Pharmacy Benefit
Frequently Asked Questions & Terms

Outlined below are some questions and answers to help you better navigate your pharmacy benefit offered to you by Capital Rx, your prescription benefit provider. For additional questions, please contact your dedicated Customer Care team at 1-833-599-1001. We are available 24 hours a day, 7 days a week to answer any questions you may have about your prescription benefit plan.

Please note: We are excited to serve you! All online tools and customer care support will be available beginning July 1, 2023.

Who is Capital Rx?

Answer: Capital Rx is a next generation pharmacy benefit manager, overseeing prescription benefit plans on behalf of employers, unions, and you - our members. We work hard every day to ensure your prescription plan is cost effective while never losing sight of our ultimate mission: your health. Check out our video to learn more about who we are!

What is a Pharmacy Benefit Manager (PBM)?

Answer: A pharmacy benefit manager (PBM) processes prescription drug claims on behalf of you and your plan sponsor (usually your employer, union, etc.). To provide this service, we contract and negotiate with retail pharmacies and pharmaceutical manufacturers to provide the right balance of drug access and cost-effectiveness.

Can I still fill my prescriptions at my preferred pharmacy with Capital Rx?

Answer: Capital Rx maintains a national network of more than 60,000 pharmacies, including all national chains and most independent pharmacies. However, with some prescription benefit plans, certain pharmacies may be excluded from the network. To confirm the network status of your preferred pharmacy, please log in to our member portal and click on Nearby Pharmacies to find a pharmacy near you. Once you arrive at the pharmacy, don't forget to show the pharmacist your ID card to ensure you only pay the out-of-pocket cost associated with your prescription benefit plan. For any additional questions, please contact Capital Rx at 1-833-599-1001.

Is my current (or new) prescription covered by Capital Rx?

Answer: Your coverage for each prescription drug is outlined on our formulary (i.e., preferred drug list). Although most prescription benefit plans use one of our standard formularies, some plan sponsors require customization to best serve the needs of their membership. To confirm the coverage status of a medication - including if a prior authorization, step therapy, or quantity limit applies use the Capital Rx Formulary Search Tool. You will need to confirm if your employer offers the Open or Closed formulary. Open formulary

is called “Freedom” and the Closed formulary is called “Liberty.” Previously under ESI, the Open formulary was called the “Basic” formulary, and the Closed formulary “National Preferred.” Simply click on the applicable link below to learn more:
Freedom Formulary
Liberty Formulary

How do I know what my out-of-pocket cost (i.e., copay or coinsurance) will be with Capital Rx?

Answer: You can easily view expected medication cost by logging into the member portal and click the best price icon. Enter the name of the medication in the drug name field. Define specific options using the drop downs for type, form, dosage, and quantity. Click on the find lowest price icon. A list of local pharmacies will be provided along with the expected cost for the specified medication.

How do I request reimbursement for my pharmacy claim if it did not process through my pharmacy benefit?

Answer: If for any reason you were unable to apply your prescription benefit to fill a prescription, you can make a request for reimbursement by completing our Direct Member Reimbursement (DMR) form and mailing it to the below address, along with the original receipt from the pharmacy (please make a copy for your own records). It is important that you provide us with as much detail as possible so that we can process your claim appropriately for reimbursement. Depending on your plan's elections, you may be reimbursed directly for covered prescriptions. Blank DMR forms are available by visiting our website or by logging into the member portal.

Capital Rx, Inc.
Attn: Claims Department
9450 SW Gemini Dr., Suite 87234
Beaverton, OR 97008

Is mail order delivery right for me? If so, how do I enroll?

Answer: If you have a prescription for a maintenance medication (i.e., long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol), mail order delivery may be a great solution for you. You will find mail order provides greater savings on most prescription benefit plans and saves time typically spent traveling and waiting at a retail pharmacy.

Getting Started with Walmart Home Delivery Pharmacy
Please reach out to your prescriber and update your mail order pharmacy provider as Walmart. Before prescriptions can be filled through Walmart Home Delivery, a profile needs to be created through one of the following options.

- Phone: Call **1-833-599-1001** and follow the prompts for medications delivered to your home.
- Mail: Send a completed order form to 1025 W. Trinity Mills, Carrollton, TX 75006. Blank forms are available on the Capital Rx member portal.
- Email: email a completed order form to WMSRX@wal-mart.com.

Choose one of the following options to request refills of current prescriptions or send new prescriptions to Walmart Home Delivery

- E-prescribe: Have your doctor e-prescribe to: **Walmart Pharmacy Mail Order 2625**.

- Fax: Have your doctor fax your prescription to **1-800-406-8976**. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.

How do I check the status of my mail order prescription?

Answer: Mail order prescriptions are handled by Capital Rx's contracted mail order pharmacy. For up-to-date information on the status of your mail order prescription, call your dedicated Customer Care team at 1-833-599-1001.

How do I fill my Specialty medication?

Answer: If you are prescribed a specialty medication (i.e., multiple sclerosis, hepatitis, oncology, HIV, and many others), you can quickly and easily order your prescription by following the steps below. You also have the option to fill at any in-network Specialty Pharmacy, if that is a more convenient option. For additional specialty pharmacy questions, please call your dedicated Customer Care team 1-833-599-1001.

Step 1:

- E-prescribe: Have your doctor e-prescribe to: **Walmart Specialty Pharmacy**.
- Fax: Have your doctor fax your prescription to **1-866-537-0877**.
- Please note: If prior authorization is required, additional steps may be needed to submit your prescription.

Step 2:

- A representative from Walmart Specialty Pharmacy will call you to get more information and schedule your first delivery.

Step 3:

- Your prescription will arrive when and where you've requested. After you enroll and your first delivery has been scheduled, Walmart Specialty Pharmacy will stay in touch over the course of your therapy and call with refill reminders or to address any questions you have about your treatment.

What if I need to fill a prescription and don't have my physical ID card at the pharmacy?

Answer: You can download a temporary pharmacy ID card by logging into the member portal. If the pharmacy is still unable to process your claim, you can have them contact Capital Rx at 1-833-599-1001.

How do I replace a lost ID card?

Answer: To request a replacement ID card, please call Capital Rx at 1-833-599-1001.

What retail pharmacies are considered in-network with Capital Rx?

Answer: You can locate an in-network pharmacy by logging into our member portal. Select Member Login to register. Use the pharmacy locator search tool to view local options. You can also call your dedicated Customer Care team at 1-833-599-1001 for support.

What if I need to change retail pharmacies but I have an existing prescription?

Answer: Once you locate an in-network retail pharmacy, you can work with the new pharmacy to transfer your existing prescription. Contact the retail pharmacy you wish to change to and be prepared with the following information:

- Name and phone number of your previous pharmacy
- Prescription name and number from your medication label
- Capital Rx processing information

Please note: Prescriptions that are expired, have zero refills remaining or are for controlled substances are not eligible for transfer. Please work with your prescriber to request a replacement prescription to be sent to your new retail pharmacy.

Are there Prescriptions that cannot be transferred via the open refill transfer file?

Answer: Yes, there are several types of Prescriptions that cannot be transferred via the open refill transfer file

- Prescriptions for controlled substances
- Expired prescriptions
- Prescriptions that do not have any refills remaining

We do not have a comprehensive list of controlled substances, but here are the biggest impact categories with some examples that may be helpful:

- Pain Medications
  - Opioids [e.g., oxycodone (Oxycontin), hydrocodone (Vicodin), codeine], muscle relaxers Soma (carisoprodol), or drugs to treat nerve pain [Lyrica (pregabalin)
- Stimulants
  - Medications used to treat ADD/ADHD [Adderall (dextroamphetamine/amphetamine), Concerta (methylphenidate), Vyvanse], or narcolepsy [Sunosi, Xyrem]
- Depressants
  - Medications used to treat anxiety [Valium (diazepam), Xanax (alprazolam), Klonopin (clonazepam)] or insomnia [Restoril (temazepam)]
- Addiction treatment
  - Buprenorphine (Suboxone)

What is a Prior Authorization (PA)?

Answer: A prior authorization (PA) is a feature of your prescription benefit plan that requires you and your physician to obtain approval before the prescribed medication can be dispensed by a retail or mail order pharmacy. This requirement exists to prevent inappropriate prescribing of certain medications and to ensure the lowest cost alternative is used (barring medical necessity). To submit a prior authorization (if required) please have your prescriber complete the prior authorization request form and fax it (along with any additional documentation required) to 1-833-434-0563. Your prescriber can download a blank form by visiting our website. Most prior authorization reviews are completed within two business days provided that a complete prior authorization request form and all required documentation are correctly submitted. Our clinical team will notify you in advance of any declinations and assist in expediting your patient to a preferred alternative therapy. Prior authorization request forms can also be sent via mail to the below address:

Capital Rx, Inc.
Attn: Prior Authorization Department
9450 SW Gemini Dr., Suite 87234
Beaverton, OR 97008

For additional prior authorization questions, please call your dedicated Customer Care team at 1-833-599-1001 or the Prior Authorization department at 1-888-952-2779.

What is Step Therapy (ST)?

Answer: A step therapy (ST) is a feature of your prescription benefit plan that requires you try another medication (usually a generic) before being prescribed the medication designated with step therapy (usually a brand). This requirement exists to prevent inappropriate prescribing of certain medications and to ensure the lowest cost alternative is used. If your physician prescribes, or wants to prescribe, a medication designated with step therapy, please have them call our Customer Care team 1-833-599-1001.

What is a Quantity Limit (QL)?

Answer: A quantity limit (QL) is a feature of your prescription benefit plan that only allows you to receive up to a maximum dosage or quantity for certain medications (e.g., opioids). Quantity limit requirements exist to ensure safe and effective doses are prescribed and to prevent waste, fraud, and abuse. If you and your physician require a dose or quantity beyond what the quantity limit allows, please submit a prior authorization, including medical justification for the larger dose or quantity.

How do I authorize a family member or care giver to manage my pharmacy benefits?

Answer: A Personal Health Information Disclosure form is available to allow members to manage and access your pharmacy benefits. You can complete this form digitally by visiting our website and scroll to locate the Personal Health Information Disclosure Form link. If you prefer, you can download the form and mail it back to the address below. To download a blank form, open the form with the click here button. At the top, left hand corner of the screen select options and Download PDF.

Capital Rx, Inc.
Attn: Customer Care
9450 SW Gemini Dr., Suite 87234
Beaverton, OR 97008

Why is my drug on a different tier on the formulary than last year?

Answer: The formulary is typically updated when there has been a change in drugs being approved and generic medications becoming available. If a generic becomes available for a brand drug, then the brand drug may have a higher copay.

Why is my medication not being covered?

Answer: There can be several reasons as to why your medication is not covered: medication is not approved by the FDA, pharmacy plan may not cover however, the medical plan provide coverage, your plan coverage does not cover that specific drug.

I am going out of town and will need to fill my medications earlier than usual. Can this be done?

Answer: You can place a request to refill early by contacting your pharmacy benefits provider helpdesk for assistance.

I accidentally misplaced my medication. How can I get a refill?

Answer: You can place a request to refill early by contacting your pharmacy benefits provider helpdesk for assistance.

How much will my drug cost?

Answer: If you know the name of the drug, you can check on the pharmacy benefits provider website to see the copay that is associated with that drug. You can also call into the pharmacy benefits provider helpdesk for assistance.

Why am I being charged more than the copay for my drug?

Answer: If your pharmacy plan has a dispend as written (DAW) in place, then you will be charged the difference in cost for filling the brand drug versus the generic version that is available.

Can I get reimbursed for a drug that I filled at an out of network pharmacy?

Answer: If your plan allows direct member reimbursement (DME), then you can submit a claim by filling out a claim form provided by your pharmacy benefits provider.

My pharmacy plan has copays however, I am being charged 100% of the cost of medication

Answer: If you are enrolled in a high deductible health plan (HDHP), then your deductible will need to be met prior to paying copays.

The pharmacy is stating that my drug is being denied for prior authorization, what does this mean?

Answer: The drug is covered by your pharmacy benefits plan; however, a clinical review will need to be completed prior to the drug being approved to be filled. Your medical prescriber will fill out a form that the pharmacy benefits provider will review and either approve or deny the prior authorization.

My prescription was written for a certain amount of quantity however, the pharmacy is stating that the prescription is being denied. Why is this?

Answer: There are quantity level limits in place for certain drugs to make sure that the appropriate amount is being dispensed to the patient. Your doctor can reach out to the pharmacy benefits provider to request an exception if need be.

My drug is being denied for step therapy, but my provider wants me to take the prescribed drug. Can there be an exception?

Answer: A clinical review will need to be completed prior to the drug being approved to be filled. Your medical prescriber will fill out a form that the pharmacy benefits provider will review and either approve or deny the exception request.

Why does my specialty drug need to be filled at a specific pharmacy?

Answer: Your pharmacy benefits plan may have a specific pharmacy for specialty medications that they utilize. You can check where to fill your specialty drug on your benefits member portal through the pharmacy benefits provider and/or you can call into the pharmacy benefits provider helpdesk for assistance.

Common Pharmacy Terms and Definitions

1-Month supply
The amount of medicine you use during a 1-month period. In most cases, your doctor will prescribe a 1-month supply or less for short-term medicine.

3-Month supply
The amount of long-term medicine you use during a 3-month period. In most cases, prescriptions for long-term medicine are written for a 3-month supply. The actual quantity or days' supply you receive depends on your plan's rules.

Benefit
A term used to refer to the services covered by your health insurance. Capital Rx manages your "pharmacy benefit" for your employer, your health plan, or your plan sponsor.

Brand-name drug
Medicine that is sold by a company under a specific name or trademark and is protected by a patent.

Claim
A request for payment submitted to your health insurance by you or by your healthcare provider. This request is for any services you think might be covered by your plan.

Coinsurance
The partial cost you pay for your medicine, each time you fill a prescription. The amount you pay is set by your plan and is a percentage of the total cost. Your coinsurance is different from your copayment, or copay.

Example

- The price of your medicine is $100.
- Your coinsurance is 20%.
- You pay $20 for the medicine.

Compound drug
Medicine with different ingredients combined in order to tailor it for individual needs. Once mixed together, compound drugs are not FDA-approved.

Controlled substance
A term used only for medicines or illegal drugs that have a high risk for causing harm. It means the medicine requires a doctor's prescription and that its use is restricted by law (the Controlled Substances Act). The term covers medicines, such as opioid drugs. It does not apply to tobacco or alcohol.

Coordination of benefits (COB)
If you are covered by two or more health plans, this process decides the amount each plan pays for a claim.

Copayment (Copay)
A set dollar amount you pay out of your own pocket for your medicine. Your copay is set by your plan. Your copay is different from your coinsurance.

Courtesy fill
If you take a medicine to treat a long-term condition (one that lasts 3 months or longer), then your prescription plan might use certain rules that affect the price of your medicine and the way you get it. A "courtesy fill" is the number of fills and refills you can order, before these rules fully take effect.

These rules include factors such as the medicine type, form, amount you get, what pharmacy or pharmacy network you use, and others. After you've used your "courtesy fills" limit, you'll need to follow your plan's rules for getting your medicine in order to avoid paying a higher price for it.

Days' supply
The number of days' worth of medicine your doctor prescribes for you. There are limits for the maximum number of days, based on the type of medicine, why you're taking it, and your prescription plan's rules.

- **If your plan includes delivery of long-term medicines**, your doctor will prescribe the maximum days' supply allowed by your plan.
- **If your plan includes the option to fill certain long-term medicine through local network pharmacies**, you can check coverage and pricing using the formulary search tool, and we'll set your days' supply to the maximum allowed by your plan.

Deductible
The total amount you must pay before your plan starts paying for part of your prescription costs. This amount varies by plan.

e-Prescribing
This is a process doctors can use to send a prescription to a pharmacy using a secure computer network.

Generic drug
A prescription or over the counter (OTC) medicine that has the same active ingredient as a brand-name version that's on the market. Generic drugs often are a lower-cost option to their brand-name versions. They can be identical to the brand-name drug or a:

- Generic equivalent: it's like the brand-name drug and has the same active ingredient but has different inactive ingredients.
- Generic alternative: it has a different active ingredient from the brand-name drug, but a similar clinical effect on the body.

You can find out more about generic drugs from the US Food and Drug Administration.

Licensed pharmacist
A person with special training about medicines and licensed to practice by a national and state board. Capital Rx pharmacists are licensed, and many have extra training to give advice about medicines to treat:

- Asthma
- Arthritis
- Cancer
- Depression
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Migraine headaches
- Women's health conditions

Long-term medicine
Any medicine you have to take for three or more months to control symptoms or to prevent complications from a condition. Examples of conditions that might require long-term medicine include high blood pressure, high cholesterol, diabetes, arthritis, heart conditions, and long-term pain.

Maintenance medicine
Another term for “long-term medicine.”

National Drug Code (NDC)
A unique number the US government assigns to every prescription and over the counter (OTC) medicine on the market. The code refers to the strength and dosage form (such as liquid, tablet, capsule, etc.) and to those who make or distribute it.

Open enrollment or open-enrollment period
The period during which you can enroll in a health insurance plan. This period is set by your plan. You can change your health plan coverage during certain life events, such as getting married, having a baby, or losing other health coverage. These are sometimes called "qualifying events."

Out-of-pocket expense
The money you pay out of your own pocket for your medicine before your plan covers the rest of the cost.

Pharmacy benefit manager (PBM)
An organization that manages the pharmacy portion of health plan coverage to make sure the use of medicine is safer and more affordable.

Pharmacy network
A group of pharmacies that work together to help keep the cost of your medicine as low as possible. In most cases, you’ll pay less for medicine from an in-network pharmacy than from a pharmacy outside of your network.

Plan year
A 12-month period of coverage under a group health plan. This 12-month period might not be the same as the calendar year.

Prescription (Rx)
The written instruction for medicine that a licensed medical professional provides. The abbreviation for prescription is Rx.

Prior authorization (PA)
Also known as a "coverage review," this is a process health plans might use to decide if your prescribed medicine will be covered. Plans use this to help control costs and to ensure the medicine being prescribed is an effective treatment for the condition.

Quantity Limit
The maximum amount of a medicine a health plan covers during a certain period of time. These limits are set for safety reasons and to help reduce costs. If your doctor prescribes more medicine than your plan allows, the doctor will have to contact the plan to approve the amount.

Referral
A written order from your primary care doctor for you to see a specialist or to obtain certain medical services. If you don't get a referral first, your plan might not pay for the services.

Refill
When your doctor writes your prescription, it might include a certain number of refills. This means you can continue to get the medicine refilled until the prescription expires. Once your prescription expires, it requires a renewal before you can get another refill.

Renewal
After a prescription expires, a doctor needs to renew it. A renewal is a new prescription, even though it might be for the same medicine and the same dose you've been taking. Your doctor might want you to schedule an appointment or get some test results, before renewing your prescription. This helps make sure the medicine is still treating your condition as it should. Although many people think of a renewal as just another refill, a renewal is different because it's a new prescription.

Rx number (prescription number):
A unique number given to every prescription. You'll find the number on the prescription label.

Specialty pharmacy
Specialty medicine is used to treat complex and long-term conditions, and usually has to be stored or handled in special ways. People take specialty medicines for conditions, such as multiple sclerosis, rheumatoid arthritis, or hemophilia.

Step therapy
A process designed to help control high medicine costs. If your plan applies step therapy to your prescription, it will require that you try a lower-cost medicine that's proven effective to treat your condition before it will cover a higher-cost medicine. If the lower-cost medicine does not treat your condition effectively, your plan's coverage will "step" you to a higher-cost medicine to find a medicine that treats your condition effectively at the lowest possible cost.

Total annual copayment

The total copay amount you spend on prescriptions during a one-year period.

Example:

- Your copay is $7 for a 3-month supply of medicine with delivery from TRICARE Pharmacy Home Delivery.
- You fill this medicine every three months, which is 4 refills per year.
- Your total annual copay is $7 x 4 = **$28**.