



PRESCRIPTION DRUG COVERAGE

CVT provides a CVS/Caremark Card for prescription drug needs for each Subscriber and their eligible dependents enrolled in a CVT PPO (Preferred Provider Organization) Plan.

PLAN NAME		A	B	C	D
An Rx plan must be chosen for each PPO Plan	Retail 30- Day Supply	\$5 Generic \$22 Brand	\$7 Generic \$15 Preferred \$30 Non-Preferred	\$7 Generic \$25 Preferred \$40 Non-Preferred	\$10 Generic 30% Preferred 50% Non-Preferred (min= \$25 / \$40; max= \$40 / \$100)
	Mail Order 90-Day Supply	\$10 Generic \$44 Brand	\$15 Generic \$35 Preferred \$70 Non-Preferred	\$15 Generic \$60 Preferred \$90 Non-Preferred	\$25 Generic 30% Preferred 50% Non-Preferred (min= \$65 / \$100; max= \$125 / \$250)

- Your prescription should be filled at a CVS/Caremark participating retail pharmacy (for example: Long’s, Walgreens, Von’s, etc.), and will be dispensed with a 30 day supply. *This is a nationwide network of participating pharmacies.* For a complete pharmacy listing in your area please visit CVS/Caremark.com or call CVT at 559-437-2960 or 1-800-288-9870.
- Utilize CVS/Caremark.com for fast, convenient, and helpful service such as: Instant prescription pricing, drug plan coverage, prescription refills for your mail order drugs, and listings of participating pharmacies in your area. CVS/Caremark.com also sends important email notifications and provides helpful health and drug information. Please register at www.CVSCaremark.com
- Generic versus Brand Drugs – For any brand drug with a generic equivalent available the generic will be dispensed regardless of what a physician writes. The physician can specify “Dispense as Written” (DAW) or a plan participant can choose a brand drug **BUT** they will always pay the generic co-pay plus the cost difference between the brand and generic when a brand name drug is selected and a generic is available.
- Approximately 50% of all prescription drugs are now available in generic form. **FDA approved generic medicines are just as effective as their brand name counterparts. To gain FDA approval, generic drugs must meet the same standards for safety, purity, strength, and quality.**
- CVT offers Mail Order Prescription Service for individuals who are on maintenance drugs. This service also abides by the same generic vs. brand drug rules as stated above. The mail order service will be filled with a 90 day supply resulting in a greater savings to you, plus the convenience of free standard shipping to your home. Getting started is quick and easy by contacting our FastStart Program at 1-866-273-5268. The FastStart representative will contact your physician for your mail order prescriptions, all you need to provide is your ID number, mailing address, drug name, physician name and phone number.
- Insulin, disposable needles, syringes, lancets and test strips are available through your CVS Caremark prescription plan. Glucometers are not a covered item under the CVS Caremark prescription plan; however, CVS Caremark does offer the Diabetic Meter Program. This program offers a new, free meter every two years to eligible members, just call 1-800-588-4456 to receive your free meter.
- Some drugs have limitations such as Migraine medications. For example, The Managed Drug Limitation (MDL) for Imitrex 25mg tablets consists of a 25 day supply of 9 tablets. If more is required, a Prior Authorization will be needed. For more information on managed drug limitations, please call CVS/Caremark Customer Service at 1-888-354-6390.
- In addition, there are drugs that require Prior Authorizations (PA). Drug classes such as; Growth Hormones, Rheumatoid Arthritis, and Multiple Sclerosis are some examples where the CVS/Caremark pharmacists and your doctor will work together to ensure that the drug you are prescribed is the most appropriate for your condition. The Prior Authorization number is 1-888-413-2723.
- CVT provides Specialty Pharmacy Services for chronic or genetic conditions through the use of biotech medications and other specialty pharmaceuticals. The Specialty program offers individuals personalized pharmacy care management and is assigned a pharmacist-led CareTeam who effectively manages your condition. For Specialty Services/Admissions please call 1-800-237-2767.
- If your spouse or other dependent has prescription drug coverage under his/her own CVT group number or from another carrier, that coverage must be used first for those individuals that have this as the primary coverage. **Any balances should be submitted to CVS/Caremark for consideration of payment.**