



FAQs Regarding Caremark Standard Option and High Option Prescription Drug Plans



Announced 3-14-2012

As previously announced, a number of changes to the Caremark Standard Option and High Option Prescription Plans took effect January 1, 2012. These changes were based on Montgomery County Council's Resolution No. 17-149 dated May 26, 2011. This information is designed to help answer frequently asked questions about the changes.

Note: There are no changes to Kaiser Permanente's prescription drug coverage. For more information about Kaiser prescription drug coverage, call 301-468-6000 (Washington D.C. area) or 1-800-777-7902 (Baltimore area). You can also visit <http://my.kp.org/mida/mcounty> or www.kaiserpermanente.org.

Coverage for maintenance medications

Q. What is a "maintenance medication"?

A. It is a medicine taken regularly for chronic conditions or long-term therapy, such as prescriptions for high blood pressure, asthma or diabetes.

Q. How does Caremark's new "Maintenance Choice" program work?

A. For the price of one copayment for up to a 90-day supply, you now have the choice of purchasing your maintenance medications one of two ways: 1) at a CVS/pharmacy retail location, or 2) through Caremark's Mail Service Pharmacy.

Note: If you fill a 30-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you must still pay the copayment *plus* the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this extra cost, submit a 90-day script with 3 refills through Maintenance Choice (either at a retail CVS/pharmacy retail location or through mail service).

Q. I have a 102-day prescription. Will it be limited to up to a 90-day supply?

A. Yes; based on Council's legislative changes (Resolution No. 17-149, pages 18 and 19), new and existing prescriptions purchased through the Mail Service Pharmacy or at a CVS/pharmacy retail location will only be filled for up to a 90-day supply, even if the prescription is written for a 102-day supply.

Q. I have a 30-day prescription at a CVS/pharmacy retail location. Will it be automatically converted to a 90-day prescription?

A. No; to take advantage of the lower pricing for your maintenance medications, ask your doctor for a 90-day prescription plus 3 refills (i.e., one year), as appropriate. Note that "30 days plus two refills" does not equal one prescription written for "90 days."

Limit to drugs prescribed to treat Erectile Dysfunction (ED)

Q. What is the new limit for ED prescription drug coverage?

A. The limit is 6 pills per month. Any amount above this limit will be paid in full by you. These rules also apply if you take a daily low-dose pill to treat ED.

Coverage for brand name medications

Q. My brand name drug prescription does not have a generic equivalent. Do I need a letter of medical necessity from my doctor? Also, how much will I pay?

A. No, you do not need a letter of medical necessity. For the copayment that pertains to your plan, refer to the "At-a-Glance" chart at the end of this document.

Q. My brand name drug prescription has a generic equivalent. Do I need a letter of medical necessity from my doctor? Also, how much will I pay?

A. If you do not have an approved letter of medical necessity on file with Caremark, you will pay the generic drug copayment plus the difference in cost between the brand name and generic drug cost. However, if your doctor certifies in a letter that it is medically necessary to prescribe a brand name drug instead of its generic equivalent, and if it meets the FDA approved diagnosis criteria, you will be charged the brand name copayment only.

Q. How do I request a letter of medical necessity from my doctor?

A. If your doctor determines that you require a brand name medication instead of its generic equivalent, follow the steps below. Note that some doctors charge a fee for writing a letter of medical necessity.

1. Request a letter of medical necessity from your doctor for your brand name prescription. The letter must be written on the doctor's official letterhead (not on the prescription) and must contain your name, date of birth, Caremark plan card ID number and employer name (Montgomery County Government). It must also include details of the medical reason for prescribing the brand name drug in place of the generic drug. It cannot simply state that in his/her medical opinion brand name drugs are better than generic drugs. Also, it is not sufficient to write "dispense as written" or "medically necessary" on the prescription.
2. Submit the letter of medical necessity to CVS/Caremark, Inc., Department of Appeals, MC109, P.O. Box 52084, Phoenix, AZ 85072-2084. You can also fax the letter to Caremark at 1-866-689-3092 or 1-866-443-1172.
3. If the waiver is approved by the Pharmacy Benefit Manager, you will receive a letter stating that it has been approved for one year from the date of approval. CVS/Caremark requires yearly updates of medical necessity. If the waiver is not approved, you can appeal the decision at the address/fax listed above.
4. Fill your prescription through a retail pharmacy or mail service.



Caremark High & Standard Option Prescription Plans *At-a-Glance*



<p>Where / how</p>	<p>Retail Pharmacy Network To purchase up to a 30-day supply of a short-term medication, use your Caremark member ID card at over 64,000 participating retail pharmacies (e.g., a CVS, Target, Giant, Safeway, Walgreens or Walmart pharmacy).</p> <p>Maintenance Choice® To purchase up to a 90-day supply of a maintenance medication, use your Caremark member ID card at one of the 7,100 CVS/pharmacy retail locations <u>or</u> use Caremark’s Mail Service Pharmacy.</p> <p>Important: If you fill a 30-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you pay the copayment <i>plus</i> the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this, submit a 90-day script with 3 refills through Maintenance Choice (either at a CVS/pharmacy retail location or through mail service).</p>								
<p>High Option \$4 / \$8 Plan Copayments <i>IAFF & MCGEO</i></p>	<table border="0"> <tr> <td>Generic drugs:</td> <td>\$4</td> </tr> <tr> <td>Brand name drugs with no generic:</td> <td>\$4</td> </tr> <tr> <td>Brand name drugs that have a generic:</td> <td>\$8, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$4 <i>plus</i> the difference between the brand name and generic drug costs.)</td> </tr> </table>	Generic drugs:	\$4	Brand name drugs with no generic:	\$4	Brand name drugs that have a generic:	\$8, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$4 <i>plus</i> the difference between the brand name and generic drug costs.)		
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<p>⓪ Caremark’s quarterly Preferred Drug List (PDL) is available at www.montgomerycountymd.gov/ohr; click <i>Benefits</i> at top left and select the applicable Health Insurance page from the drop-down menu; the PDL is located in the <i>Prescription Plan Caremark Materials</i> section.</p>									

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For more information

Caremark:
OHR Health Insurance Team:

Call 1-866-240-4926 toll-free or visit www.caremark.com
Email benefits@montgomerycountymd.gov or call 240-777-5120