

# Your Pharmacy Benefits Handbook



## **Summary of Prescription Benefits through CVS Caremark**

Pharmacy Benefit Manager for

**Cigna Open Access Plus (OAP) Plan**

**Plan Year 2023**

**CVS Caremark**  
**Prescription Benefit Changes for Plan Year 2023**  
For Members Enrolled in the Cigna Open Access Plus (OAP) Plan



Drug or Category	Benefit Change Effective January 1, 2023
<b>Formulary Drug Changes</b>	<ul style="list-style-type: none"><li>• Changes to the list of covered medications (formulary) occur periodically, typically each calendar quarter.</li><li>• Check the CVS Caremark formulary for coverage or co-pay changes by going to <a href="https://info.caremark.com/fcps">https://info.caremark.com/fcps</a>, and look for the link for the "Performance Drug List."</li></ul>

# Welcome to CVS Caremark®

## Pharmacy Benefit Manager for Cigna Open Access Plus (OAP) Plan

The FCPS Prescription Benefits Plan provides comprehensive benefits with convenient and flexible delivery options for you and your family. To ensure you understand your benefits and how to make the program work best for you, please take the time to review these materials before using your prescription benefit plan.



## FCPS Medicare-eligible Retirees enrolled in the Aetna Group Medicare Advantage Plan:

SilverScript, a subsidiary of CVS Caremark, is the pharmacy benefit manager for **FCPS Medicare retirees** who are enrolled in the Aetna Group Medicare Advantage Plan.

If you are enrolled in the Aetna Group Medicare Advantage plan, refer to the SilverScript plan documents located at <https://info.caremark.com/fcps> for benefit information and plan documents.

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This handbook contains a summary of pharmacy benefits for FCPS Cigna Open Access Plus (OAP) members. If there is a discrepancy between information in this booklet and the official Plan documents, the Plan documents will govern.

FCPS Medicare retirees who are enrolled in the Aetna Group Medicare Advantage Plan should refer to the SilverScript plan documents for plan information. These documents can be found at <https://info.caremark.com/fcps>.



## Your prescription drug plan through CVS Caremark®

You have choices when it comes to having your prescriptions filled. CVS Caremark ensures you have access to high-quality, cost-effective medicines through a system of more than 68,000 local pharmacies.

You can also request convenient home delivery of your maintenance medicines — those medicines you take on an ongoing basis — from the CVS Caremark Mail Service Pharmacy.



# Understanding Your Benefits

## Prescription drug formulary

Your coverage under CVS Caremark is based on a formulary — a list of covered medicines. Your formulary offers a wide selection of clinically sound, cost-effective generic and brand name prescription drugs. For more information or to check drug coverage, please visit <https://info.caremark.com/fcps>.

## Your Coinsurance or Copayments <sup>1, 2</sup>

	Where Your Prescription is Filled <sup>3</sup>	
Acute and Maintenance Medications	CVS Retail Pharmacy Location or Mail Order through CVS Caremark	Participating Non-CVS Retail Pharmacy Location
Up to a 30-day supply	Generic: \$7 Brand Name: 20% of cost of drug (maximum \$75)	
31 to 60-day supply	Generic: \$14 Brand Name: 20% of cost of drug (maximum \$150)	
61 to 83-day supply	Generic: \$21 Brand Name: 20% of cost of drug (maximum \$225)	
84 to 90-day supply	Generic: \$14 Brand Name: 20% of cost of drug (maximum \$150)	Generic: \$21 Brand Name: 20% of cost of drug (maximum \$225)
Specialty Medications	CVS Specialty Pharmacy	
Up to a 30-day supply	Generic: \$7 Brand Name: 20% of cost of drug (maximum \$75)  <i>Note: Specialty medicines must be filled through CVS Specialty Pharmacy after the initial fill at a participating retail pharmacy.</i>	

<sup>1</sup> The maximum copay per 30-day supply of insulin is \$50. \$0 copay applies to diabetic test strips and lancets.

<sup>2</sup> If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.

<sup>3</sup> To locate CVS retail pharmacies and participating (non-CVS) retail pharmacies in your area, visit <https://info.caremark.com/fcps>. Refer to page 6 for instructions when using out-of-network, non-participating pharmacies.

## Coverage for preventive medicines

In compliance with the Affordable Care Act, certain preventive medicines, including women's contraceptives, are provided at \$0 copay.<sup>1</sup> Most women's contraceptives are eligible to be filled for a 12-month supply if prescribed by the physician.

Additionally, several preventive over the counter (OTC) products may also be provided at no copay as long as you have a prescription and the recommended criteria are met.

Generally, these items are drugs and vitamins recommended for specific age, gender, and risk categories. To have your copayment waived, you must meet the specified criteria and have a prescription from your physician — even for over-the-counter items. You must also provide your CVS Caremark identification card to the pharmacist for processing.

Drug or Category (prescription required)	Criteria
Oral Fluoride Supplements	Children 5 years of age or younger
Folic Acid Supplements <i>to help prevent birth defects in women who are planning, or are able, to become pregnant</i>	Women to age 55
Tobacco Cessation Products	Members who use tobacco products
Colonoscopy Preparation Medicine	Members age 45 to 75
Women's Contraceptives, to include: <ul style="list-style-type: none"><li>— Barrier contraceptives</li><li>— Hormonal contraceptives</li><li>— Intrauterine Devices</li><li>— Subdermal Rods</li><li>— Transdermal Patches</li></ul>	Women capable of pregnancy
Statins <i>low to moderate dose, for prevention of cardiovascular disease</i>	Members age 40 to 75
Antiretroviral Therapy for Pre-Exposure Prophylaxis (PrEP) <i>for preexposure prevention of Human Immunodeficiency Virus (HIV) infection</i>	Members who are at an increased risk of HIV infection
Breast Cancer Prevention	Members 35 years of age and older who are at an increased risk
Diabetes Prevention Medicine <i>for preventing or delaying diabetes</i>	Members 35 to 70 who have overweight or obesity

<sup>1</sup> Some medications may require prior authorization to meet the Preventive Services (\$0 copay) criteria.



## Out-of-pocket maximums

Once your pharmacy out-of-pocket expense reaches the levels specified below, the plan will pay covered charges at 100% for the remainder of the calendar year.

- **Individual:** \$1,500
- **Family:** \$3,000  
(All family members' copayments and coinsurance contribute toward the out-of-pocket maximum)

Additional costs for purchasing a brand name drug when a generic equivalent is available (ancillary charges) **do not apply** to the out-of-pocket maximum.

These out-of-pocket maximums are separate from out-of-pocket maximums for your medical plan. Refer to your medical plan summary plan description for information on your medical out-of-pocket maximums.



# How to Use Your Plan

## Filling your prescriptions

There are several ways to fill your prescriptions, depending on your needs.

### Filling a short-term prescription medicine

For short-term medicine needs, such as antibiotics for strep throat or pain relievers for an injury, filling your prescription at a participating local pharmacy is optimal. Simply present your CVS Caremark member ID card and written prescription to your pharmacist and pay your copayment as shown on page 3.

### Filling a maintenance medicine

- For prescription drugs you take regularly to treat ongoing conditions (such as drugs used to treat high-blood pressure or diabetes), the CVS Caremark Mail Service Pharmacy & CVS Retail pharmacy chains offer the best value. See page 7 for how to get started with the CVS Caremark Mail Service Pharmacy.
- You also have the option of filling your prescriptions at a non-CVS participating retail pharmacy. However, you will not receive the discounted copayments.

Please note: You are not required to use CVS retail pharmacies for filling your maintenance medications. If you choose to use a CVS retail pharmacy or CVS Caremark Mail Service, you will pay lower copayments than if you use other network retail pharmacies.

### Filling specialty medications

For specialty medicines used to treat complex conditions, such as drugs that treat cancer or multiple sclerosis, you must use CVS Specialty, the CVS Caremark specialty pharmacy. See page 9 for more information on CVS Specialty Pharmacy.

### Using an out-of-network pharmacy

If you use a pharmacy that's not covered in the network, you must pay the entire cost of the prescription and then submit a claim for reimbursement. Claim forms are located online at <https://info.caremark.com/fcps> and can also be requested by calling CVS Caremark Customer Care at 1-888-217-4161. Claims must be submitted within 365 days of the prescription purchase date. Reimbursement is limited to the amount the plan would have paid if the prescription was obtained at a participating local pharmacy, minus the appropriate copayment.

Please note: You must use 75% of your medicine before requesting a refill.

## Using the CVS Caremark Mail Service Pharmacy for your long-term prescription medicines

Filling your prescriptions through the CVS Caremark Mail Service Pharmacy offers the most convenient way to get your maintenance medications. Your medicines are delivered safely and conveniently to your home. When you use the CVS Caremark Mail Service Pharmacy, you can count on:

- Receive a 90-day supply of your medicines for two retail copayments
- Free standard shipping in a plain, weather-resistant pouch
- Flexible payment options, and if you elect, automatic refills
- Refill orders placed at your convenience, by telephone or online
- Access a registered pharmacist any time, day or night, year-round



## Getting Started with Mail Order

When you use the CVS Caremark Mail Service Pharmacy, you can obtain a 90-day supply of your medicines for less than you would pay at many retail pharmacies. You can begin using the CVS Caremark Mail Service Pharmacy for home delivery of your maintenance medicines, using one of the following options:

### 1. Online:

Register online at <https://info.caremark.com/fcps> to begin managing your prescriptions online. Go to the “Contact Us” link and select the “Register” button.

### 2. By mail:

Ask your doctor to provide you with a written prescription for your medication. Mail the prescription and a completed Mail Service Order Form to either address listed below:

CVS Caremark  
PO BOX 659541  
San Antonio TX 78265-9541

CVS Caremark  
PO Box 2110  
Pittsburgh PA 15230-2110

Obtain a Mail Service Order Form at <https://info.caremark.com/fcps>.

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

### 3. By fax or electronic submission from your doctor:

Have your doctor’s office fax (or electronically submit) 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 10 business days from the day CVS Caremark Mail Service receives your request.
- You must use 75% of your medicine before you can request a refill through mail order.

## Vacation Overrides

If you are going on vacation and need an additional supply of your medicine, you should ask your pharmacist to call the Pharmacy Help Line to request a vacation override. This will allow you to obtain your next refill early (you must have refills remaining on your prescription). You may also contact Customer Care at 1-888-217-4161 for assistance.

## Using CVS Specialty for specialty medicines

CVS Specialty Pharmacy is a full-service mail order pharmacy that provides home delivery service for specialty medicines. These medicines are used to treat a number of complex conditions, such as cancer and arthritis. CVS Specialty Pharmacy does more than provide your medication. CVS Specialty Pharmacy provides you with greater access to your medication and the support you need to take them safely and effectively, so you can stay healthier, longer.

## Getting Started

To get started, call a [CVS Specialty representative at 1-800-237-2767](tel:1-800-237-2767) or register online at <https://www.CVSSpecialty.com>. You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medicine on a day that is convenient. You may refill specialty medicines one month at a time (maximum 30-day supply per copayment).

### 24/7 Personalized Care

CVS Specialty provides 24/7 support from an entire CareTeam of specially trained pharmacists and nurses. CareTeam can help you manage your condition by checking dosing and medication schedules, answering your medication questions, suggesting how to relieve side effects, helping you set up new medication regimens, and checking that you are taking your medication as prescribed.

### Flexible, Medication Pick-Up or Delivery

CVS Specialty lets you stay in control and on track with flexible medication pick-up or delivery service. Just pick up your medication at any of the 7,600 nationwide CVS Pharmacy locations or have it delivered to your home — the choice is yours.

### Convenient Online Prescription Management

Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools.

- Fast refill requests: You can fill all your specialty medications and supplies at the same time with the one-click “Refill All” tool.
- Up-to-date prescription information: View your prescription history, refills remaining, your costs, last fill date and more.
- Medication pick-up or delivery options: Request your refills be sent directly to the location of your choice or pick them up at your local CVS Pharmacy.
- Secure prescription information storage: Keep all your specialty prescription information in one, secure place. Save your favorite CVS Pharmacy location or address for faster ordering and checkout.



## Utilization management programs

The plan includes several utilization management programs to promote safety along with appropriate and cost-effective use of prescription medications.

### Generics preferred program (automatic generic substitution)

Only your doctor can decide which prescription drug works best for you. If you want to lower your out-of-pocket costs, ask your doctor whether a generic drug is available and right for you.

With a generic drug, you get the same high-quality, effective treatment that you get with its brand name counterpart — without the high cost. FDA-approved generic equivalent medicines 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. To help manage the cost of prescription benefits, the plan includes an automatic generic substitution feature.

### How does the “generics preferred program” work?

When your doctor prescribes a brand-name drug and a generic substitute is available, you will automatically receive the generic drug unless:

- Your doctor writes “dispense as written” (DAW) on the prescription; or
- You request the brand name drug at the time you fill your prescription

If you choose generic medicines, you get high-quality, effective medications at the lowest cost. Your copayment for the generic drug will be less than the copayment for the brand name drug.

If a generic is available, but you or your doctor request the brand name drug, you will pay the generic copayment PLUS the full difference in cost between the brand-name drug and the generic equivalent. This difference in cost is referred to as the ancillary fee. The ancillary fee is in addition to the copayment, so the cost could exceed the copayment maximum.

For example:

Brand name medicine	\$150
Generic medicine cost	\$60
Difference (ancillary fee)	\$90
Copayment	\$7
Total cost	\$97

If you chose the generic drug, you would pay \$7.

**Please Note:** If your doctor requests you take the brand name drug due to medical necessity, please refer to the Prior Authorization section on page 13.

## Step Therapy

The Step Therapy program helps assure that you get the safest, clinically effective treatment while keeping cost in mind. With step therapy, you typically start with a generic drug before a brand name drug is approved. If you are not able to use the generic drug, brand name drugs are covered in the second step.

### How does step therapy work?

Step therapy is designed for people who regularly take prescription drugs to treat ongoing medical conditions such as arthritis, asthma, or high blood pressure. Prescription medicines are grouped into two categories:

**Step 1 medicines** are generic drugs that have been rigorously tested and approved by the FDA. Generics should be prescribed first because they can provide the same health benefits as higher-cost medicines. (See page 10 for more information.)

**Step 2 medicines** are brand name drugs such as those you see advertised on television. There may be multiple Step 2 medicines approved for a condition. They're recommended only if a Step 1 medicine doesn't work for you. Step 2 medicines almost always cost more than Step 1 medicines.

### What if my doctor prescribes a Step 2 medicine?

Ask if a generic (Step 1) alternative medicine may be right for you. An alternative medicine is one within the same therapy class. This is different from a generic equivalent, which would be automatically substituted for its brand name counterpart.

Please share your formulary — the list of prescription drugs covered by your plan — with your doctor. The pharmacy cannot automatically change your prescription; your doctor must write a new prescription for you to change from a Step 2 medicine to a Step 1 medicine. If a Step 1 medicine is not a good choice for you, then your doctor can request prior authorization (described in more detail on page 13) to determine if a Step 2 medicine will be covered by the plan.

### Who decides which prescription drugs are included in step therapy?

A panel of independent licensed physicians, pharmacists and other medical experts work with CVS Caremark to recommend medicines for inclusion in the step therapy program. Together, they review the most current research on thousands of prescription drugs tested and approved by the FDA for safety and effectiveness, recommending appropriate prescription drugs for the program. For more information on step therapy in your benefit plan, visit <https://info.caremark.com/fcps> or call Customer Care at 1-888-217-4161.

## Opioid Medications — Quantity Limits and Age-Based Restrictions

With the nationwide concern about misuse of opioid medications, CVS/Caremark has implemented a program to ensure opioid medications are being used within FDA guidelines. The Opioid Quantity Limits / Age-Based Restrictions program includes prior authorization and/or quantity limits, and age-based restrictions (i.e., for children under a certain age), for specific opioid drugs.

The quantity limits/age-based restrictions are based on FDA-approved product labeling and/or Center for Disease Control (CDC) guidelines. This program is designed to aid in appropriate utilization of opioid medications.

### How does the Opioid Quantity Limit work?

The initial quantity limit for opioid therapy is based on dosage frequency recommendations in product labeling. For most products, coverage for quantities above the initial limit is provided through prior authorization for medical necessity, only when certain coverage conditions are met.

We encourage you to talk to your doctor today about safe and appropriate use of opioid medications. To request prior approval, please have your doctor call CVS Caremark at 1-800-294-5979. Without a prior authorization, you will be responsible for the cost of the medicine in excess of the quantity limit.

For more information on Opioid Quantity Limits and Age-Based Restrictions in your benefit plan, call [Customer Care at 1-888-217-4161](tel:1-888-217-4161).



## Prior authorization

Prescriptions for certain medicines require a prior authorization — also known as a coverage review — to ensure the drug is cost effective and clinically appropriate. The review uses both formulary and clinical guidelines and other criteria to determine if the plan will pay for certain medicines.

The following situations may require prior authorization for your prescription:

- Your doctor prescribes a drug not covered by the formulary
- The medicine prescribed is subject to age limits
- You need additional quantities of certain medicines, such as those used to treat migraines
- The medicine is only covered for certain conditions

If, on the rare occasion you are not able to take the generic medicine, your doctor can request a prior authorization that may allow you to purchase the brand without paying the ancillary fee.

## How to appeal

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  
Fax: 1-866-689-3092

Please include: your name and member ID number, the doctor's name and telephone number, the name of the medicine, and any information relevant to your appeal. The appeal will be reviewed according to your plan provisions, and a decision will be sent to you and your doctor.

If you require an urgent review, please call [Customer Care at 1-888-217-4161](tel:1-888-217-4161) 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 still choose to fill this prescription, you will be responsible for the cost of the medicine that has not been approved. You have a right to receive, upon written request and at no charge, 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.



## Quantity level limits

For some medicines, such as medicines used to treat migraines, your plan covers a limited quantity within a specific period of time. A coverage review may be available to request additional quantities of these medicines. Please note that the pharmacy does not automatically initiate a coverage review process for additional quantities. You or your doctor must initiate this process.

## Claims Inquiry

If you believe your claim was incorrectly denied or you have questions about a processed claim, call [CVS Caremark Customer Care at 1-888-217-4161](tel:1-888-217-4161).

## Privacy

Your FCPS Benefit Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. To review the FCPS Group Health Plan Notice of Privacy Practices, refer to [www.fcps.edu](http://www.fcps.edu) and search “Group Health Privacy Practices.”



## Resources at-a-glance

### Online resources for members not yet enrolled in the plan

If you are not yet enrolled in the plan, you may visit <https://info.caremark.com/fcps> to learn more about the prescription benefit plan. You will find detailed information to help you explore your pharmacy options:

- View plan highlights
- Locate participating retail pharmacies
- Compare medicine prices
- Find out if your medicines are in the formulary

### Online resources for members already enrolled in the plan

Register today at <https://info.caremark.com/fcps>. Once you register for a Caremark.com account, you will find all of the information listed above. In addition, your Caremark.com account will allow you to track all of your prescription information and will provide quick access to help you manage your health and medication options. Once registered, you may use your account to:

- Check prescription pricing and coverage
- Order refills and track the status of your prescriptions filled through the CVS Caremark Mail Service Pharmacy
- Request mail order forms and envelopes and download claim forms
- Print a temporary ID card
- Obtain health information and much more

# Customer Care

Call 1-888-217-4161 to speak with a Customer Care representative to:

- Ask questions about your prescription benefits
- Find the nearest participating retail pharmacy
- Speak with a registered pharmacist
- Order refills
- Request CVS Caremark Mail Service Pharmacy home delivery order forms or envelopes
- Request claim forms for prescriptions filled at out-of-network pharmacies

*All services listed above are available 24 hours a day, 7 days a week.*

For additional information about the services available to you through CVS Specialty Pharmacy, please call 1-800-237-2767.

## Telephone Numbers

Customer Care (24/7) .....	1-888-217-4161
TTY (24/7) .....	711
CVS Specialty Pharmacy (24/7) .....	1-800-237-2767

