



Health Benefits



Putting the pieces together to improve your health

STATE OF MARYLAND FREQUENTLY ASKED QUESTIONS (FAQ's)



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Q: Do I have to go to a CVS Pharmacy?

A: No, you can go to any pharmacy that is in-network. To check which pharmacies are in-network, use the Pharmacy Locator tool, which can be located at <https://info.caremark.com/stateofmaryland>.

Q: What are the different accounts in the structure?

A: Employee, Retiree (Non-Medicare Member), SLEOLA, and Retiree (SilverScript Medicare Member).

Q: How will my retail pharmacy know that CVS Caremark is my new PBM?

A: You will need to present your new ID card that was mailed to you.

Q: I did not receive an ID card, how do I get one?

A: You can call Customer Care at 1-844-460-8767 and request another one to be mailed to you. Or you may register online at <https://info.caremark.com/stateofmaryland> and print a temporary ID card.

Q: What are my copays and maximum out of pocket costs?

A: Dependent on your plan, see the following.

Employees and Non-Medicare Retirees		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Generics	\$10	\$20
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$40	\$80
Out-of-Pocket Max	Employees	Non-Medicare Retirees
Single Only Coverage	\$1,000	\$1,500
Family Coverage	\$1,500	\$2,000

SLEOLA Plan Design—Employees Only		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Generics	\$5	\$10
Preferred Brand	\$15	\$30
Non-Preferred Brand	\$25	\$50
Out-of-Pocket Max		
All Coverage Tiers	\$700	

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 (ancillary fee). This ancillary fee will not apply to your out-of-pocket maximum.
2. Some specialty drugs are limited to a 30-day supply. Starting in 2018, you will pay one-third of the 90-day copayment for every 30-day supply.



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Medicare-Eligible Retirees (SilverScript)		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Generics	\$10	\$20
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$40	\$80
Out-of-Pocket Max		
Single Only Coverage	\$1,500	
Family Coverage	\$2,000	

Q: Where can I access the Formulary?

A: You can access both the Standard Formulary List (Employees, Non-Medicare Retirees and SLEOLA) and Medicare Part D Formulary List by visiting <http://dbm.maryland.gov/benefits/Pages/CVS-Caremark.aspx>.

Q: How often are changes made to the formulary?

A: Most formulary changes will occur on an annual basis (January 1). Formulary additions and tiering improvements (e.g., a brand drug moving from Tier 3 to Tier 2) may occur on a quarterly basis during the year. These changes would provide positive member financial impact.

Q: Where can I look up how much I will pay for my prescription?

A: You can look up the drug cost based on your benefit plan and prescription dosage by visiting <https://info.caremark.com/stateofmaryland> and clicking on the link to the plan that's relevant to you (i.e., Employee, Retiree (Non-Medicare Member), SLEOLA, Retiree (Medicare Member)). You also have the option to view drug costs by downloading the CVS Caremark digital application to your smartphone or other device.

Q: What is the difference between a generic medication and a brand-name medication?

A: With a generic medication, you get the same high-quality, effective treatment that you get with its brand-name counterpart—typically at a lower 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.

Q: How does the “generics preferred program” work? *

A: 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.

* Only applies to Active Employees and Non-Medicare Retiree



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Q: What if I want the brand-name medication or my doctor requests the brand name? *

A: 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. This amount is not counted toward your out-of-pocket maximum.

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

** Only applies to Active Employees and Non-Medicare Retirees*

Q: Is the \$0 copay generics program still in place?

A: Yes, certain medications under the Affordable Care Act (such as contraceptives and tobacco cessation products), along with other generic medications as designated by the program, are covered at a \$0 copay. The list of \$0 copay generics include:

Therapy Class	Medications			
ANTIDEPRESSANTS	amitriptyline amoxipine budeprion SR bupropion XL bupropion XL bupropion citalopram	clomipramine desipramine desvenlafaxine ext-rel doxepin duloxetine del-rel escitalopram fluoxetine fluvoxamine	imipramine maprotiline mirtazapine mirtazapine ODT nefazodone nortriptyline paroxetine paroxetine ER	phenelzine proprtriptyline sertraline trazodone tranylcyprominesulfate venlafaxine venlafaxine ER
ASTHMA	budesonide (inhalation)			
HYPERLIPIDEMIA	atorvastatin fluvastatin	lovastatin pravastatin	rosuvastatin	simvastatin
HYPERTENSION	benazepril benazepril & HCTZ captopril captopril & HCTZ enalapril	enalapril & HCTZ fosinopril fosinopril & HCTZ lisinopril	lisinopril & HCTZ moexepiril moexepiril & HCTZ perindopril	quinapril quinapril & HCTZ ramipril trandolapril
PROTON PUMP INHIBITOR (PPI)	esomeprazole lansoprazole	omeprazole	pantoprazole	rabeprazole

Q: What is a compound medication?

A: A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. Compounding is done by a licensed pharmacist, licensed physician, or in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist.

Q: Is my compound medication covered? *

A: Your compound medication may be subject to prior authorization or benefit exclusion depending on the cost and the component ingredients.

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Q: What is a Prior Authorization?

A: Prescriptions for certain medications require a prior authorization—also known as a coverage review—to ensure the medication is clinically appropriate and cost-effective. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medications.

Q: When would I need to get a Prior Authorization?

A: The following situations 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
- You need additional quantities of certain medications, such as those used to treat migraines
- The medication is only covered for certain conditions

Q: What drugs require prior authorizations? *

A: Some of the drugs that require prior authorizations include:

- Acne Medications (Topical Tretinoin Age 26+, Isotretinoin, Soriatane (Acitretin), Tazorac, Fabior)
- Anabolic Steroids (Oxandrin, Anadrol-50)
- Attention Deficit Hyperactivity Disorder (ADHD) Medications for Age 18+ (Amphetamines, Methylphenidates)
- Select Compounds
- Topical Diclofenac Products (Voltaren Gel 1%, Pennsaid Topical Solution, Solaraze 3% Gel)
- Specialty Medications, such as Growth Hormones, PCSK9 Inhibitors, medications for Auto-Immune diseases (such as rheumatoid arthritis), Multiple Sclerosis, Blood Disorders, Cancer, Hepatitis C and Osteoporosis.
- Formulary Exclusions (Medical Necessity Review)

**Medicare (SilverScript) Retirees, please reference the Medicare Part D Formulary which can be found at <http://dbm.maryland.gov/benefits/Pages/CVS-Caremark.aspx>*

Q: I had an override approved for a year when I was with Express Scripts (ESI), will I have to get another override approved with CVS Caremark? *

A: Your overrides should have transferred from Express Scripts to CVS Caremark. If for some reason your override didn't transfer over to CVS, please call Customer Care at 1-844-460-8767, and they will be able to enter an override for you—upon verification—through December 31, 2018.

** Only applies to Active Employees and Non-Medicare Retirees*



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Q: Why are there quantity limits on my medication? *

A: For some medications, your plan covers a limited quantity within a specific time period to promote safety along with appropriate and cost-effective use of prescription medications. Some of the drugs that have quantity limits include:

- PPIs (Ulcer Drugs)
- Sleep Aids
- Erectile Dysfunction Drugs
- Pain Medications: Migraine Drugs, Celebrex, Stadol NS, Toradol
- Nasal Steroids (Allergies)
- Influenza Drugs
- Diflucan 150mg
- Topical Lidocaine Products

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Q: My prior authorization was denied. Can I appeal this decision? If so, how?

A: If the prior authorization is denied, you or your representative may appeal this decision by writing to:

For Active Employees and Non-Medicare Retirees Only:

CVS Caremark Appeals Department MC109
P.O. Box 52084
Phoenix, AZ 85072-2084

Please include:

- Your name and member ID number
- Doctor's name and telephone number
- Name of medication
- Information relevant to your appeal

If you require an urgent review, please call 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 charges, information used to review your request.

Please note: You must submit an appeal within 180 calendar days after you receive the notice of a denial of a prior authorization.



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For Medicare (SilverScript) Retirees:

SilverScript Insurance Company
Prescription Drug Plans
Coverage Decisions and Appeals Department
P.O. Box 52000, MC 109
Phoenix, AZ 85072-2000

Please include:

- Your name and member ID number
- Doctor's name and telephone number
- Name of medication
- Information relevant to your appeal

If you require an urgent review, please call 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 charges, information used to review your request.

Please note: You must submit an appeal within 60 calendar days after you receive the notice of a denial of a prior authorization.

Q: How can I utilize mail order?

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

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

By fax or electronic submission from your doctor: Have your doctor's office fax the prescription for a 90-day supply, plus the appropriate number of refills (maximum one-year supply). Most prescriptions are sent electronically. Your doctor should be able to send your prescription to CVS Caremark Mail Service Pharmacy by calling 1-800-378-5697.

Important notes:

- For new prescriptions, please allow up to 10 days 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)

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:



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CVSCaremark
P.O. Box 94467
Palatine, IL 60094

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

Q: How long does it take to receive my Mail Order RX's?

A: If you are out of refills and we have to obtain a new RX, the typical number of business days to receive your shipment – after the mail order pharmacy receives your request – may be up to 10 days. If you are placing a refill on an existing RX, it may take less time, however, refills usually process the same day.

Q: I was utilizing mail order through Express Scripts, will that transfer to CVS Caremark?

A: If you do not see your refills online, please reach out to your doctor and ask them to provide a new Prescription by calling CVS Caremark Mail Service Pharmacy at 1-800-378-5697.

Q: I am going on vacation and need additional medication, what do I do?

A: If you are going on vacation and need an additional supply of your medication, please contact Customer Care at 1-844-460-8767.

Q: I don't think my claim processed correctly, what do I do?

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

Q: I am taking a specialty medication. What is the telephone number for your Specialty Pharmacy?

A: The State of Maryland allows you the ability to fill specialty drugs at any pharmacy, but there may be restrictions for limited distribution drugs. If you choose to fill with CVS Specialty, please call 1-800-237-2767 anytime between 7:30 a.m. and 9 p.m. (ET) Monday through Friday, and they will be able to work with your doctor to transfer your prescription.

Q: How long does it take to fill a specialty medication?

A: It can take up to 72 hours, depending on how long it takes for your doctor to respond to any requests that the Specialty Pharmacy might have. If all the necessary information is received, specialty medications usually ship the same day. Once it ships, a Specialty Representative will call to make sure you will be available for the delivery of your specialty medication. You have the option to pick up your medication at your local CVS Pharmacy, or have it delivered to your home, doctor's office or location of your choice (where allowed by law).

Q: Are there any restrictions on specialty medications?

A: Some specialty prescriptions are subject to prior authorization review. In addition, some specialty prescriptions are limited to a 30-day supply (rather than a 45-day or 90-day supply). Starting in 2018, the copay for these medications will be one-third of the 90-day copayment per 30-days of medication.



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Q: Where can I get the mail service order form?

A: For the mail service order form, please call Customer Care at 1-844-460-8767, or you can visit <http://dbm.maryland.gov/benefits/Pages/CVS-Caremark.aspx> and click the link appropriate to your plan.

Q: How can I submit a paper claim (i.e., I paid 100% out of pocket for my prescription)?

A: To submit a paper claim, please call Customer Care at 1-844-460-8767 to obtain the appropriate form, or you can visit <http://dbm.maryland.gov/benefits/Pages/CVS-Caremark.aspx> and click the link appropriate to your plan.

Q: Are vaccines covered under the pharmacy benefits?

A: For Active Employees and Non-Medicare Retirees, vaccines are NOT covered under prescription benefits, they are covered under the medical plan – please contact your medical benefits provider. For Medicare (SilverScript) Retirees, vaccines are covered under the prescription benefit plan.

Q: What number do I call if have additional questions not answered here?

A: For all additional questions, please call the Customer Care line at 1-844-460-8767. If you have questions related to CVS Specialty, please call 1-800-237-2767.