

# Devereux

2012 Renaissance Boulevard  
King of Prussia, PA. 19406

## **PRESCRIPTION DRUG BENEFIT**

Group Number Z5M127421

January 1, 2010

This Summary Plan Description  
Provides each Participant with a description of  
Devereux's Prescription Drug Benefit  
Devereux includes covered employees of The Devereux Foundation,  
Devereux Cleo Wallace and Heartland for Children

Administered by CVS Caremark.  
620 Epsilon Drive  
Pittsburgh, PA 15238-2845  
Or

CVS Caremark  
P.O. Box 2110  
Pittsburgh, PA 15230-9949

Telephone: 1-866-260-4646

Welcome to CVS Caremark.! In the pages to follow, your entire prescription plan will be explained including many of the services and programs that are available to you. Your prescription drug program involves the use of a formulary. A complete explanation of a drug formulary is included below.

### Plan A Participants

<b>Devereux Co-payments</b>	<p><b>Retail (limited to a 30-day supply):</b></p> <ul style="list-style-type: none"> <li>❑ Generic: 10%</li> <li>❑ Preferred Brand: 30%</li> <li>❑ Non-Preferred Brand: 50%</li> </ul> <p><b>Mail Order (available in 100-day supply):</b></p> <ul style="list-style-type: none"> <li>❑ Generic: 10%</li> <li>❑ Preferred Brand: 30%</li> <li>❑ Non-Preferred Brand 50%</li> <li>❑ Oral Contraceptives, excluding implants, for a \$10 co-payment. Mail order only.</li> </ul>
<b>Out of Pocket Maximum</b>	<b>\$2,200</b>
<b>Mandatory Mail Program</b>	Allowed initial Rx filled at retail on all medications. Refills, with the exception of Antibiotics and Allergy Serums, must be filled through Mail Order or through the MChoice program at a CVS retail location.. In addition, specialty medications for chronic illnesses must be ordered and received through the CVS Caremark Specialty Pharmacy.
<b>Step Therapy Program</b>	Required for Proton Pump Inhibitors (acid reflux, stomach ulcers, etc). A new diagnosis will require generic utilization prior to the brand medication being dispensed or the prescription will be denied.
<b>Lifetime Maximum</b>	<b>\$1,000,000</b>

### Plan B Participants

<b>Devereux Co-payments</b>	<p><b>Retail (limited to a 30-day supply):</b></p> <ul style="list-style-type: none"> <li>❑ Generic: 20%</li> <li>❑ Preferred Brand: 40%</li> <li>❑ Non-Preferred Brand: 50%</li> </ul> <p><b>Mail Order (available in 100-day supply):</b></p> <ul style="list-style-type: none"> <li>❑ Generic: 20%</li> <li>❑ Preferred Brand: 40%</li> <li>❑ Non-Preferred Brand 50%</li> <li>❑ No coverage for Oral Contraceptives</li> </ul>
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<b>Out of Pocket Maximum</b>	<b>\$2,200</b>
<b>Mandatory Mail Program</b>	Allowed initial Rx filled at retail on all medications. Refills, with the exception of Antibiotics and Allergy Serums, must be filled through Mail Order or through the MChoice program at a CVS retail location. In addition, specialty medications for chronic illnesses must be ordered and received through the CVSCaremarkSpecialty Pharmacy.
<b>Step Therapy Program</b>	Required for Proton Pump Inhibitors (acid reflux, stomach ulcers, etc). A new diagnosis will require generic utilization prior to the brand medication being dispensed or the prescription will be denied.
<b>Lifetime Maximum</b>	<b>\$1,000,000</b>

### **What is an out of pocket maximum?**

An out of pocket maximum is the most amount of money that a participant will pay in outpatient prescription drug co-payments per year. Once this level is met, Devereux is responsible for 100% of the cost of your prescription. The co-payments incurred for Non-Formulary medications will apply toward the maximum out of pocket expense whereas infertility medications will not apply towards the out of pocket expense.

### **What is a formulary?**

A formulary is a list of prescription drugs that your benefit plan will cover if your doctor prescribes them to you. Drugs are included on a formulary only after a team of pharmacists and physicians evaluate their effectiveness and cost relative to available alternatives.

A formulary is a convenient reference guide that doctors use to select medications which will achieve the best results for patients while controlling healthcare costs.

### **What is a “Preferred” Formulary?**

A preferred formulary is a special type of formulary where the member pays a lower out-of-pocket co-payment when their doctor prescribes “Preferred” drug, i.e. a drug that provides the best results for the patient at the lowest cost. If a doctor prescribes a “Non-Preferred” drug, on the other hand, the member pays a higher co-pay. Each “Non-Preferred” drug has at least one “Preferred” alternative available drug.

### **Who decides if a drug is Preferred or Non-Preferred?**

Your employer, Devereux, has selected CVS Caremark to administer your prescription benefits plan. Formulary decisions for CVS Caremark are made by an

independent group of clinical pharmacists and physicians known as the Pharmacy and Therapeutics (P&T) Committee.

The P & T Committee evaluates the safety, cost and effectiveness of available prescription drugs. They apply their expertise to evaluate the options available in various therapeutic classes of drugs. (Examples of therapeutic classes are Cholesterol-Reducing Agents, Antibiotics, etc.).

When a brand-name drug has a FDA-approved generic alternative, the generic drug is always considered the “Preferred” drug.

**Will I receive a listing of Non-Preferred Drugs and their Preferred alternatives?**

Yes. CVS Caremark will mail you a copy of the .CVS Caremark Performance Drug List. You should take it with you when you visit your doctor so that he/she can prescribe the Preferred Drug whenever possible.

**Why has my employer selected a Preferred Formulary?**

Introducing a Preferred formulary is one of the ways that companies can enhance the quality of patient care while controlling health plan costs.

**Can my pharmacist substitute a Preferred drug for a Non-Preferred drug for me?**

No. Only your doctor can substitute a Preferred drug for a Non-Preferred one. The pharmacist would need to contact the doctor to obtain a new prescription for the preferred drug.

**If my drug is listed as a Non-Preferred drug, does that mean it is not covered?**

No. “Non-Preferred” drugs are covered. “Non-Preferred” simply means that the drug will be subject to the higher, non-preferred copay. The Plan will pay the usual and customary charge of prescription drugs, less the co-payment listed in the Plan Summary which is payable by the Covered Individual for each prescription and each refill of a prescription.

**THE PRESCRIPTION DRUG RETAIL PROGRAM**

CVS Caremark administers the prescription drug card program. You will find using your Prescription Drug Card is an easy and convenient way to obtain your prescription drugs. The following information should answer many of your questions.

**CVS Caremark Prescription Drug Card**

When you receive your Prescription Drug Card, carefully inspect it for errors. Check both sides of the card. If any errors are found, return your card(s) to Human Resources and HR will assist you in obtaining a corrected card. Incorrect information may prevent your pharmacy from submitting claims to CVS Caremark...

Review the “Notice to Plan Participants” section on the back of the card for additional cardholder responsibilities. The cardholder is responsible for the use of each CVS Caremark Prescription Drug Card issued. If a card is lost or stolen, immediately contact CVS Caremark Customer Care at 1-866-260-4646.

### **Using the Prescription Drug Card**

Present your Prescription Drug Card with your prescription to the pharmacist. You will be required to pay the co-payment for each prescription you receive. The balance of the transaction will be handled by your pharmacy.

### **The Prescription Co-payment**

The co-payments that apply to your prescription drug program are listed in the Plan Summary. If you purchase a brand drug, your co-pay will be more. See the mandatory generic incentive described below.

### **Mandatory Generic Incentive**

You will be required to purchase a generic equivalent instead of a brand-name drug, if a generic equivalent is available, or you will pay additional costs. If you receive a brand-name drug when a generic is available, you must pay the difference in cost between the generic product and the brand-name product, in addition to the generic co-payment. If a generic equivalent does not exist, the brand co-payment will apply.

About 60% of all drugs have a generic equivalent. The generic name of a drug is simply its chemical name. Generic drugs meet strict requirements under the Food and Drug Administration (FDA) and are as safe, efficient and effective as brand-name drugs, but considerably less expensive. The mandatory generic substitution will only apply when the medication is legally substitutable and rated equivalent by the FDA.

This is how the mandatory generic substitution program works.

If your doctor writes a prescription for a brand medication that has a generic equivalent, you will pay the generic co-pay (the co-pay will vary depending on whether you are using the retail or the mail) plus the difference between the cost of the brand-name drug and the generic equivalent. For example – Plan A Participant:

Brand Cost \$30	Generic Cost \$15	You Pay \$1.50 (10% Generic Co-pay) plus <u>\$15</u> (difference in cost) \$16.50 (your total cost)	Plan Pays \$13.50
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If your doctor writes a prescription for a generic equivalent, you pay the generic co-pay. For example:

Brand Cost \$30	Generic Cost \$15 (assuming a generic equivalent exists)	You Pay \$1.50 (10% generic co-pay)	Plan Pays \$28.50
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If your doctor writes a prescription for a Preferred brand-name drug, which has no generic equivalent, you pay the Preferred brand-name co-pay. For Plan A Example:

Brand Cost \$30	Generic Cost -----	You Pay \$9 (30% brand co-pay)	Plan Pays \$21
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If your doctor writes a prescription for a Non-Preferred brand name drug, which does or does not have a generic equivalent or a preferred brand equivalent, you pay the Non-Preferred brand name co-pay.

Brand Cost \$30	Generic Cost \$15 (assuming a generic equivalent exists)	You Pay \$15.00 (50% co-pay)	Plan Pays \$15.00
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NOTE: The examples above assume the brand drug is a preferred brand.

### **Providers of Non-pharmacy Services**

The CVS Caremark Prescription Drug Card is valid only for obtaining prescription drugs from a participating pharmacy. DO NOT present the card to providers of other services, e.g., hospitals, doctors' offices, or clinics. These services may be covered under your health plan but are not part of the CVS Caremark Prescription Drug Program.

### **Participating Pharmacies**

Present your CVS Caremark Prescription Drug Card with each prescription at your pharmacy. If your pharmacist is unfamiliar with the CVS Caremark Prescription Drug Program they can call the number on the back of the card for additional information. If you have a question about whether or not a pharmacy is currently participating call 1-866-260-4646.

### **Cash Prescriptions**

If you do not have your CVS Caremark Prescription Drug Card with you or for any reason pay cash for a prescription purchase, you will be directly reimbursed for

that purchase if the drug is covered under the plan. You can obtain “Patient Reimbursement” forms from your human resources department.

### **CVS Caremark Mail PRESCRIPTION DRUG PROGRAM**

Devereux maintains a Mandatory Mail Program for maintenance medications, including requiring that specialty medications be ordered and received through the CVS Caremark Specialty Pharmacy (Division of CVS Caremark – See CVS Caremark Specialty Pharmacy after this section). Members may fill an initial prescription at the pharmacy retail level. All refills, with the exception of antibiotics and allergy serums, must be filled through the mail order program.

### **Co-payment Amount**

Using mail order, you can get up to a 100-day supply at one time, paying only the co-pay listed in the Plan Summary. The balance will be paid by Devereux.

### **How to Use the Program**

When your doctor prescribes a maintenance drug, have it written for up to a 100 day supply. By law, CVS Caremark Mail can only fill your prescriptions with the quantity indicated by your doctor. Example: one tablet per day = 100 pills, 2 tablets per day = 200 pills.

CVS Caremark Mail Enrollment/Order Form kits are available from your human resources department. Complete the Enrollment/Order Form for New Participants and Confidential Patient Profile for EACH ELIGIBLE family member. **This form will only need to be completed with your first order.** In the future, if you have additional information or changes to report on your medical condition, please notify CVS Caremark Mail in writing.

If you are currently using CVS Caremark, you do not need to re-enroll.

### **Before Leaving Your Doctor’s Office**

- Discuss the possibility of prescribing a generic medication.
- Examine the prescription to make sure the dosage has been included and your doctor’s signature and your name and address are shown.
- Have your doctor write your prescription for a 100-day supply with a maximum of three (3) refills.
- If you need medication immediately, ask your doctor to issue two prescriptions – one for an immediate supply to be taken to your local pharmacy, and a second for an extended supply to be mailed to CVS Caremark Mail. Send in this second prescription as soon as possible to insure that there will be no delay in receiving it.

### **How to Order a New Prescription**

- Mail the completed form with the original prescription and co-payment in the pre-addressed, postage-paid envelope provided.
- Be sure your social security number is on the back of each prescription.

- Drugs will be delivered postage-paid directly to your home. If you have any questions or problems concerning your prescription order or if you do not receive your medication in 14 days, please contact CVS Caremark toll-free at 1-866-260-4646. Allow a few extra days for first submissions.

### **How to Order a Refill**

- For refills, you can call CVS Caremark toll-free at 1-866-260-4646; give your social security number, prescription number(s), and credit card information. Aside from calling in your refills, you can order refills on the website, [www.caremark.com](http://www.caremark.com)
- If you prefer not to use a credit card for refills, mail the order form sent to you with your last order, along with the co-payment, in the pre-addressed, postage-paid envelope provided.
- If you are enrolled in the FSA plan, you can use your FSA credit card to purchase refills.
- The prescription label will indicate the number of refills allowed.

### **What is the CVS Caremark Specialty Pharmacy?**

Specialty medications must be ordered through the Specialty Pharmacy division of CVS Caremark. Specialty Pharmacy assists you with specialty injectable medications typically for treatment of diseases such as multiple sclerosis, hepatitis, cancer, rheumatoid arthritis, anemia and growth hormone deficiency. The specialty pharmacy is a disease management program that dispenses only injectable biotech drugs. The drugs include but are not limited to Ember, TOBI, Pulmozyme and Procrit. You can get a complete list of drugs by contacting CVS Caremark.

### **Is the purpose of CVS Caremark Specialty Pharmacy to dispense injectable medication only?**

No, the main purpose of the CVS Caremark Specialty Pharmacy is to provide disease specific comprehensive care management for a broad range of diseases. This program offers improved patient compliance and persistence to ensure better outcomes for health and productivity.

With the CVS Caremark Specialty Pharmacy, when a biotech drug is ordered a case manager is assigned to the person receiving the medication. The case manager coordinates care with other members of the team (social workers, clinicians, nurses and pharmacists) to help the patient cope. They also keep the patient's doctor informed of the patient's progress and any information about the particular drug including correct dosage and clinical data.

### **How are the injectable medications dispensed?**

The medications are dispensed by mail order through the CVS Caremark Specialty Pharmacy. They are dispensed in 30 day-day supplies (rather than the 100-day supply under the standard mail order), so that medication strengths can be changed more easily and frequently as needed. You will receive the medication and you will be able to bring them to your physician at your scheduled appointments.

### **What are some of the benefits of using the CVS Caremark Specialty Pharmacy?**

- Free home delivery of your medication (coinsurance applies)
- Ready access to a staff of pharmacists, nurses, and care coordinators who are specialists on the medications provided and the conditions being treated
- Educational materials, support, or home instruction available
- Ancillary supplies such as syringes and needles at no additional charge
- A higher level of coordination of care with your physician.

### **IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG BENEFIT**

In an ongoing effort to effectively manage your prescription drug benefits, the CVS Caremark clinical department, in agreement with your employer, Devereux, has developed clinical guidelines into your prescription benefit plan design. These clinical guidelines are managed in the form of Prior Authorizations (PA), Quantity Limitations (QL), Contingent Therapy Protocol (CTP) or a combination of these processes. PA means that approval through CVS Caremark is required before a drug can be covered under your prescription drug benefit. QL means that the plan will only cover a certain number of pills or units (i.e. injections or nasal spray bottles) within a specified time period, usually 30 days. CTP means that coverage of the requested drug is approved when other medications have been tried or you have certain medical conditions.

#### **Why is this necessary?**

There are certain medications that require a closer review to support their benefit(s) to the patient. CVS Caremark provides recommendations concerning coverage by verifying appropriateness of a limited number of medications before payment of a prescription can be authorized.

Drugs selected for PA or QL are typically expensive, have off-label (not approved by the FDA) uses or have the potential to be used inappropriately.

#### **What does this mean to you?**

#### **PRIOR AUTHORIZATION**

Prior authorization means a “**medical necessity**” review is performed on a limited number (listed below) of prescriptions. **This “medical necessity” prior authorization requires a medical diagnosis from the prescribing doctor. Some medications may require more information, in addition to the medical diagnosis.** Your pharmacist may supply CVS Caremark with the necessary information if it is provided on the actual prescription or your doctor can call or fax the appropriate medical documentation to CVS Caremark (Fax – 1-866-443-1772) After receiving the documentation (from your pharmacist or doctor), clinical pharmacists at CVS Caremark will determine if the condition falls within the appropriate medical guidelines based on both medical judgment and current medical literature.

In most cases, employees and dependents taking one or more of these medications subject to review will not experience a delay in obtaining their medicine. You may experience a delay, however, if the appropriate documentation cannot be obtained immediately. If a delay occurs, we apologize for any inconvenience, but please understand the purpose of this review is to make sure the medications are being dispensed for the appropriate reason and to protect the integrity of the prescription drug plan.

### **QUANTITY LIMITATION**

Quantity limitation establishes the maximum number of pills or units (i.e. injections or nasal spray bottles) covered by the plan within specified time period, usually 30 days. The quantity limitations do not prevent you from purchasing more of the drug yourself at your cost.

### **CONTINGENT THERAPY PROTOCOL**

Certain medications are managed through a Contingent Therapy Protocol (CTP), which means that coverage is approved when other medications have been tried or you have certain medical conditions. CTP requires that you meet certain criteria before these medications will be covered under your benefit plan. For example, if your prescription for Celebrex or Vioxx is not approved, you may need to try another medication first. The CTP is managed automatically when you bring your prescription to the pharmacy to be filled. The pharmacist will be able to tell you when he or she processes your prescription whether or not it is covered by your prescription plan.

*Please refer to the list that follows for drugs that **typically** require PA\*, CTP\* or have QL\*. Keep in mind that this is not an all inclusive list; you should refer to Prescription benefit enrollment/ information book or call CVS Caremark for further information regarding your plan and drugs that require PA, CTP or have QL.*

### **Prior Authorization**

*ADD/ADHD/Narcolepsy:*

*Provigil, Ritalin, Metadate, Concerta, Cylert, Adderall, Dexedrine, Desoxyn*

<i>Anticoagulant:</i>	<i>Lovenox</i>
<i>Anti-Rheumatic Drugs</i>	<i>Enbrel</i>
<i>Cosmetic Agents</i>	<i>Retin-A, Differin, Avita (PA after age 25)</i>
<i>Crohn's Disease</i>	<i>Remicade</i>
<i>Drugs used for Pain</i>	<i>Toradol</i>
<i>Growth Hormones</i>	<i>Humatrope, Nutropin, Protropin</i>
<i>Immune Response Modifiers</i>	<i>Rebetron, Betaseron, Avonex, Copaxone</i>
<i>Impotence Drugs</i>	<i>Caverject, Muse, Edex</i>
<i>Miscellaneous:</i>	<i>Botox, Myobloc</i>
<i>Fertility Drugs</i>	<i>(Oral and Injectable)</i>
<i>Prenatal Vitamins</i>	<i>(Women over 50 require PA)</i>
<i>Vitamins</i>	

### **Quantity Limitation**

<i>ADD/ADHD/Narcolepsy:</i>	<i>Ritalin</i>
<i>Antimigraine Agents</i>	<i>Imitrex, Zomig, Amerge, Maxalt</i>
<i>Drugs used for pain:</i>	<i>Toradol</i>
<i>Impotence Drugs:</i>	<i>Viagra</i>

*\*Prior authorization / Quantity limitations requirements are subject to change due to plan design revisions. The drugs listed in each drug class may not be an all inclusive list.*

For drugs listed above that require a medical diagnosis or prior authorization, your pharmacist or doctor can fax the necessary information to CVS Caremark at **1-866-443-1772** or contact CVS Caremark Customer Care department at **1-866-260-4646**.

If you or your dependents are taking one of these medications, you may wish to take this material with you the next time you visit your doctor or pharmacist. To avoid any delay in obtaining a medication that requires a medical diagnosis, you may wish to have your doctor contact CVS Caremark in advance of writing the prescription.

In the event that coverage for your prescription is not approved, you may choose to appeal the denial in writing along with a letter of medical necessity from your doctor. You can fax the appeal to CVS Caremark at 1-866-443-1772 or send it to CVS Caremark, 620 Epsilon Drive, Pittsburgh, PA 15238, Attn: Clinical Dept.

Please remember the need for "prior authorization" affects only a small number of medications such as those listed above. In addition, as new drugs become available, prior authorization or certain dispensing limitations may be applied.

The following is a list of Standard Excluded Drugs. **These drugs are not covered by the Prescription Drug Card Plan.** Please keep in mind that this is

not an all-inclusive list and that new drugs or other drugs already on the market may be subject to plan exclusion.

**\*EXCLUDED DRUGS\***

- OTC products or over-the-counter equivalents and state restricted drugs (unless specifically included.)
- Anabolic Steroids
- Smoking Cessation Agents (unless a limited benefit is approved for specific OTC medication for a specific period of time for all Devereux participants.)
- Weight Loss Medications
- Legend Vitamins
- Experimental or investigational drugs; or drugs prescribed for experimental (non-FDA approved/unlabeled) indications, such as progesterone suppositories, Yocon, Erex
- Drugs FDA approved for cosmetic use only, such as Renova, Rogaine, Propecia, Vaniqa
- Insulin Delivery Devices
- Emergency Contraceptives such as Preven, Plan B
- Nutritional supplements
- Therapeutic devices or appliances (i.e. pulmo-aid pumps, minimed pumps.)
- Immunization agents, biological serum, vaccines
- Implantable time-released medications (i.e. Norplant) unless otherwise noted (Zoladex is a standard covered drug.)
- Extemporaneously prepared combinations of raw chemical ingredients (i.e. progesterone, testosterone, or estrogen powders) or combinations of federal legend drugs in a non-FDA approved dosage form (i.e. capsules or suppositories made from DHEA, progesterone, testosterone or estrogen powders)
- Newly FDA-approved or indicated drugs unless approved by CVS Caremark
- Prescriptions which are not deemed medically necessary as determined by CVS Caremark

Please contact the CVS Caremark customer service department at **1-866-260-4646** with any additional questions you might have. Thank you for your cooperation in this matter.

**MEMBER PROGRAMS**

**About CVS Caremark**

About CVS Caremark highlights general information regarding CVS Caremark. Included are:

- **CVS Caremark's History**
- **Press Releases**
- **Frequently Asked Questions** - This section of CVS Caremark's website lists appropriate responses to questions often asked about CVS Caremark. Frequently asked questions include: *How does my*

*prescription benefit plan work?; How do I request an additional or replacement CVS Caremark card?; Which pharmacies will accept my CVS Caremark card?; and If I order my prescription(s) through the mail or via this web site, how long will it take?*

## Mail Service

The Mail Service page provides easy access to information and assistance with the mail service prescription process.

- **Rx Online** - Plan participants who order medications through CVS Caremark mail service are able to **order refills** through the CVS Caremark website. Visa, Master Card, Discover, and American Express cards are accepted. The user-friendly Rx Online section of the website provides detailed instructions to facilitate this convenient, user-friendly process for plan participants.

Plan participants are also able to **check the status** of their three most recent mail service prescriptions on-line. Information is available for orders placed within 90 days. If the package was shipped via UPS, the plan participant is able to follow package transport and delivery to their doorstep.

To access mail service prescription tracking information, plan participants must enter their member identification number or telephone number. After this information is verified, the on-line order status screen displays the plan participant's recent mail service orders.

- **Member Enrollment Form Request** - Plan participants who have mail service coverage may download CVS Caremark mail enrollment order forms on-line at [www.caremark.com](http://www.caremark.com). Plan participants are asked to enter their member identification number in order to prepare an enrollment form specifically for their plan.

## Member Services

Member Services provides a variety of capabilities for plan participants:

- **Pharmacy Locator** - By providing zip code information on-line, plan participants who are enrolled in a retail program administered by CVS Caremark are able to view a list of nearby network pharmacies. Unlike the pharmacy locator services provided by other Prescription Benefit Managers, CVS Caremark's on-line pharmacy locator provides plan participants with pharmacy information specific to the pharmacy network chosen by their plan sponsor.
- **Plan Design** – Plan participants whose prescription drug program is administered by CVS Caremark are able to use this service to research plan design information such as covered medications and copay amounts. CVS Caremark ensures plan participant access to

appropriate information through verification of the member's identification number and birth date.

- **Prior Authorization** - CVS Caremark Prior Authorization webpage discusses Prior Authorization, Quantity Limitations, and Contingent Therapy Protocols, which plan sponsors, may choose to implement. Plan participants will also find directions for coverage appeals and answers to frequently asked questions regarding these plan structures. A printable version of CVS Caremark's Prior Authorization form is also available on-line.