

PRESCRIPTION DRUGS

The prescription drug component of the medical plan is administered by CVS Caremark, a pharmacy benefit management specialist. This program offers you two convenient methods to fill your medication needs... in person at a participating CVS Caremark retail network pharmacy or by mail order.

Eligibility, Enrollment, and Administrative Procedures

Participation in the university's prescription drug program is dependent upon enrollment in the Blue Cross Blue Shield of Nebraska medical plan and does not require any additional premium to participate. Therefore, the medical plan's eligibility, enrollment, and administrative procedures, etc. will also apply to the CVS Caremark prescription drug program.

Disabled Dependent Child While Covered as a Student

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 19 if incapable of self-sustaining employment, or of returning to school as a full-time student, by reason of mental or physical handicap, and dependent upon you for support and maintenance. The application for such coverage must be received within 31 days of the dependent's 19th birthday and the dependent must meet all other group coverage eligibility requirements.

A child who becomes physically or mentally disabled while a covered student over 18 years of age may continue prescription drug coverage while remaining incapable of returning to school as a fulltime student, unmarried and dependent upon you for support and maintenance. You must furnish proof of disability within 31 days of its onset.

CVS Caremark Overview



CVS Caremark Rx is a leading national provider of prescription drug benefit management programs and services to corporations, insurance companies, managed care organizations, unions, coalitions and federal and state agencies. CVS Caremark has been providing mail service prescription programs since 1985, and retail point-of-service programs since 1988. Today, CVS Caremark distributes prescription drugs to over 15 million employees, members, retirees and their dependents through several mail service pharmacies and a retail national network of over 60,000 stores.

CVS Caremark's comprehensive clinical management capabilities assist benefit plan sponsors in managing benefit cost and quality through a wide range of programs focused on safe and appropriate use of prescription medications. Physicians are also supported by supplying patient specific information to facilitate safe and appropriate prescribing to CVS Caremark plan participants.

CVS Caremark is committed to providing our clients and patients superior customer service and a broad spectrum of high quality, clinically-based prescription drug benefits.

Visit the [CVS Caremark Home Page](#)

Group Identification Number

- UNEBR

Member Identification Number

Prescription drugs can be obtained by providing the pharmacy your CVS Caremark member identification number. Your nine digit identification number is based on your University of Nebraska Personnel Number. For example, the first three digits will be zeros while the next six digits represent your university Personnel Number (e.g. 000123456). You and your covered family members should use this identification number when obtaining a prescription at any CVS Caremark network pharmacy. Although CVS Caremark identification cards are not issued, a generic identification card may be found at the link noted below.

[CVS Caremark Identification Card](#)

Benefits Summary

Prescription Drug Deductible and Copay

Each covered dependent is required to pay an annual \$50 prescription drug deductible, which applies to brand name drugs only. To encourage the use of generic drugs, the annual deductible is waived when a generic drug is purchased. Once the deductible has been met, the applicable prescription copay must be paid. Copays will vary based on whether a prescription drug is a generic or on CVS Caremark's formulary/Primary Drug List. A formulary is a list of preferred brand name drugs that are determined to be clinically effective, in addition to being cost effective, when compared to similar-acting drugs.

The university's prescription drug program will pay that portion of an incurred expense remaining after the required copay has been paid. No payment or reimbursement will be made under any other medical insurance or benefits plan for expenses incurred under the prescription drug program.

Listed below are the copay amounts required for each prescription purchased through a CVS Caremark retail network pharmacy or the mail service program.

Days Supply	Up to 30	31-60	61-90
Generic	\$9 copay	\$18 copay	\$27 copay
Brand (on formulary/Primary Drug List)	\$28 copay	\$56 copay	\$84 copay
Brand (not on formulary/Primary Drug List)	\$47 copay	\$94 copay	\$141 copay

An annual \$50 deductible is also required for brand name drugs for each covered person.

Health Risk Assessment

Employees who complete the HRA and are enrolled in the university's medical plan may purchase generic drugs through CVS Caremark's mail service for \$0 copay. The \$0 copay is only available at CVS Caremark's mail service and not applicable at any retail pharmacy.

The CVS Caremark Mail Service Program provides a convenient and cost-effective way to obtain long-term, maintenance drugs. Participants should complete a mail service order form (mail service request envelope) which is available on the University of Nebraska benefits Web site and send to CVS Caremark, along with the original prescription(s) (not a photocopy) and the appropriate copay for each prescription. Participants will receive their prescription within 10 to 14 calendar days after CVS Caremark receives the order.

CVS Caremark Prescription Drug Program

To minimize out-of-pocket costs, it is important that participants use the CVS Caremark prescription drug program when purchasing drugs at a participating retail pharmacy. If you purchase a drug outside the CVS Caremark prescription drug program, you must pay 100 percent of the prescription price. Not using the prescription drug program will cost more since your financial responsibility is equal to your out-of-pocket expense, i.e. deductible and applicable copay, plus the CVS Caremark savings that would have been available had you used the CVS Caremark prescription drug program.

Prescription drugs purchased through a government program (Medicaid or state aid), nursing home, and internationally, etc. should continue to be processed per the appropriate agency's guidelines.

Prescription drug purchases may not be submitted to the major medical portion of the Blue Cross Blue Shield medical plan.

Retail Network Pharmacy

The CVS Caremark Retail Pharmacy Program enables you to purchase prescription drugs from a large PPO pharmacy network, which includes over 60,000 pharmacies nationwide. To locate a CVS Caremark participating retail pharmacy in your area, simply call CVS Caremark toll-free at (800) 841-5550, view the CVS Caremark Nebraska PPO retail network directory on the University of Nebraska benefits Web site at www.nebraska.edu/benefits or go to the CVS Caremark Web site at www.caremark.com. You will need to register the first time you visit Caremark.com to access the pharmacy locator section.

Using a CVS Caremark Participating Retail Pharmacy

- Participant should request a prescription for a 90-day supply, plus up to 3 refills, when appropriate from their physician.
- Participant should take the prescription to a CVS Caremark participating retail pharmacy.
- Participant should provide their CVS Caremark member identification number to the pharmacist.
- Participant should verify that the pharmacist has accurate information about you and your covered dependents, including date of birth and gender.
- Participant should pay the appropriate copay.

Retail 90 Program

CVS Caremark's Retail 90 program provides insureds the opportunity to fill a 90-day supply of a long-term, maintenance medication at select participating retail pharmacies. Although there is no initial savings to the insured, this enhancement **helps reduce the overall cost to the university's prescription drug plan**. To utilize the benefit of the Retail 90 Program, a participant should present a 90-day prescription (3 30-day prescriptions do not qualify) to the retail pharmacist to begin enjoying the convenience of filling maintenance medication right at the store. Many area pharmacies participate in the Retail 90 program including CVS, Target, Hy-Vee, Walmart, Kmart, Nebraska Medical Center Clinic Pharmacy, Bakers, etc.

Non-Participating Retail Pharmacy

In most cases, you will not need to visit a non-participating retail pharmacy because there are over 60,000 participating retail pharmacies in the CVS Caremark network. However, if you choose to go to a non-participating pharmacy, you must pay 100 percent of the prescription price. You must submit a claim form, along with the original prescription receipt(s) to CVS Caremark for reimbursement of the covered expense. This option will cost more since you are not using the CVS Caremark prescription drug program. Claim forms may be obtained from the University of Nebraska benefits Web site.

Mail Service Program

The CVS Caremark Mail Service Program provides a convenient and cost-effective way to obtain long-term, maintenance drugs. Participants should complete a mail service order form (mail service request envelope) which is available on the University of Nebraska benefits Web site and send to CVS Caremark, along with the original prescription(s) (not a photocopy) and the appropriate copay for each prescription. Participants will receive their prescription within 10 to 14 calendar days after CVS Caremark receives the order.

Using the CVS Caremark Mail Service Program

For new maintenance drugs, participants should ask the doctor to write two prescriptions.

- One prescription for up to a 90-day supply plus up to three refills, for submission to the mail service program.
- The second prescription can be submitted to a CVS Caremark participating retail pharmacy to obtain a prescription immediately until you receive the prescription from the mail service program.

Participants should complete a mail service order form (mail service request envelope) which is available on the University of Nebraska benefits Web site and send to CVS Caremark, along with the prescription(s) and the appropriate copay for each prescription. The original prescription should be submitted to CVS Caremark, not a photocopy.

- Participants should pay the appropriate copay via check, money order or credit card. For credit card payments, participants should include their VISA[®], Discover[®], MasterCard[®], or American Express[®] number and expiration date, in the space provided, on the CVS Caremark Mail Service Participant Profile/Order Form.
- Participants will receive a new mail service order form and pre-addressed envelope with each shipment.

CVS Caremark Primary Drug List

The CVS Caremark Primary Drug List is a list of brand name drugs that have been evaluated for clinical effectiveness and safety (e.g., side effects and drug-to-drug interactions) when compared to similar drugs. The CVS Caremark Primary Drug List is periodically updated to provide a clinically appropriate list of drugs to meet plan participants' needs. The CVS Caremark National Pharmacy and Therapeutics (P&T) Committee is responsible for reviewing and approving the CVS Caremark Primary Drug List. The Committee consists of an independent group of healthcare professionals not employed by CVS Caremark. Drugs may be removed from the CVS Caremark Primary Drug List if they become offered as a generic, available over-the-counter (OTC), discontinued by the manufacturer, and/or have other CVS

Caremark Primary Drug List alternatives. The CVS Caremark Primary Drug List is available at www.caremark.com.

Generic Drug Rule

Using a generic drug when available provides a cost-savings opportunity for both you and the university and is an excellent way to control your out-of-pocket prescription drug expenses. If you or your physician request a brand name drug (when a generic drug is available) **for any reason**, you will be required to pay the brand name (not on formulary/Primary Drug List) copay, plus the cost difference between the brand name drug and the generic drug. Following is an example of a 30 day brand name drug purchase when a generic drug is available.

Brand name drug purchased:	Prilosec	\$107.42
Generic drug available:	Omeprazole	\$79.77
Your copay:		\$47.00
Cost difference between above drugs:		\$27.65
Your total cost:		\$74.65

You are not required nor is it necessary to obtain a physician's approval to purchase a brand name drug when a generic is available since the Dispense as Written (DAW) exception is not recognized. Cost difference may be greater or smaller than the example noted above. You should check with a pharmacist before the prescription is filled to determine the financial impact.

Coverage Overview

The University of Nebraska prescription drug program will pay that portion of an incurred expense remaining after the required copay has been paid. No payment or reimbursement will be made under any other medical insurance or benefits plan for expenses incurred under the prescription drug program.

Covered Prescription Drugs

Covered prescription drugs are defined as those drugs that are lawfully dispensed only upon the written prescription of a physician practicing within the scope of his or her license. As new drugs are developed or when current drugs receive FDA approval for new or alternative uses, the prescription drug plan, upon knowledge of those new drugs or reclassification of drugs, reserves the right to review the drugs or class of drugs eligibility. As a result of the review, the prescription drug plan reserves the right to exclude, discontinue or limit coverage of those drugs or class of drugs within a reasonable time following such review. Any benefit payments made for those drugs shall not invalidate the prescription drug plan's right to make a determination at a later date.

Prescription Drug Exclusions and Limitations (Not All-inclusive)

- Certain drugs or drug categories regardless of their appearance in CVS Caremark's Primary Drug List
- Non-legend drugs, other than those specified under "covered prescription drugs"
- To the extent that payment is unlawful where the Plan member resides when expenses are incurred
- Charges which the person is not legally required to pay
- Charges which would not have been made if the person were not covered by these benefits
- Experimental drugs or for drugs labeled: "Caution - limited by federal law to investigational use"
- Drugs which are not considered essential for the necessary care and treatment of an injury or sickness, as determined by the prescription drug plan

- Drugs obtained from a non-participating mail order pharmacy
- Any prescription filled in excess of the number specified by the physician or dispensed more than one year from the date of the physician's order
- More than a 90-day supply when dispensed in any one prescription order
- Indications not approved by the Food and Drug Administration
- A brand-name drug to the extent that the charge for the brand-name drug exceeds the charge for a comparable FDA "A-rated" generic, where available
- Immunization agents, blood or blood plasma
- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, excluding insulin syringes
- Drugs used for cosmetic purposes (such as for treatment of baldness)
- Retin-A and Differin for individuals age 26 and over when purchased at a retail pharmacy
- Administration of any drug
- Medication which is taken or administered, in whole or in part, at the place where it is dispensed or while a person is a patient in an institution which operates, or allows to be operated on its premises, a facility for dispensing pharmaceuticals, except for those drugs specifically covered under the prescription drug plan
- Prescriptions which an eligible person is entitled to receive without charge from any workers' compensation or similar law or any public program other than Medicaid
- Vitamins (except prenatal, Vitamin K and Vitamin D) unless medically necessary
- Nutritional or dietary supplements
- Contraceptive devices, regardless of intended use (i.e., IUD, Norplant, etc.), except oral contraceptives
- Kits, devices or prescription drugs for use in aid of conception
- Therapy for the treatment of Erectile Dysfunction
- Prescription drugs used for weight loss or treatment of obesity
- Any other drugs as determined by the prescription drug plan

Diabetic Supply Access

Listed below is a summary of where diabetic supplies must be purchased in order to receive reimbursement through the medical and/or prescription drug plan.

- Insulin/infusion pump must be purchased as durable medical equipment through a Blue Cross Blue Shield of Nebraska Durable Medical Equipment (DME) PPO Provider.
- The following diabetic supplies must be purchased at a participating CVS Caremark pharmacy in order to receive reimbursement: insulin pump supplies including battery, insulin syringes, lancets, glucose monitor/meter, alcohol wipes, and test strips.
- Blue Cross Blue Shield of Nebraska will deny any medical supply that includes a diabetic procedure and diagnosis with a place of service equal to 1) patient home and 2) pharmacy.
- Diabetic supplies incurred in a nursing home and/or hospice facility will be covered by Blue Cross Blue Shield of Nebraska.

Ostomy Supply Access

Listed below is a summary of where Ostomy supplies must be purchased in order to receive reimbursement through the medical and/or prescription drug plan.

- Ostomy supplies may be purchased at either a CVS Caremark participating pharmacy or Blue Cross Blue Shield of Nebraska Durable Medical Equipment (DME) PPO Provider. Supplies will no longer be reimbursed through the paper claim process.
- Ostomy supplies incurred in a nursing home and/or hospice facility will be covered by Blue Cross Blue Shield of Nebraska.

Retin-A and Differin Prescription Drugs

Retin-A and Differin, a dual purpose (medically necessary and cosmetic) drug are **only available** through CVS Caremark's mail service program for insureds age 26 and over. To obtain Retin-A and Differin, members should send the prescription to CVS Caremark's mail pharmacy along with an approved diagnosis from the attending physician. **Retin-A and Differin purchased at a retail pharmacy will not be reimbursed by CVS Caremark.**

Insureds age 25 and under may however, obtain Retin-A and Differin at a retail pharmacy.

CVS Caremark Specialty Pharmacy Services

CVS Caremark's Specialty Pharmacy Services is the university's **exclusive** provider for specialty drugs. This program is designed to provide convenient delivery of specialty drugs, while offering personalized service and educational support for your therapy. Specialty drugs are used in the management of specific chronic and/or genetic conditions and often include injectable or infused drugs, but may also include oral drugs. In order to ensure appropriate, safe and cost-effective use of these drugs, they typically require additional education and close monitoring of the participant's clinical response in collaboration with their physician. **To receive reimbursement from CVS Caremark, specialty drugs must be obtained through CVS Caremark's Specialty Pharmacy Services.**

The Specialty Guideline Management Program, previously known as Advanced Guideline Management includes 18 therapies such as, but not limited to, Cystic Fibrosis, Hemophilia, Inflammatory Bowel Disease, HIV, Hormonal, Immune, Oncology, Osteoarthritis, Osteoporosis, Rheumatoid Arthritis and Pulmonary Arterial Hypertension. This program supports safe, clinically appropriate and cost-effective use of specialty medications while providing convenient delivery of specialty medication through personalized service and educational support. Insureds that are impacted by this program will be contacted directly by CVS Caremark and provided more detailed information.

Disease Management Program

The university offers employees and covered family members a valuable health service called BluePartners, a disease management program provided by Blue Cross Blue Shield of Nebraska. The program is available at no additional cost to members who are dealing with any of four chronic medical conditions: diabetes, heart disease, chronic pulmonary disease and asthma. The Disease Management program is specifically designed to help members manage chronic medical conditions so they can stay healthy, feel better and enjoy life to the fullest.

The BluePartners program offers personalized attention, from a team of health care professionals, custom-designed to fit individual needs, lifestyle and doctor's instructions. BluePartners strives to educate and empower program participants by providing a wide variety of support: personal phone contact with a registered nurse, educational materials and internet tools. Health care professionals can answer questions about specified chronic conditions, as well as consult with you and your doctor regarding treatment plans. Program participants also receive educational materials and newsletters on topics related to their specific condition, as well as reminders about important tests and exams.

The university and Blue Cross Blue Shield of Nebraska are working together to make sure we reach those who would benefit most from this program, identifying potential participants through medical and prescription drug claims. However, as always, the participant's privacy will be respected and records kept strictly confidential. A member's involvement is voluntary.

Therapy Protocol Program

CVS Caremark's Therapy Protocol Program determines the medical necessity of nail fungal prescriptions. This program will systematically review each nail fungal prescription by assessing the participant's prescription drug history to determine the diagnosis and need. Prescription drugs for diagnoses such as diabetes, organ transplants, etc. that utilize nail fungal in the normal course of therapy or treatment will be covered. Prescriptions obtained for cosmetic purposes (not medically necessary) will not be covered.

Prior Authorization Program (PAR)

CVS Caremark's Androgen Prior Authorization Review (PAR) program reviews the medical necessity of Androgen therapeutic class prescriptions. Androgen is prescribed for Hypogonadism, which is condition of decreased testosterone levels. Although sometimes considered medically necessary for younger men, physicians are prescribing Androgens more and more frequently for men over age 40 to increase testosterone levels. In addition, some physicians consider Androgen prescriptions as lifestyle or cosmetic, lacking any medical necessity.

The program requires the participant's pharmacist to contact CVS Caremark, who will follow-up with the physician to review the diagnosis and treatment. If medically necessary, the prescription will be approved for reimbursement.

Prescription Drug Early Refill Process

An early refill should only be requested for participants who are traveling overseas. CVS Caremark's pharmacy network is extremely large so most prescriptions can be obtained anywhere in the United States. ***Requests for prescription drug early refills for vacations or travel within the United States will not be approved.*** For those individual's wanting to obtain an additional prescription drug supply, the university's prescription drug plan allows a participant to obtain a prescription for up to 90 days at a time. If the participant's normal purchase is a 30 day prescription, the participant should ask their physician (sometimes the pharmacist will contact the physician for the participant) to prescribe a 60 or 90 day prescription.

Requests for early refills of up to 30 days will be automatically approved for travel overseas. Early refill requests of over 30 days (for travel overseas) require prior authorization. Participants should contact a CVS Caremark Customer Service Representative or their Campus Benefits Office to initiate the approval process. Allow 3-4 working days for the early refill process to be reviewed, approved and communicated to the pharmacy.

Introduction to Caremark.com

CVS Caremark's website includes several features that allow you to make better financial and medical decisions about your healthcare. Some of the more notable features of Caremark.com include:

- Easy prescription drug refills by CVS Caremark's online mail pharmacy.
- Instant prescription drug pricing allowing you to obtain a cost estimate before you buy.
- Prescription benefit coverage details.
- Personal prescription drug history including your deductible status and amounts paid by the university.
- Health and drug information allowing you to review different treatment options for a medical condition.

Access and use of Caremark.com is confidential and secure and is available 24 hours, day or night. More details may be found at [Caremark.com](https://www.caremark.com).

ExtraCare Health Card

CVS Caremark will provide an ExtraCare Health Card, a valuable new benefit that may help employees save money on health-related items. The ExtraCare Health Card provides a 20 percent savings on CVS pharmacy brand Health Care Reimbursement Account (flexible spending account)-eligible health-related items.

ExtraCare Health Card key tags will be mailed to all employees enrolled in the university's medical plan that can be used by the employee, spouse and dependent children. Present the key tag at a CVS pharmacy register and automatically receive 20 percent off eligible purchases. Savings can also be obtained when eligible items are purchased online at CVS.com. Eligible items include CVS pharmacy brand items such as cold and cough remedies, first-aid supplies, pain relievers, allergy relief products, eye and ear care products, and many more favorite health-related items.

Note: The ExtraCare Health Card key tags are good only at CVS pharmacies, not at pharmacies who are simply CVS Caremark network providers.

[CVS Caremark Prescription Drug Program Summary](#)

[Nebraska and Iowa Pharmacy Provider Network Search](#)

[Brand \(Formulary/Primary Drug List\)](#)

CVS Caremark Contacts

- Customer Service (800) 841-5550 or (888) 202-1654

Prescription Drug Forms

- [Mail Order Request Envelope](#)
- [Retail Prescription Drug Claim Form](#)