**MED D - Brand Over Generic (BOG) Strategy - Select Generic Drugs Not Available on CVS Caremark Part D Health Plan Template Formularies Until Further Notice**

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**Description:** CVS Caremark maintains a Brand Over Generic (BOG) strategy that applies to all Medicare Part D template formularies, where select brand drugs are preferred over generic drugs.

BOG brand drugs will be covered on the 2024 template formularies. The generic drugs will **NOT** be added to the template formularies.

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| Background |

Generic prescription drugs are typically the lowest-cost option when compared to branded prescription drugs. CVS Caremark promotes the use of generic prescription drugs to help plan beneficiaries save money.

* There are situations when new to market generics are launched, where the cost is expected to be relatively high.
* To help keep out-of-pocket costs low, CVS Caremark will maintain the brand drug on its 2024 template formularies.
* CVS Caremark will **NOT** be adding the generic versions on its 2024 template formularies until further notice.
* BOG brand drugs are eligible for manufacturer discounts in the coverage gap.

Network Pharmacies were also informed of this update.

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| What does this mean for the beneficiary? |

Retaining specific brand drugs can help keep out-of-pocket costs low for beneficiaries.

**Note:** The generic equivalents applicable to the BOG strategy will **NOT** be on the formulary until further notice.

* Beneficiaries have the option to request an exception if they wish to obtain the non-covered generic drugs.
  + However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.
* BOG brand drug copay/coinsurance is based on the Preferred or Specialty tiers, so if the request for the generic is granted, the beneficiary would pay the amount associated with the plan’s exception tier. This may be a different cost than the brand.

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| Brand Over Generic Drug List |

The BOG drugs that will apply to the 2024 Med D template formularies are listed below:

| **Covered BOG Brand Drug Name** | **Covered BOG Brand Drug Tier** | **Not Covered**  **Generic Drug Name** | **Commonly Used For** |
| --- | --- | --- | --- |
| ADVAIR HFA | Preferred Brand Tier 3 | FLUTICASONE-SALMETEROL  Pronounced:  floo **TIK** a sone, sal **ME** te rol | Used to treat symptoms of asthma and chronic obstructive pulmonary disease (COPD). |
| BREO | Preferred Brand Tier 3 | FLUTICASONE FUROATE-VILANTEROL  Pronounced:  floo **TIK** a sone, fur **ROTE** vi **LENT** te rol | Used to treat symptoms of asthma and chronic obstructive pulmonary disease (COPD). |
| COMBIGAN | Preferred Brand Tier 3 | BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION  Pronounced:  bro **MON** a **DINE,** tar **TRATE**,tim a **LOL**,ma **LE** ate | Used to treat glaucoma. |
| FARXIGA | Preferred Brand Tier 3 | DAPAGLIFLOZIN PROPANEDIOL  Pronouned:  **DAP** a glif **LOH** zin, proh payn **DIGH** ol | Used to treat diabetes. |
| MITIGARE | Preferred Brand Tier 3 | COLCHICINE  Pronounced:  kowl **CHUH** seen | Used to treat inflammation and pain. |
| RESTASIS | Preferred Brand Tier 3 | CYCLOSPORINE OPHTALMIC EMULSION  Pronounced:  Sic **CLO** spo **RINE**, op **TAL** mic, e **MUL** sion | Used to treat certain type of dry eyes. |
| VASCEPA | Preferred Brand Tier 3 | ICOSAPENT ETHYL  Pronounced:  eye **koe'** sa pent, **eth** il | Used to reduce cardiovascular risk and treat high triglyceride levels. |
| XIGDUO XR | Preferred Brand Tier 3 | DAPAGLIFLOZIN PROP-METFORMIN  Pronounced:  **DAP** a glif **LOH** zin proh met FOR MIN | Used to treat diabetes. |

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| Effects of this Strategy on Beneficiaries |

* Beneficiaries will receive BOG brand drugs at the Preferred or Specialty Tier cost share.
* The CCR may receive calls from MED D beneficiaries who are confused about the lack of generic version availability of the prescription drug. Refer to the [FAQs](#_FAQs) section of this document for appropriate responses.

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| CVS Caremark Template Formulary Plan Sponsors |

The Brand Over Generic Drugs apply to the following Plan Sponsors:

| **Med D Plan Sponsors - CVS Caremark Template Formularies** | | |
| --- | --- | --- |
| Aetna Better Health (IL, MI, OH) | Florida Complete Care | Mount Carmel Health Plan (MediGold) |
| Archcare Senior Life | GlobalHealth | Neighborhood Health Plan of Rhode Island (NHPRI) |
| Arkansas BCBS | Hawaii Medical Services Assoc. (HMSA) | New England Joint Enterprise (Blue MedicareRx Plans) |
| BCBS AZ Health Choice Pathway | Healthfirst | Paramount HealthCare |
| Blue Cross Blue Shield of MA | Itasca Medical Care | Promedica Medicare Plan |
| Carefirst (UMHA) | Johns Hopkins Health System | Premera Blue Cross Medicare |
| Clover Heath | Kelsey Care | Sharp Health Plan |
| Community Care of Oklahoma (CCOK) | Martin's Point | SSI Employer Group Plans Formularies (536, 601, 602, 608, 631, 632, 638) |
| Devoted Health | Mercy Care Advantage | Viva Health |
| Elderplan | MetroPlus Health Plan | Wellmark |
| Federal Employee Health Benefits Program (FEP) | Molina Medicare |  |

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| FAQs |

The frequently asked questions below will assist the CCR when addressing incoming calls regarding the non-covered status for prescription drugs on Med D Template formularies.

**Note:** These specifics apply to non-LIS beneficiaries. For LIS beneficiaries, if the brand has a generic available in the market, and the brand is in the preferred brand tier (with no market shortage), then it will adjudicate as the generic. **Exclusion:** Specialty, which will pay as brand.

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| **Question** | **Answer** | |
| **Will <Brand Drug Name> cost more than <generic drug name> in any stage of the Medicare D benefit for non-LIS beneficiaries?** | This will vary based on your Plan and which Medicare Part D coverage stage you currently are in (**Examples:** Deductible, Initial Coverage Limits, Coverage Gap or Catastrophic).  **CCR Process Note:** The CCR will review the following grid for information on the anticipated costs of brand drugs vs. generic drugs: | |
| **Deductible Stage**  **for non-LIS beneficiaries:** | Yes.  Move to response below in Initial Coverage Limits Stage. |
| **Initial Coverage Limits (ICL) Stage**  **for non-LIS beneficiaries:** | * Maybe. * You will continue to pay your current <Brand Drug Tier> cost share during the Initial Coverage Limits Stage for the brand drug. * Your cost share for brand <Brand Drug Name> will be <$X.XX>.   Move to response below in Coverage Gap Stage. |
| **Coverage Gap Stage**  **for non-LIS beneficiaries:** | * Maybe. * The Coverage Gap Stage (also called the donut hole) is where you will receive savings on brand <Brand Drug Name>. * The brand name has the manufacturer discount on brand name prescription drugs, which counts towards TrOOP on your behalf. * In 2024, your cost share in the Coverage Gap Stage is 25% of the price of brand <Brand Drug Name>.   Move to response below in Catastrophic Coverage Stage. |
| **Catastrophic Stage**  **for non-LIS beneficiaries:** | * Yes. * During this stage of the benefit, it is expected that - because of the price of the brand and generic versions - you will pay 5% of the allowed cost. |
| **Why is the brand-name <Brand Drug Name> on the formulary when there is now a generic available?** | * In this case, the price of the generic version of <Brand Drug Name> may be similar to the price of the brand version for a minimum of six months, and perhaps longer. * There are few manufacturers of the generic version of <Brand Drug Name> to drive the price down. * Until there are competitors, and the price of the generic version goes down, your plan will continue to cover brand-name <Brand Drug Name> at the <Brand Drug Tier> cost share in 2024. | |
| **Why can’t I get the generic? Aren’t generics less expensive?** | * When a generic version is first available, it is typically similar in price to the brand name version. * At this time the generic version, called <generic drug name>, is not on the formulary.   + You do have the option to request a formulary exception. * However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level. | |
| **Will my other copays for other prescription drugs be lowered?** | * No. * You will continue to pay the copay/coinsurance for other brand name and generic prescription drugs at the current benefit cost share. | |
| **Could there be other brand prescription drugs that this applies to?** | * In most cases the generic version of a prescription drug is less expensive than the brand name version and is covered at the lower generic copay. * The exception typically applies during the first few years the generic version of a prescription drug is launched. | |
| **How long will <Brand Drug Name> be on the formulary on the <Brand Drug Tier>?** | * We anticipate that <Brand Drug Name> will remain on the formulary on the <Brand Drug Tier> in 2024 until the price of the generic form of <Brand Drug Name> drops. * We anticipate it will be a minimum of six months, however that is based on market conditions not within our control and could change. | |
| **What should I do if brand <Brand Drug Name> is removed from the formulary during the plan year?** | * We will provide you with notification if brand <Brand Drug Name> is removed from the formulary during the Plan year. * The type of notification depends on whether you are using the prescription drug and whether the change happens during the plan year or at the beginning of the next plan year.   + If we make this change during the plan year, and you are using <Brand Drug Name>, you will receive written notification of the change in your Explanation of Benefits (EOB).   + If we make this change at the beginning of the next plan year, the change will be noted in the formulary included as part of your Annual Notice of Change (ANOC) packet.   + You should review your plan’s formulary carefully. * If brand <Brand Drug Name> is removed from the formulary and you want to continue using brand <Brand Drug Name>, you will have the option to request a formulary exception.   + However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level. | |
| **May I, as the beneficiary, request a coverage determination for the generic product?** | * Yes, you as the beneficiary may request a coverage determination for <generic drug name>.   + However, exception requests for non-formulary prescription drugs, if approved, are typically approved for coverage at the highest cost share level.   Icon - Important Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](file:///C:\Users\Lwilkerson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XQAO1FXA\TSRC-PROD-004825). | |
| **Will <generic drug name> be added to the formulary during the** 2024 **plan year?** | The addition of the generic to the formulary will be re-evaluated during the year. | |
| **Will <Brand Drug Name> cost more than <generic drug name>** **in any stage of the Medicare Part D benefit for LIS beneficiaries?** | **CCR Process Note:** The CCR will review the following information for LIS beneficiaries on the anticipated costs of <Brand Drug Name> vs. <generic drug name> during the <generic drug name> initial launch period: | |
| **For LIS 1 & 2 Beneficiaries:** | * Maybe. * In the Catastrophic Coverage Stage of the benefit, you will continue to receive <Brand Drug Name> at no cost. * If you have not yet reached the Catastrophic Coverage Stage, you might have to pay your brand name copayment for <Brand Drug Name> until you reach the Catastrophic Coverage Stage. |
| **For LIS 3 Beneficiaries:** | No. |
| **May I, as the beneficiary, request a tier exception?** | **CCR Process Note:** The CCR will review the BOG Drug list prior to answering the beneficiary question. Tier exceptions are not allowed on Specialty Tier 5 drugs.     * Yes, you as the beneficiary may request a tier exception for <drug name>.   + Tier exceptions can only be requested for Tier 2, 3 and 4 covered drugs, if a lower tier alternative is available.   + There may be the possibility that the tier exception will not be approved, depending on the drug. * Your drug is a tiered drug so I will need to transfer you to a Specialized Team that will assist you in looking for alternatives and any other options available to you. Please hold while I transfer you.   Icon - Important Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](file:///C:\Users\Lwilkerson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XQAO1FXA\TSRC-PROD-004825). | |

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| Log Activity |

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| Resolution Time |

Information = immediate

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D Care - Grievances in MedHOK](file:///C:\Users\Lwilkerson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XQAO1FXA\TSRC-PROD-007931)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\Lwilkerson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XQAO1FXA\CMS-2-017428)

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