

The CVS Caremark formulary list is broken up in to three parts. You will find it posted at the CBIZ ESC website ([www.cbizesc.com](http://www.cbizesc.com)) under the heading “Formulary Drug List.” Following is an explanation of how this list is arranged.

**The first section:** A list of drugs that are covered under the Caremark formulary, in order by classification:

- If the name of the drug is in lowercase italics, the drug is a generic and covered as Tier 1.
- If the drug is in all CAPS, the drug is a brand name drug and covered under Tier 2.

**The second section:** A list reflecting the same information but presented in alpha-order.

- Coding is the same: if the name of the drug is in lowercase italics, the drug is generic and covered as Tier 1. If the drug is in all CAPS, the drug is a brand name drug and covered under Tier 2.

**The third section:** This section is confusing because it does not contain all the information you need.

- The first column is titled: DRUG NAME. This is a list of drugs that are either Tier 3 or EXCLUDED.
- The second column is PREFERRED OPTIONS. This is a list of drugs that are on the formulary, using the same coding method defined above, that are alternatives to those that are either Tier 3 or EXCLUDED.

**IN ORDER TO KNOW WHICH DRUGS ARE EXCLUDED, YOU MUST REFER TO ANOTHER LIST ALTOGETHER. – This list is posted at the CBIZ ESC website under “Excluded Medications.”**

- The column on your left: the Category Drug Class
- Middle column: drugs that have been excluded. Your options:
  - Try a generic or brand alternative listed in the far right column (these are the same preferred generics and brands on the formulary list).
  - Member/doctor chooses to go through the PA process
    - If the Prior Authorization is denied:
      - Member can try an alternative, or
      - Member can pay outside of the plan to obtain the drug.
    - If the Prior Authorization is approved:
      - Member can fill original medication through benefit at Tier 3 copay
  - The column on your right: these are drugs available to you on the formulary that are an option over using the excluded drug.

**YOU MAY BE USING A PRESCRIPTION THAT IS PROVIDED TO YOU THROUGH THE MEDICAL PLAN.** If you have questions in that regard, please phone UHC. If you are using a medication through the medical plan, you will not see any change based on the pharmacy plan moving to Caremark. However, you will receive a letter at your home in December with information that will answer additional questions you may have.

If you have questions about your specific drugs, we suggest you phone Caremark first at 888-202-1654. If you do not receive the assistance you require, please email [CBIZBenefitsTeam@cbiz.com](mailto:CBIZBenefitsTeam@cbiz.com). We will escalate your questions to the account managers at Caremark who are responsible for the CBIZ account.