



Traditional Generic Step Therapy Plan Frequently Asked Questions (FAQs) Illinois Tool Works

When it comes to medicines to treat long-term health conditions, people and doctors have more choices than ever. Cost is often a big difference between the choices. Brand-name medicines usually are highest-cost and generic medicines are usually the lowest-cost.

One way to make sure you get **safe, effective, and reasonably-priced** medicine is by using programs like step therapy. Step therapy programs are created using U.S. Food and Drug Administration (FDA) guidelines, clinical evidence and research. These programs encourage you and your doctors to start treatment with an appropriate generic medicine with the lowest copay* rather than a higher-cost medicine. To learn more about step therapy, watch this short video at: www2.caremark.com/sitetour/steptherapy/

Generic medicines are an important step you can take to spend less for your prescriptions:

- A lower-cost option that is as safe and effective as brand-name medicines**
- 2 out of 3 prescriptions filled today are for generic medicines and that number is growing***
- The FDA approve generic medicines to be just as safe and effective as their brand-name counterparts

*The amount of your savings will vary based on your benefit plan.

** Generic Pharmaceutical Association's Web Site:

<http://www.gphaonline.org/Content/NavigationMenu/AboutGenerics/Statistics/Statistics.htm>

***Generic Pharmaceutical Association Website: <http://www.gphaonline.org/about-gpha/about-generics/case>

There are generic medicine options to treat many conditions – your doctor can help you choose the right one for you. The step therapy program makes prescriptions more affordable for many people who participate. It also helps Illinois Tool Works keep your prescription benefit plan priced right, and helps control the rising cost of medicines by encouraging the use of lower-cost generic medicines that are as safe and effective as brand-name medicines.

For more information, you can log on to www.caremark.com or call Customer Care toll-free at 1-888-437-4926.

Frequently Asked Questions

Q1: I received a letter about a change to my prescription benefit plan but do not understand what it means. Can you please explain it to me?

A1: For prescription medicines in certain treatment classes, the step therapy program requires you to try a lower-cost generic medicine first to treat your condition. The amount you pay for your prescription will be lower when you and your doctor choose a generic medicine. However, if you choose to use a brand-name medicine without trying a generic medicine first, *or* without



getting prior approval, it may not be covered and you may have to pay the full-cost of the brand-name medicine.

If you try (or have tried) a generic medicine and it does not work for you, then your doctor may provide clinical documentation to CVS Caremark and request prior approval. If approved, you can continue to receive the brand-name medicine.

Q2: Why has my prescription benefit plan changed?

A2: Illinois Tool Works and CVS Caremark look for ways to offer you choices while helping you save money on your prescriptions. Your plan is designed to help you and your employer keep affordable prescription coverage, and save on prescription costs by encouraging the use of lower-cost generic medicines that are as safe and effective as brand-name medicines.

Keep in mind your plan provides coverage for generic medicines without restriction. These options are as safe and effective as brand-name medicines, and can help you save you money.*

*The amount of your savings will vary based on your prescription benefit plan.

Q3: Why do I have to use a generic first?

A3: Generic medicines are as safe and effective as brand-name medicines for treating many conditions. Because generic medicines, on average, cost 30 to 80 percent less than brand-name medicines, they can help you and your plan sponsor save money.*

*Generic Pharmaceutical Association's Web Site:

<http://www.gphaonline.org/Content/NavigationMenu/AboutGenerics/Statistics/Statistics.htm>

Q4: What happens if I choose to use a brand-name medicine?

A4: If you choose to use a brand-name medicine without trying a generic medicine first, it may not be covered and you may have to pay the full-cost of the brand-name medicine.

If you try (or have tried) a generic medicine and it does not work for you, then your doctor may provide clinical documentation to CVS Caremark and request prior approval. If approved, you can continue to receive the brand-name medicine.

Q5: How do I find out if my specific medicine is covered and or what covered options are available to treat my condition?

A5: You can log onto www.caremark.com to check your specific medicine coverage or call Customer Care toll-free at 1-888-437-4926.

Q6: What do I need to do to change to a generic medicine?

A6: Let your doctor or other health care provider know you prefer to use generic medicines whenever possible. Ask your doctor to allow for generic substitution or to write a new prescription for a generic medicine in the same treatment class as your brand-name medicine.



Q7: How do I fill my new prescription?

A7: Have your doctor write a prescription for a 30-day supply with one refill and a 90-day supply with three refills. You can fill your initial prescription for a 30-day supply at a local CVS/pharmacy or other network retail pharmacy. If the medicine is working for you, send your 90-day supply prescription to the CVS Caremark Mail Service Pharmacy.

Q8: I am concerned about using a generic medicine.

A8: According to the FDA, generic medicines are just as safe and effective as brand-name medicines. If you are concerned about using a generic medicine, ask your doctor or other health care provider if a generic medicine is right for you.

Q9: What if I already tried a generic medicine?

A9: If our records show that you have tried a generic medicine to treat your condition within the last six months or a year (depending on the condition), then your brand-name medicine may be covered. If more than one year has passed since you tried a generic medicine to treat your condition, your plan requires you to try a generic medicine again. It is possible that new generic medicines are now available to treat your condition.

Q10: What if there is no generic medicine available to treat my condition?

A10: Generic medicines are available in most treatment classes. However, if there is no generic medicine available within a certain treatment class, you may choose a preferred brand-name medicine to treat your condition.

Q11: What if I cannot take the generic medicine?

A11: If you cannot take a certain generic medicine due to a specific medical reason, your doctor may consider prescribing a different generic medicine to treat your condition. Your plan covers generic medicines without restriction at a lower copay than brand-name medicines.

If no other generic option is available, your doctor may provide clinical documentation to CVS Caremark to obtain prior approval so you may receive coverage for a brand-name medicine. Without prior approval, the brand-name medicine may not be covered and you may have to pay the full-cost.

Q12: If my doctor gets prior approval, will my brand-name medicine be covered?

A12: Your prescription benefit plan requires that specific criteria be met in order for brand-name medicines to be covered. If your doctor obtains prior approval from CVS Caremark for your brand-name medicine, your plan may provide coverage for it.

Q13: Will my prescription be covered if I do not receive prior approval?

A13: If you are taking a brand-name medicine; have not tried a generic option within the last 6 to 12 months; and your doctor has not received prior approval from CVS Caremark for the brand-name medicine, then it may not be covered under your plan.

Q14: Who can I call if I have more questions?

A14: Please call Customer Care toll-free at 1-888-437-4926.