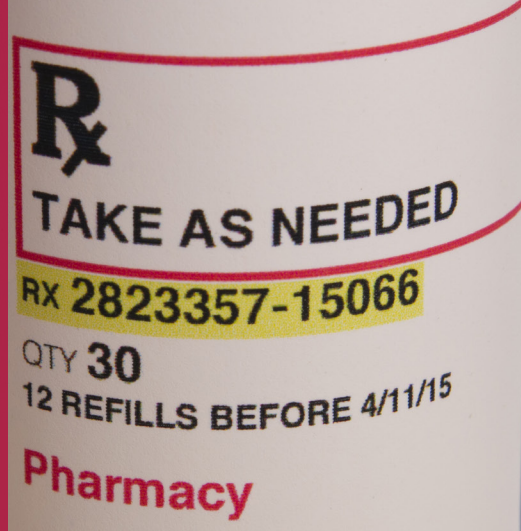


# The University is switching from Formulary 1 to Formulary 2. What does that mean for me?



## Q&A

### **Q: Will I be notified in advance if my prescription is not on the formulary?**

**A:** Yes, letters will be sent approximately 45 days prior to the change date informing members that they are taking a medication that will be impacted by the change in formulary. The letter will identify the medication affected and alternate preferred medications that could be taken in its place. A second reminder will be sent approximately 15 days prior to the date of change (July 1).

### **Q: What will happen if my current prescribed drug is not included in formulary 2?**

**A:** The letter members will receive should give an alternative drug option that is in the same drug class, if available. Ask your doctor to write a new prescription for a covered option. Then, fill your new prescription at a retail pharmacy or through CVS Caremark Mail Service Pharmacy (your doctor can call in the new prescription toll-free at **1-800-378-5697**). In very limited cases, exceptions may be granted to allow coverage for the member's current drug based on medical necessity. Your doctor can apply for an exception and send a fax to **888-487-9257** for consideration.

### **Q: What will happen if my current prescribed drug is included in formulary 2?**

**A:** Nothing. Notifications will not be sent to confirm the status of currently used medications that will not be impacted by the change in formulary.

### **Q: How does the formulary change affect my copay?**

**A:** If the change in formulary changes the tier status of your medication, you would then pay the applicable copay based on the new tier status. If an alternate medication is available and you choose that medication, you will pay the copay\* assigned to the tier status of that drug. You may log in to CareFirst My Account and utilize the cost estimator tools to anticipate your out-of-pocket expenses.

\*Please see the question regarding Restricted Generic Substitution.

### **Q: What if the equivalent drug on formulary 2 is not effective for my condition?**

**A:** You would consult with your physician about other medications that may be effective. In rare circumstances, when a preferred medication is not effective in treating a condition, your physician can appeal for an alternate (non-preferred) medication to be covered by the plan.

### **Q: How can I access the new formulary to confirm if my drug is on the formulary?**

**A:** Go to [www.carefirst.com/rxgroup](http://www.carefirst.com/rxgroup), select "Formulary 2," and then click the link under "3-Tier Plans."

### **Q: What is the customer service phone number I can call with specific prescription plan questions?**

**A:** The customer service phone number for pharmacy related questions is **1-800-241-3371** and is on your CareFirst membership ID card.

### **Q: What is Restricted Generic Substitution?\***

**A:** Restricted Generic Substitution means that if a provider prescribes a non-preferred drug when a generic is available, you will pay the non-preferred brand copay PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay. Also, if your prescription is written for a brand-name drug and "Dispense as Written" (DAW) is noted by your doctor, you will only pay the copay.

### **Q: What is Voluntary Maintenance Choice?**

**A:** This means that Maintenance drugs of up to a 90-day supply are available for twice the 34-day supply copay only at a CVS Pharmacy or via Mail Service Pharmacy (mail order). You may obtain a 34-day supply of maintenance drugs at any retail network pharmacy, however, you will pay the applicable copay for each fill. This means a 3-month supply of maintenance drugs will cost you 3 copays.