

Wallingford-Swarthmore School District

Prescription Benefits effective 10/1/2017

CVS/Caremark \$8/\$35/\$50 Prescription Plan

|  | <u>RETAIL</u> Coverage | <u>MAIL ORDER</u> Coverage |
|---|---|---|
| | <ul style="list-style-type: none">• Up to 34 day supply with• Maintenance Choice• Exclusive Specialty• Step Therapy• Drug Quantity Management | <ul style="list-style-type: none">• Up to 90 day supply with• Maintenance Choice• Exclusive Specialty• Step Therapy• Drug Quantity Management <p>(two retail copays instead of three retail copays for 90 day supply)</p> |
| Generic Copay | \$8 | \$16 |
| Formulary Brand Copay | \$35 | \$70 |
| Non-Formulary Brand Copay | \$50 | \$100 |

Maintenance Choice: For maintenance medications, after the initial first two fills, all fills can only be filled at a CVS retail pharmacy or through the CVS/Caremark Mail Service Pharmacy.

Exclusive Specialty: Specialty prescriptions can only be filled at a CVS retail pharmacy or through the CVS/Caremark Mail Service Pharmacy.

Step Therapy: For new medications after 1/1/17, members must try a front-line medication (usually generic medication) prior to receiving back-up medication (usually brand name medication).

Drug Quantity Management: Quantities of medications are limited in accordance with FDA-approved dosage guidelines, manufacturer-recommended guidelines.

CVS/Caremark website, www.caremark.com

CVS/Caremark customer service, 1-888-865-6590