

## 2022 Prescription Benefits Summary for FCPS Members Enrolled in Aetna/Innovation Health and CareFirst BlueChoice Advantage Health Plans

### Your Prescription Drug Plan

CVS Caremark provides convenient access to retail and mail service delivery options to help ensure you receive the prescriptions you need. Your prescription drug plan includes access to:

- A nationwide network of more than 68,000 participating retail pharmacies (both CVS and non-CVS pharmacies).
- The CVS Caremark Mail Service pharmacy, for convenient delivery of your medication to your home address.
- The CVS Specialty pharmacy, for participants who take specialty medications for treatment of rare or complex conditions.

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

The amount you pay for your covered medications depends on the day supply dispensed, category of medication (generic, brand, or specialty), and where you fill your prescriptions.

	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> 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>.

## Maximum Out-of-Pocket

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

**Individual:** \$1,500

**Family:** \$3,000

## Formulary

Your coverage under CVS Caremark is based on a formulary—a preferred list of covered medications. Your formulary offers a wide selection of clinically-sound, cost-effective generic and brand-name prescription drugs. To view the current formulary, visit <https://info.caremark.com/fcps>.

## Preventive Medications

To promote good health and help prevent the need for costly care, your plan offers coverage for a number of preventive medications at \$0 copayment. These include women's contraceptives and several over-the-counter drugs recommended for coverage by the U.S. Preventive Services Task Force. Coverage of these drugs requires a prescription (even for over the counter items) and are subject to certain age and gender criteria.

## Utilization Management Programs

Your 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)

If your doctor prescribes a brand-name drug when equivalent generic drugs are available, you will automatically receive an FDA-approved 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

\* When more than one generic drug is approved, CVS Caremark may fill your prescription with any approved generic equivalent.

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.

If your doctor requests you take the brand name drug due to medical necessity, please refer to the Prior Authorization section.

### Prior Authorization

Prescriptions for certain medications require a prior authorization, also known as a coverage review, to ensure the drug is safe, clinically appropriate and cost effective for your condition. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medicines. If your prescription requires a prior authorization, your doctor must submit a request for coverage review for approval.

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-name drug without paying the ancillary charge.

## Step Therapy – Brands Requiring Use of Generics First

Some brands require the use of clinically appropriate, cost-effective generic drugs before the Plan will cover higher-cost medications. 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 may be covered in the second step.

## 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 visit any participating retail pharmacy and present your CVS Caremark member ID card and written prescription to your pharmacist. See page 1 for your copayment/coinsurance amounts.

**Filling maintenance medicines:** For medications you take regularly to treat ongoing conditions (such as drugs used to treat high-blood pressure or diabetes), the CVS Caremark Mail Service Pharmacy and CVS retail pharmacy chains offer the best value. You also have the option of filling your prescriptions at a non-CVS participating local pharmacy. However, higher copayments may apply (see page 1 for copayment/coinsurance amounts).

**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 (drugs used to treat complex conditions, such as cancer or multiple sclerosis), you must use the CVS Specialty pharmacy. Specialty medications are conveniently delivered to your home address, or you may choose to pick up at your local CVS pharmacy. For more information about CVS Specialty Pharmacy, contact a CVS Specialty representative at 1-800-237-2767 or register online at <https://CVSpecialty.com>.

## For more information

For more information about estimated medication costs, participating pharmacies, covered drugs and more, visit <https://info.caremark.com/fcps> or call CVS Caremark toll-free at 1-888-217-4161.