

Commonly Asked Questions: Brand Medications Requiring Use of a Generic First

Q1: I received a letter about a change to my prescription benefit but don't understand what it means. Can you please explain it to me?

A1: Sure. According to your plan, in order to have coverage for some prescription medications in certain drug classes, you first must try a generic drug to treat your condition. If you try (or have tried) a generic drug and it does not work for you, then you may receive coverage for a non-preferred brand drug that your doctor prescribes.

The amount you pay for your prescription will be lower when you choose a generic drug. If no generic is available – or if it is not right for you – your plan provides coverage for preferred select brand drugs[†], which may also save you money.*

However, if you choose to use a non-preferred brand drug without trying a generic first or without getting prior approval, coverage may be denied and you may have to pay the full cost of the brand drug.

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.
*The amount of your savings will vary based on your benefit plan.

Q2: Why has my prescription benefit plan changed?

A2: Your plan sponsor and CVS Caremark are always looking for ways to offer you choice and help you save money on your prescriptions. Your plan is designed to help you and your employer maintain affordable prescription drug coverage, and save on prescription costs by encouraging the use of lower-cost generic and preferred select brand drugs.[†]

Keep in mind that your plan provides coverage for generic and preferred select brand drugs without restriction. These drugs are safe, effective and will help you save money.*

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.
*The amount of your savings will vary based on your benefit plan.

Q3: Why does my plan sponsor or CVS Caremark want me to use a generic first?

A3: Generic drugs are a safe, effective, low-cost option for treating many common conditions. Because generic drugs cost 30 percent to 80 percent less, on average, than brand-name drugs, they can help you and your plan sponsor save money.*

*Generic Pharmaceutical Association's Web Site: <http://www.gphaonline.org/Content/NavigationMenu/AboutGenerics/Statistics/Statistics.htm>

Q4: What if I want to stay with my current non-preferred brand drug?

A4: You may choose to stay with your current non-preferred brand drug. However, if you have not tried a generic to treat your condition within the last 24 months, and your doctor has not received prior approval for this drug, you may have to pay the full cost of the drug.

If your doctor obtains prior approval, your non-preferred brand drug may be covered under your plan.

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

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Keep in mind that your plan may provide coverage for a preferred select brand drug within a drug class without restriction. Preferred select brand drugs are safe, effective and will save you money.*

†Preferred select brand drugs are usually available at a lower cost than non-preferred drugs.

*The amount of your savings will vary based on your benefit plan.

Q5: What do I need to do to change to a generic drug?

A5: Let your doctor or other health care provider know you prefer to use generic drugs whenever possible. Ask your doctor to allow for generic substitution or to write a new prescription for a generic drug to treat your condition.

Your doctor will need to write a new prescription for a generic alternative available in the same drug class as your brand-name drug.

Q6: I'm concerned about using a generic drug.

A6: According to the U.S. Food and Drug Administration (FDA), generic drugs are safe and effective.

If you are concerned about using a generic, ask your doctor or other health care provider if a generic drug is right for you.

Q7: What if I already tried a generic?

A7: If our records show that you have tried a generic drug to treat your condition within the last 24 months, then your non-preferred brand medication in the same drug class may be covered.

If more than 24 months have passed since you tried a generic drug, your plan requires you to try a generic again. It is possible that new generics may now be available to treat your condition.

As an alternative, you may choose to use the preferred select brand medication in the same drug class. Preferred select brands are covered by your plan and available at a lower cost to you than non-preferred brands. Your copay/coinsurance may be slightly higher for a preferred select brand than for a generic.

Q8: What if I take a preferred select brand drug but didn't try a generic first?

A8: According to your plan, if you are currently taking a preferred select brand drug and would like to continue receiving it, you may do so and continue to receive coverage. You do not need to change to a generic. However, you may decide to change to a generic to save money.* Your copay/coinsurance will be lower when you use a generic.

Please keep in mind that if you and your doctor later decide to change from the preferred select brand medication to a non-preferred brand medication in the same drug class, your plan requires that you try a generic drug first. Use of a preferred select brand does not allow coverage for a non-preferred brand drug.

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Q9: What if I take a preferred select brand drug but want to change to a non-preferred brand instead?

A9: In order to receive coverage for a non-preferred brand medication in the same drug class, your plan requires that you try a lower-cost generic medication first. If you choose to use a non-preferred brand medication without trying a generic first or without getting prior approval, you may have to pay the full cost of the drug.

Q10: What if there is no generic available to treat my condition?

A10: If there is no generic available, you may choose to use a preferred select brand drug[†] to treat your condition. Preferred select brands are covered by your plan and available at a lower cost to you than non-preferred brand-name drugs.

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.

Q11: What if I can't take the generic?

A11: If you cannot take a certain generic drug due to allergy or other medical reason, your doctor may consider prescribing a different generic or a preferred select brand drug[†], which may also save you money.* Your plan covers generic and preferred select brand drugs without restriction at a lower copay/coinsurance than non-preferred brand drugs.

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.

*The amount of your savings will vary based on your benefit plan.

Q12: Why isn't my prescription medicine covered anymore? It was prior to now.

A12: According to your prescription benefit plan, some brand medications in certain drug classes will not be covered unless you have tried a generic drug first. In order to have coverage for medications in these drug classes, your plan requires that you choose a lower-cost generic or preferred select brand drug.[†]

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.

Q13: When I got my prescription refilled, I had to pay the full cost of the medicine. Can you tell me why?

A13: According to your plan, if you use a non-preferred brand drug without trying a generic first, or without your doctor getting prior approval for the non-preferred brand, then you may have to pay the full cost of the brand-name drug.

Q14: My doctor doesn't want me to change to another drug. What should I do?

A14: If you are taking a non-preferred brand drug to treat your condition, ask your doctor to contact CVS Caremark to obtain prior approval so you may receive coverage for your drug. Without prior approval, you may have to pay the full cost of the non-preferred brand drug.

If you are taking a generic or preferred select brand drug[†], you may continue to do so. Generic and preferred select brand drugs are covered under your plan and available at a lower cost to you.

[†]Preferred select brand drugs are covered by your plan, usually available at a lower cost than non-preferred brands and can help you save money.

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Q15: If my doctor gets prior approval, will my non-preferred brand drug be covered?

A15: Your prescription benefit plan requires that specific criteria be met in order for a non-preferred brand drug to be covered. If your doctor obtains prior approval for your brand drug, your plan may provide coverage for it.

Q16: I received a letter that says my medication won't be covered unless I receive prior approval. Can you please tell me what I need to do to get prior approval?

A16: Ask your doctor to call CVS Caremark to obtain prior approval or authorization for you to use certain brand-name drugs and receive coverage by your plan. Your doctor can call the physician line provided in communications we've sent to him/her.

Q17: Will my drug be covered if I do not receive prior approval?

A17: If you are taking a non-preferred brand drug, have not tried a generic within the last 24 months and your doctor has not received prior approval or authorization for the non-preferred brand drug, then your drug may not be covered under your plan.

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