



Welcome to Meritain Health Pharmacy Solutions



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Meritain Health Pharmacy Solutions

Flexible. Integrated. Effective.

Meritain Health partners with Caremark to administer pharmacy solutions to employer groups. Our role is to work with you to ensure your benefits perform to your satisfaction. The team includes experienced, clinically trained account managers who analyze your plan data, core clinical programs, drug spend and utilization, and any changes in the marketplace. Caremark's role is to work on the back end to process claims on behalf of Meritain Health.

Important Contact Information



Call Customer Service
1.866.475.7589



Get the Member Website
www.caremark.com
(24/7 access to pharmacy assistance)



Download the Mobile App
Get the free app by searching CVS
Caremark in your app store or go to
www.caremark.com/mymobile

**Please note: if you're having difficulty filling a prescription, or any other sort of issue, simply call the number listed on your ID Card.*

Programs and Plan Design Options



Meritain Health Pharmacy Solutions recommended plan design options

Specialty medications (must be covered unless plan is grandfathered):

Specialty medications are high-cost medications that treat specific chronic or genetic conditions. They are often injectable or infused, but may be available orally. Some specialty medications require special handling or delivery, and are available only at specialty dispensing pharmacies. Plans can elect to have either an Exclusive or Open benefit.

- **Exclusive:** Members fill specialty medication exclusively through the CVS specialty pharmacy or their local CVS pharmacy.
- **Open:** Members fill specialty medication at any pharmacy.

Claim maximum edits:

Our system rejects claims over a certain amount (see below) with a message of “Cost Exceeds Max.” This ensures pharmacies are submitting the correct claim information (i.e., quantity limits/ dosing). We review these high-priority claims within 24 hours. Once a claim has been reviewed and approved, it will not be rejected for future fills unless the dollar amount exceeds the previous approval.

- **Retail:** \$2,999.99
- **Mail:** \$2,999.99
- **Specialty:** \$5,000
- **Compounds:** \$299.99

Dispense as Written (DAW):

DAW refers to rules in place to encourage using a generic when available. These rules typically have a penalty associated with them, which is the difference in cost between the generic and the brand, in addition to the applicable brand copay. Penalties are not required to apply towards the deductible and/or maximum out of pocket. The two types of rules are below and plans can elect DAW 1 and 2, DAW 2 only or no DAW:

- **DAW 1:** The prescriber writes “Dispense as Written” on the prescription and the pharmacy must not substitute for a generic equivalent.
- **DAW 2 (recommended):** The member requests the brand even though there is a generic equivalent available and the prescriber allows for the substitution.

Refill limits:

Refill limits require a member to use a certain amount of medication before obtaining a refill. A retail claim requires 75 percent of the medication to be used and mail order requires 50 percent of the medication to be used.

Paper claims:

When necessary, a member may need to request a reimbursement on a pharmacy claim. The standard time frame to allow for submission is 365 days. Examples of when a member may need to request a reimbursement are: in-network claims where the member had to pay 100 percent for various reasons, out-of-network claims, and nursing home and/or international claims.

Meritain Health Pharmacy Solutions recommended program options

Mandatory mail order:

Members must fill all maintenance medications through mail order after an allotted amount of grace fills (typically 2). This option does not allow for a 90-day supply at any retail pharmacy, including CVS.

90 days at retail:

Plans can elect to allow a 90-day supply to be filled at in-network retail pharmacies. Typically, these carry a copay every 30 days, but other copay options are available (i.e., two times the copay for a 31 to 90-day supply).

Maintenance Choice:

Maintenance Choice® from CVS Caremark is a unique option that combines cost savings, access and quality through their 90-day mail pricing plan design. Maintenance Choice can help improve member adherence by leveraging mail service and retail capabilities. It provides members a choice in how they receive a 90-day supply of maintenance medication. Members can choose to receive their maintenance medications through mail service or at a CVS/pharmacy at the mail pricing and copay.

Benefits of this unique 90-day solution include:

- Cost savings. Implementing the Maintenance Choice Mandatory solution can help you achieve up to four percent savings on your gross pharmacy spend.
- Improved health outcomes and quality. Clients who implemented Maintenance Choice have experienced consistent quality and generic dispensing metrics at mail service and CVS pharmacies. In addition, up to 39 percent more members have become optimally adherent with Maintenance Choice compared to traditional mandatory mail plan designs.
- Increased member satisfaction, convenience and flexibility. Members enjoy lower copays and increased convenience through home delivery or fewer trips to the retail pharmacy (both of which are shown to help improve adherence). The ability to move prescriptions between mail and CVS/pharmacy when needed creates flexibility for members. Easy-to-use online and mobile tools offer members more control in managing and tracking their medications.

HDHP preventive:

This drug list is used to promote preventive medications by allowing members to skip the deductible and is usually offered at regular copays (sometimes \$0). The makeup of this list is based on the guidelines for Preventive Care Safe Harbor from the IRS and vendor clinicians. This drug list is not compliant with ACA requirements and was not intended to be. This list provides guidelines for inclusion for groups choosing to implement a HDHP/HSA. There are two options for this benefit:

- Generic Only
- Brand and Generic

Step Therapy program:

This program is designed to help members and their prescribers to choose a lower-cost medication as the first step in treating a member's condition. There are three options for this program listed below:

- **Performance Generic Step Therapy:** Least restrictive, requires a generic medication to be tried. If the generic medication doesn't work, the targeted brand medication can be filled.
- **High Performance Generic Step Therapy:** Moderately restrictive, requires a generic medication or 1–2 brand medications to be tried before the targeted non-preferred brand medication is covered.
- **Traditional Generic Step Therapy:** Most restrictive, requires a generic medication or 1–2 brand medications to be tried before the targeted non-preferred brand medication is covered; covers additional drug classes not covered in High Performance Generic Step Therapy.

Value Generic:

This list contains low-cost generics that can be set up at a lower copay.

Specialty split fill program:

In the first month of the program, members will be able to fill two 15-day cycles of a limited list of specialty medications. Their copays will be prorated. This helps ensure that members can tolerate the medication and handle potential side effects. It also reduces waste and avoids unnecessary costs.

Meritain Health Pharmacy Solutions included plan design/programs

Compound management:

To proactively manage the high cost and appropriate use of compound medications, Meritain Health Pharmacy Solutions requires a prior authorization on any compound medication costing more than \$299.99. Compounds must meet certain criteria for treating a condition and also not include any bulk compounding powders that are not FDA-approved. If the medication contains bulk compounding powders, the prior authorization will not be approved.

Prior Authorization (PA):

A PA is a safety and cost-saving feature, designed to prevent improper prescribing or use of certain drugs that may not be the best choice for a health condition. It requires the prescribing doctor to submit information that the drug is in fact needed and medically necessary before it can be filled.

Specialty Guideline Management (SGM):

This program is designed to effectively manage specialty medications by implementing a thorough prior authorization process. This process takes into consideration the current accepted medical guidelines for appropriate use and evaluating patient progress and then adjusting accordingly.

Diabetic meter program:

Members who qualify for this program will receive an Accu-Check™ blood glucose meter kit, a starter supply of test strips and lancets at no cost through CVS Caremark's mail order benefit. Qualifying members must have diabetes and an active prescription. Additional requirements or limits may apply. Call the CVS Caremark Member Services Diabetic Meter team at 1-800-588-4456.

Specialty medications

What are specialty drugs?

Specialty pharmaceuticals are a relatively new and rapidly growing category of drugs that are the result of continued advances in drug development technology and design. They are created to target and treat very specific medical conditions and include bioengineered proteins, blood-driven products and complex molecules.

Specialty pharmaceuticals:

- Are used in the management of specific chronic or genetic conditions.
- Are often injectable or infused medicines, but may also include oral medicines.
- Require additional education of a member and close monitoring in collaboration with his or her doctor.
- May require special handling, delivery and/or special medical devices to administer the medicine.
- May only be available only from specialty pharmacies.

Specialty pharmacy costs continue to outpace traditional pharmacy trend and managing specialty pharmacy trend appropriately is a priority for many of our clients. The Caremark Specialty Guideline Management program is designed to prevent inappropriate utilization of these highly specialized and expensive medications outside of approved guidelines and indications.

Specialty Guideline Management (SGM)

To effectively manage specialty medications, CVS Caremark offers a robust SGM program that includes:

- Authorization for specialty drugs on currently accepted medical guidelines for appropriate use.
- Evaluating patient progress to determine whether expected outcomes are being met and appropriate therapeutic end points are being reached.
- Evidence-based programs designed to consistently manage specialty pharmacy utilization in accordance with current standards of care.
- Flexibility in choosing levels of intensity (indications for use vs. more comprehensive algorithms).

Comprehensive management that goes beyond the capabilities of a traditional PA program, and includes:

- Utilization management components.
- Outcomes management reporting components.
- Flexible implementation.

To learn more about specialty pharmacy services and where these medications are best obtained according to the specific plan design, please visit CVS Caremark's Specialty Pharmacy website at www.cvscaremarkspecialtyrx.com, or call a customer service representative at **1.866.475.7589**.

Your split-fill program

Beginning a new prescription medication can be a difficult and uncertain process. Will the medication work? Will you have a negative reaction to it? To help ease some of the uncertainty, Meritain Health offers a split-fill program to make sure you're getting the attention and care you need.

How does it work?

With Meritain Health Pharmacy Solution's split-fill program, your first month of medication gets sent out in two 15-day cycles, then automatically upped to a 30-day supply the following month. This helps ensure you can tolerate your new form of our treatment and handle any potential side effects. It also reduces waste and avoids any unnecessary costs.

Before any medication is dispensed, you'll meet with specialty-trained nurses and pharmacists to help you understand therapy expectations, how to administer and store the medication, how to manage possible side effects and how the split-fill program works. During the first month, you'll be contacted by Meritain Health's team up to two times per 15-day cycle: once when setting up the current shipment and again for a member of our team to complete a mid-cycle follow-up and setup of the next shipment.

How will the program work with my benefits?

To help save you money, your copays are prorated to align with the number of pills dispensed. If you decide to refill your medication after the first month, you'll receive the full supply and pay your full copay. Here's an example:

You're prescribed a 30-day supply of a drug you've never taken before. The total cost of the drug is \$1,500 and your copay, based on your benefit plan, is \$500. Here's the breakdown of what your share would be:

- Your first fill for a 15-day supply (half of the full supply) will be processed at \$250 (half of your \$500 copay).
- If all goes well, and you want to continue with the prescription, the second fill will be dispensed for the remaining 15 days and you'll pay the remainder of your copay.
- If you need another round of medication after the initial month, you'll receive a full 30-day supply and pay the full copay of \$500.

Medications available for partial fill:

- | | | | |
|--------------------------|------------------------|--------------------------|-------------------------|
| • Affinitor (everolimus) | • Inlyta (axitinib) | • Tafinlar (dabrafenib) | • Xtandi (enzalutamide) |
| • Baraclude (entecavir) | • Jakafi (ruxolitinib) | • Tarceva (erlotinib) | • Zolanza (vorinostat) |
| • Bosulif (bosutinib) | • Nexavar (sorafenib) | • Targretin (bexarotene) | • Zykadia (ceritinib) |
| • Epivir (lamivudine) | • Odomzo (sonidegib) | • Tassigna (nilotinib) | • Zytiga (abiraterone) |
| • Erivedge (vismodegib) | • Sprycel (dasatinib) | • Votrient (pazopanib) | |
| • Gleevec (imatinib) | • Sutent (sunitinib) | • Xalkori (crizotinib) | |

If you have any questions about the program, we can help. Just call the number listed on the back of your ID Card.

Affordable Care Act (ACA) Preventive vs. High-Deductible Health Plan (HDHP)/Health Savings Account (HSA) Preventive

ACA preventive definition

This is the list of drugs that are required for coverage under the ACA at a \$0 copay and bypass deductible (if applicable). The drugs on the list comply with the preventive drug list that has been identified by the U.S. Department of Health and Human Services as a preventive service.

ACA preventive—what's required?

- This is required on all nongrandfathered plans.
- All drugs on the list must be provided at \$0 to the member(s).
- All drugs on the list are not subject to deductible.

HDHP/HSA preventive definition

The list is used to promote preventive medications by allowing members to skip the deductible and are usually offered at regular copays (although sometimes \$0). The makeup of the list is based on the guidelines for Preventive Care Safe Harbor from the IRS and vendor clinicians. This drug list is not compliant with the ACA requirements and was not intended to be. This drug list provides guidelines for inclusion for groups choosing to implement a HDHP/HSA benefit plan.

HDHP/HSA preventive—what's required?

- This is not required on HDHP/HSA plans.
- If plans offer it, the drugs on the list can be offered at \$0 or another copay determined by the client.

About Compounded Medications

Our goal is for members to receive the best medication for positive outcomes, while managing costs and safety concerns. For this reason, our clinical team has collaborated with our Pharmacy Benefits Management (PBM) partners to develop a strategy for managing compounded medications. Meritain Health Pharmacy Solutions implemented this strategy beginning September 2014.

Background

A compounding pharmacy is defined as a practice in which a licensed pharmacist combines or alters ingredients in response to a prescription. This creates a medication tailored to the medical needs of a patient. Today, compounded medications provide greater flexibility and individualization in treating patients when like-manufactured products are not commercially available. Pharmacies sometimes make compounded medications when a patient has an allergy and needs medication without a certain dye, preservative or other inactive ingredient. A pharmacy may also make these medications when a patient has trouble swallowing a capsule or tablet, and needs medicine in liquid form that is not currently available.

Cost, safety and effectiveness

Though compounded medications can be useful in prescription therapy, in most cases there are safe and effective lower-cost alternatives. Often, compounded medications are more costly than FDA-approved products for the same condition. When making best-practice prescription choices, FDA-approved, commercially manufactured and lower-cost medications should always be the first treatment consideration.

Impact to members

Our team will notify any members affected by the change in compound management within 60 days of the program implementation. Plans with unmanaged high-cost compound utilization may experience potentially significant cost savings from this new strategy.

If you have any questions, we can help. Please email Meritain Health Pharmacy Solutions at servicerequest@meritain.com.

Meritain Health Pharmacy Solution's strategy

To proactively manage the high cost and appropriate use of compound medication, we created the following strategy:

- Any compound medications costing more than \$300 require a prior authorization.
- Compound drugs must meet the standard utilization management criteria for treating a condition.
- Medications must not include bulk compounding powders (chemicals that do not have FDA approval, or an indication for use in treating certain disease states).