

Covered Services

Prescription drugs are covered when you purchase them through CVS/Caremark's pharmacy network and are applicable to our program. For convenience and choice, these pharmacies include both CVS retail chains and independent stores. To locate a network pharmacy, go to your member website (Caremark.com), or call Member Service at 800-552-8159.

Our program includes formulary coverage. The formulary is a list of FDA-approved prescription drugs. It covers products in every major treatment category. The formulary list is ever evolving and updated quarterly. You can see a copy on your member website. You can also call Member Service for more information. The formulary drug list may restrict coverage of some drugs. The formulary list is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety, and effectiveness. It includes products in every major therapeutic category. Our program covers both preferred and non-preferred drugs.

Network

Our plan utilizes CVS/Caremark's National Network. This vast network of over 68,000 pharmacies include access to all CVS retail pharmacies all major chains and most independent pharmacies. You can see a full list of providers at www.Caremark.com or call member services for assistance.

Covered Drugs

Covered drugs include:

- those which, under Federal law, are required to bear the legend: "Caution: Federal law prohibits dispensing without a prescription"
- drugs dispensed by a licensed pharmacist;
- prescription drugs listed in your program's prescription drug formulary;
- preventive drugs that are offered in accordance with a predefined schedule and are prescribed for preventive purposes.
- immunizations that are offered in accordance with a predefined preventive schedule and that are prescribed for preventive purposes and are not subject to cost-sharing when received from a participating pharmacy provider;
- prescribed injectable insulin;
- diabetic supplies, including needles and syringes;
- continuous glucose monitoring devices when prescribed by your provider in connection with a covered service and when purchased at a participating pharmacy provider for outpatient use; and
- certain drugs that may require prior authorization.

For certain medications, the Prescription Drug Plan requires a coverage review or "prior authorization" by CVS/Caremark before benefits will be paid. This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe, and effective. During this review, CVS / Caremark asks your doctor for more information than what is on the prescription before the medication is approved to be covered under our plan. The list of medications that require prior authorization will change from time to time, and drugs that do not require prior

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authorization may require it in the future. To find out whether a medication requires a coverage review, log in to your CVS / Caremark member portal at any time. Prior authorizations, when approved, are typically approved for a one year period, unless otherwise noted. Your physician may call CVS / Caremark to request a prior authorization approval.

Specialty Drugs

Our program is supported by CVS/Caremark's Exclusive Specialty Drug Program. Specialty drugs are often therapies that are biologics and are injectable or infused. There are complexities associated with monitoring, handling and administering specialty drugs and the member experience can be very inconsistent when managed by an array of vendors. The Exclusive Specialty solution is designed to optimize specialty pharmacy value and simplify management by consolidating access to specialty medications solely through CVS / Caremark's Specialty Pharmacy. This provides consistent member experience and support, which leads to better clinical outcomes.

You are required to fill specialty medications at a CVS / Caremark specialty pharmacy. Our specialty pharmacies follow specialty guideline management protocols that promotes safe and appropriate utilization of specialty drugs by applying evidence-based guidelines before and throughout the course of therapy.

Formulary Drugs

Through CVS/Caremark our plan follows the Advanced Control Specialty Formulary (ACSF). The formulary utilizes formulary exclusions, new-to-market (NTM) drug management, tiering strategy, and specialty guideline management (SGM) to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies. ACSF drug exclusions encompass the therapies offered for Specialty Preferred Drug Step Therapy.

Mandatory Generic Drugs

Our program includes a mandatory generic penalty (MGP) provision. To help contain costs, if a generic drug is available, you will be given the generic. Should you purchase or should your physician prescribe a brand name drug when a generic is available, you must pay the price difference between the brand and generic prices in addition to the applicable copayment or coinsurance amount.

90 Day Maintenance Supplies at Retail and Mail Order

Our prescription drug plan includes 90-day maintenance medication plan design through retail CVS pharmacies. This program offers both savings and a seamless member experience. You have the opportunity to choose how to fill your 90-day supply of maintenance prescriptions – either at CVS/pharmacy or by mail –at the same low copay.

What Is Not Covered

The plan will exclude certain drugs that have limited clinical value and which have clinically-appropriate, lower-cost alternatives (e.g., brand name drugs that are combinations of existing generic or over-the-counter drugs, new formulations of existing drugs). CVS / Caremark determines which drugs meet the criteria for exclusion.

Our Plan Designs

	NJEHP / GSHP Plans	Legacy Plans
	Retail Copays (30 days supply)	
Generic Drugs	\$5 Copay	\$10 Copay
Formulary Brand Drugs	\$10 Copay	\$20 Copay
Non-Formulary Brand Drugs	\$10 Copay	\$20 Copay
	Mail Order Copays (90 days supply)	
Generic Drugs	\$10 Copay	\$10 Copay
Formulary Brand Drugs	\$20 Copay	\$20 Copay
Non-Formulary Brand Drugs	\$20 Copay	\$20 Copay
Deductible	N/A	N/A
Maximum Out of Pocket	Individual - \$1,600 Family \$3,200	Individual - \$6,200 Family - \$12,400

Definitions

Copay:	Fixed member out-of-pocket cost for specific prescription drugs.
Deductible:	Specified amount of money that the member must pay before CVS/Caremark will pay a claim.
Out-of-pocket maximum:	The maximum amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and

	coinsurance, the plan pays 100% of the costs of covered benefits.
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How to file a claim

Paper

- Complete a paper claim form. A form can be found on the CVS member portal or you can request a paper claim form from member services.
- With a claim form you will need to submit any receipts or transaction details from the provider, the prescribing physician’s NPI (national provider ID), and prescribing physician’s name.
- A fully executed claim form should be sent to:

CVS/Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

Online or Application Based

- Claims can also be submitted online at Caremark.com or via the CVS/Caremark application for Android or IOS. You will need to be registered for the member portal to take advantage of either electronic claim filing option.
- Both platforms will walk your through the claim filing process when you select the “Submit & Track Prescription Claims” option.
- For assistance, please call member service at 800-552-8159.