Prescription Benefits

Prince George's County Public Schools

2021 Summary of Coverage

Active Employees

Pre-Medicare Retirees

CVS Caremark® manages your prescription drug benefit under a contract with Prince George's County Public Schools.

Introduction

CVS Caremark, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit under a contract with Prince George's County Public Schools. If you are enrolled in the CareFirst health plan you are also enrolled in this program.

CVS Caremark maintains a preferred drug list (also known as a Formulary), manages a network of retail pharmacies and operates Mail Service and Specialty Drug pharmacies. In consultation with the plan, CVS Caremark also provides services to promote the appropriate use of pharmacy benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network **(Up to a 34-day supply)**	**Long-Term Medicines** CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations **(Up to a 90-day supply)**
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	**$10** for a generic medicine	**$20** for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	**$40** for a preferred brand-name medicine	**$80** for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	**$70** for a non-preferred brand-name medicine	**$140** for a non-preferred brand-name medicine
Refill Limit	None	None
Maximum Out-of-Pocket	$1,500 per individual / $3,000 per family	

Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice offers you choice and savings when it comes to filling long-term prescriptions. Now you have two ways to save:

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

CVS Pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at *www.caremark.com*.

To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE…	THEN…
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.
To pick up at CVS Pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: • Register or log into **www.caremark.com** to select a CVS Pharmacy location for pick up • Visit your local CVS Pharmacy and talk to the pharmacist • Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest
To sign up for mail service for the first time	You can do so easily online or by phone. • Register or log into www.caremark.com, select **Request a new prescription** • Call Customer Care at 1-888-865-6564. We'll handle the rest.
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

Before you reach your 34-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS Pharmacy.

Formulary or Preferred Drug List

A formulary is a list of commonly prescribed medications from which your physician may choose to prescribe. The formulary is designed to inform you and your physician about quality medications that, when prescribed inplace of other non-formulary medications, can help contain the increasing cost of prescription drug coverage while maintaining the high quality of care.

The formulary for Prince George's County Public Schools will be updated on an annual basis, at the beginning of each calendar year. There may be instances where quarterly changes are made. Plan Members for whom a prescription drug has been prescribed since the beginning of the calendar year will be notified atleast thirty (30) days before a drug is removed or changed on the formulary.

You may request a copy of the Prince George's County Public Schools drug list or formulary by calling CVS Caremark Customer Care at **1-888-865-6554** or view the list online at *https://www.caremark.com*.

Covered Prescription Drug Benefits

Prescription drugs, unless otherwise stated below, must be necessary and not experimental, to be a Covered Service. Covered Services will be limited based on medical necessity, quantity and/or age limitsestablished by the Plan or utilization guidelines. Covered services are also subject to formulary management.

- Prescription legend drugs
- Certain OTC medications as indicated under the Affordable Care Act*
- Injectable insulin and needles and syringes used for administration of insulin
- Contraceptive drugs: oral, transdermal, vaginal and injectable
- Contraceptive devices
- Prenatal and Pediatric Prescription vitamins as well as those covered under the Affordable Care Act*
- Diabetes supplies and equipment are covered such as diabetes test strips, lancets, swabs and glucose monitors. Contact CVS Caremark to determine approved covered supplies. If certain supplies, equipment or appliances are not available through the prescription benefit, they may be available through the medical benefit
- Injectables unless otherwise noted as benefit exclusions
- Prescription and some OTC smoking cessation drugs, such as nicotine replacement, bupropion/Zybanand Chantix* (with days' supply limits)

Non-Covered Prescription Drug Benefits

- Anorectics (any drug used for the purpose of weight loss)
- Pregnancy Termination Drugs (e.g., RU486, Mifeprex)
- Aerochamber, Aerochamber with Mask and Nebulizer Masks and all other medical supplies
- Over-the-counter products with the exception of insulin, diabetes monitoring products and those covered under the Affordable Health Care Act**
- Bulk Compounding Ingredients, kits, high-cost bases
- Medications used for cosmetic purposes only such as hair growth stimulants
- Experimental/Investigative Drugs
- Homeopathic Products
- Worker's Compensation Claims
- Unapproved Products

**Certain prescription and OTC medications are considered preventative by the Affordable Care Act and are covered by the prescription drug benefit. A prescription is required to obtain these preventative medications through your prescription benefit plan.For more information, contact CVS Caremark Customer Care at 1-888-865-6554.*

Affordable Care Act

Your health plan offers certain preventive service benefits at no cost to you, which means you don't have to pay a copay. These no-cost benefits are part of the Affordable Care Act (ACA) and include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Contraceptives for women

CVS Caremark® works with your health plan to provide these benefits. For additional details, refer to "ACA Preventive Services List" link on *https://www.caremark.com..*

Retail Pharmacies

Retail pharmacy service can be used for both acute (short-term) and maintenance (long-term) medications. You may receive up to a 90-day supply at a retail pharmacy. Refer to the plan grid for the appropriate copay.

Most major chain pharmacies participate in the network as do many independent pharmacies. If you are using an independent drugstore, you should confirm whether it participates by calling CVS Customer Care at **1-888-865-6554** or visit *https://www.caremark.com*.

In order to utilize your Prescription Drug Benefit at a participating Retail Network Pharmacy, you should show your CVS Caremark ID Card at the time you obtain your prescription medication. If you do not show your Member ID Card at the pharmacy, you will be required to pay the Full Retail Cost (Usual and Customary Charge) for the Prescription Drug Product at the pharmacy.

If you paid Full Retail Cost at the pharmacy and wish to seek reimbursement, you can obtain a prescription drug claim form online or by calling CVS Caremark Customer Care. Along with the prescription drug claim form, you will also need to send the pharmacy receiptthat includes the cost you paid for the medication.

When you submit a claim on this basis, you may pay more because you failed to verify your eligibility when purchasing the Prescription Drug Product. The amount you are reimbursed will be based on the approved prescription drug cost, less the required coinsurance and any other applicable charges.

Out-of-Network Retail Pharmacy

If you use an out-of-network retail pharmacy, you are responsible for payment of the entire amount charged by the non-network retail pharmacy and will need to submit a prescription drug claim to CVS Caremark for reimbursement consideration.

These forms are available from CVS Caremark by calling Customer Care at or online at *https://www.caremark.com*. You must complete the form, attach an itemized receipt to theclaim form, and submit to CVS Caremark.

The itemized receipt must show:

- Name and address of the non-network retail pharmacy
- Patient's name
- Prescription number
- Date the prescription was filled

- NDC number (drug number)
- Name of the drug and strength
- Cost of the prescription
- Quantity and days' supply of each covered drug or refill dispensed
- Doctor name or ID number
- DAW (dispense as written) code

You are responsible for the amount shown in the Schedule of Benefits. This is based on the Maximum Allowable Amount as determined by CVS Caremark's normal or average contracted rate with network pharmacies on or near the date of service.

CVS Caremark Mail Service

Members who need medication on an ongoing basis can ask their doctor to prescribe up to a 90-day supply, plus refills (if appropriate) to be filled through CVS Caremark Mail Service Pharmacy. Examples of maintenance medications include: ongoing therapies to treat diabetes, high cholesterol, high blood pressure, and asthma. You will pay two retail copayments for up to a 90-day supply.

When you use CVS Caremark Mail Service Pharmacy you can count on:

- Up to a 90-day supply of your medication for two copayments
- No-cost standard shipping in a plain, weather-resistant package
- Flexible payment options and (if you elect) automatic refills
- Refill orders placed at your convenience, by telephone or online
- Access to a registered pharmacist any time, day or night

Getting started with mail service

You can begin using the CVS Caremark Mail Service Pharmacy for home delivery of your medications using one of the following options:

Online: Register at *https://www.caremark.com* to begin managing your prescriptions online. You can also download the CVS Caremark app to get started with mail service today.

By mail: Ask your doctor to provide you with a written prescription for your medications. Sign in to *https://www.caremark.com* to download and print a mail service form. Mail the prescription(s) along with a completed order form to the address below:

CVS Caremark
P.O. Box 94467
Palatine, IL 60094

Please note: To avoid delays in filling your prescription, be sure to include payment with your order. Please do not send correspondence to this address.

By fax or electronic submission from your doctor: Your doctor's office can fax or electronically send the prescription for a 90-day supply, plus the appropriate number of refills (maximum one-year supply). Your doctor's office will have the appropriate fax number.

Important notes:

- Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.
- For new prescriptions, please allow approximately one week from the day CVS Caremark Mail Service Pharmacy receives your request.
- You must use 75% of your medication before you can request a refill through mail service (80% of your medication for controlled substances).

Specialty Pharmacy Network

Specialty Drugs are prescription legend drugs which:

- Are used to treat complex conditions such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis
- May be injected, infused or require close monitoring by a physician or clinically trained individual; or
- Often have limited availability, special dispensing and delivery requirements, and/or require additional patient support

CVS Specialty and retail pharmacies (subject to availability), may fill specialty drug prescription orders. Select specialty drugs are limited to a 30-day supply. For your convenience, you may drop off and pick-up a specialty prescription to be filled through CVS Specialty at any CVS pharmacy location.

To get started, call a CVS Specialty representative at **1-800-237-2767** or register online at **CVSspecialty.com**. You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medication on a day that is convenient for you.

CVS Specialty®

CVS Specialty is a full-service pharmacy that provides your choice of home delivery service or delivery to your local CVS Pharmacy® for specialty medications. These medications are used to treat a number of complex conditions, such as cancer and multiple sclerosis. CVS Specialty does more than provide your medication, we help you stay on track so you can stay healthy longer. We do this by providing the support you need to help ensure you take them safely and effectively.

Getting started

To get started, call a CVS Specialty representative at **1-800-237-2767** or register online at **CVSspecialty.com.** You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medication on a day that is convenient for you. You may refill specialty medications one month at a time (maximum 30-day supply per copayment).

24/7 personalized care

CVS Specialty provides 24/7 support from an entire CareTeam of specially-trained pharmacists and nurses. Your CareTeam can help you manage your condition by: checking dosing and medication schedules; answering your medication questions; helping you manage side effects; helping you set up new medication regimens; and checking that you are taking your medication as prescribed.

Flexible medication pick-up or delivery

CVS Specialty lets you stay in control and on track with flexible medication pick-up or delivery service. You can pick up your medication at any of the 9,900 CVS Pharmacy locations nationwide or have it delivered to your home or work—the choice is yours.+

Convenient online prescription management

Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools.

- **Fast refill requests**: Most specialty medications and supplies can be filled at the same time withthe one-click "Refill All" tool.
- **Up-to-date prescription information:** View your prescription history, refills remaining, your costs, lastfill date and more.
- **Medication pick-up or delivery options:** Request your refills be sent directly to the location of your choice or pick them up at your local CVS Pharmacy.
- **Secure prescription information storage:** Keep all your specialty prescription information in one, secure place. Save your favorite CVS Pharmacy location or address for faster ordering and checkout.

+Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Long's Drugs locations. Products are dispensed by CVS Specialty pharmacy and certain services are only accessed by calling CVS Specialty pharmacy directly. Certain specialty medication may not qualify. In compliance with state laws, in-store pick up is currently not available in Oklahoma.

Utilization Management Programs

To promote safety along with appropriate and cost-effective use of prescription medications, the plan includes several utilization management programs. For a more comprehensive list of utilization management edits, visit: *https://www.caremark.com*.

Prior Authorization

Prior Authorization may be required for certain specialty and non-specialty prescription drugs. This may also be referred to as a coverage review. Prior Authorization helps to ensure the medication is clinically appropriate and cost-effective. This review uses formulary, clinical guidelines, and other criteria to determine if the plan will pay for certain medications. At the time you fill a prescription, the pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system and your doctor will need to contact CVS Caremark's Prior Authorization department to provide justification for CVS Caremark's consideration of why you should be on the prescribed medication.

The following are examples that may require prior authorization for your prescription:

- Your doctor prescribes a medication not covered by the formulary
- The medication prescribed is subject to age limits
- The medication is only covered for certain conditions

If the Prior Authorization is denied, written notification is sent to both you and your provider. You have the right to appeal the denial through the appeals process. The written notification of denial you receive providesinstructions for filing an appeal. Additional information regarding the appeals process is located at the end of this document.

To ask if a drug requires Prior Authorization, please contact CVS Caremark Customer Care at **1-888-865-6564**.

Quantity Limits

For some medications, such as medications used to treat sleep disorders, your plan covers a limited quantity within a specific time period. These limits are based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs. Some medications with quantity limits have a prior authorization available if a greater quantity is medically necessary. For more information on quantity limits, visit call CVS Caremark Customer Care at **1-888-865-6554.**

Website and Digital App

Access to important plan information is available online at *https://www.caremark.com*.

Register to see member specific claims information and history. In addition, you can access plan information by downloading the CVS Caremark digital app.

Vacation Overrides

If you are going on vacation or out of the country and need more than a 90-day supply of medication, you must fill out an Out of Country Request Form and then fax it to the number listed on the form to receive the state's approval. All forms must include supporting documentation related to your trip (e.g., plane ticket confirmation, itinerary, letter, etc.). The form will not be reviewed without supporting documentation. If you have additional questions, please contact CVS Customer Care at **1-888-865-6554** for assistance.

Claims Inquiry

If you believe your claim was incorrectly denied or you have questions about a processed claim, call CVS Caremark Customer Care at **1-888-865-6554**.

Privacy

Your Prince George's County Public Schools Benefit Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. CVS Health is committed to meeting both the HIPAA and Prince George's County Public Schools guidelines related to protecting your privacy.

The CVS Caremark Appeals Process

Once you are notified that a claim is denied in whole or in part, you have the right to appeal. Requests for appeals need to be received within 180 days of the initial denial. Appeals must be submitted in writing. Acceptable submission methods include fax or mail directly to CVS Caremark. All administrative and clinical appeals are reviewed according to the plan design provisions and a decision will be mailed within 15 business days of receipt of a written request by CVS Caremark for pre-service pre-authorization claims and within 30 days for post-service claims. Urgent pre-service claims will be processed within 72 hours from the receipt of the inquiry by CVS Caremark.

How to file an appeal request

You can submit all appeal requests by faxing to CVS Caremark at 1-866-443-1172, or in writing to:

CVS Caremark
Attention: Appeals Department MC 109
P.O. Box 52084
Phoenix, AZ 85072-2084

Appeals of Adverse Benefit Determinations or Adverse Coverage Determinations

If an Adverse Coverage Determination is rendered on the member's Claim, the member may file an appeal of that determination. The member's appeal of the Adverse Coverage Determination must be made in writing and submitted to CVS Caremark within the time frame specified by applicable federal or state requirements after the member receives notice of the Adverse Benefit Determination or Adverse Coverage Determination.

If the Adverse Coverage Determination is rendered with respect to an Urgent Care Claim, the member and/or the member's authorized representative may submit an appeal by calling, faxing or mailing the request to CVS Caremark.

The member's appeal should include the following information:

A clear statement that the communication is intended to appeal an Adverse Coverage determination;

- Name of the person for whom the appeal is being filed. The member or prescriber may file an appeal. The member may also have a relative, friend, advocate, or anyone else (including an attorney) act on their behalf as their authorized representative;
- CVS Caremark identification number;
- Date of birth;
- A statement of the issue(s) being appealed;
- Drug name(s) being requested; and
- Comments, documents, records, relevant clinical information or other information relating to the Claim

CVS Caremark® ACA-Mandated External Review Procedures

Under the ACA, a plan member who receives a Final Internal Adverse Benefit Determination of a Claim for prescription drug benefits may be permitted to further appeal that denial using the ACA-mandated External Review process.

CVS Caremark Federal External Review Services

When delegated, CVS Caremark will administer the plan sponsor's federal External Review process in accordance with the procedures defined herein. These procedures are based on delegation of all levels of appeal to CVS Caremark.

Federal External Review Process (Non-Expedited) Request for Review:

A plan member may request, in writing, an External Review within four months after receiving notice of the Final Internal Adverse Benefit Determination. The member's request should include the member's name, contact information, including mailing address and daytime phone number, member ID number, and a copy of the adverse determination letter. External Review requests must be clearly identified as an "External Review" when submitted. The member's request for External Review and supporting documentation may be mailed or faxed to the attention of the CVS Caremark External Review Appeals Department, as indicated in the adverse determination letter.

Preliminary Review:

Within five days of receiving a plan member's request for External Review, CVS Caremark will conduct a "preliminary review" to ensure that the request qualifies for External Review. In this preliminary review, CVS Caremark will determine whether:

- The member is or was covered under the plan at the time the prescription drug benefit at issue was requested, or in the case of a retrospective review, was covered at the time the prescription drug benefit was provided.
- The Adverse Benefit Determination, or Final Internal Adverse Determination does not relate to the member's failure to meet the plan's requirements for eligibility (for example, worker classification or similar determinations), as such determinations are not eligible for Federal External Review;
- The member has exhausted the plan's internal appeals process (unless the member's Claim is under 29 CFR § 2590.715–2719(b)(2)(ii)(F) ("deemed exhaustion"); and
- The member has provided all the information and forms necessary to process the External Review.

Within one day after completing its preliminary review, CVS Caremark will notify the member, in writing, that: (i) the member's request for External Review is complete and has been submitted to the IRO; (ii) the request is not complete, and additional information is needed (along with a list of the information needed to complete the request); or (iii) the request for External Review is complete, but not eligible for review.

Referral to IRO:

If the member's request for External Review is complete, and the member's Claim is eligible, based on the preliminary review completed by CVS Caremark, CVS Caremark will assign the request to one of the IROs with which CVS Caremark has contracted and provide or transmit all necessary documents and information considered in making the Adverse Benefit Determination or Final Internal Adverse Determination. The IRO will review the case to determine if it contains an element of medical judgment. If the case does not contain medical judgment, the IRO will notify CVS Caremark that the case does not meet the requirements for External Review. CVS Caremark will notify the member that the IRO has determined that the case is not eligible. If the case does contain medical judgment, the IRO will accept the case and notify the member in writing of its acceptance of the assignment. The member will then have 10 days to provide the IRO with any additional information the member wants the IRO to consider.

The IRO will conduct its External Review without giving any consideration to any earlier determinations made on behalf of the plan and the plan sponsor. The IRO may consider information beyond the records for the member's denied Claim, such as:

- The member's medical records;
- The attending health care professional's recommendations;
- Reports from appropriate health care professionals and other documents submitted by the plan, the

member, or the member's treating physician;

- The terms of the plan to ensure that the IRO's decision is not contrary to the terms of the plan (unless those terms are inconsistent with applicable law);
- Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the federal government, national, or professional medical societies, boards, and associations;
- Any applicable clinical review criteria developed and used on behalf of the plan (unless the criteria are inconsistent with the terms of the plan or applicable law); and
- The opinion of the IRO's clinical reviewer(s) after considering all information and documents applicable to the member's request for External Review, to the extent such information or documents are available and the IRO's clinical reviewer(s) considers it appropriate.

Timing of IRO's Determination:
The IRO will provide the member and CVS Caremark (on behalf of the plan) with written notice of its final External Review decision within 45 days after the IRO receives the request for External Review.

The IRO's notice will contain:
A general description of the reason for the request for External Review, including information sufficient to identify the Claim (including the date or dates of service, the health care provider, the Claim amount [if available], and the reasons for the previous denials);

- The date the IRO received the External Review assignment from CVS Caremark, and the date of the IRO's decision;
- References to the evidence or documentation, including specific coverage provisions and evidence-based standards, the IRO considered in making its determination;
- A discussion of the principal reason(s) for the IRO's decision, including the rationale for the decision, and any evidence-based standards that were relied upon by the IRO in making its decision;
- A statement that the determination is binding except to the extent that other remedies may be available under state or federal law to either the plan or to the member;
- A statement that the member may still be eligible to seek judicial review of any adverse External Review determination; and
- Current contact information, including phone number, for any applicable office of health insurance consumer assistance or ombudsman available to assist the member.

Reversal of the Plan's Prior Decision:

If CVS Caremark, acting on the plan's behalf, receives notice from the IRO that it has reversed the prior adverse determination of the member's Claim, CVS Caremark will immediately provide coverage or payment for the Claim.

Federal External Review Process (Expedited)

A member may request an expedited External Review:

- If the member receives an Adverse Benefit Determination or an Adverse Non-Clinical Determination
- If the member receives a Final Internal Adverse Benefit Determination related to a Claim Involving Medical Judgment that involves a medical condition for which the timeframe for completion of a standard External Review would seriously jeopardize the life or health of the member, and/or could result in the member's failure to regain maximum function.

Request for Review:
The member or the member's physician may request an expedited External Review by calling the Customer Care toll-free at the number on the member's benefit ID card or contacting their benefits office. The request should include the member's name, contact information, including mailing address and daytime phone number, member ID number, and a description of the adverse determination.

Alternatively, a request for expedited External Review and supporting documentation may be faxed to the attention of the CVS Caremark External Review Appeals Department at the fax number indicated in the adverse determination letter. External Review requests must be clearly identified as an "External Review" when submitted. All requests for expedited review must be clearly identified as "urgent" at submission.

Preliminary Review:
Immediately on receipt of a member's request for expedited External Review, CVS Caremark will determine whether the request meets the requirements described above for non-expedited External Review. Immediately upon completing this review, CVS Caremark will notify the member that: (i) the member's request for External Review is complete and has been submitted to the IRO; (ii) the request is not complete, and additional information is needed (along with a list of the information needed to complete the request); or (iii) the request for External Review is complete, but not eligible for review.

Referral to IRO:
Upon determining that a member's request is eligible for expedited External Review, CVS Caremark will assign an IRO to review the member's Claim. CVS Caremark will provide or transmit all necessary documents and information considered in making the Adverse Benefit Determination, or Final Internal Adverse Determination to the assigned IRO electronically, by telephone, by fax, or by any other available expeditious method.

The assigned IRO, to the extent the information or documents are available and the IRO considers them appropriate, must consider the information and documents described above. In reaching a decision on an expedited request for External Review, the IRO will review the member's Claim de novo and will not be bound by the decisions or conclusions reached on behalf of the plan during the internal claims and appeals process.

Timing of the IRO's Determination:
The IRO must provide the member and CVS Caremark, on behalf of the plan, with notice of its determination as expeditiously as the member's medical condition or circumstances require, but in no event more than 72 hours after the IRO receives the member's request for External Review. If this notice is not provided in writing, within 48 hours after providing the notice, the IRO will provide the member and CVS Caremark, on behalf of the plan, with written confirmation of its decision.

Authority for Review:
CVS Caremark will be responsible only for conducting the preliminary review of a member's request for External Review, ensuring that the member is timely notified of the decision as to eligibility for External Review, and for assigning the request for External Review to an IRO.

The actual External Review of a member's appeal will be conducted by the assigned IRO. CVS Caremark is not responsible for the conduct of the External Review performed by an IRO.

How to Reach CVS Caremark

On the Internet: To reach CVS Caremark online, go to *https://www.caremark.com*.

Visit the CVS Caremark website anytime to:

- View plan highlights
- Locate participating local pharmacies
- Compare medication prices
- Find out if your medications are covered under your plan
- View the Formulary
- Refill your mail service prescriptions, check the status of your Mail Service order, request more claim forms and order forms

By Telephone: Call **1-888-865-6554** to get answers to your questions about your prescription drug program.

By Mail: Ask your doctor to provide you with a written prescription for your medications. Sign in to **Caremark.com** to download and print a mail service form. Mail the prescription(s) along with a completedorder for to the address below:

CVS Caremark
PO Box 94467
Palatine, IL 60094

CVS Specialty: Call **1-800-237-2767** to enroll and get started with **CVS Specialty**. Your physician may initiate the process.

Definitions

Brand Name Drug: The first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer's own registered trade name or trademark. The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

Generic Drugs: Prescription drugs that have been determined by the FDA to be equivalent to brand name drugs but are not made or sold under a registered trade name or trademark. Generic drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency, and must be dispensed in the same dosage form (tablet, capsule, cream) as the brand name drug.

Mail Service: Offers you a convenient means of obtaining maintenance medications by mail if you take prescription drugs on a regular basis. Covered prescription drugs are ordered directly from CVS Caremark's licensed Mail Service Pharmacy and sent directly to your home.

Maintenance Medications: Maintenance drugs are those generally taken on a long-term basis for conditions such as high blood pressure and high cholesterol. What is the difference between long-term and short-term drugs? Long-term drugs are those taken on an ongoing basis, such as those used to treat high blood pressure or high cholesterol. Short-term drugs include antibiotics and other medications that you take for short periods of time.

Network Specialty Pharmacy: A Pharmacy that has entered into a contractual agreement or is otherwise engaged by the plan and has the capabilities to provide Specialty Drug services and certain administrative functions to Prince George's County Public Schools members.

Pharmacy and Therapeutics (P&T) Committee: The CVS Caremark P&T Committee consists of health care professionals whose primary purpose is to recommend policies in the evaluation, selection, and therapeutic use of drugs.

Prescription Order: A legal request, written by a provider, for a prescription drug or medication and any subsequent refills.

Prescription Legend Drug, Prescription Drug, or Drug: A medicinal substance that is produced to treat illness or injury and is dispensed to patients. Under the Federal Food, Drug & Cosmetic Act, such substances must bear a message on its original packing label that states, "Caution: Federal law prohibits dispensing without a prescription." Compounded (combination) medications, which contain at least one such medicinal substance, are prescription legend drugs. Insulin is considered a prescription legend drug under the Plan.

Prior Authorization: The process applied to certain services, supplies, treatment, and certain drugs and/or therapeutic categories to define and/or limit the conditions under which they will be covered. Prescription drugs and their criteria for coverage are defined by the P&T Committee.