Background:
This document provides some general information regarding the CVS Caremark 2012 Formulary Changes.

Because there are often multiple drugs available to treat the same condition, CVS Caremark is committed to:
- Ensuring that plan members get effective medications; and keeping access to prescription drugs affordable.
- Keeping up with marketplace changes, including new medications and varying prices.
- Regular reviews of the Preferred Drug List by our pharmacy staff.

Who made the change and who members can talk to:
- CVS Caremark has been asked to manage prescription drug plans for select employers and health plans. Part of this management consists of periodic changes to the drug list (or formulary). These changes have appropriate formulary alternative options to the drugs no longer covered by the drug list (formulary).
- We encourage members to reach out to their doctors with any questions regarding the recommended alternative drug.

What members can do:
- Members should talk to their doctors about changing to a formulary alternative.
- Encourage your doctor to review all alternatives that are available. Use Caremark.com to access the drug list and to use other tools to help best manage your medications.
- If a member chooses not to change to the recommended and/or covered drug, the member may be responsible for 100% of the prescription cost.

When will these changes go into effect?
- These changes are effective January 1, 2012.

Where do I go now to get my prescription filled with the new drug?
- Members can have their prescriber call the prescription into any retail pharmacy in their network plan or the CVS Caremark Mail Service Pharmacy.
- It is important to talk with your doctor and have a new prescription provided before your next refill due date to ensure no interruption in therapy.

Why was this change made?
- Most drug classes offer many options for the effective management of a given condition. One way to control prescription drug costs is through which drugs are covered by the drug list (formulary).
- Medications that are being removed from the formulary have effective alternatives available.
How members can learn more about their options:

- Talk to your doctor about all formulary alternatives that are available. This change will result in savings for most members if they, and their doctor, choose a generic formulary alternative option. For many of these drugs, there are both generic and brand formulary alternative options, allowing for choice in making this change.
- For additional options, your doctor can consult the drug list [here](#).

However, if your doctor chooses a non-covered drug, your plan may require you to pay the full cost.

**Frequently Asked Questions**

Representatives may find these helpful in providing members with the most accurate information.

**Q1:** Who is responsible for this change?

**A1:** CVS Caremark has made this change with the approval of their national and independent P&T Committee.

**Q2:** Why is this product no longer being covered?

**A2:** Select medications are being discontinued because equally effective and more cost-effective alternatives are available.

**Q3:** My other medications are not listed on here. Will they still be covered?

**A3:** This formulary change only affected a small number of medications that are listed. Review your plan materials to ensure there are no other specific coverage rules for any of your other medications.

**Q4:** Can I still get the non-covered medication if I pay full price?

**A4:** Yes, members can still pay full price for that specific medication.

**Q5:** If I submit the non-covered medication, will you fill it or will it be rejected?

**A5:** At a retail pharmacy, the prescription will be not be covered by your prescription drug plan. A message will be returned to the pharmacy with information about the formulary alternatives. Ask your pharmacist to contact your doctor regarding those alternatives. You always can obtain the medication but you will have to pay the full price of the medication.

At mail, we will first contact your doctor about the formulary alternatives to help ensure no delay in you receiving the medication. If we are unable to contact your doctor, you will be notified and should contact your doctor directly about the formulary alternative medications. This may result in a delay in receiving your medication.
Q6: What if my doctor does not want me to use the alternative or I have already tried them and they didn’t treat my condition?
A6: Your doctor should review and consider all other formulary alternatives. If you do not want to use any of the covered alternatives, you can continue with your current medication but should expect to pay the full price of the prescription subject to the terms of your plan.

Q7: Can my doctor submit a Prior Authorization?
A7: Prior Authorization is not applicable in this situation. [Representatives should see the Client Information Form to determine if a medical exception process is in place. Additional guidance can then be based on that specific information.]

Q8: Will my local pharmacy still fill this medication?
A8: Yes, any pharmacy in your network will fill your new prescription. If you choose to remain on your current medication, you may use any pharmacy and should expect to pay the full price of the prescription.

Q9: What if I do not want to use CVS/pharmacy or CVS Caremark Mail Service?
A9: Members can use any retail pharmacy in their network. Members do need to know their drug benefit in case they have Maintenance Choice® or other design that may limit the pharmacies they can use for their prescription medications.

Q10: What other drugs are being excluded
A10: For a complete list, click here.