# RxSavings Plus Non Covered Medications (PENCD)

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**Description:** Provides information related to the RxSavingsPlus program for Non-Covered Drugs (medications) known as Plan Enhancement for Non-Covered Drugs (PENCD). This program helps members save money on prescriptions that are not covered by their plan such as lifestyle medications.

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| Plan Coverage |

To help contain costs, many payors opt to exclude select drugs – such as those considered lifestyle medications – from their benefit plan. If plan members choose to fill a prescription for a non-covered drug, they must pay the full retail price.

CVS Caremark® created RxSavingsPlus® for Non-Covered Drugs (known internally as Plan Enhancement for Non-Covered Drugs [PENCD]) to help members save money on non-covered medications while helping to ensure the client’s clinical and formulary goals are met.

The program allows members to purchase certain medications not covered by their benefit plan at a discount. It also augments, complements and maintains the client’s chosen formulary strategy. The program does not conflict with or undermine the formulary.

RxSavingsPlus for Non-Covered Drugs is an add-on program for CVS Caremark members with existing prescription coverage. It provides savings of up to 80% on generics and up to 40% on brand-name medications1 for which members would normally pay full price. Members in plans that have implemented RxSavingsPlus for Non-Covered Drugs are saving an average of 55% for generics and 24% for brands.

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| Facts |

* In 2021, 1.1 million members saved a total of $76.3 million by using the RxSavingsPlus for non‑covered drugs program, saving them an average 44% on their medication fills.
* The program is integrated into the client’s prescription benefit plan.
* The program augments, complements and maintains the client’s chosen formulary strategy.
* RxSavingsPlus for Non-Covered Drugs **will not** impact rebates.
* RxSavingsPlus can lower the cost on non-covered medications, but the discounted cost **will not apply to plan accumulations** (deductible, out-of-pocket, etcetera).

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| Benefits |

* **Up to 80% savings on generics** and up to 40% on brand-name medications1
* **Average savings of 55% for generics** and 24% for brands1
* No additional card or forms are needed – members simply present their current CVS Caremark pharmacy benefit card to a participating pharmacy.
* When a member makes a purchase through RxSavingsPlus for Non-Covered Drugs, it becomes part of their member profile, which ensures that critical safety measures can be employed.

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| Frequently Asked Questions and Answers |

Refer to as needed:

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| **Question/Statement** | **Answer/Response** |
| **How would I find out if the Client participates in this program?** | Review the CIF (Client Information Form) and look for RxSavingsPlus. |
| **How to verify a claim is paid under RxSavings in Compass?** | Review the CIF.  **Note:** RxSavingsPlus is used at retail pharmacies only.  The Quick Action – Claims view displays 2 claims when the retail pharmacy processes the claim. There will be a reject 70 claim and then either paid/reversed for the same Rx number. |
| **What if the Third Party Indicator is blank?** | If the Third-Party Indicator within Prescription Details is blank RxSavingsPlus was not applied to the claim. |
| **What is the RxSavingsPlus for Non-Covered Drugs** **program?** | RxSavingsPlus for Non-Covered Drugs is a value-add program that clients can implement. It allows members to purchase drugs excluded from their prescription benefit plan at a discount through the CVS Caremark Discount Network.  RxSavingsPlus can lower the cost on non-covered medications, but the discounted cost **will not apply** to plan accumulations (deductible, out-of-pocket, etcetera.) |
| **How does it work?** | * Members present their current CVS Caremark prescription benefit card along with their prescription to a participating retail pharmacy. * Prescriptions for non-covered drug classes will automatically be processed through the CVS Caremark Discount Network without receiving a claim rejection. The field titled: Third Party Indicator will display “RxSavingsPlus” within the paid/reversed prescription claim. * Currently, these non-covered drugs receive a reject code “70” (Item Not Covered), forcing members to pay the full retail pharmacy price. * When a member makes a purchase, it becomes part of their PBM profile through RxSavingsPlus for Non-Covered Drugs and gives the client and CVS Caremark visibility to the member’s drug therapy. This inclusion provides additional safety measures for non-covered drugs, such as Drug Utilization Review (DUR). * RxSavingsPlus can lower the cost on non-covered medications, but the discounted cost **will not apply** to plan accumulations (deductible, out-of-pocket, etcetera.) |
| **What non-covered prescription medicines are included?** | There is no drug list for the program, RxSavings for Non-Covered Drugs (PENCD) claim processing is strictly driven by what an individual client decides to exclude from their plan design. Discounts are available on drug classes that are not covered. RxSavingsPlus for Non-Covered Drugs (PENCD) Questions excluded, receiving a reject 70R under the client’s prescription benefit plan.  **Note:** The drug **Zepbound and** **all vaccines** are excluded from the program. |
| **After clients implement this plan, will all claim types be covered?** | No. The following claim types are not covered and will be rejected:   * Mail Order * Claims submitted by member * Batch pharmacy claims |
| **Does the pharmacy have to be in-network for the discount to apply?** | Yes. The pharmacy must be in both the client’s network and the discount card network. |
| **Will pharmacists receive a message?** | Yes. When a non-covered drug is processed through the system, retail pharmacists will receive a “Claim Paid Discount Program” message.  The Compass claim view will show a reject 70 claim and then either paid/reversed for the same Rx (prescription) number. The field titled: Third Party Indicator will display “RxSavingsPlus” within the paid/reversed prescription claim. |
| **Will dispensing limits apply?** | Yes. Client-specified dispensing limits, such as a 15-day supply maximum, will apply. Since non-covered drug claims are payable claims, they will process with the normal edits set up for the clients. |
| **How will claims be reported?** | Within RxClaim, claims are identified by the plan qualifier code: PENCD. |
| **Are member communications available?** | Clients are responsible for educating members about the program. We have created member communications they can use, all of which can be found on Highspot:   * Letter * Email * One pager/summary * Newsletter content   CVS Caremark does not send member communications about RxSavingsPlus for Non-Covered Drugs. |
| **Are members able to opt out of the program if they need a claim to reject for “Drug Not Covered” instead of processing through the RxSavingsPlus for Non- Covered Drugs (PENCD) program?** | Yes, members may opt out at the claim level if they need a “Drug Not Covered” reject. This may be necessary to use a secondary insurance payor at the point of sale or to use a manufacturer copay/discount program for a non-covered drug.  Advise the pharmacy to enter an Eligibility Clarification Code (ECC) value “**8”** to reject the claim, allowing the pharmacy to then bill another payor/program.   * If pharmacy is unable to enter the ECC code they will need to contact their software vendor. |

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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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