

STATE OF TENNESSEE

CVS CAREMARK® FREQUENTLY ASKED QUESTIONS (FAQs)

Who is CVS Caremark?

CVS Caremark is the pharmacy benefit manager (PBM) chosen by the State Group Insurance Program, known as ParTNers for Health, through a competitive procurement process according to state rules. CVS Caremark manages the prescription benefits for all state and higher education employees and their dependents, many local education and local government employees and their dependents, as well as some pre-65 retirees, throughout Tennessee.

PHARMACY OPTIONS AND NETWORKS

Do I have to use CVS Pharmacy® to fill my prescriptions?

No. You can go to any pharmacy in the network. There are four kinds of pharmacy networks:

- You may fill your **30-day supply of medications** at most pharmacies nationwide, including Walgreens, Kroger, Walmart, Sam's, Costco, Publix, Food City and thousands of independent pharmacies. To check which pharmacies are in the network, use the online Retail Pharmacy Locator tool: info.caremark.com/stateoftn.
- **90-day supply** — Not all pharmacies that are in the 30-day network are in the Retail-90 network (such as Walgreens). To check which pharmacies are in-network for a 90-day supply, use the online 90-day retail list. Go to info.caremark.com/stateoftn and click on "90-day Retail Pharmacy List" in the Caremark.com/portal/asset/Mail_Retail_Network_Listing.pdf.
- **Vaccine Network** — Members may get a no-cost flu shot and/or pneumococcal vaccine by using a participating vaccine network pharmacy. Go to info.caremark.com/stateoftn and click the below links to see your state's pharmacy listing.
 - [Vaccine Pharmacy List AK-KY](#)
 - [Vaccine Pharmacy List LA-MT](#)
 - [Vaccine Pharmacy List NC-SD](#)
 - [Vaccine Pharmacy List TN-WY](#)
- **Specialty Pharmacy Network** — Your insurance plan requires you to fill your specialty medication through CVS Specialty® or through one of the pharmacies in our Specialty Pharmacy Network. You can find a list of the participating specialty pharmacies by going to info.caremark.com/stateoftn and clicking on "Specialty Pharmacy List" in the Caremark.com/portal/asset/tn_specialty_networklist.pdf.

You can also call CVS Caremark Customer Care at **877-522-8679** to find a list of the in-network pharmacies near you.

How will my pharmacy know that CVS Caremark is my pharmacy benefit manager?

For your first visit to a pharmacy, you will need to present your CVS Caremark ID card. After that, your information is generally on file with the pharmacy.

ID CARDS

I did not receive an ID card. How do I get one?

You can call Customer Care at **877-522-8679** – 24 hours a day, 7 days a week – and ask to have another card mailed to you. Or you may register online at info.caremark.com/stateoftn and print a temporary ID card. The CVS Caremark ID card is also available through the CVS Caremark app.

Do I get separate ID cards for my covered dependents?

Yes. Each member covered on your insurance plan will receive their own pharmacy ID card. If you need a replacement card, you can call Customer Care at **877-522-8679**.

WEBSITES

There are two websites. Which one should I use?

You can use either. One does not require you to sign in and the other does:

- info.caremark.com/stateoftn is a dedicated and customized website that has program information, specifically about your pharmacy benefits, which does not require a member to sign in.
- Caremark.com requires you to register and sign in. It provides specific information about costs and coverage, prescription refills, recent order status, and drug cost comparisons for you and any dependents.

Is it a good idea for me to register for an online account at Caremark.com?

Yes. When you register, you can see the copay, coinsurance* or other cost share you may pay for your medication that is specific to the health plan that you enrolled in (Premier, Standard, Limited, CDHP/HSA).

*Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

For members enrolled in the CDHP/HSA or the Local CDHP/HSA, registering may be of extra value because you pay coinsurance rather than a flat dollar copay. Drug costs can vary widely from one pharmacy to another. You can select the pharmacy where you may want to fill your prescription, your drug name and strength, and you can get an estimate of your drug cost at that pharmacy. This can impact you if you are enrolled in the CDHP because you are responsible for the full insurance-negotiated cost of the drug until you reach your plan's deductible. For PPO members, your insurance plan pays the remainder if the cost of the drug varies.

FORMULARY, COVERED MEDICATIONS AND TIERS

Is my medication covered?

You can find out if your medication is covered by calling Customer Care at **877-522-8679** or by signing in to [Caremark.com](https://www.caremark.com). You will need to create an account first, using the information found on your CVS Caremark ID card.

What is a formulary and where can I find the one we use?

This is the list of medications covered by your insurance plan, which is organized into different “tiers” (Generic, Preferred Brand and Non-Preferred Brand) indicating how much your cost will be for each drug.

- **Generic Drug** – A generic drug (**also called tier one**) is a U.S. Food and Drug Administration (FDA)-approved copy of a brand-name drug. A generic medication is equal to the brand-name product in safety, effectiveness, quality and performance. You pay the least when you fill a prescription with a generic drug.
- **Preferred Brand-Name Drug** – A preferred brand-name drug (**also called tier two**) belongs to a group of drugs that cost more than generics, but less than non-preferred brands. These are the most cost-effective brand-name drugs for you.
- **Non-Preferred Brand-Name Drug** – A non-preferred brand-name drug (**also called tier three**) belongs to the most expensive group of drugs. You will pay the most if your prescription is filled with a non-preferred brand-name medication.
- **Specialty Drug Tier** – On the Premier PPO, Standard PPO and Limited PPO, tiered coinsurance applies to specialty drugs. For generic specialty drugs, 20 percent coinsurance with a member minimum of \$100 and a maximum of \$200 applies. On preferred brand or non-preferred brand specialty drugs, 30 percent coinsurance with a member minimum of \$200 and a maximum of \$400 applies. On the CDHP and Local CDHPs, the usual 20 or 30 percent coinsurance applies to all specialty drugs. Members must pay the full insurance-discounted cost until they reach their plan's deductible, as well.

You can access the Formulary List by visiting info.caremark.com/stateoftn.

How often are changes made to the formulary?

Formulary changes occur quarterly. There may be other changes when there is an urgent need. If you are impacted, you will be notified in writing 45 days prior to any change.

What is the difference between a generic medication and a brand-name medication?

Brand-name drugs are prescription drugs marketed with a specific brand name by the company that manufactures it, usually the company which develops and patents it. When patents run out, generic versions of many popular drugs are marketed at a lower cost by other companies. 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.

MAINTENANCE AND RETAIL-90 PROGRAMS

What is the maintenance tier program?

You can save money by filling medications you take regularly in a 90-day supply instead of a 30-day supply. For the Premier PPO, Standard PPO and Limited PPO, examples of maintenance drugs include those for high blood pressure, coronary artery disease, congestive heart failure, diabetes (insulins, oral meds and other injectables, needles, test strips and lancets), depression, statins and asthma/chronic obstructive pulmonary disease (COPD) and some osteoporosis medications (no specialty drugs are included). The maintenance medication benefit allows members to receive a 90-day supply at a reduced copay, instead of paying three 30-day copays.

Members enrolled in the CDHP or Local CDHP have a similar benefit that utilizes this HDHP/HSA Preventive Drug list from CVS Caremark:

https://www.caremark.com/portal/asset/preventive_dl.pdf, and your drug will bypass the plan deductible, which means your plan will pay its share of your covered services starting at the beginning of the year. You can conveniently fill these prescriptions either through CVS Caremark® Mail Service Pharmacy or at any Retail-90 pharmacy nationwide.

What does Retail-90 pharmacy mean?

A Retail-90 pharmacy is one that has agreed to lower costs for their medications and their dispensing fees for providing your medication. You will save money when you get a 90-day supply of your medications. You will make fewer trips to the pharmacy, and you'll only need to make one payment every three months. If you choose to use the Retail-90 option, you have several ways to get a 90-day supply of the drugs you take regularly for ongoing conditions. You can conveniently fill those prescriptions either through CVS Caremark Mail Service Pharmacy or at any Retail-90 pharmacy nationwide. You can find a list of the nationwide Retail-90 pharmacies by going to: info.caremark.com/stateoftn and clicking on "90-day Retail Pharmacy List" in the Caremark.com/portal/asset/Mail_Retail_Network_Listing.pdf.

MAIL SERVICE AND DELIVERY

What is CVS Caremark mail service?

Your medications are delivered by mail, including 90-day prescriptions. It is typically used for maintenance drugs taken by members on a regular basis, such as medication to reduce blood pressure or treat asthma, diabetes or a chronic heart condition.

Do I have to use mail service?

No. You are not required to, but filling a 90-day supply of your eligible medication through either mail service or at a participating Retail-90 pharmacy can save you money.

How can I start using mail service?

You can begin using the CVS Caremark Mail Service Pharmacy for home delivery of your medications, using one of the following options:

- **Online:** Register at info.caremark.com/stateoftn to begin managing your prescriptions online.
- **By fax or electronic submission from your doctor:** Have your doctor's office fax the prescription for a 90-day supply, plus the appropriate number of refills (maximum one-year supply). Most prescriptions are sent electronically. Your doctor should be able to send your prescription to CVS Caremark Mail Service Pharmacy by calling **877-522-8679**.
 - For new prescriptions, please allow up to 10 days from the day CVS Caremark Mail Service Pharmacy receives your request
 - You must use 75 percent of your medication before you can request a refill through mail service (80 percent of your medication for controlled substances)
- **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 order 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.

Are there other options for delivery other than mail service?

Yes. Some retail pharmacies offer delivery of your prescriptions. Check with your preferred retail pharmacy. Note that the pharmacy may charge you a fee for shipping your prescription.

How long does it take to receive my mail service prescriptions?

If you are out of refills and CVS Caremark Mail Service Pharmacy needs to obtain a new prescription, it may take up to 10 business days after the mail service pharmacy receives your request for your shipment to arrive. If you are placing a refill for an existing prescription it may take less time, as refills usually process the same day.

Where can I get the mail service order form?

For the mail service order form, please call Customer Care at **877-522-8679** or visit info.caremark.com/stateoftn and click mail service order form.

What other options are available for 90-day prescriptions?

In addition to mail service, you have a network of retail pharmacies where you can fill a 90-day prescription at the same cost as mail service. You can find the retail pharmacies at info.caremark.com/stateoftn and click on the 90-day Retail Pharmacy List.

SPECIALTY MEDICATIONS

What is a specialty medication?

A specialty medication is used to treat chronic, complex or life-threatening conditions. These medications are usually manufactured through biologic processes and/or target a specific gene. Typically, these medications are costly and require intensive clinical monitoring, complex patient actions, and/or special handling by the dispensing pharmacy. Although most commonly injected or infused, they may also be taken orally or inhaled.

Do I have to fill my specialty medication at CVS Specialty?

No, but your insurance program does require that you fill your specialty medication through one of the pharmacies in the Specialty Pharmacy Network. You can find a list of the participating specialty pharmacies by going to info.caremark.com/stateoftn and clicking on “Specialty Pharmacy List” in the Caremark.com/portal/asset/tn_specialty_networklist.pdf.

You or your doctor must choose one of these pharmacies, **OR** you can choose CVS Specialty to fill your specialty medication(s). Contact CVS Specialty at **800-237-2767**. The choice of which specialty pharmacy to use is between you and your doctor, but you must use one of the specialty network pharmacies on this list or CVS Specialty.

What is the telephone number for your specialty pharmacy for those taking specialty medications?

The ParTNers for Health program allows you to fill specialty medications at any pharmacy in the Specialty Pharmacy Network, but there may be restrictions for limited distribution medications. Find the Specialty Pharmacy Network at info.caremark.com/stateoftn. Click on “Specialty Pharmacy List” in the Caremark.com/portal/asset/tn_specialty_networklist.pdf.

If you choose to fill your specialty medications with CVS Specialty, please call **800-237-2737** 6:30 a.m. to 8 p.m. (CT) Monday through Friday, and they will be able to work with your doctor to fill or transfer your prescription.

How long does it take to fill a specialty prescription?

If you fill it through CVS Specialty it can take up to 72 hours, depending on how long it takes for your doctor to respond to any requests that the pharmacy may have. If all the necessary information is received, specialty medications usually ship the same day. Once it ships, a CVS Specialty representative will call to make sure you will be available for the delivery of your specialty medication. You have the option to have CVS Specialty ship your medication to your local CVS Pharmacy and you can pick it up there or have it delivered to your home, doctor’s office or location of your choice (where allowed by law).*

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long’s Drugs locations.

If you choose to fill it through another specialty network pharmacy, the length of time will depend upon the availability of the medication at that pharmacy.

Are there any other requirements about my specialty medication?

Yes. Specialty medications may only be filled in a 30-day supply each time. In addition, some specialty medications are subject to prior authorization review and approval before your insurance plan will cover them.

GENERAL QUESTIONS

How does the “generics preferred program” work?

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” on the prescription or
- You request the brand-name medication at the time you fill your prescription

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

What if I want the brand-name medication or my doctor requests the brand-name?

If a generic is available, but you or your doctor request the brand-name medication, you will pay the brand copay 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.

If your doctor wants you to take the brand-name medication due to medical necessity, please call Customer Care at **877-522-8679** and ask for the Brand Exception process.

Are vaccines covered under my pharmacy benefit?

Yes. You may receive various vaccines (e.g., influenza; measles, mumps, rubella [MMR]; shingles; hepatitis A and B; HPV; polio; varicella) at no cost at a participating Vaccine Network Pharmacy by presenting your CVS Caremark card at the pharmacy counter. Some vaccines have certain age requirements before the plan will cover them at no cost. To find a list of pharmacies in the Vaccine Network, go to info.caremark.com/stateoftn and look in the Network Lists box then click on the list for your state.

Are medications available at no cost to me?

Yes. Certain medications under the Affordable Care Act (ACA), such as contraceptives and tobacco cessation products, are available at no cost to you. A full list of available medications is available online:

Caremark.com/portal/asset/NoCost_Preventive_List.pdf.

What if I have questions about my benefits or my claims?

- If you have questions about what your plan covers or believe your claim was incorrectly denied or you have questions about a processed claim, please call Customer Care at **877-522-8679**.
- If you have a question about CVS Specialty, please call **800-237-2767**.

PRIOR AUTHORIZATION

What is a prior authorization?

Prescriptions for certain medications require a prior authorization – also known as a coverage review – to ensure the medication is clinically appropriate and cost-effective. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medications.

When would I need to get a prior authorization?

The following situations may require prior authorization for your prescription:

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

What medications require prior authorizations?

You can review the list of medications that require a prior authorization by going to info.caremark.com/stateoftn and clicking on “Prior Authorization, Step Therapy and Quantity Limit List” in the Drug Lists box.

My doctor’s request for prior authorization for my medication was denied. Can I appeal this decision? If so, how?

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

If you require an urgent review, please call Customer Care at **877-522-8679** for instructions. Not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours. If you choose to fill this 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 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.

COMPOUND MEDICATIONS

What is a compound medication?

A compound medication is one that is not commercially available in the strength or quantity prescribed by your doctor. A compounded medication is specifically mixed and prepared for you, based on a prescription from your doctor.

Is my compound medication covered?

To find out if your compound medication is covered, call Customer Care at **877-522-8679**. Your compound medication may be subject to prior authorization or benefit exclusion depending on the cost and the component ingredients.

QUANTITY LIMITS

What is a quantity limit?

The maximum number or amount of the medication that your insurance plan will cover.

Why are there quantity limits on my medication?

For some medications, your plan covers a limited quantity within a specific time period to promote safer, appropriate and cost-effective use of prescription medications.

What medications have quantity limits?

Some of the medications that have quantity limits include:

- PPIs (proton pump inhibitors used to treat ulcers)
- Sleep aids
- Erectile dysfunction drugs
- Pain medications
- Anti-migraine drugs
- Topical corticosteroids
- Influenza drugs

To see the full list of medications that have quantity limits, go to info.caremark.com/stateoftn and click on “Prior Authorization, Step Therapy, and Quantity Limit List” in the Caremark.com/portal/asset/STNRX_UM_drug_list.pdf. Scroll until you see “Quantity Limits.”

Is it possible for me to get more medication if my doctor says that I need more than the plan covers as part of the quantity limit?

Some of the quantity limits have a prior authorization available if you exceed the drug’s limit. Those medications with a prior authorization available are noted with a “yes” if you review the “Quantity Limits” list as directed in the previous question. If your doctor has determined that a greater amount is appropriate, your doctor should call CVS Caremark at **800-294-5979** to

request prior authorization for a larger quantity. This prior authorization phone number is for your doctor's use only.

What do I need to do if I am going on vacation and need additional medication?

If you are going on vacation and need an additional supply of your medication, please contact Customer Care at **877-522-8679**.

COPAYS AND COINSURANCE

Copay

Your copay is the flat dollar amount that your insurance plan requires you to pay in order to fill your prescription. You may pay a flat \$7, \$14, \$45, \$50, \$90 or other amount depending on which health plan option you are enrolled in (Premier PPO, Standard PPO or Limited PPO), which tier your drug is in (generic, preferred brand or non-preferred brand) and how many days of medication you receive. For example, if the pharmacy charges you \$250 and your copay is \$14, your insurance plan will pay the remaining \$236. In all situations, the copay is the maximum amount that you would pay for the medication. You can think of it as the most you will pay for each medication you fill when you stay in-network.

Coinsurance

Your coinsurance is a set percentage of the drug cost that your insurance plan requires you to pay in order to fill your prescription. You may pay a coinsurance of 10 percent, 20 percent, 30 percent or other amount depending on which health plan option you are enrolled in (CDHP or Local CDHP). For example, if the pharmacy charges \$250, after your coinsurance of 20 percent or \$50, the total cost for the medication is \$50 and your insurance plan will pay the remaining \$200.

What is the copay or coinsurance (also known as cost share) for my medication?

You have four options:

- You can look up the drug cost based on your health plan and prescription dosage by visiting info.caremark.com/stateoftn and clicking on the link to the plan that's relevant to you (Premier PPO [Individual or Family coverage], Standard PPO [Individual or Family], Local PPO [Individual or Family], CDHP [Individual or Family] and Local CDHP [Individual or Family]).
- You can sign in at Caremark.com. Once you are signed in, you can search for your specific pharmacy, and view your medications and costs specific to the health plan you enrolled in: Premier, Standard, or Limited PPO, CDHP or Local CDHP.
- You also have the option to view drug costs by downloading the CVS Caremark mobile app to your smartphone or other device.
- You can call CVS Caremark Customer Care at **877-522-8679**. If you have questions related to CVS Specialty, please call **800-237-2767**.