



# Health Benefits

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



## State of Maryland

### Frequently Asked Questions (FAQ's)



# Health Benefits

*Together, we are working toward a healthier community*



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

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

**Q: What are the different accounts under the plan?**

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

**Q: How will my retail pharmacy know that CVS Caremark is my Pharmacy Benefit Manager (PBM)?**

**A:** You will need to present your CVS Caremark Prescription ID card that was mailed to you.

**Q: How can I obtain another ID card?**

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

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

**A:** This is dependent on your plan, please see below:

Employees and Non-Medicare Retirees		
Local and Mail Service Pharmacies		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Tier 1 - Generics	\$10	\$20
Tier 2 - Preferred Brand	\$25	\$50
Tier 3 - Non-Preferred Brand	\$40	\$80
Out-of-Pocket Max	Employees	Non-Medicare Retirees
Single Only Coverage	\$1,000	\$1,500
Family Coverage	\$1,500	\$2,00

State Law Enforcement Officers Labor Alliance (SLEOLA)		
Local and Mail Service Pharmacies		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Tier 1 - Generics	\$5	\$10
Tier 2 - Preferred Brand	\$15	\$30
Tier 3 - Non-Preferred Brand	\$25	\$50
Out-of-Pocket Max		
All Coverage Tiers	\$700	



# Health Benefits

Together, we are working toward a *healthier community*



Medicare-Eligible Retirees (SilverScript)		
Local and Mail Service Pharmacies		
Type of Medication	Up to 45-Day Supply	46-90 Day Supply
Tier 1 - Generics	\$10	\$20
Tier 2 - Preferred Brand	\$25	\$50
Tier 3 - 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 (Employees, Non-Medicare Retirees and SLEOLA) and Medicare Part D Formulary by visiting <https://info.caremark.com/oe/stateofmaryland>.

**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/oe/stateofmaryland> and then clicking on the link to the plan that’s relevant to you (i.e., Employee, Retiree (Non-Medicare Member), SLEOLA, Retiree (Medicare Member)). You can also view drug costs by downloading the CVS Caremark application to your smart phone 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—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.

**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





# Health Benefits

*Together, we are working toward a healthier community*



**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. 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.

*\*This does not apply to Medicare Members*

**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 co pay. You can find the full list on <https://info.caremark.com/oe/stateofmaryland>.

**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. *\*This does not apply to Medicare Members*

**Q: What is a Prior Authorization (PA)?**

**A:** 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.

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

**A:** 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



# Health Benefits

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



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

**A:** For some medications, such as medications used to treat 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.

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

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

**A:** 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. 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/DrugCoverage.aspx>.

## **Q: How can I utilize mail order?**

**A:** 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](https://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.



# Health Benefits

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



## *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).

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

**A:** If you are out of refills and we need 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 typically takes less time (i.e., refills usually process the same day).

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

**A:** 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](#) and then fax it to the number listed on the form to receive the state's approval. All forms must include supporting documentation related to your trip (e.g., plane ticket confirmation, itinerary, letter, etc.). The form will not be reviewed without supporting documentation. If you have additional questions, please contact CVS Customer Care at 1-844-460-8767 for assistance.

### **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, call CVS Caremark Customer Care at 1-844-460-8767.

### **Q: I am taking a specialty medication. What is the telephone number for CVS 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, you can get started by calling a CVS Specialty representative at 1-800-237-2767 or by registering online at [CVSspecialty.com](#).

### **Q: Are there any restrictions on specialty medications?**

**A:** Your plan has guidelines in place to ensure the appropriate use of select classes 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). Please note: some specialty medications are limited to a maximum 30-day supply per prescription fill. For



# Health Benefits

*Together, we are working toward a healthier community*



those medications limited to a 30-day supply, you will pay one-third of the 90-day copayment per every 30 days' worth of medication.

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

A: For the mail service order form, please call CVS Customer Care at 1-844-460-8767, or you can visit <https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx> and click the applicable link under Forms.

**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 CVS Customer Care at 1-844-460-8767 to obtain the appropriate form or you can visit <https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx> and click the applicable link under Forms.

**Q: Are vaccines covered?**

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