Attachment S: Plan Design and Clinical Programs

For more information, please visit: https://info.caremark.com/oe/stateofmaryland

CURRENT PLAN DESIGNS

NON-SLEOLA PLAN DESIGN **Actives and Non-Medicare Retirees**		
RETAIL AND MAIL ORDER PHARMACIES		
Type of Drug	**Up to 45 Day Supply (1 copay)**	**46 - 90 Day Supply (2 copays)**
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 **Actives Only**		
RETAIL AND MAIL ORDER PHARMACIES		
Type of Drug	**Up to 45 Day Supply (1 copay)**	**46 – 90 Day Supply (2 copays)**
Generics	$5	$10
Preferred Brands	$15	$30
Other Brands	$25	$50
Out of Pocket Maximum		
All coverage tiers	$700	

Notes for Non-SLEOLA and SLEOLA plan designs

1. If a Brand Drug is purchased when a Generic was available, the member pays the generic copayment plus the difference in costs between the Generic and Brand Drug.
2. The State reserves the right to change co-payments in the plan design without a contract modification but by way of written notice to the Contractor.
3. Specialty drugs can be obtained at a retail pharmacy.
4. The member's out-of-pocket expense is the minimum of copay or U&C.
5. The State utilizes an open formulary for both Actives and Retirees.
6. All "negative" formulary changes mid-year (after Jan 1 and before Dec 31) are held until January 1st on the next calendar year. "Negative" formulary changes are defined as formulary exclusions/prior authorizations and formulary tier 2 to Tier 3 changes.

CURRENT PROSPECTIVE DRUG UTILIZATION REVIEW PROGRAMS *Applies to both SLEOLA and Non SLEOLA plan designs*
Quantity Limits (or Managed Drug Limitations) (May also be subject to formulary prior authorization coverage)
Erectile Dysfunction, Fungal Infections, Gastrointestinal/Ulcers (PPIs), Influenza, Nasal Inhalers, Migraine Treatment and Prevention Agents, Pain – Opioids (narcotics), Pain- Non-opioid, Sleep Aids (Sedatives/Hypnotics)
Step Therapy
Extended-Release Opioids Migraine Treatment and Prevention Agents Fungal Infections
Prior Authorizations (Some products may also be subject to quantity limits)
Anabolic Steroids, Select Compounds, Growth Hormones, Topical Diclofenac Products, Oral-Intranasal Fentanyl, Select ADHD/Narcolepsy, such as Adderall, Desoxyn, Dexedrine and Dextrostat, Tretinoin Products, such as Altinac, Avita, Retin-A, Tretinoin, Praluent, Repatha, Atopic Dermatitis, Isotretinoin products, Tazarotene, Disposable Insulin Pumps, Select Medical Devices and Artificial Saliva Products, future approved PCSK9 drugs, Atopic Dermatitis (Opzelura), Vision Enhancement Agents (Vuity, Upneeq), Diabetes/GLP-1 agonists.

ZERO COPAY FOR GENERICS PROGRAM Copays reduced to $0 for the following generic drug classes (both retail and mail order pharmacies) *Applies to both SLEOLA and Non SLEOLA plan designs*	
Drug Class	**Generic Drugs (examples)**
HMG CoA Reductase Inhibitors (Statins)	simvastatin, pravastatin
Angiotensin Converting Enzyme Inhibitors (ACEIs)	lisinopril, lisinopril/HCTZ, enalapril, enalapril/HCTZ
Proton Pump Inhibitors (PPIs)	omeprazole
Inhaled Corticosteroids	budesonide
Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine, paroxetine, sertraline, citalopram
Contraception Methods	oral contraceptives, emergency oral contraceptives, diaphragm, levonorgestrel
Tobacco Cessation	bupropion

SPECIALTY DRUG MANAGEMENT PROGRAM *Applies to both SLEOLA and Non SLEOLA plan designs*
The Specialty Drug Management Program is a program that is designed to ensure the appropriate use of specialty drugs. Many specialty drugs are biotech medications that may have the following characteristics: expensive, limited access, complicated treatment regimens, compliance issues, special storage requirements and/or manufacturer reporting requirements. Specialty drugs in this program will be automatically reviewed for step therapy, prior authorization, and quantity or dosage limits. These specialty drugs will be limited to a maximum 30-day supply per prescription fill. *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.* ***Members will pay one third of the 90-day copayment for up to 30 days' supply of medication.***

Examples of conditions	Examples of Specialty Drugs
Auto-Immune Diseases	Cosentyx, Enbrel, Humira, Kevzara, Otezla, Stelara
Osteoarthritis	Gel-One, Gelsyn-3, Supartz FX, Visco-3
Multiple Sclerosis	Glatiramer, Betaseron, Copaxone, Rebif, Acthar HP, Tysabri, Gilenya, Aubagio, Tecfidera
Cancer	Afinitor, Gleevec, lressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tasigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolinza, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Bosulif, Stivarga, Pomalyst, Cometriq, lclusig,
Hepatitis C	Epclusa, Harvoni, Vosevi , Alferon N, Ribavirin
Osteoporosis	Forteo, Reclast
Growth Hormones	Humatrope, Norditropin
High Cholesterol	Praluent

EXCLUDED
Anorectic (any drug used for the purpose of weight loss)
DESI drugs (drugs determined by the Food and Drug Administration as lacking substantial evidence of effectiveness)
Vitamins and minerals (except for prescription pre-natal vitamins)
Pregnancy Termination Drugs (e.g., RU486, Mifeprex)
Aerochamber, Aerochamber with Mask and Nebulizer Masks
All Other Medical Supplies
Homeopathic Legend Products
Experimental / Investigational Drugs
Unapproved products
Bulk compounding ingredients, kits, high-cost bases
Non-ambulatory services
Worker's Compensation claims

Additional Commercial Clinical Programs

Product	Product Description
Compound Drugs and Miscellaneous Formulations (Core Compound strategy)	The Core Compound strategy is a comprehensive drug management strategy for commercial employer and health plans. This comprehensive strategy includes: Compound Management: 1. Prior authorization for all compound drug claims more than $300 (no fill limit) 2. Exclusion of costly compounding bases, bulk compounding powders and compound kits to help our clients address and reduce compound utilization. 3. Exclusion of unapproved topical analgesics prescribed as an alternative to the multi-ingredient compounds (MICs) rejected by our Compound Management UM program. The strategy utilizes an exclusion list, which

	contains select topical analgesic patches, topical analgesics as well as scar products, convenience (multi-product) kits (i.e., allergy kits, DNA collection kits), otic analgesics and combinations, dermatologicals, etc.
Controlled Substance Management: Safety and Monitoring Solultion (Core and Enhanced)	This program targets high-risk drug classes, focusing on controlled substances, and inappropriate use and misuse related indicators such as poly-pharmacy, provider shopping and high-total controlled substance claims volume. On a quarterly basis, clinical pharmacists will evaluate controlled substance claims and any available supporting medical data to identify potential medication misuse and inappropriate claims for appropriate intervention.
Controlled Substance Management: State of Maryland Provider Lock-In Program	State of Maryland Provider Lock-in Program: Members may be recommended for prescriber and/or pharmacy lock-in for persistent inappropriate use and misuse of controlled substances, such as multiple prescribers, multiple pharmacies or high total controlled substances claims volume.
Controlled Substance Management: Opioids	Enhanced opioid UM criteria that are aligned with the CDC Guideline recommendations to help improve management of opioid use and reduce potential misuse and abuse. This stricter criterion uses Morphine Milligram Equivalent (MME) to limit quantity of opioid products. Prior Authorization requests can be made if prescribers believe their patients should exceed the MME within the CDC recommendation. Not intended for patients with cancer, sickle cell disease or receiving palliative or end-of-life care.
Core Medication Management - Adherence to Drug Therapy	Adherence to Drug Therapy: Helps improve medication management and address potential adherence issues among members with targeted, chronic conditions.
Core Medication Management - Core Gaps in Care	Closing Gaps in Medication Therapy: Identifies gaps in medication therapy through daily review of pharmacy claims for members with six of the most common chronic conditions**.** Prescriber communications sent notifying them of medication gap in therapy and opportunity to resolve.
Diabetes: Transform Diabetes Care (Diabetes and Diabetes + Comorbidity)	The State of Maryland's Transform Diabetes Care program is a personalized, comprehensive approach to diabetes care management. Members can opt-in to obtain a no cost, cellular connected blood glucose meter with real-time messaging and 24/7/365 alert monitoring. First and second fill pharmacy counseling as well as Minute Clinical Screening vouchers are provided. It engages and delivers interventions to members through multiple channels including face-to-face with a CVS Pharmacist and care team consultations at convenient local CVS Pharmacies, Health Hubs, and Minute Clinics combined with standard outreach such as email, telephonic and text messaging to increase engagement. It is designed to work as both a standalone and to complement existing solutions.

Diabetes: Standard Meter Program	Cost-savings program aligned with our standard commercial template formularies, where the manufacturer provides a preferred blood glucose meter at no cost to those individuals currently using a non-preferred meter. Members must also move to preferred brand testing supplies (applicable copay applies for testing supplies).
Formulary Management: Custom, Modified Template Based on the Standard Control Formulary (SCF)	CVS Health is committed to providing a clinically sound formulary that drives lowest net cost for clients while ensuring members have affordable access to the medications they need to manage their health. The State of Maryland has a custom formulary based on the CVS Caremark Standard Control Formulary (SCF). The SoMD custom component is that all "negative" formulary changes mid-year (after Jan 1 and before Dec 31) are held until January 1st on the next calendar year. "Negative" formulary changes are defined as formulary exclusions/prior authorizations and Formulary Tier 2 to Tier 3 changes. The Standard Control Formulary (SCF) focuses on clinically appropriate medications through targeted drug class evaluation. SCF assesses the marketplace to continually find lowest net-cost options for generic and brand-name drugs. The SCF is an open formulary. Formulary coverage is managed through Formulary Removals/Exclusions (subject to prior authorization for medical necessity), New to Market (NTM) Block, Hyperinflation Management and Brand over Generic Strategies.
Formulary Management: Hyperinflation Plan Design	CVS Health is taking a stand against egregious drug price increases that unnecessarily add costs for clients and their members. On a quarterly basis, products with significant cost inflation that have readily-available, clinically-appropriate and more cost-effective alternatives may be evaluated and potentially targeted by Hyperinflation Management. For the State of Maryland, additions to the hyperinflation management program are held until the next calendar year.
Formulary Management: Brand Over Generic Tier 1 & 2	Formulary strategy where brand name drugs are placed on Tier 1 when the brand (including rebate) net cost is lower than the generic net cost. This is incorporated into all standard commercial formulary offerings and is optional for opt-out and custom clients.
Formulary Management: New to Market Block	Newly launched products and new variations of products already in the marketplace are not always automatically added to the formulary. A product may be added to the formulary only if it is determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark® Pharmacy & Therapeutics Committee (or other appropriate reviewing body).
Mail Service Pharmacy	Prescriptions available through the mail service pharmacy and delivered to members' homes
National Network	The CVS Health National Network is specifically designed to provide maximum geographic coverage at marketplace-competitive rates and fees. As one of the largest PBMs in the nation, we utilize our strength, size, and market presence to help ensure that our National Network ultimately benefits both you and your members. And with most all retail drug store chains and other large retail merchandisers, grocery chains, and independent pharmacies participating, the CVS Health National Network provides broad national coverage and excellent access throughout the United States, Puerto Rico, and the Virgin Islands. We work to promote choice, confidence, and convenience for your members. The CVS Health National Network

	currently consists of approximately 66,000 pharmacies nationwide, including approximately 38,000 chain pharmacies and 28,000independent pharmacies, including the majority of walk-in pharmacies located within the United States, so your members may receive greater choice and maximum convenience. Additions to the existing network occur as new pharmacies open, and solicitations for nonparticipating pharmacies are considered at the request of the client or members. Retail pharmacy network participation may vary over time, and we do not guarantee the number of retail network pharmacies
Pharmacy Audit (Core)	Core: Concurrent review of all prescription claims (including specialty claims) to identify and address potential discrepant pharmacy claims with a mandatory review of claims greater than $1,000 for a team member to review. Network pharmacies chosen for onsite audit and expanded audits.
Point of Sale Safety Messaging	Point of Sale: Flags potential medication safety concerns at point of sale based upon the member's demographic and claims history. In addition to the standard Medispan POS DUR edits, in July 2022, twelve additional proprietary POS edits were added to further provide safety messages and soft/hard rejects.
ScriptPath prescription management system	ScriptPath is a suite of pharmacy care tools offered exclusively at CVS Pharmacy that, through improved medication scheduling, administration instruction and prescription labeling, helps improve quality of care for patients by addressing the challenges associated with comprehending and adhering to their medication regimen. ScriptPath provides patients with the personalized information and guidance needed to better manage their medications and make it easier to understand and follow prescribers' directions, helping them remain adherent and improve their overall health.
Specialty Connect	Communicate the value of Specialty Connect, which combines the broad access and convenience of CVS Pharmacy with the clinical support and experience of our specialty pharmacists for all patients. Specialty Connect utilizes a predetermined specialty drug list to facilitate this electronic transfer functionality.
Specialty Expedite	Specialty Expedite is an enhancement to the CVS Specialty onboarding process for enrolled prescribers that leverages use of Epic or another EHR system that participates in the Care quality Interoperability Framework. The streamlined onboarding process is designed to help patients get their medications sooner. NOTE: CVS Health uses, and shares data as allowed by applicable law, and by our agreements and our information firewall. Some clients have specific requirements related to prior authorization submission (such as a physical prescriber signature). Specialty Expedite is only used where permissible by payor requirements and applicable law.
Specialty Utilization Management: Specialty Guideline Management	Helps promote patient safety and ensure appropriate coverage of specialty medications by applying evidence-based guidelines before and throughout the course of therapy. This solution provides specialty management services beyond traditional utilization management (UM), including leveraging medical director case review for certain drugs.
Specialty Utilization Management: Specialty Quantity Limits	Specialty quantity limits is a tool that can help ensure safe and appropriate use of specialty medications, while also helping clients effectively manage therapies that can be subject to overuse. Helps ensure covered dosages do not exceed the upper limit of safe and appropriate thresholds; seamlessly integrated into adjudication process

Specialty Utilization Management: Intelligent Medication Monitoring	Intelligent Medication Monitoring (IMM) uses advanced analytics, digital outreach and live clinical support to help ensure medication appropriateness and identify when patients may no longer be benefitting from their treatment and intervene appropriately such as working with the prescriber to change or stop therapy.
Specialty Utilization Management: Supply Management Optimization	Through advanced analytics and personalized digital engagement, Supply Management Optimization can help prevent excess drug accumulation without requiring a benefit change through encouraging positive behavior change.
Unapproved Drugs (Management of Select Unapproved Drugs)	(A core PBM service) Excludes coverage for all new-to-market unapproved products and certain existing unapproved products that may be marketed contrary to the FD&C Act. Coverage will remain for select unapproved products that are legally marketed or deemed clinically necessary (e.g., because no alternatives exist).
Utilization Management: Prior Authorization (PA) and Appeals	Prior Authorization is drug class management technique that requires select prescriptions meet defined criteria before they are covered by the plan. Requires prescribers to confirm medical necessity. [See State of Maryland UM Summary List]
Utilization Management: Point-of-Sale (POS) Utilization Management	Quantity Limits: Establishes a maximum quantity allowed over a period for medications with potential for overuse and misuse. Some medications may allow post-limit prior authorization. Step Therapy: Automated step therapy edits that review a member's drug history to verify that a first-line therapy was attempted before the claim can be approved at the point of sale. Some medications may allow post-step prior authorization. [See State of Maryland UM Summary List]
Utilization Management: Select Medical Devices Strategy - Prior Authorization	The Select Medical Devices strategy excludes select medical devices, most with a 510K classification, and artificial saliva products from coverage, unless approved via prior authorization for medical necessity.
Utilization Management: Dose Optimization	Point-of-sale identification of opportunities where a higher-strength, single daily dose can be used in place of multiple daily doses, when available and clinically appropriate
Vaccination Services	Provides access to high-quality seasonal and non-seasonal vaccinations through convenient channels including, CVS Pharmacy retail locations or through our broad network of more than 68,000 participating pharmacies.

Additional EGWP Clinical Programs

Appeals, Redetermination and Reconsideration Support Services	SilverScript handles all Appeal, Redetermination, and Reconsideration Services in accordance with CMS requirements.
Formulary and P&T Committee Management and	SilverScript develops and provides clinically appropriate, cost-effective, CMS- compliant formularies.

Administration	
Concurrent DUR	SilverScript conducts Drug Utilization Review (DUR) edits which are performed online in real time between our mail and retail network pharmacies. Sample edits include duplicate drug therapy, drug-to-drug interaction, refill edits, and so forth.
Retrospective DUR	SilverScript offers a core solution that retrospectively evaluates pharmacy claims for patterns of potential fraud, overuse, or misuse. On a quarterly basis, SilverScript clinical pharmacists review controlled-substance and other select drug claims (along with supporting medical data, if available) to help identify potential medication abuse and fraudulent claims for appropriate intervention. In addition to the standard quarterly review, our clinical pharmacists review claims for the most conspicuous cases of overutilization and high cost on a monthly basis. The Safety and Monitoring Solution allows us to follow cases over time, facilitating our ability to ascertain if appropriate changes are made or additional follow up is needed.
Retrospective Safety Review	• Drug utilization review program with near real time review of claims 72 hour post- claim review. • Interventions are directed to prescribers. • Utilizes a variety of edits to decrease drug trend, including: – Age appropriate edits – Condition management edits – Appropriate therapy management – GI therapy management – Therapeutic duplication.
MTM	SilverScript offers a CMS-approved Medication Therapy Management Program (MTMP) for Medicare Part D members. All eligible Part D members that meet the targeting criteria are enrolled in the MTMP. If the member does not wish to participate in the MTMP, a toll-free number is provided in the Evidence of Coverage (EoC) materials with instructions to call this number to disenroll. The member can disenroll from the program at any time. The MTM program is intended to decrease pharmacy trend. It also attempts to identify potentially inappropriate drug use in elderly beneficiaries and suggest a different type of drug therapy for seniors. The SilverScript MTM program components include: • One-on-one personalized telephonic counseling with a pharmacist • Physician interventions to: – Help simplify drug therapy and reduce unnecessary therapy – Evaluate for potentially inappropriate medications in elderly beneficiaries to address HRM scores • Coordination with Medicare Health Support Organizations available

	(formerly known as CCIP).
Safety and Monitoring Solution	• Both Core and Enhanced programs provided • Identify the misuse or overuse of controlled substance prescription drugs using appropriate targeting criteria • Detailed results reviewed by our pharmacists for need for plan action and follow up • Detect and assist in preventing rising prescription drug abuse • Multipoint checks for drug, doctor, and pharmacy fraud • Important component of the CMS-mandated Fraud, Waste, & Abuse program. • Enhanced program addresses severe instances of fraud, waste and abuse of controlled substances and includes access to clinical and criminal investigative staff.
Pharmacy Advisor Support: Adherence to Drug Therapy	• Identifies potential issues of non-adherence in select drug classes • Provides communication to prescriber and/or member to provide education about the importance of medication adherence
Pharmacy Advisor Support: Closing Gaps in Medication Therapy	• Promoting evidence-based prescribing to help improve clinical outcomes • Review of pharmacy claims to identify potential opportunities to improve medication therapies for members with cardiovascular disease, diabetes, osteoporosis, respiratory, and rheumatoid arthritis • Communication directed to prescriber
Drug Saving Review	• Review of all claims within 72 hours of adjudication. • Review for potential safety and savings opportunities • Interventions directed to prescribers.