Traditional Generic Step Therapy Plan
Frequently Asked Questions (FAQs)

Overview: The Traditional Generic Step Therapy (TGST) plan design offering provides generous coverage for generic drugs without restriction. In order for a brand-name drug to be covered, the plan requires a member to use a 30-day supply of a generic alternative in the same drug class within a specific time period.

Communications will be sent in a timely fashion to affected plan members and prescribers to inform them of TGST plan requirements and encourage the use of lower-cost generic drugs. For more information, plan members can log on to Caremark.com or call the Customer Care number on the back of their prescription ID card.

General

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 prescription drugs in certain drug classes, you must try a generic drug first 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 brand-name drug that your doctor prescribes.

The amount you pay for your prescription will be lower when you choose a generic drug.* However, if you choose to use a brand-name 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-name drug.

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

Q2: Why has my prescription benefit plan changed?

A2: CVT 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 drugs.

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

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

Q3: Why does my CVT 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 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 brand-name drug?

A4: You may choose to stay with your current brand-name drug. However, if you have not tried a generic to treat your condition within a specific time period, and your doctor has not received prior approval for the brand-name drug, coverage may be denied and you may have to pay the full cost of the brand-name drug.

If your doctor receives prior approval, your brand-name drug may be covered under your plan.

Q5: What happens if I choose to use a brand-name drug?

A5: According to your plan, if you choose to use a brand-name drug without trying a generic first, coverage may be denied and you may have to pay the full cost of the brand-name drug.

Q6: What do I need to do to change to a generic drug?

A6: 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.

Q7: What is generic step therapy?

A7: Generic step therapy is a term used to describe the process of trying a generic drug first to treat your condition before trying a higher cost brand-name drug. Under your plan, trying a generic drug is a necessary first step in order to receive drug coverage.

Q8: I'm concerned about using a generic drug.

A8: 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.

<u>Plan Member Disruption</u>

Q9: When I got my prescription refilled, I had to pay the full cost of the medicine. Can you tell me why?

A9: According to your plan, if you use a brand-name drug without trying a generic first or without your doctor getting prior approval for brand, then coverage may be denied and you may have to pay the full cost of the brand-name drug.

Q10: Why isn't my prescription medicine covered anymore? It was prior to now.

A10: *<u>Plan design changed:</u>* As of 10/1/2013 your prescription benefit plan changed. According to your new plan, brand-name drugs in certain drug classes are not covered. In order to have coverage for drugs in these drug classes, your plan requires that you choose a lower-cost generic drug first.

Formulary changed: The list of drugs your plan covers recently changed. According to your plan, your drug will no longer be covered unless you try a generic drug first to treat your condition.

Q11: What if I already tried a generic?

A11: If our records show that you have tried a generic drug to treat your condition within the specified time period, then your brand-name drug may be covered.

Q12: What if there is no generic available to treat my condition?

A12: Generics are available in most drug classes. However, if there is no generic available within a certain drug class, you may choose a brand-name drug to treat your condition.

Q13: What if I can't take the generic?

A13: If you cannot take a certain generic drug due to allergy or other medical reason, your doctor may consider prescribing a different generic drug to treat your condition. Your plan covers generic drugs without restriction at a lower copay/coinsurance than brand-name drugs.

If no other generic alternative is available, your doctor may contact CVS Caremark to obtain prior approval so you may receive coverage for a brand-name drug. Without prior approval, coverage of the brand-name drug may be denied and you may have to pay the full cost of the drug.

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

A14: If you are taking a brand-name 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, coverage of the brand-name drug may be denied and you may have to pay the full cost of the drug.

If you are taking a generic drug, you may continue to do so. Generics are covered under your plan and available at a lower cost to you.

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

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

Q16: I received a letter that says my drug 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 us to obtain prior approval from CVS Caremark for you to use a non-preferred brand drug 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 brand-name drug, have not tried a generic within the last 24 months and your doctor has not received prior approval for the brand-name drug, then your drug may not be covered under your plan.