to be limited to a maximum 30-day supply per prescription per fill. Some of these specialty drugs are listed in the chart below.

**NOTE:** An administrative change to the plan will modify how much you get charged for those drugs limited to a 30 day supply, however your out-of-pocket costs for 90 days' worth of medication will not change from 2017. Starting in 2018, for those drugs limited to a 30 day supply, you will pay one-third (1/3rd) the 90 day co-pay per every 30 days' worth of medication.

| Disease | Specialty Medications in the Specialty Drug Management Program |
|---|---|
| Rheumatoid Arthritis | Enbrel, Humira, Kineret, Orencia, Orthovisc, Remicade, Synvisc |
| Multiple Sclerosis | Avonex, Copaxone, Mitoxantrone, Novantrone, Rebif, Acthar, HP, Tysabri, Gilenya, Aubagio, Tecfidera |
| Blood Disorder | Arixtra, Fragmin, Innohep, Lovenox, Nplate, Procrit, Leukine, Neulasta, Neupogen, Neumega, Proleukin, anti-hemophiliac agents |
| Cancer | Afinitor, Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tasigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolinza, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Aloxi IV, Anzemet IV, Kytril IV, Zofran IV, Bosulif, Stivarga, Pomalyst, Cometriq, Iclusig, Afinitor Disperz |
| Hepatitis C | Alferon N, Copegus, Infergen, Intron A, Pegasys, Rebetol, Ribasphere, Ribavirin, Roferon-A |
| Osteoporosis | Forteo, Reclast |
| *This list is subject to change without notice to accommodate new prescription medications and to reflect the most current medical literature. | |

CVS Specialty emphasizes the importance of patient care and quality customer service. As a CVS Specialty patient, you will have access to a team of specialists including pharmacists, nurse clinicians, social workers, patient care coordinators and reimbursement specialists who will work closely with you and your doctor throughout your course of therapy. CVS Specialty also provides an on-call pharmacist 24 hours a day, 7 days a week. However, you may fill your specialty medications at any pharmacy in the CVS Caremark network that carries the medication.

### Prior Authorization Medications

Some prescription medications require prior authorization before they can be covered under the prescription drug plan. Your doctor will need to provide more information about why these medications are being prescribed so CVS Caremark can verify their medical necessity (as opposed to being prescribed for cosmetic purposes). Prior authorization medications include, but are not limited to, the following:

- Retin-A (Retin-A micro is not covered)
- Dexedrine
- Desoxyn
- Growth hormones
- Adderall

### Medications with Quantity Limits

Some medications have limits on the quantities that will be covered under the prescription drug plan. Quantity limits are placed on prescriptions to make sure you receive the safe daily dose as recommended by the FDA and medical studies. Some medications with quantity limits include, but are not limited to, the following:

- Erectile dysfunction medications
- Proton pump inhibitors
- Sedatives
- Hypnotics (e.g., sleeping pills)
- Nasal inhalers

When you go to the pharmacy for a prescription medication with a quantity limitation, your copayment will only cover the quantity allowed by the plan. You may still purchase the additional quantities, but you will pay the additional cost. The cost of the additional quantities will not count toward your annual out-of-pocket copayment maximum.

The list of quantity limitation medications is subject to change at any time and is available by visiting **http://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 drug costs. Celebrex is the only current step therapy medication.

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.

**Drug Exclusions**

Some medications are excluded from coverage, including, but not limited to, the following:

- Vitamins and minerals (except for prescription prenatal vitamins).
- Prescription medications that are labeled by the FDA as "less than effective."

Refer to the CVS Caremark's State of Maryland website for a full list of excluded medications: **http://info.caremark.com/stateofmaryland**.

### Medicare-Eligible Prescription Drug Coverage

If you are an active employee enrolled in Medicare, or a retiree, your prescription drug coverage is provided through both the State Plan and a Medicare Part D Standard plan. The official plan name is SilverScript Employer PDP. The common name for this type of plan is an Employer Group Waiver Plan (EGWP). You may see both names in the communications you receive. As a Medicare-eligible retiree, you qualify for the EGWP as long as:

- You live in the United States;
- You are entitled to Medicare Part A, or you are enrolled in Medicare Part B (or you have both Part A and Part B); and
- You qualify for retiree health benefits from the State of Maryland.

Highlights of this plan include:

- You pay the same copays as noted in this guide for non-Medicare-eligible retirees.
- You have the same out-of-pocket maximums as non-Medicare-eligible retirees.
- You have one ID card.
- You don't deal with Medicare Part D – it's all handled behind the scenes.
- Many of the prescription drug step therapy, quantity limits and prior authorization requirements noted in this Section do not apply to you. Refer to your annual Notice of Coverage for information about what is and what is not allowed.

Those with limited incomes may qualify for Extra Help to pay for their Medicare prescription drug costs. If you are eligible to receive Extra Help, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and copayments. For more information about Extra Help, contact your local Social Security office or call Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

Most people will pay the standard monthly Part D premium. However, some people pay an extra amount because of their yearly income. If your income is $85,000 or above for an individual (or married individuals filing separately) or $170,000 or above for married couples, you must pay an extra amount for your Medicare Part D coverage. If you have to pay an extra amount, the Social Security Administration, not your Medicare plan, will send you a letter telling you what that extra amount will be. For more information about Part D premiums based on income, you can visit http://www.medicare.gov on the Web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or you may also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

**A note about the communications you will receive from Medicare.**

Plan coverage documents and Explanations of Benefits will only show the Medicare Part D benefits. Remember that our plan wraps around those benefits so you don't have to pay the Part D cost share that appears in the communications you receive from Medicare.

Retirees who are Medicare-eligible and choose to enroll in the State's prescription drug coverage will first be enrolled in the non-Medicare retiree prescription coverage while we submit your enrollment to Medicare for approval. Once we receive the approval from Medicare you will be moved into the EGWP plan; this generally takes about 60 days. **Note:** You will be billed the non-Medicare-eligible retiree prescription premium for the time we are awaiting approval from Medicare – there will be no gap in coverage. Once you are moved to the EGWP you will receive a new ID card and your prescription drug premium will reduce to reflect that change.

### Direct Member Reimbursement

If you or your covered dependent purchase a covered prescription medication without using your prescription drug card and pay the full cost of the medication, please do the following for your out-of-pocket expenses to be considered for reimbursement:

- Complete the Prescription Drug Claim Form. Forms are available by calling CVS Caremark (844) 460-8767 or by going to **www.dbm.maryland.gov/benefits** and clicking on Prescription Drug.
- Attach a detailed pharmacy receipt. This includes medication dispensed, quantity and cost.
- Send the information to CVS Caremark by mail to the address listed on the bottom of the form.

If the amount you paid is equal to or less than your copayment, it is not necessary to send in claims for reimbursement. The copayment is your responsibility and will not be reimbursed. However, if you have reached the annual out-of-pocket maximum, the copayment (or a smaller payment amount, if applicable) will be reimbursable.

### Out of Country Claims

Out-of-country claims are covered if the drug is FDA approved. Prescriptions filled in the United States must be filled by a network pharmacy for claims to be covered. The claim request must be submitted within the prescription fill date for reimbursement to be issued.

All claimed reimbursements are subject to plan terms and conditions and therefore may not be eligible for reimbursement. All claims must be submitted within one year of the prescription fill date. Please allow 2 to 6 weeks for your reimbursement check to arrive at your address on file.