



Pharmacy Benefits Manager Transition to CVS Caremark® Frequently Asked Questions for Providers

Who is CVS Caremark, Neighborhood's new PBM?

CVS Caremark is a leading pharmacy benefits manager (PBM) with more than 90 million plan members. They enable people, businesses and communities to manage health in more affordable and effective ways. This unique integrated model increases access to quality care, delivers better health outcomes and lowers overall health care costs to deliver unit cost savings, but also to improve clinical outcomes that will lead to lower overall health care costs.

Why did Neighborhood pick CVS Caremark?

CVS Caremark is the nation's second largest PBM, and they are focused on helping members achieve their health and wellness goals through proper understanding and utilization of their medications. They can provide Neighborhood some advantages including enhanced data analytics and consumer-centric digital tools to promote medication adherence and close gaps in care.

Neighborhood and CVS Caremark also have the opportunity to collaborate to provide pharmacy care that is clinically sound and affordable and offer significant savings to our state's taxpayers without sacrificing quality or access to care.

When will CVS Caremark begin as Neighborhood's PBM?

Our go live date is January 1, 2019.

Will there be new drug lists? Where can I view them?

Yes. Both Commercial (Exchange and small group) and Medicare (INTEGRITY) will have new formularies. More information will be posted at www.nhpri.org/BecomeaMember/CheckYourMeds.aspx.

Will I need to ask my patients for any new information?

No, you will not need to obtain any new information from your patients, but patients will need to bring their new ID cards to their pharmacy when picking up prescriptions beginning January 1, 2019.

Will there be a new prior authorization process?

Yes. You will be able to get automated decisions by using CoverMyMeds® for many of our drugs requiring prior authorization.

Will I need to do any additional work?

All members will be notified if they have a drug that will no longer be covered. You will either need to change their medication or send in a prior authorization request using CoverMyMeds® asking for an exception.