



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 found by visiting <https://info.caremark.com/stateofmaryland>.

Q: What are the different accounts in the structure?

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

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	Active Employees	Non-Medicare Retirees
Single Only Coverage	\$1,000	\$1,500
Family Coverage	\$1,500	\$2,000

SLEOLA Plan Design—Actives 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.
2. Some specialty drugs require limited distribution and must be filled through a specialty pharmacy. Select specialty drugs are limited to up to a 30-day supply. For these drugs, you will pay one third of the 90-day copayment for up to a 30-day supply.



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Q: Where can I access the Formulary?

A: You can access the Standard Formulary List (Employees, Non-Medicare Retirees and SLEOLA) by visiting <https://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 result in a positive 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). You also have the option to view drug costs by downloading the CVS Caremark mobile app 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.

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.*



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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 SR budeprion XL bupropion XL bupropion citalopram	clomipramine desipramine desvenlafaxine ext-rel doxepin duloxetine del-rel escitalopram fluoxetine fluvoxamine	imipramine maprotiline mirtazapine ODT nefazodone nortriptyline paroxetine ER	phenelzine proprtiptyline sertraline trazodone tranylcyprominesulfate venlafaxine venlafaxine ER
ASTHMA	budesonide (inhalation)			
HYPERLIPIDEMIA	atorvastatin fluvastatin	lovastatin pravastatin	rosuvastatin	simvastatin
HYPERTENSION	benazepril benazepril & HCT Z captopril captopril & HCTZ enalapril	enalapril & HCTZ fosinopril & HCTZ lisinopril	lisinopril & HCTZ 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.

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 cost-effective and clinically appropriate. 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:



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- 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

Q: What drugs require prior authorizations?

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

- Dermatological Agents - Acne and Psoriasis medications (such as oral isotretinoin, topical tretinoin for age 26+, Tazorac, Fabior and Soriatane)
- Attention deficit hyperactivity disorder (ADHD) medications for age 18+ (such as Adderall products, Dexedrine, Desoxyn, and Ritalin products)
- Anabolic steroids
- Topical diclofenac products (such as Voltaren Gel 1%, Pennsaid Topical Solution, Solaraze 3% Gel)
- Oral and intranasal Fentanyl products (such as Actiq, Fentora, Subsys)
- Migraine Prevention Agents – CGRP Inhibitors (such as Aimovig, Ajovy, Emgality) – if step therapy is not met
- Fortamet/Glumetza
- Zegerid

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:

- Proton pump inhibitors
- Erectile dysfunction drugs
- Nasal inhalers
- Sedative/Hypnotics (e.g., sleeping pills)
- Pain medicines (Opioid and Opioid combination products, Migraine treatments, Celebrex, Toradol, and Topical lidocaine products)

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:

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



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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 your 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.

Q: How can I utilize mail service?

A: You can start 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. You can also download the CVS Caremark app to begin using mail order.

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: Your doctor's office can 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 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 medications by mail?

A: If you are out of refills and we have to obtain a new prescription— after the mail service pharmacy receives your request – it typically takes up to 10 business days to receive your shipment. Refill orders for an existing prescription usually process the same day.



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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 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 your Specialty Pharmacy?

A: The State of Maryland allows you to fill specialty prescriptions 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 prescription?

A: It can take up to 72 hours, depending on how long it takes for your doctor to respond to any requests from the specialty pharmacy. 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. 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). The copay for these medications will be one third of the 90-day copayment per 30 days of medication.

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 <https://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 <https://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: No, vaccines are covered under medical. Please contact your medical benefits provider.

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.