

STATE OF DELAWARE PRESCRIPTION PLAN Maintenance Medication Program

Maintenance medications are generally used to control conditions or diseases that are chronic or last for an extended time, such as diabetes, high blood pressure (hypertension), high cholesterol, and asthma. Medications used to treat short term conditions, such as bronchitis, bacterial infections or pain following minor surgery are **not eligible** under the program.

The Maintenance Medication Program provides prescription cost savings by allowing members to fill 90-day prescriptions at reduced copays. All 90-day prescriptions for non-specialty maintenance medications can be filled at any participating retail pharmacy or through CVS Caremark Home Delivery.

THE MAINTENANCE MEDICATION PROGRAM SAVES YOU MONEY!

When members receive maintenance medications every thirty days, they pay three 30-day copays in order to receive a 90-day supply of medication. Under the maintenance medication program, **one** 90-day prescription costs the same as **two** 30-day fills.

GENERIC MAINTENANCE MEDICATION (Tier One)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	Total Member Cost	YOU SAVE \$8.00 EVERY 90 DAYS!
\$8.00	\$8.00	\$8.00	\$24.00	
90 Day			Total Member Cost	
\$8.00 x 2			\$16.00	

PREFERRED MAINTENANCE MEDICATION (Tier Two)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	Total Member Cost	YOU SAVE \$28.00 EVERY 90 DAYS!
\$28.00	\$28.00	\$28.00	\$84.00	
90 Day			Total Member Cost	
\$28.00 x 2			\$56.00	

NON-PREFERRED MAINTENANCE MEDICATION (Tier Three)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	Total Member Cost	YOU SAVE \$50.00 EVERY 90 DAYS!
\$50.00	\$50.00	\$50.00	\$150.00	
90 Day			Total Member Cost	
\$50.00 x 2			\$100.00	

WHAT IF ELIGIBLE MAINTENANCE MEDICATIONS ARE NOT FILLED FOR A 90-DAY SUPPLY?

A copay penalty will be applied beginning with the fourth 30-day fill on eligible maintenance medications that are not filled for a 90-day supply. **The member must pay the 90-day copay for that medication tier.**

MAINTENANCE MEDICATION COPAY PENALTY (Tier One)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	4 th 30 Day (Copay Penalty Applied)
\$8.00	\$8.00	\$8.00	\$8.00 Copay plus \$8.00 penalty = \$16.00 Total Member Cost

MAINTENANCE MEDICATION COPAY PENALTY (Tier Two)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	4 th 30 Day (Copay Penalty Applied)
\$28.00	\$28.00	\$28.00	\$28.00 Copay plus \$28.00 penalty = \$56.00 Total Member Cost

MAINTENANCE MEDICATION COPAY PENALTY (Tier Three)

1 st 30 Day	2 nd 30 Day	3 rd 30 Day	4 th 30 Day (Copay Penalty Applied)
\$50.00	\$50.00	\$50.00	\$50.00 Copay plus \$50.00 penalty = \$100.00 Total Member Cost

Members may continue to have their treating physician write a 30-day prescription and a 90-day prescription, fill the 30-day prescription filled first to ensure its effectiveness; and then have the 90-day prescription filled. **The penalty does not occur until a 30-day prescription is filled the fourth time.**

Questions may be directed to CVS Caremark at 1-833-458-0835 or Statewide Benefits Office at 1-800-489-8933.