# Advanced Control Non-Specialty and Specialty Formulary Changes with Questions and Answers

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**Description:** Questions and answers for Advanced Control Non-Specialty and Specialty Formulary Changes.

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| Reminders |

Both drug exclusions (medications not covered by the plan) and tier changes (medications moved from preferred status to non-preferred which may cause members to pay more for a higher tier based on their plan) occur on a quarterly basis (Jan 1, April 1, July 1, and Oct 1, or as identified by their plan) for non-specialty and specialty drugs

Members may see national advertising for new medications available to treat certain conditions and call us to ask if the new medication is covered by their plan. New to market and new variations of these medications in the marketplace will not be added to the formulary until they have been evaluated.

* New medications are not covered while a review is pending.
* Review/evaluations of new to market medications may take up to one year.

**Sample rejection messages that apply to Advanced Control Formulary:**

* +MUST USE HUMATROPE. MED NECESSITY EXCEPTION ONLY 8668145506
* New to Market/Review Pending: New to market NDC not covered.

There are often multiple drugs available to treat the same condition and CVS Caremark and CVS Specialty is committed to:

* Helping members get the medication they need at the lowest possible cost. We regularly review the medications your plan covers and make updates when lower-cost, clinically equivalent options are available.
* Keeping up with marketplace changes, including new medications and varying prices.
* Reviewing the Preferred Drug List regularly by our panel of independent experts (our Pharmacy & Therapeutics committee - P&T).

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| Advanced Control Non-Specialty and Specialty Formulary Changes Questions and Answers |

Drug exclusions and tier changes occur on a quarterly basis for both non-specialty and specialty drugs.

New to market products and new variations of products already in the marketplace will not be added to the formulary until the product has been evaluated.

* These new products will not be covered while a review is pending.
* Review/evaluations of new to market medications may take up to one year.

**Sample rejection messages that apply to Advanced Control Formulary:**

* ACF Non-Specialty Drug Exclusion: +MUST USE GX OR CELEBREX. MED NECESSITY ONLY 8555822026
* ACF Specialty Drug Exclusion: +MUST USE HUMATROPE. MED NECESSITY EXCEPTION ONLY 8668145506
* New to Market/Review Pending: New to market NDC not covered.

Because there are often multiple drugs available to treat the same condition, CVS Caremark pharmacy and CVS Specialty Pharmacy is committed to:

* Helping ensure that plan members get effective medications while keeping access to prescription drugs affordable.
* Keeping up with marketplace changes, including new medications and varying prices
* Reviewing the Preferred Drug List regularly by our panel of independent experts (our Pharmacy & Therapeutics committee - P&T)

Use as needed:

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| **#** | **Question** | **Answer** |
| **1** | What can members do? | * Talk to their doctor about changing to an alternative option. * Encourage their doctor to review all available options. * Initiate coverage request or have their doctor contact the Prior Authorization team.   **Non-Specialty:**  Icon - Conversation I will be happy to initiate an approval request process with your doctor or you can ask your doctor to contact the Prior Authorization team.  CCR submit ePA request. Refer to [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Prior Authorization Non-Specialty: 1-800-294-5979**  **Specialty:**  Icon - Conversation Your doctor should review and consider all other specialty formulary options. If your doctor thinks there is a clinical reason one of the alternative options will not work for you, they can call us toll-free to request coverage approval for your current medication(s) on or after the effective date of the formulary change.  **Specialty Prior Authorization: 1-866-814-5506** **(Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose)  By not changing to a recommended option, it may result in the member paying more for an excluded drug. Their doctor can request a medical exception. After review, if approved, your current medication would be covered.  **Notes:**   * To access the Non-Specialty drug list, refer to [www.caremark.com/acdruglist](http://www.caremark.com/acdruglist). * To access the Specialty drug list, refer to [www.cvsspecialty.com/resource-center/specialty-drugs.html](http://www.cvsspecialty.com/resource-center/specialty-drugs.html) * Both sites contain other tools to help best manage their medications.   Refer to [Prescription Financial Assistance for Members](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) (026963). |
| **2** | When will these changes go into effect? | Changes occur on a quarterly basis with effective dates of January 1, April 1, July 1, and October 1. Members receive a communication 30-60 days prior to these effective dates. |
| **3** | Where should members go to get their prescriptions filled with the new drug? | Members can have their doctor send/submit **or** e-prescribe the prescription to their in-network pharmacy for non-specialty medications and to CVS Specialty Pharmacy or any pharmacy in their Specialty network for specialty medications.  **Note**: Some plans require a specific pharmacy to fill Specialty medications. Some medications have restricted availability at specific pharmacies. Review Plan Design and Specialty Plan Design Highlights in the CIF.  Refer to [Retail Pharmacy Details and Locator](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c209183-6f8f-4e38-9647-7952ab652433) (023842) |
| **4** | Why was this change made? | We regularly review the medications your plan covers and make updates when lower-cost, clinically equivalent options are available. |
| **5** | How can members learn more about their options? | Talk to their doctor about all available options. view the current formulary list at:  **Non-Specialty:** [www.caremark.com/acsdruglist](http://www.caremark.com/acsdruglist)  **Specialty:** [www.cvsspecialty.com/resource-center/specialty-drugs.html](http://www.cvsspecialty.com/resource-center/specialty-drugs.html)  **Note:** If the member would like to discuss the formulary alternative in relation to their condition, contact clinical care **When to Transfer Calls to Clinical Care**. (24833)  If you would like to discuss these alternative medication(s) in relation to your condition now, I can connect you with Clinical Counseling to review that information. |
| **6** | Who is responsible for this change? | CVS Caremark pharmacy has made this change with the approval of a panel of independent experts (our Pharmacy & Therapeutics committee - P&T) |
| **7** | Why is my prescription no longer covered? | Select medications are no longer covered because lower-cost, clinically equivalent options are available. |
| **8** | If I present a prescription for the non-covered medication, will it be filled or will it be rejected? | If the prescription is not covered by your prescription drug plan, a message will be returned to the pharmacy with information about the formulary options. You can ask your pharmacist to contact your doctor regarding those options. You can always obtain the medication, but you will need to pay the full price of the medication.  Icon - Conversation The Specialty Pharmacy calls the member before each refill and provides information about the change in coverage.  Icon - Conversation If your prescription is being processed at our **CVS Caremark pharmacy** or **CVS Specialty Pharmacy**, we will first contact your doctor about the formulary options to help ensure that there is no delay in you receiving the medication. If we are unable to reach your doctor, you will then be notified and should contact your doctor directly about the formulary options. This may result in a delay in receiving your medication. |
| **9** | What if my doctor does not want me to use the formulary options?  What if I have already tried other drug options and they didn’t effectively treat my condition? | **Non-Specialty:**  I will be happy to initiate an approval request process with your doctor or you can ask your doctor to contact the Prior Authorization team.  CCR submit ePA request. Refer to **Prior Authorization, Exceptions, Appeals Guide**. (63978)  **Prior Authorization Non-Specialty: 1-800-294-5979**  **Specialty:**  Icon - Conversation Your doctor should review and consider all other specialty formulary options. If your doctor thinks there is a clinical reason one of the alternative options will not work for you, they can call us toll-free to request coverage approval for your current medication(s) on or after the effective date of the formulary change.  **Specialty Prior Authorization: 1-866-814-5506** **(Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose) |
| **10** | Can my doctor submit a prior authorization? | Icon - Conversation Yes, if your doctor thinks there is a clinical reason one of the alternative options will not work for you, they can call us toll-free to request coverage approval for your current medication(s) on or after the effective date of the formulary change.  **Non-Specialty: 1-800-294-5979**  **Specialty Prior Authorization: 1-866-814-5506 (Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose) |
| **11** | Will my local pharmacy fill this medication? | This will vary from plan to plan; some plans require a specific pharmacy. You can sign in or register at Caremark.com or CVSSpecialty.com and use the Pharmacy Locator to find an in network pharmacy.  **Note:** Review Specialty Plan Design Highlights in the CIF. |
| **12** | What other medications are not covered?  Will my other medications still be covered? | Icon - Conversation This formulary change only affects a small number of medications. Review your benefit plan to make sure there are no other specific coverage rules for your other medications.   * For non-Specialty, use [www.caremark.com/acdruglist](http://www.caremark.com/acdruglist) to access the future formulary. * For Specialty, use [www.cvsspecialty.com/resource-center/specialty-drugs.html](http://www.cvsspecialty.com/resource-center/specialty-drugs.html) * Both sites contain other tools to help best manage their medications. |
| **13** | I had to change my medication before. Do I have to change it again? | Icon - Conversation We understand changing medicine can be inconvenient and that you may have already been asked to change it. Our panel of independent experts (our Pharmacy & Therapeutics committee - P&T) continually reviews medications for your plan sponsor.  Icon - Conversation This allows your plan sponsor to make sure the medicines that are lower-cost, clinically equivalent options, become part of your plan’s drug list. Talk to your doctor about what options are best for you. |
| **14** | My doctor prescribed a medication that is new to the market. Why does this product require a review before it is covered and how long does that take? | Icon - Conversation All new to market medications and new variations require a review before they are added to the formulary. The medication is reviewed to determine if it is clinically appropriate, cost effective and approved by CVS Caremark pharmacy’s panel of independent experts (our Pharmacy & Therapeutics committee - P&T).  The determination will typically be made within one year. |
| **15** | What happens after the review of the new product is completed? | Icon - Conversation If the drug is approved during the review process, then it will be added to the formulary to be processed per the plan. If the drug is determined to not be the most cost effective and clinically appropriate option, then it will remain off the formulary. |
| **16** | Can my doctor submit a prior authorization while the drug is being reviewed? | Yes, if your doctor thinks it is clinically necessary for you to take the medication before the review is completed, they can call us toll-free to request a coverage approval:  **Non-Specialty: 1-800-294-5979**  **Specialty Prior Authorization: 1-866-814-5506 (Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose) |

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| New to Market/Pending Review |

Representatives may find the following helpful in providing members with the most accurate information.

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| **#** | **Question/Statement** | **Answer** |
| **1** | Who is responsible for this change? | Icon - Conversation CVS Caremark pharmacy has been asked by <plan sponsor> to manage their drug benefit plan. CVS Caremark pharmacy made this change with the approval of their national and independent P&T Committee. |
| **2** | Why does this product require a review before it is covered? | Icon - Conversation All new to market products and new variations of products require a review before they are added to the formulary. The product is reviewed to determine if it is clinically appropriate, cost-effective, and approved by CVS Caremark pharmacy’s national and independent P&T Committee.  Reviewing the product prior to adding it to the formulary also minimizes disruption for members who may start therapy with a new-to-market product but must change to another treatment if the product is later removed from the formulary. |
| **3** | When will the review be completed? | Icon - Conversation The time frame is typically one year. |
| **4** | Can my doctor submit a prior authorization while the drug is being reviewed? | Icon - Conversation If your doctor thinks it is clinically necessary for you to take the medication before the review is completed, they can call us toll-free to request a coverage approval:  **Non-Specialty Prior Authorization: 1-855-582-2026**  **Specialty Prior Authorization: 1-866-814-5506 (Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose)  **CCR:** If the plan allows for an exception and the claim reflects that exception is potentially possible, educate the member regarding the exception form and Letter of Medical Necessity (LOMN) that should be completed by the doctor to request coverage for the drug. The member can submit the Exception documentation to the Exceptions department fax number: **1-888-487-9257.** |
| **5** | What happens after the review of the new product is completed: | * If the drug is approved during the review process, then it will be added to the formulary for claim processing per the plan. * If the drug is determined to not be the most cost-effective and clinically appropriate option, then it will remain off the formulary.   **What members can do:**   * Talk to their doctor about changing to an alternative option. Encourage their doctors to review all available options. * Use this website to access the drug list: [www.caremark.com/acdruglist](http://www.caremark.com/acdruglist) or [www.cvsspecialty.com/resource-center/specialty-drugs.html](http://www.cvsspecialty.com/resource-center/specialty-drugs.html) * Both sites contain other tools to help best manage their medications. * Understand that not changing to a recommended option may result in the member paying 100% of the medication cost. |

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| Drug Exclusions |

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Use as needed:

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| **#** | **Question/Statement** | **Answer** |
| **1** | Who is responsible for this change? | Icon - Conversation The CVS Caremark or CVS Specialty pharmacy has made this change with the approval of their national and independent P&T Committee. |
| **2** | Why is my prescription no longer covered? | Icon - Conversation Select medications are no longer covered because equally effective and more cost-effective options are available. |
| **3** | Can I still get the non-covered medication? | Icon - Conversation Yes. However, you will need to pay the full price of the prescription if you fill the non-covered medication. |
| **4** | If I present a prescription for the non-covered medication, will it be filled or will it be rejected? | Icon - Conversation At a retail pharmacy, the prescription will not be covered by your prescription drug plan. A message will be returned to the pharmacy with information about the formulary options. Ask your pharmacist to contact your doctor regarding those options. You can always obtain the medication, but you will have to pay the full price of the medication.  Icon - Conversation For Mail order and CVS Specialty Pharmacy, the pharmacy will first contact your doctor about the formulary options to help ensure there is no delay in you receiving the medication. If the Mail order or CVS Specialty pharmacy is unable to reach your doctor, you will be notified and should contact your doctor directly about the formulary options. This may result in a delay in receiving your medication |
| **5** | What if my doctor does not want me to use the formulary options?  What if I have already tried other drug options and they didn’t effectively treat my condition? | Icon - Conversation Your doctor should review and consider all other formulary options. If your doctor thinks there is a clinical reason one of the alternative options will not work for you, they can call us toll-free to request coverage for your current drug(s).  **Non-Specialty Prior Authorization: 1-800-294-5979**  **Specialty Prior Authorization: 1-866-814-5506 (Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose  **Note:** Refer to the CIF to determine if the plan allows for an exception. If the plan allows for an exception and the claim warrants that exception, educate the member regarding the exception form and Letter of Medical Necessity (LOMN) that should be completed by the doctor to request coverage for the drug. Provide members with the Exceptions department fax number: **1-888-487-9257.** |
| **6** | Can my doctor submit prior authorization? | Icon - Conversation If your doctor thinks there is a clinical reason one of the alternative options will not work for you, they can call us toll-free to request an exception for your current drug(s).  **Non-Specialty Prior Authorization: 1-800-294-5979**  **Specialty Prior Authorization: 1-866-814-5506 (Prescribers and Medical Doctor Offices only)**  To contact the Specialty Prior Authorization department on the members behalf, use Internal number 1-855-890-0347 (Do not disclose)  **Note:** Refer to the CIF to determine if the plan allows for an exception. If the plan allows for an exception and the claim warrants that exception, educate the member regarding the exception form and Letter of Medical Necessity (LOMN) that should be completed by the doctor to request coverage for the drug. Provide members with the Exceptions department fax number: **1-888-487-9257.** |
| **7** | Will my local pharmacy fill this medication? | Icon - Conversation Yes, any pharmacy in your network will fill your new prescription. If you choose to remain on your current medication, you may use any pharmacy and you will pay the full price of the prescription.  **Note:** Review Client Program Offerings in the CIF for plan specifics for retail pharmacy fills. |
| **8** | What other drugs are being excluded? | * For non-Specialty, use [www.caremark.com/acdruglist](http://www.caremark.com/acdruglist) to access the future formulary. * For Specialty, use [www.cvsspecialty.com/resource-center/specialty-drugs.html](http://www.cvsspecialty.com/resource-center/specialty-drugs.html) * Both sites contain other tools to help best manage their medications. |
| **9** | I have already had to change my medication before. Do I have to change it again? | Icon - Conversation We understand changing medicine can be inconvenient and that you may have already been asked to change it. Our pharmacy staff continually reviews medicines, products and prices for your plan sponsor. This allows your plan sponsor to make sure the medicines that work well and are cost-effective become part of your plan’s drug list. Talk to your doctor about what options are best for you. |

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| Related Document |

[CVS Caremark Drug List Index (116624)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5ec5253-d3a9-42d5-aeff-6656b12c8dfb)

[ePA Starter - Create an ePA via CoverMyMeds](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=846fc4bb-be62-4f48-aba4-23a47785db6c) (031201)

[Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

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