

Frequently Asked Questions

The PrudentRx solution preserves plan design and reduces spend

Without the right management strategies, plan members' use of manufacturer copay coupons can circumvent a clients' plan design and increase overall costs. The PrudentRx solution is designed to address these concerns and help clients incrementally manage specialty pharmacy spend. This innovative plan design includes all specialty medications on a client's specialty drug list, as well as select high-cost specialty limited distribution drugs (LDDs)* to help drive value for clients while participating members have \$0 out-of-pocket costs (OOP)**. Personalized, integrated outreach helps to ensure a best-in-class experience for members.

We have chosen to collaborate with PrudentRx exclusively for the third-party program. PrudentRx is integrated with our pharmacy operations to help ensure a seamless member experience. PrudentRx is a sub-contractor of CVS Caremark included in the Point Solutions Management (PSM) process.

The PrudentRx solution helps provide value for clients and reduce specialty pharmacy spend, while delivering savings to members by:

- ✓ Maintaining plan design integrity
- ✓ Allowing participating members to have \$0 OOP costs**
- ✓ Ensuring a seamless member experience

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1 | What is the PrudentRx solution?

The PrudentRx solution combines an innovative specialty plan design strategy and best-in-class member experience to help lower spend, with members enjoying reduced costs. The program applies to all specialty medications in a covered class on your PrudentRx program drug list.

With the PrudentRx solution in place, client gross savings of up to 22 percent on specialty spend may be realized.¹ It also allows members who are participating in the program to pay \$0 OOP for specialty medications, regardless of whether a copay card is available. To date, more than 3,600 clients have adopted the program.^{2††}

For clients that implement the PrudentRx solution on a high-deductible health plan (HDHP) with a health savings account (HSA), participating members must fully satisfy their deductible before they are eligible for a \$0 OOP cost, unless the member has been prescribed a medication that qualifies as “preventive care” under the Internal Revenue Code (IRC), which is administered and enforced by the Internal Revenue Service (IRS). Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf.

2 | How does the program work?

CVS Caremark® has chosen PrudentRx to collaborate with exclusively for this third-party program. PrudentRx will provide trained member advocates and is integrated with our pharmacy operations to help ensure a seamless member experience. Through a high-touch, proactive multi-channel member engagement process, PrudentRx optimizes program enrollment and helps the member obtain non-need based manufacturer copay card assistance where applicable. All eligible members’ enrollment will begin automatically in the PrudentRx program, but members can choose to opt out. 99.8 percent of members remain opted into the program.³

Please note: some manufacturers require members to sign up to obtain the copay assistance that they provide for their medications – in that case, members must speak to someone at PrudentRx to provide any additional information needed to enroll in the copay program. If the member chooses to opt out of the program, or if they do not affirmatively enroll in any copay assistance as required by a manufacturer, the member will be responsible for the full 30 percent coinsurance on specialty medications that are eligible for the program.

Eligibility for a third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance programs may not be used with any Federal health care program.

Once the member is enrolled in the PrudentRx program and, if available, the manufacturer’s copay assistance program, the member will have a \$0 OOP cost. Members will also have a \$0 OOP cost if they are enrolled in the PrudentRx program but not enrolled in a manufacturer copay assistance program when there is no manufacturer copay assistance program available.

The framework for the PrudentRx program's plan design utilizes the Affordable Care Act (ACA) standards for essential health benefits (EHB) and maximum OOP (MOOP) limits. State benchmarks categorize drug classifications and the required number of drugs to be considered EHB. The PrudentRx program drug lists are setup to ensure that products within a covered class exceeding the maximum count required for that covered class by any state benchmark plan may be deemed non-EHB. PrudentRx program drug lists meet or exceed the benchmark plan requirements of all fifty states and Washington, D.C. Clients cannot pick a different benchmark.

Amounts paid for the benefit of a member for an eligible medication, including amounts paid by a manufacturer copay assistance program, shall not be counted toward any member deductible or any member ACA MOOP obligation, unless otherwise required by applicable law. Once the deductible has been satisfied, participating members will then have a final OOP cost of \$0 if participating members are enrolled in an HDHP with HSA. If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the ACA MOOP unless otherwise required by law. When pharmacy claims are adjudicated in the system, dollar amounts are present within the associated accumulators to accurately reflect the amounts applied toward the DED and/or ACA MOOP in accordance with the client's plan design. If applicable, data is shared with Medical Integrators through standard integration processes, providing them the information necessary to accurately determine applicable DED and/or MOOP limit calculations. For participating members enrolled in HDHPs with HSAs, in the deductible phase, member paid amounts for a non-EHB drug count toward the deductible but not the ACA MOOP in accordance with the ACA standards for EHB and MOOP limits.

The program plan design has been structured based on ACA standards for EHB and MOOP limits, the IRC and IRS guidance. That said, we do not provide legal counsel and clients are responsible for evaluating the PrudentRx solution in consultation with their own counsel. Clients are also responsible for their plan structure and benefits documentation.

3 | Who is PrudentRx?

PrudentRx was founded by individuals who collectively have more than 30 years of experience in the health care and specialty pharmacy industry. Their expertise in plan design, specialty pharmacy and copay card programs has allowed them to customize a solution that optimizes savings for both members and plan sponsors exclusively for CVS Caremark. PrudentRx is essential to the support of patients requiring specialty medications and exemplifies the CVS Caremark commitment both to sound business practices and to the communities we serve. They are not a subsidiary of CVS Caremark. PrudentRx is a sub-contractor of CVS Caremark included in the PSM process.

4 | Is PrudentRx a diversity employer?

At CVS Caremark, we are proud to identify diverse suppliers of products and services that support the needs of our clients and members. Diverse suppliers provide outstanding service and effective solutions in helping us achieve our company mission to "improve the lives of those we serve by making innovative and high-quality health and pharmacy services safe, affordable and

easy to access.” PrudentRx obtained the certified-minority owned certification from Florida State MSDC (an affiliate of the National Minority Supplier Development Council®).

5 | What are the requirements for a client to implement the PrudentRx solution?

Client must have or be willing to adopt the following products:

- Exclusive Specialty or Enhanced Exclusive Specialty (with no grace fill). Clients with human immunodeficiency virus (HIV), transplant or hepatitis B excluded from their Exclusive Specialty setup, or that have an open HIV network, would not have those categories included in the PrudentRx program. Clients with an infertility maximum allowable benefit (MAB) or those that exclude fertility from their prescription benefits will not have that category included in the PrudentRx program
- A client-owned onsite pharmacy included in a client’s Exclusive Specialty network can be included in the PrudentRx program if implemented on non-HDHPs. Additional steps will be required of the pharmacy to accommodate data sharing and standard process to ensure participating members have a final OOP of \$0. We have options for additional expansion for non-CVS Specialty pharmacies to accommodate clients in states with anti-affiliate steerage or Any Willing Provider (AWP) requirements, however, this is to accommodate clients in states with anti-affiliate steerage or Any Willing Provider (AWP) requirements, however, this is still within an exclusive network. Clients cannot have a fully open pharmacy arrangement
- **Please note:** because of limitations that exist within various external pharmacy systems, clients that implement the PrudentRx solution on their HDHPs with HSAs will be limited to only those medications included on the client’s specialty drug list and dispensed by CVS Specialty pharmacies included in the standard Exclusive Specialty or Enhanced Exclusive Specialty network and will not include LDD no access medications. Clients will be unable to include their client-owned onsite pharmacy location(s) and other non-CVS Specialty dispensing pharmacies as part of their Exclusive Specialty or Enhanced Exclusive Specialty network, including those pharmacies in the Exclusive+ Specialty Network. These options will continue to be available for the solution that is available for plans that do not qualify as HDHPs with HSAs
- True Accumulation
- Advanced Control Specialty Formulary® (ACSF), Value Formulary or a formulary that uses the ACSF approach for specialty, such as Advanced Control Formulary® (ACF) (clients with custom formularies will require evaluation to determine their capability to implement)

Client must have or be willing to make the following changes to their plan design:

- All specialty drugs included in a covered class listed within the PrudentRx program drug list set at a 30 percent coinsurance after any applicable deductible has been satisfied
Any medications not included on the PrudentRx program drug list or that are otherwise excluded from the definition of specialty product will be adjudicated using the client’s existing plan design for non-specialty products, as outlined above, and would continue to take the client intended plan applicable member cost share
- A medical necessity exception process
- Adoption of the ACA standards for EHB and MOOP limits

- Update to Summary Plan Description (SPD) to reflect the program terms and plan design. Sample language is available
- Remove dispense-as-written (DAW) charges from eligible specialty medications

Client must allow PrudentRx to send letters to targeted members, on their behalf, to help maximize member engagement.

6 | Why is ACSF required for enrollment and what about clients that have other formularies?

ACSF can help enhance value and allow the ACA benchmark to be used. Custom formularies for certain clients will need to be evaluated to determine if it is a suitable fit for the program. For clients with ACF and Value Formulary, these already leverage ACSF and can be accommodated in the program as well.

7 | Are there impacts to Formulary or Specialty Guideline Management (SGM) requirements upon implementation of the PrudentRx program?

No. Formulary and SGM requirements remain intact and will continue to apply based on a client's plan design. Additionally, the program does not circumvent other utilization management strategies that may be in place under the client's plan design.

8 | Why 30 percent coinsurance across all specialty drugs on the program drug list?

The 30 percent coinsurance provides for a better member experience and helps reduce spend. Once a member is enrolled in the PrudentRx program and, if available, manufacturer copay assistance, the member will have a \$0 OOP cost after any applicable deductible has been fully satisfied if the participating member is enrolled in an HDHP with HSA. This allows for:

- A consistent member experience across all specialty medications
- Predictability for members who may need to change specialty medications
- Eliminates incentive for a member to stay with a brand-name drug when the generic has no copay card available

9 | What are the anticipated savings that can be generated from this program?

With the PrudentRx solution in place, client gross savings of up to 22 percent on specialty spend may be realized when implemented on non-HDHPs.¹ The program is expected to provide similar savings within year two and beyond. Incremental savings from the PrudentRx solution may be less for HDHPs than non-HDHPs, especially if the HDHP already includes True Accumulation as part of the plan design, as the nature of the deductible plan design will generate much of the savings for the Plan.

Actual savings will vary based upon a variety of factors including things such as demographics and other programs previously implemented by the plan. A savings analysis from PrudentRx can be made available upon request.

10 | Are there fees associated with the program?

Yes, there is a 25 percent shared savings fee with this program, billed monthly.

11 | How are the shared savings fees calculated?

The methodology includes:

- Data is on a claim-by-claim basis
- Client cost is net of member cost share – 30 percent coinsurance
- Additional client cost may include the following:
 - Drug copay assistance does not provide \$0 OOP (e.g., copay card covers cost except \$5)
 - Drug where copay assistance has been exhausted for the member
 - Drug where no copay assistance is available

The shared savings invoice will consider the previous benefit design in the form of a “discount factor” in calculating the client net cost (net of member cost share). The “discount factor” is calculated as 10 percent of the total of the following:

- The member cost share less any remaining amount of the member cost share billed back to the Plan
- Claims resulting in no generated savings will not incur a fee. Generated savings are calculated as the member cost share before the PrudentRx solution is applied less any remaining amount of the member cost share billed back to the Plan less the discount factor

12 | Can preferred drugs also be designated as non-EHB?

Yes, being either EHB or non-EHB is a designation for purposes of meeting the minimum requirements for the ACA benchmark requirements and of the plan’s ACA MOOP limit and is not a determination of coverage for formulary status.

13 | Will clients that implement the PrudentRx solution and update their Summary Plan Design in accordance with PrudentRx recommendations have a rebate impact?

No; the PrudentRx solution, when implemented in accordance with PrudentRx recommendations, is designed to not impact rebates.

14 | Why was the PrudentRx program created?

The program was designed with PrudentRx and considers the interests of stakeholders to address the rising cost of specialty medications.

15 | How does this program handle drug categories like HIV?

For a class like HIV, the drugs will be included in the program if the client includes this as a covered class listed on the PrudentRx program drug list. If they are open network or excluded as specialty products, they will be excluded from the savings analysis and PrudentRx program. Any medication or covered class not included on the program drug list will continue to adjudicate at the plan applicable member cost share.

16 | Why are DAW charges removed from eligible specialty medications?

Because DAW charges are often covered by the available manufacturer assistance as part of the member cost share, the specialty pharmacy is unable to distinguish which portion of the member cost share is due from the plan design or as a DAW charge. As such, any remaining amount not covered by the manufacturer assistance available could be covered by the plan to ensure a final member OOP amount of \$0, which negates the intended purpose of DAW charges being applied. To ensure the plan is not responsible for additional amounts, the recommendation is to remove the DAW charges from eligible specialty medications only; they can remain applied in general under the plan design if that is the plan intent.

1 | **What if members do not want to participate in this plan design strategy?**

For clients that implement the PrudentRx solution, members will be encouraged to remain enrolled in the PrudentRx program. Members who elect to opt out of the program will be responsible for the full 30 percent coinsurance even after the deductible has been satisfied. Clients cannot choose to allow members who opt out to receive a different cost share; members who opt out are responsible for the member cost share under the elected coverage plan.

If a drug is listed as a non-EHB, member payments toward the 30 percent coinsurance will not count toward the ACA MOOP unless otherwise required by law and the member will be responsible for the 30 percent coinsurance for non-EHB drugs even after the MOOP is met. If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the ACA MOOP unless otherwise required by law. Less than one percent of members opt out of the program.³

2 | **Will participating members enrolled in HDHPs with HSAs have a \$0 OOP cost?**

Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final OOP cost of \$0 under the program, unless the member has been prescribed a medication that qualifies as “preventive care” under the IRC, which is administered and enforced by the IRS. This means, until the deductible has been satisfied, participating members enrolled in HDHPs with HSAs may incur an OOP cost for their eligible specialty medication(s). Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf.

3 | **What is the process for obtaining specialty copay assistance and ensuring that it is used when a prescription is submitted?**

- PrudentRx will send out a member letter on behalf of the client and follow up telephonically with members to provide specific information about the program, as it pertains to their medication(s).
- All eligible members’ enrollment will begin automatically in the PrudentRx program, but members can choose to opt out of the program by calling **1-800-578-4403**
- Some manufacturers require members to sign up to obtain the copay assistance that they provide for their medications – in that case, the member must speak to someone at PrudentRx to provide any additional information needed to enroll in the copay assistance program
- PrudentRx will also contact members if they are required to enroll in the copay assistance for any medication that they take. If they choose to opt out of the program or if they do not affirmatively enroll in any copay card assistance as required by a manufacturer, the member will

be responsible for the 30 percent coinsurance on specialty medications under the plan design after satisfying any applicable plan deductible

- PrudentRx continuously monitors copay card utilization and will conduct proactive member outreach as needed, including re-enrollment in available assistance programs
- When a new prescription is received and processed by the pharmacy, there is an administrative process to capture the claim and perform member outreach. From there, the pharmacy will offer to transfer the member to PrudentRx or will provide the member with the PrudentRx contact information to complete any necessary steps for enrollment. Prior authorization (PA) and formulary are not affected by the PrudentRx program
- In addition to the daily claims experience transmission (CET) file PrudentRx receives, which is inclusive of claims processed under the program as PrudentRx eligible medications, CVS Specialty will also send a daily new specialty prescription file to PrudentRx to support member contact and confirm enrollment. PrudentRx will attempt to contact any members from this file who have not already been contacted starting the next business day. PrudentRx will follow up for three business days
- PrudentRx will enroll the member in the available manufacturer copay assistance program where applicable. This process usually takes less than ten minutes but may take up to five to seven days depending on the manufacturer's process. The member will be informed throughout the process
- If available, copay assistance will be applied and the member's enrollment in the program will ensure a \$0 final member OOP cost once any applicable plan deductible has been satisfied

Outreach to members, regardless of whether they already have manufacturer assistance on file, accomplishes the following:

- Increased awareness to members around the availability and benefit of the program and plan design change
- Helps avoid potential confusion or misinformation
- Allows PrudentRx to validate manufacturer assistance already on file or available
- Allows PrudentRx to receive verbal confirmation from the member that they do not wish to opt out and that, if the manufacturer allows, PrudentRx can handle any re-enrollment responsibilities on the members' behalf

Because PrudentRx is proactively engaged with the member and are notified when new fills for eligible medications are processed, it reduces the potential delays seen with re-enrollment requirements for members who remain enrolled in the program.

Through our digital integration, members who are opted into receiving digital messaging from our pharmacy will receive an initial message advising them to call CVS Specialty to complete their enrollment and additional reminder messages if they are indicated by PrudentRx as 'Unable to Contact.' Additionally, upon the member's first fill after go live, CVS Specialty will warm transfer the member to PrudentRx to complete their enrollment process if it was not completed prior to program implementation.

4 | What happens if the manufacturer copay card is no longer offered, if copay assistance is not available or if the member maxes out the annual manufacturer copay assistance available?

Copay assistance is monitored on a regular basis to quickly respond to any changes that may impact the member and plan. If the member is participating in the PrudentRx program, they will still have a final \$0 OOP cost once they've satisfied any applicable deductible. This means that the client will cover the 30 percent coinsurance.

5 | Are there plans to review or add alternative funding availability for the PrudentRx solution?

Through careful consideration of relevant factors, risks, and concerns; we have determined it is best to proceed only with our current program offering, which does not include need-based funds or involve enrollment of members in copay programs intended for individuals who are uninsured or underinsured. CVS Caremark already supports members who have true financial need with our Reimbursement Counseling Center. This is a service that we provide to members who are still having difficulty affording their medication and works with a host of need-based assistance programs. We are constantly evaluating and developing additional products to help our clients and their members save on their specialty spend.

6 | Will the client be charged for members who already have copay assistance and why?

Yes. It is important to note that although PrudentRx may not need to help the member obtain the copay card in these scenarios, there is still support they are providing. This support includes:

- Enrolling in the PrudentRx solution and ensuring the \$0 member OOP cost
- Monitoring the claims and accuracy of billing
- Answering member questions, addressing concerns and providing re-enrollment support

1 | What types of clients are eligible for this plan design?

- Self-funded plans subject to Employee Retirement Income Security Act (ERISA)
- Self-funded plans not subject to ERISA (e.g., government and church plans), if there are no conflicting state laws
- Coalition and Third-Party Administrator (TPA) clients can be appropriate
- HDHPs with HSAs if implemented in accordance with updated terms and conditions
- Not recommended for clients with ‘first dollar’/remote health reimbursement arrangements (HRAs). Each client is responsible for assessing the risk associated with implementing the program on plans with HRAs
- Health plans may not be appropriate due to specific state insurance regulations, custom formularies and not being able to accommodate Exclusive Specialty
- Clients with the Starter Fill program may not be appropriate since some copay cards require a 30-day drug supply. Clients should evaluate the risk before implementing
 - Clients with the Starter Fill program may still implement the PrudentRx program; however, they need to be aware of potential savings impact
 - While most copay cards do not have a 30-day supply requirement, those that do would not apply dollars toward Starter Fill claims. The cost of the fill would be 100% plan responsibility
 - We believe clients would still see some savings from the Starter Fill program due to the decreased days’ supply and limited fill duration required within the program, which reduces the overall cost of the drug
 - Savings from the PrudentRx program for medications included in the Starter Fill program may be delayed, but still realized
- Clients that administer their own PAs may not be appropriate
- Not appropriate for Federal health care programs, including, but not limited to, Medicare, Medicaid and Employer Group Waiver Plans (EGWP)

2 | Is a contract or letter of agreement needed for clients enrolling in this program?

The PrudentRx solution is included in the PSM process. Clients will be required to provide a signed PSM amendment and Vendor Enrollment Form (VEF) to implement the program.

Standard implementation deadlines and requirements still apply with the PSM process.

The program requires a 90-day implementation.

Note: under the PSM process, a separate VEF is required for each TPA-liable and health plan administrative services only (ASO) client implementing the PrudentRx solution. The VEF would need to be signed by the client contracted with CVS Caremark. TPA non-liable and coalition

clients require a separate VEF for each TPA or coalition group implementing the PrudentRx solution.

The PrudentRx solution for HDHPs with HSAs will require the client to agree to specific terms and conditions outlined within associated contracts, including the limitation of implementing the PrudentRx solution for HDHPs with HSAs within an Exclusive Specialty network.

Clients with existing contracts that have previously implemented the PrudentRx solution on their non-HDHPs, where the previously signed contract or VEF did not include those HDHP/HSA concepts, that elect to implement the program on their HDHPs with HSAs will be required to sign an amendment to their existing contract or existing VEF. Standard deadlines apply.

3 | Can clients customize the recommended therapy classes and coinsurance amounts?

No. The therapy classes and coinsurance amounts cannot be changed.

4 | Are there any limitations to when a client can implement this program?

If ACSF and Exclusive Specialty are already in place, there are no limitations. If a client needs to implement ACSF as well, they can only implement at the beginning of each quarter. The program requires a 90-day implementation; all signed agreements required must be received 90-days prior to the expected go live.

1 | **What type of reporting is available? How often will the client receive reporting?**

PrudentRx will provide a standard report on a monthly basis. The report includes the following information from the previous month:

- Total specialty spend
- Total PrudentRx solution savings
- Total net savings
- Summary year to date
- Net savings by therapeutic category year to date

Additionally, pre-go live reporting will be provided by PrudentRx, which includes a member outreach summary to the client. This pre-go live report will include the total number of outreaches and summary of members who are indicated as 'Unable to Contact' or 'Refused' prior to go live. This report cannot be customized to include additional data elements and will be sent to the client approximately five days prior to go live. Additional reporting requests cannot be accommodated.

2 | **Will clients be able to audit the invoicing?**

Clients will be able to audit the claims invoicing by looking at the information reasonably expected to help verify services provided and savings. These areas include:

- Claim detail information
- Manufacturer bill amount and coordination of benefit amount
- Discount amount
- How savings was calculated
- Information on the shared savings fee per claim

1 | **What is the difference between the PrudentRx solution and other competitive products in the marketplace?**

PrudentRx solution is highly competitive. Here are a few key points:

- The PrudentRx solution was designed to preserve core components of the client's intended plan design, with a flat coinsurance of 30 percent for all drugs in the specialty tier. There is no manipulation of individual member copays on a drug-by-drug basis
- While the competition may have a requirement for client size, the PrudentRx program can be implemented by clients regardless of their enrollment size
- The PrudentRx solution offers a high-touch, seamless member experience for our client's members. According to our competitive information, the competitor programs do not offer the same level member experience as PrudentRx
- Member communications can be available in Spanish for the PrudentRx solution. The competitive products do not appear to offer this option
- PrudentRx engages members quickly upon adoption of the program and offers an opt-out strategy to members. They will reach out to specialty members on behalf of the client via mail, phone, and digital communication
- The solution includes commitment from PrudentRx to ongoing retrospective claims monitoring to help ensure claims are adjudicating accurately
- The PrudentRx solution does factor in what the plan would have saved under the previous plan design when determining savings achieved — reporting incremental savings achieved by having implemented the solution. We do not believe competitors factor this into their savings modeling

2 | **With using more programs like this, is there a concern that a pharmaceutical manufacturer copay card program will become underfunded for a particular medication?**

Pharmaceutical manufacturers make the determinations of funding for their own programs. PrudentRx will monitor these programs and adjust as necessary.

3 | **Is there concern that pharmaceutical manufacturers will stop their copay card programs as more of these copay plan designs come to market?**

Pharmaceutical manufacturers regularly make determinations on these programs. CVS Caremark will continue to monitor and evaluate the specialty pharmacy marketplace. We will continue to evolve our trend management tools as needed to provide opportunities for our clients to obtain incremental savings on specialty spend.

Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

All references to competitors are based on our information available about their programs.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on HDHPs with HSAs will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include LDDs.

**Participating members enrolled in an HDHP with a HSA must fully satisfy their deductible before they are eligible for a final \$0 OOP cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the IRC, which is administered and enforced by the IRS. Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members' behalf.

†Incremental savings may be less for HDHPs than non-HDHPs. A savings analysis can be made available upon request.

††As of February 2024.

1. PrudentRx Analytics, 2024. Based on data from PrudentRx Analytics, Jan - Dec 2023. Data represents specialty gross savings for commercial clients that had PrudentRx for the full-year 2023. Savings projections are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. (P1015810224)
2. PrudentRx Analytics, February 2024. (P1015820224)
3. PrudentRx Analytics, February 2024. Data is based on members eligible for the PrudentRx program. (P1015850224)

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