**PeopleSafe - Drug Cost Quick Reference Guide**

[Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB)](#_Toc208322484)

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**Description:** Instructions on managing drug costs, including understanding accumulators, cost differences, financial assistance, and formulary changes, alongside calculating medication quantities and conducting test claims. It also addresses frequently asked questions related to prescription coverage and pricing.

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| **Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB)** |

Use as needed:

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| **Subject** | **Information** | |
| **Overview** | Accumulators are plan features based on dollars spent, either by the member or the client (with some exceptions). Plan accumulators can be found on the Account Balance screen, as well as searching within the specific CIF (Client Information Form) for any related details.   * Dollar amounts spent by the member or client “accumulate” until they reach the dollar limit set by the plan parameters. Accumulations are tracked in “real time,” so a paid claim in the system automatically applies and reflects in a members account. Paid claims reversed in real time deduct from the accumulation.   The medication must be a covered benefit to apply/accumulate toward the Deductible and MOOP. Rejected claims do not apply/accumulate.  Plan parameters can be identified on the Plan Summary screen. | |
| **Definitions** | **Keyword** | **Explanation** |
| **Deductible** | The amount of money the member is required to pay before the pharmacy benefits go into effect. The member pays full price for medication until the deductible is met. After the deductible is met, the member will pay either flat-rate co-pay or percentage-rate coinsurance for their medications.  The remaining Cost Allowed is billed to the plan sponsor (client or Benefits Provider) (shown in Test Claim and View Financials of Prescription History, found in the Client Pay column).  **HDHP (High-Deductible Health Plan):** Typically, the higher the deductible amount, the lower the member premium cost.  **Accumulated Amount:** Located on the Account Balance screen, the column for Accumulated Amount will show a dollar amount accumulated towards the deductible being met. The Remaining Amount column shows the dollar amount needed to meet the deductible.  **Integrated versus Non-integrated:** Located on the Account Balance screen, the column for Integrated Benefits shows if the plan medical costs are Integrated or Non-Integrated (included within the deductible amount). When the total dollar amount of eligible paid claims has reached the plan deductible amount, the column will show “MET.” Until the total dollar amount reaches the deductible amount, the column with show “NOT MET.”  Review the CIF.   * + If a manufacturer copay card is used, some plans allow only the actual amount paid by the member to be applied towards the deductible. The amount of the savings card is not applied towards the deductible.   **Notes:**   * For plans utilizing the Preventative Medication Drug List, medications will bypass the deductible but may apply towards the MOOP. * The Cost Difference can affect the copay. **Example:** Brand or DAW Cost Difference are not included towards plan accumulators. Refer to [DAW (Dispense as Written) and RBP (Reference Based Pricing) Cost Difference (078542)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c9d2243-5841-45c0-b2ec-805023c6cbcf). |
| **MAB (Maximum Allowable Benefit)** | The maximum amount that will be covered during a specified period, under the plan design. The total dollar amount a client or plan sponsor will spend on prescriptions. Not all plans have a MAB. MAB information is located under the Account Balance screen, Account Class section or Plan Summary tab and CIF, Plan Design Highlights section.  **Note:** Some plans do not list the MAB under the Account Class section; refer to the Plan Summary screen or CIF.   * Once the MAB limit has been reached, the member must pay all prescription costs. The cost the member will pay after MAB depends on the plan design. * MAB may apply to a specific medication, such as a fertility drug. * MAB usually resets to $0 each benefit year (every calendar year or at the beginning of the new plan benefit year. The information is found under the Account Balance screen, Current Start Month). |
| **MOOP (Maximum Out of Pocket)** | Annual maximum a member can expect to pay for covered services. MOOP information is located on the Account Balance screen, Account Class section and CIF, Plan Design Highlights section.    **Note:** Some plans do not list the MOOP under the Account Class section; refer to the Plan Summary screen or CIF.  Some plans include the amount of the deductible towards this accumulation. **Example:** OOP-in-DED. Once this amount is met, the member pays $0 towards any drug cost while the benefit provider (client) pays 100% of the Cost Allowed until the end of the plan year or until the MAB total is reached.  Icon - Important There are some plans that will still require copayment for some medications even after the deductible and MOOP have been met. Always reference the CIF to ensure you provide the correct information. |
| **FAQ** | **Question** | **Answer** |
| **Is my deductible integrated with my medical cost?** | Refer to CIF and select the **Account Balance** button.  It appears your deductible <is/or> is not integrated.  Refer to [Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB) (064862)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a22d707e-1643-448e-9968-f44d1a828038). |
| **Can you tell me if my deductible has been met?** | Review the Account Balance Screen. |
| **Does everyone on my plan have to meet a deductible?** | Review the Account Balance Screen. Review account details for specific related information. |
| **Why is my medication more this year? I had the exact same coverage last year; what changed?** | 1. Review the CIF - Plan Summary information and Account Balance Screen for coverage changes. 2. Review the past Rx and recent Rx details to identify any changes that can result in an increase in the copay amount.    * If a coinsurance percentage is applicable, review the drug cost and MAC related info to determine if there is a price change causing the increase in cost.   Refer to [PeopleSafe - Viewing the Client Financials Screen (018520)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ec123c65-c6d3-4876-9be8-10376d16de4e). |
| **I just went to the pharmacy and had to pay full price for my medication. I thought my co-payment was $10.00, what is going on?** | * It is possible the pharmacy did not process the claim correctly. Review the paid claim for correct Retail Logic information from the CIF. Run a test claim to see if approved and at what copay, then contact the pharmacy to review the claims processing information for correct processing. Refer to Claim Financials to determine where the 100% coinsurance was applied. * Refer to the CIF - Plan Summary and Account Balance Screen for coverage details if needed. * The deductible, if any, must be met **before** the copay price applies. Review the Accumulations information to see if deductible and OOP/MOOP have been met. * If the member needs financial assistance, provide options such as the manufacturer’s copay card and other financial assistance available. Refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c).   Refer to [PeopleSafe - Determining the Reason for Contracted Medication Price Changes (064427)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=929bcc87-3cc7-4084-9fcc-95ae8325fcc5). |
| **What happens once I have met my deductible?** | Once the deductible is met, the plan sponsor (client or Benefits Provider) shares the cost of the medication with you. This is the copay level.   * Review in Plan Summary to determine whether it is a copay flat rate or a coinsurance percentage and relative amounts. * Refer to the CIF. * Educate the member on any applicable MAB or MOOP as listed in the Plan Summary and Account Balance. |
| **What is a maximum out of pocket (**[MOOP (051685)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89507380-dd73-4c92-9fee-ec1bde688dd6)**)?** | The Maximum Out of Pocket is the dollar amount you can expect to pay for your covered prescriptions. When this limit is met, you pay a $0 copay for covered prescriptions until the plan year ends, disenrollment from the plan, accumulations reset, or if a MAB is applicable to the plan.  Icon - Important There are some plans that will still require copayment for some medications even after the deductible and MOOP have been met. Always refer to the CIF to ensure you are providing the correct information. |
| **What happens once my Maximum Allowable Benefit has been met?** | Once you reach the Maximum Allowable Benefit (MAB); the plan will no longer share the cost of your medication and you must pay the full cost. |
| **Related Document** | [Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB) (064862)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a22d707e-1643-448e-9968-f44d1a828038) or [Paper Claim Index (042914)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1f72603c-4632-4e85-8d97-16cb51a3be1f) | |

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| **DAW and RBP Cost Differences** |

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| **Subject** | **Information** | |
| **Overview** | Members may have the option to obtain coverage on brand medications when available. The plan may only offer a certain amount of coverage towards the medication.   * If a brand is chosen when it has a direct generic available, then the member usually pays the difference between the brand and generic along with the appropriate co-pay. Afterwards, the client will pay the amount left. | |
| **Definitions** | **Keyword** | **Explanation** |
| **DAW** | Dispense as Written, the prescriber’s instruction regarding the dispensing of the specific product written. Refer to [Dispense as Written (DAW) Codes (040459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7e5c2587-d679-4b42-b9b1-e98b754c6bff). |
| **DAW 5**  **Mail Order Only** | **Substitution Allowed - Brand Drug Dispensed as Generic:** This code must be used when the Prescriber has indicated, in a manner specified by applicable law, that generic substitution is allowed, and the pharmacist is utilizing the brand product as the generic entity. Refer to [PeopleSafe - Branded Generics (059091)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e4b59eca-33ba-4e5c-bb8f-e54669906f71).  Do not instruct the Member to have a physician write “DAW 5” on the prescription because this may cause a delay in dispensing. Refer to [Dispense as Written (DAW) Codes (040459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7e5c2587-d679-4b42-b9b1-e98b754c6bff). |
| **DAW Cost Difference** | A charge to our member due to the prescription dispensed as a brand name medication when a generic alternative is available. The member is charged the difference between the brand and the generic along with the appropriate co-pay.Refer to [DAW (Dispense as Written) and RBP (Reference Based Pricing) Cost Difference (078542)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c9d2243-5841-45c0-b2ec-805023c6cbcf). |
| **RBP y (reference-based pricing) Cost Difference** | The member may select a non-preferred medication and pay a price difference between the preferred medication and the non-preferred medication plus the applicable co-pay. The client will pay the amount that is left, if any. Refer to [DAW (Dispense as Written) and RBP (Reference Based Pricing) Cost Difference (078542)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c9d2243-5841-45c0-b2ec-805023c6cbcf). |
| **FAQ** | **Question** | **Answer** |
| **Why is my co-pay so high?** | Your doctor (or the member themselves) has determined that it is necessary for the pharmacy to only dispense the brand name medication when generic alternatives are available. The plan has charged an additional fee for brand dispensing. |
| **What can my doctor do, so I will not pay a Cost Difference?** | Ask your doctor if you can take a generic form of the medication.  Refer to [Brand Cost Difference Exception Request form](https://www.caremark.com/portal/asset/Brand_Penalty_Exception_Req_Form.pdf). |
| **Related Documents** | Refer to [Dispense as Written (DAW) Codes (040459)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7e5c2587-d679-4b42-b9b1-e98b754c6bff). | |

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| **Prescription Financial Assistance for Members** |

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| **Subject** | **Information** | |
| **Overview** | Occasionally, you may hear a member state the inability to afford the cost of a prescription. Resources are available for the members to contact to determine if financial assistance is available to them.  Discount programs/coupons will not apply towards meeting the deductible. | |
| **FAQ** | **Question** | **Answer** |
| **I cannot afford my medication/co-pay, what can I do?** | There are manufacturer copay assistance programs as well as financial resource programs that may be available.  To locate manufacturer copay assistance, search the Internet for the name of the drug followed by “savings” or “copay card.”  Provide additional resources. Refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). |
| **Where can I use a manufacturer copay card or discount coupon?** | The manufacturer copay card (or discount coupon) may be used at a retail pharmacy at the time of service, or when a specialty medication is ordered at a specialty pharmacy. |
| **If my insurance does not cover the medication, can I still order it through our Home Delivery/Mail Order?** | Review the CIF to verify if the plan offers any Direct Sales options. If not, educate the member as follows:  If the medication is not covered through the insurance, it is not available through CVS Caremark Home Delivery/Mail Order Pharmacy. |
| **Does the manufacture or discount card apply towards my deductible?** | Only the amount of money that you spend will contribute towards the deductible and out-of-pocket accumulators. |
| **Related Documents** | [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c), [PeopleSafe Manufacturer Coupons (004784)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=43587366-52c2-46d9-97cc-06c649e45152) or [PeopleSafe - Drug Discount Card Program (022376)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aade7472-34ea-4dfc-b215-14a208f55d27) | |

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| **Pricing Changes** |

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| **Subject** | **Information** | | |
| **Overview** | This section provides steps for identifying the varied factors that may influence the pricing of a medication. | | |
| **Definitions** | **Keyword** | **Explanation** | |
| **Deductible** | The specific dollar amount that the member must pay before the insurance company will help pay on a claim. The member may have an out-of-pocket maximum to meet following the deductible being meet. The out-of-pocket may be as a flat-rate copay or percentage-rate coinsurance.  An “Integrated Deductible” is when one deductible amount applies to the medical and prescription insurance. An “Embedded Deductible” is a deductible that the individual must meet and also deductible that the family must meet.  One moment please while I review the plan design to determine if the deductible is impacting the price of the medication. | |
| **OOP—Out of Pocket** | The maximum that an individual member or family will pay during the plan year for prescription medications. This includes the deductible, coinsurance, and copayments. Generally, once the out-of-pocket maximum has been reached, the plan sponsor pays 100% of the Cost Allowed amount for covered services and the member experiences a $0 copay.  Icon - Important There are some plans that will still require copayment for some medications even after the deductible and MOOP have been met. Always refer to the CIF to ensure you are providing the correct information. | |
| **FAQ** | **Question** | **Answer** | |
| **Why did the cost of my medication increase?** | 1. Review the **CIF** for the pharmacy network and any plan specific features for Maintenance choice, Retail 90, and ACA Preventative Drugs. 2. Examine the **View Financials** for the paid claim. 3. Perform a **Test Claim** to verify the price for the claim. 4. Compare the previous paid claim to the current paid claim for changes such as **Accumulators** – Deductible, HDHP, MAB and MOOP, DAW and RBP Cost Difference, Standard Formulary Changes, and quantity/day supply. 5. Identify the area with the highest cost as below: | |
| **If…** | **Then…** |
| **Deductible** | You are paying the full cost of the medication because your deductible has not been met. The deductible resets at the beginning of the plan year.  Refer to [Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB) (064862)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a22d707e-1643-448e-9968-f44d1a828038). |
| **Cost Allowed amount has increased** | The overall cost of the medication has increased so the copayment has also increased. The plan benefits are reviewed quarterly. |
| **Maintenance Choice Incentivized** | The copay for your medication refill for 90 days’ supply is more than for a 30 days’ supply. Your plan rewards you for filling in 90-day supply quantities with a lower overall cost at either your local CVS pharmacy or by Home Delivery. |
| **ACA Preventable Drugs** | You may have gone beyond the age range that would have included some ACA approved preventable drugs at zero cost. Refer to [CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb). |
| **How much do I have left before my Deductible/OOP has been met?** | Read accumulation detail information to members only. Follow applicable HIPAA guidelines for all other callers.  **Deductible:**  The amount remaining for the Deductible to be met is <$>.  **Out-Of-Pocket:**  The amount remaining for the Out-of-Pocket Maximum to be met is < $ >. | |
| **Related Document** | [High Deductible Health Plans (HDHP) (038546)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91ada5ca-68dd-4fcf-a6a4-a13b33923759), [Health Reimbursement Account (HRA) (029146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5faf1746-7a91-4622-9cc3-647c5b51d690), [PeopleSafe - Handling Maintenance Choice (MChoice) Calls (021863)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0d014db-0726-40a1-bf1b-c48f9fbdabb3) or [PeopleSafe - Client Program Offerings Comparison Guide (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) | | |

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| **Standard Formulary Changes** |

Use as needed:

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| **Subject** | **Information** | |
| **Overview** | This document provides information regarding the Standard Formulary Options:   * Drug Removal Option (drug no longer covered) * Prior Authorization Option (drug not covered unless a prior authorization is received) | |
| **Rejections** | **Keyword** | **Test Claim Explanation** |
| **Drug Removal Option** | Not CvrdUse Generic HMG or CrestrSimcrVytrin |
| **Non-Specialty Drugs** | Must Use Gx HMG\_CRESTR SIMCR VYTRIN OR MED NECESSTY PA ONLY 8552400536 |
| **Specialty Drugs** | Must Use Humatrope Norditropin or Medical Necessity PA 8668145506 |
| **New to Market/Review** | Will include “Not CVRED PENDING FORMULARY REVIEW” |
| **FAQ** | **Question** | **Answer** |
| **What is a Formulary?** | A formulary is a list of the drugs covered by the prescription benefit plan. The formulary includes brand-name and generic drugs. Medicines not on the list generally cost more, and a member may be charged the full price if use is continued. |
| **Who is responsible for determining drug coverage?** | We were asked by <plan sponsor> to manage their drug benefit plan. We make changes with the approval of their national and independent Pharmacy & Therapeutics (P&T) Committee. |
| **How often is the Formulary Updated?** | Our Standard Formulary is updated several times a year. Drugs are typically removed from the list on January 1st.  There are a few exceptions:   * Specialty products may be reviewed during the year if new products in the same drug class are introduced and may have their status changed. * Products that have severe cost increases (hyperinflation) may be reviewed during the year and have their status changed. * Tier changes can occur on January 1st, April 1st, July 1st, and October 1st. |
| **Where can I find the formulary list, I never received one?** | The member can find the formulary information using the Caremark.com website/application.  **Note:** Client formulary information is found on the CIF, Client Info Section.  Our list for the Standard Formulary Drug Removal Option can be found at [www.caremark.com/druglist](http://www.caremark.com/druglist).  Our list for the Standard Formulary with PA option can be found at [www.caremark.com/padruglist](http://www.caremark.com/padruglist). |
| **Related Documents** | [Standard Formulary Changes (114719)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145) or [PeopleSafe - Generic Step Therapy Plans (GSTP) (025481)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad06cd65-d45c-478c-b05e-01c531a8b19a) | |

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| **Test Claim Calculating Quantity of Packaged Medication** |

Use as needed:

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| **Subject** | **Information** | |
| **Overview** | Most commonly requested information regarding [Calculating Quantities for Packaged Medication 028627)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7403e334-74ec-42c6-90fe-75aa0c93ca82) other than pills or tablets.  Contact [Clinical (024833)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8) if you are unsure about calculations and further assistance is needed.   * This is the equation you will need to figure out the quantity for test claims. * Total Uses for Day Supply ÷ Usage Quantity Package = Number of Packages (Round Up) × Package Size = Quantity for test claim. * To get the total Day Supply you will need to use the equation: Uses per day × day supply   + **Example:** Inhalers 2 puffs a day × 90-day supply = 180 puffs for 90-day supply. | |
| **Types** | **Keyword** | **Explanation** |
| **Ointments** | For calculations of ointments, educate the member that their prescriber should indicate the size and quantity of the tube/bottle we are to dispense. Use this information to run the [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for the appropriate package size and quantity. |
| **Grains** | For inquiries about prescriptions written in “grains”, contact [Clinical Care Services (024833)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8) to obtain the correct quantity. |
| **Related Documents** | [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) or [PeopleSafe - When to Transfer Calls to Clinical Care (024833)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8) | |

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| **Test Claim** |

Use as needed:

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| **Subject** | **Information** | |
| **Overview** | Test Claims are performed to provide Retail, Home Delivery/Mail Order or Paper Claim estimated co-payment prices and drug coverage information to the plan member.  https://www7.caremark.com/clt/caresource/image?url=http://prodcons.caremark.com/cons/groups/public/@cs/@public/documents/workinstruction/%7Eexport/CMS-2-004573%7E90%7ECARESOURCE_DCTEMPLATE/298500-4.gif Review the [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) details and review settlement codes before providing the member with the results of the Test Claim.  **Notes:**   * To run **Test Claims** on Specialty Medications, refer to [PeopleSafe - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (007148)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2eb2f621-bbbb-4e0e-9189-6b47d44f42b3). * For Direct Sales Test Claims, refer [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421). To Identify Exceptions, refer to the CIF. * If attempt to process a Test Claim for a Third Party Adjudicated (TPA) client, the following message displays: “Test Claim not available for externally adjudicated clients.” Refer to [Third Party Adjudicated (TPA)Member (Identify, Test Claims and Refills) (021138)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9ecbb165-160a-44c2-9acc-eee5c417edb0). * We supply durable equipment to some clients. Review the CIF and call Clinical to get the NDC number to perform a Test Claim for drug coverage if available. * **Formulary Alternative:** Do **not** use the **Find a Drug** screen from the Tools drop-down menu to locate a formulary alternative. The process of finding a formulary alternative should be completed within the Test Claim. * If the **Virtual Pharmac**y is missing from the member’s account, there will be a drop-down selection for a Home Delivery Pharmacy on the Test Claim screen. Refer to the Troubleshooting section of [PeopleSafe - Resolution of Eligibility Issues (004587)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad278185-117d-433f-bdc2-9327b93c1944). | |
| **Definitions** | **Keyword** | **Explanation** |
| **Formulary** | A formulary is a list of brand-name and generic drugs covered under the prescription benefit plan. Medicines not on the list generally cost more, and the member may be charged the full price if use is continued. |
| **FAQ** | **Question** | **Answer** |
| **What other alternative medications are covered?** | Please understand that I am not clinically trained staff, and I am informing you of the potential alternative medication(s) because it is covered under the plan at a cost savings.  This potential alternative medication(s) must be discussed with your prescriber because it is possible that the alternative medication(s) may not be appropriate for your specific condition. Only your prescriber can make that decision.  image2s**CCR:** Refer to [PeopleSafe - Test Claim Formulary and Additional Alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28)to assist the member with alternative drug search. If alternatives are not identified in PeopleSafe then warm transfer to Clinical for assistance.  **Note:** For questions that become clinical in nature, warm transfer to the Clinical Counseling Team.  **Example:** Member asks if the alternative is as good as or equal to the Test Claim drug  If you would like to discuss this/these alternative medication(s) in relation to your condition now, I can connect you with Clinical Counseling to review that information. |
| **Why is my medication not covered /or not on formulary anymore?** | The drug formulary list is reviewed and updated frequently several times throughout the year. The goal is to provide maximum benefit to members using the preferred medications which are the agreed upon to be most beneficial medications within a therapeutic class.  Coverage for certain medications may be removed by your benefit plan when clinically effective options are available to treat your condition. |
| **Who decides what medications are covered?** | The preferred formulary lists are compiled by a panel of registered pharmacists and doctors (National and Independent Pharmaceutical Therapeutic Committees) that work in coordination with our Home Delivery/Mail Order Pharmacy, and your employer. |
| **What can I do if my medication is not covered?** | Review the formulary lists with your prescriber and ask if there is an alternative medication that is on the list.  A Prior Authorization or Letter of Medical Necessity may also be appropriate. |
| **What if I do not want to try the alternative or preferred medication?** | Medications that are not covered are the responsibility of the member at 100% of cost (out of pocket). |
| **Related Documents** | [Test Claim (004573),](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) [CVS Caremark Formulary Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb) or [Compass - Prior Authorization (PA), Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) | |

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| **Related Documents** |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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