

Your Personal Prescription Benefit Program

CT Partnership Groups

Your prescription benefit plan, administered by CVS Caremark, is designed to bring you quality pharmacy care that will help you save money.

	Acute Medications For short-term medications (Up to a 30-day supply)	Maintenance Medications For long-term medications (Up to a 90-day supply) Mandatory CVS Caremark Mail Service or State of CT Maintenance Drug Network* after initial 30-day fill at retail	Diabetes Maintenance Medications For long-term medications (Up to a 90-day supply)	Health Enhancement Program Only Enrolled participants with Asthma/ COPD, Heart Failure/Heart disease, Hyperlipidemia, or Hypertension qualify for reduced copays on condition-related maintenance medications (Up to a 90-day supply)
Where	Any participating CVS Caremark Retail Network Pharmacy. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com or call Customer Care toll-free at 1-800-318-2572.		You have the convenience of getting your long-term medications through CVS Caremark Mail Service Pharmacy or dispensed at one of our 9,600 CVS Pharmacy locations as well as a retail pharmacy that participates in the State of CT Maintenance Drug Network. When you use CVS Caremark Mail Service Pharmacy, your medications can be sent directly to your home or office. www.osc.ct.gov/benefits/pharmacy.htm	
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	\$5 for lower cost generic prescriptions \$10 for higher cost generic prescriptions	\$5 for lower cost generic prescriptions \$10 for higher cost generic prescriptions	\$0 for a generic prescription	\$0 for a generic prescription
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	\$25 for a preferred brand-name prescription	\$25 for a preferred brand-name prescription	\$0 for a preferred brand-name prescription	\$5 for a preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	\$40 for a non-preferred brand-name prescription	\$40 for a non-preferred brand-name prescription	\$0 for a non-preferred brand-name prescription	\$12.50 for a non-preferred brand-name prescription
Maximum Out-of-Pocket	\$4,600 per individual / \$9,200 per family			
Web Services	Go to the State of CT Comptroller's website, www.osc.ct.gov/benefits/pharmacy.htm for drug cost tools, drug lists, forms, etc.			
Customer Care	Contact Customer Care at 1-800-318-2572.			

* State of CT Maintenance Drug Network- All CVS Pharmacies are included in the State of CT Maintenance Drug Network. Other retail participating pharmacies that elect to join are also included.

Any pharmacy interested in joining the State of CT Maintenance Drug Network, log on to www.caremark.com, click on "Pharmacists and Medical Professionals", click on "State of CT Custom Maintenance Drug Network process (PDF)" for more information.

Copayment, copay or coinsurance means the amount a plan participant 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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



Frequently Asked Questions

CVS Caremark ID Cards

How do I get a new ID card?

New members will automatically receive 2 ID cards per family in the employee's name. If you have lost your ID card or need additional ID cards, please contact Customer Care at 1-800-318-2572. Become a registered user on www.caremark.com (Member Sign in) and print a copy of your ID card. You may also register and use the CVS Caremark mobile app.

About CVS Caremark Mail Service and the State of CT Maintenance Drug Network

Where can I fill maintenance (long-term) prescriptions?

The choice is yours. You can order up to a 90-day supply of maintenance medications at:

CVS Caremark Mail Service: Register for mail service by phone at 1-800-875-0867 or log onto www.caremark.com/faststart and sign in or register, if necessary. Have your CVS Caremark ID, the names of your medications, your provider's information, and your payment information ready.

CVS Pharmacy: Visit your local CVS Pharmacy. If you are currently using CVS Pharmacy to fill your maintenance medications, you can continue to do so.

State of CT Maintenance Drug Network: If your pharmacy is participating in the State of CT Drug Network, you can utilize the pharmacy to dispense your maintenance medications.

Do I only have to use a CVS Pharmacy?

You can utilize any participating retail pharmacy to fill your acute (short-term) medications. For maintenance medications, you are allowed one 30-day fill only at any participating retail pharmacy. After the first 30-day fill, you must fill your prescription through the CVS Caremark Mail Service, CVS Pharmacy, or other pharmacies participating in the State of CT Maintenance Drug Network. A full list of pharmacies in the network can be found on the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

How long does it take for my prescriptions to arrive by mail?

Please allow 7-10 days for delivery from the time the order is placed. You are able to check your refill status online or by calling 1-800-318-2572. **Please note:** mail order packaging accommodates all temperature sensitive drugs.

About the CVS Caremark Preferred Drug List

What is a preferred drug list and where can I get a copy of the updated drug list?

A preferred drug list is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The list promotes the use of preferred brand-name and generic drugs whenever possible. The U.S. Food and Drug Administration (FDA) requires generic drugs to be therapeutically equivalent to a brand-name drug in dosage, strength, route of administration, quality, performance, and intended use. Generally, generic drugs cost less than brand-name drugs.

You can get an updated preferred drug list in a few ways: As a registered user on www.caremark.com (Member Sign in); by contacting Customer Care at 1-800-318-2572; or by visiting the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

Am I required to fill a generic medication?

For brand-name drugs with a generic equivalent available, you are responsible for the difference in cost between the generic and brand-name medication plus the copay if you or your provider request the brand-name drug.

For multi-source brand-name drugs, there are some that are formulary and others that are excluded. For formulary multi-source brand-name drugs, there is a coverage exception process based on medical necessity and other circumstances. The form can be located at www.osc.ct.gov/benefits/pharmacy.htm. If approved, the difference in cost will be waived. For multi-source brand-name drugs excluded from the formulary, this form **should not be utilized**. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

What is a prior authorization?

Certain medications require prior authorization before they receive coverage under the plan. Some medications are covered with restrictions on the quantity and other medications are excluded from the plan. Members can initiate a prior authorization by having their provider contact CVS Caremark at 1-800-626-3046 or by visiting www.caremark.com, click on "Pharmacists and Medical Professionals", next click on "Prior Authorization", then <http://info.caremark.com/epa>. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

What are compound medications and how are they covered?

Compound medications are made by combining, mixing, or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. In most cases, these medications will require prior authorization before obtaining coverage under the plan. Your provider can follow the above prior authorization procedure.

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