Traditional Generic Step Therapy Program Effective 7/1/12

Listed below are Frequently Asked Questions: Brand Medications Requiring Use of a Generic First

Q1: I received a letter about a change to my prescription benefit but don't understand what it means. Can you please explain it to me?

A1: According to your plan, in order to have coverage for prescription drugs in certain drug classes, you must try a generic drug first to treat your condition. If you try (or have tried) a generic drug and it does not work for you, then you may receive coverage for a brand-name drug that your doctor prescribes.

The amount you pay for your prescription will be lower when you choose a generic drug.* However, if you choose to use a brand-name drug without trying a generic first or without getting prior approval, coverage may be denied and you may have to pay the full cost of the brand-name drug.

*The amount of your savings will vary based on your benefit plan.

Q2: Why has my prescription benefit plan changed?

A2: Your plan sponsor and CVS Caremark are always looking for ways to offer you choice and help you save money on your prescriptions. Your plan is designed to help you and your Health Fund maintain affordable prescription drug coverage, and save on prescription costs by encouraging the use of lower-cost generic drugs.

Keep in mind that your plan provides coverage for generic drugs without restriction. These drugs are safe, effective and will save you money.*

*The amount of your savings will vary based on your benefit plan.

Q3: Why does my plan sponsor or CVS Caremark want me to use a generic first?

A3: Generic drugs are a safe, effective, low-cost option for treating many common conditions. Because generic drugs cost 30 percent to 80 percent less, on average, than brand-name drugs, they can help you and your plan sponsor save money.*

*Generic Pharmaceutical Association's Web Site: http://www.gphaonline.org/Content/NavigationMenu/AboutGenerics/Statistics/Statistics.htm

Q4: What if I want to stay with my current brand-name drug?

A4: You may choose to stay with your current brand-name drug. However, if you have not tried a generic to treat your condition within the last 180 or 365 days, the amount of days is dependent on the class of drug, and your doctor has not received prior approval for the brand-name drug, coverage may be denied and you may have to pay the full cost of the brand-name drug.

If your doctor receives prior approval, your brand-name drug may be covered under your plan.

Copayment, copay or coinsurance means the amount a plan 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.

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Q5: What do I need to do to change to a generic drug?

A5: Let your doctor or other health care provider know you prefer to use generic drugs whenever possible. Ask your doctor to allow for generic substitution or to write a new prescription for a generic drug to treat your condition.

Your doctor will need to write a new prescription for a generic alternative available in the same drug class as your brand-name drug.

Q6: I'm concerned about using a generic drug.

A6: According to the U.S. Food and Drug Administration (FDA), generic drugs are safe and effective.

If you are concerned about using a generic, ask your doctor or other health care provider if a generic drug is right for you.

Q7: What if I already tried a generic?

A7: If our records show that you have tried a generic drug to treat your condition within the last 180 or 365 days, the amount of days is dependent on the class of the drug, then your brand-name drug may be covered.

If more than 180 or 365 days have passed since you tried a generic drug to treat your condition, your plan requires you to try a generic again. It is possible that new generics may now be available to treat your condition.

CVS can check your drug history for you to see when you tried the generic last.

Q8: What happens if I choose to use a brand-name drug?

A8: According to your plan, if you choose to use a brand-name drug without trying a generic first, coverage may be denied and you may have to pay the full cost of the brand-name drug.

If you try (or have tried) a generic drug first (within the last 180 or 365 days, the amount of days is dependent on the class of the drug) to treat your condition, you may receive coverage for the brand-name drug.

Q9: What if there is no generic available to treat my condition?

A9: Generics are available in most drug classes. However, if there is no generic available within a certain drug class, you may choose a brand-name drug to treat your condition.

Q10: What if I can't take the generic?

A10: If you cannot take a certain generic drug due to allergy or other medical reason, your doctor may consider prescribing a different generic drug to treat your condition. Your plan covers generic drugs without restriction at a lower copay/coinsurance than brand-name drugs.

If no other generic alternative is available, your doctor may contact CVS Caremark to obtain prior approval so you may receive coverage for a brand-name drug. Without prior approval, coverage of the brand-name drug may be denied and you may have to pay the full cost of the drug.

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Q11: Why isn't my prescription medicine covered anymore? It was prior to now.

A11: According to your prescription benefit plan, brand-name drugs in certain drug classes will not be covered unless you have tried a generic drug first. In order to have coverage for medications in these drug classes, your plan requires that you choose a lower-cost generic drug first.

Q12: When I got my prescription refilled, I had to pay the full cost of the medicine. Can you tell me why?

A12: According to your plan, if you use a brand-name drug without trying a generic first or without your doctor getting prior approval for brand, then coverage may be denied and you may have to pay the full cost of the brand-name drug.

Q13: My doctor doesn't want me to change to another drug. What should I do?

A13: If you are taking a brand-name drug to treat your condition, ask your doctor to contact CVS Caremark to obtain prior approval so you may receive coverage for your drug. Without prior approval, coverage of the brand-name drug may be denied and you may have to pay the full cost of the drug.

If you are taking a generic drug, you may continue to do so. Generics are covered under your plan and available at a lower cost to you.

Q14: I received a letter that says my drug won't be covered unless I receive prior approval. Can you please tell me what I need to do to get prior approval?

A14: Ask your doctor to call us to obtain prior approval from CVS Caremark for you to use a non-preferred brand drug and receive coverage by your plan. Your doctor can call the physician line provided in communications we've sent to him/her.

Q15: If my doctor gets prior approval, will my brand-name drug be covered?

A15: Your prescription benefit plan requires that specific criteria be met in order for brand-name drugs to be covered. If your doctor obtains prior approval for your brand-name drug, your plan may provide coverage for it.

Q16: Will my drug be covered if I do not receive prior approval?

A16: If you are taking a brand-name drug, and have not tried a generic drug within the last 180 or 365 days, the amount of days is dependent on the class of the drug and your doctor has not received prior approval for the brand-name drug, then your drug may not be covered under your plan.

Q17: What happens if I utilize the CVS mail away program with the Traditional Step Therapy Program implemented 7/1/12?

A17: At CVS Caremark Mail Service Pharmacy, the process is initiated with the generation of a mail claim reject, which results in a fax communication to the prescribing physician. The fax will inform the prescriber that a generic is required. The fax will also list the generic alternatives. The prior authorization toll-free number will be included for the prescribing physician to use if they feel the generic will not benefit the participant.

Q18: What happens if the Doctor does not respond to the fax that was sent to my Doctor for my prescription through the mail away program?

A18: If the Doctor does not respond to the fax that was sent, the participant will receive an automated call on the 6th day, informing him/her that the RX order has been delayed and the prescriber is being contacted. After 8 days, the order will be placed on hold and a letter

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will be sent reminding the participant of the step therapy requirement. The letter will inform the participant that CVS has contacted the doctor for approval of the generic alternative. CVS recommends that the participant discuss this with the doctor and inform the Doctor they must respond to CVS's request.

Q19: How is the participant notified if the RX is changed through the mail away program?

A19: If the participant has an Rx that is changed at mail (changed from the targeted brand drug to the generic), the participant will be notified of the Doctor's approval to switch the medicine.

Q20: How is the participant notified if the RX is denied by the Prior Authorization department for my mail away prescription?

A20: If the Rx is denied by the Prior Authorization department the participant will receive a notification letter "RX not filled letter" and the letter will provide the participant's options to work with the doctor to prescribe a generic or alternative medication to treat the participant's condition.

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