

(CVS) CAREMARK



ID number:

Your Id number from your Blue Cross card.

Toll free number - (888) 354-6390

Website - <http://www.caremark.com>



CALIFORNIA'S
VALUED TRUST

Healthcare Benefits for the Education Community



PRESCRIPTION DRUG COVERAGE

CVT provides a CVS/Caremark Card for prescription drug needs for each Subscriber and their eligible dependents enrolled in a CVT PPO (Preferred Provider Organization) Plan.

- Your prescription should be filled at a CVS Caremark participating retail pharmacy (for example: Long's, Walgreens, Von's, etc.), and will be dispensed with a 30 day supply. *This is a nationwide network of participating pharmacies.* For a complete pharmacy listing in your area please visit CVS Caremark.com or call CVT at 559-437-2960 or 1-800-288-9870.
- Utilize CVS Caremark.com for fast, convenient, and helpful service such as: Instant prescription pricing, drug plan coverage, prescription refills for your mail order drugs, and listings of participating pharmacies in your area. CVS Caremark.com also sends important email notifications and provides helpful health and drug information. Please register at www.caremark.com
- Generic versus Brand Drugs – For any brand drug with a generic equivalent available the generic will be dispensed regardless of what a physician writes. The physician can specify "Dispense as Written" (DAW) or a plan participant can choose a brand drug **BUT** they will always pay the generic co-pay plus the cost difference between the brand and generic when a brand name drug is selected and a generic is available.
- Approximately 83% of all prescription drugs are now available in generic form. **FDA approved generic medicines are just as effective as their brand name counterparts. To gain FDA approval, generic drugs must meet the same standards for safety, purity, strength, and quality.**
- **Generic Step Therapy.** CVT and CVS Caremark want to help you and your doctor choose a lower-cost medicine as the first step in treating your conditions. If you use certain high-cost medicines before the available lower-cost options, your current prescription may not be covered and you may have to pay the full cost. Questions? Visit Caremark.com and click "Find Savings and Opportunities" or call toll-free using the number on your CVT ID card. They are ready to help!
- **Use Maintenance Choice to Fill Your Long-Term* Medications.** Maintenance Choice offers you choice and savings when it comes to filling long-term* prescriptions. Members and their families must choose to receive 90-day supplies of their long-term* medications either by mail through CVS Caremark Mail Service Pharmacy or to pick them up at a CVS Pharmacy near them. Either way the copay will be the same. This service also abides by the same generic vs. brand drug rules as stated above. To pick your prescription up at a CVS Pharmacy just visit your local CVS Pharmacy and talk to the pharmacist. Getting started with mail order is quick and easy by contacting our FastStart Program at 1-866-273-5268. The FastStart representative will contact your physician for your mail order prescriptions, all you need to provide is your ID number, mailing address, drug name, physician name and phone number. Mail Order service provides the convenience of free standard shipping to your home. (A long term* medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.)
- Insulin, disposable needles, syringes, lancets and test strips are available through your CVS Caremark prescription plan. Glucometers are not a covered item under the CVS Caremark prescription plan; however, CVS Caremark does offer the Diabetic Meter Program. This program offers a new, free meter every two years to eligible members, just call 1-800-588-4456 to receive your free meter.
- Some drugs have limitations such as Migraine medications. For example, The Managed Drug Limitation (MDL) for Imitrex 25mg tablets consists of a 25 day supply of 9 tablets. If more is required, a Prior Authorization will be needed. For more information on managed drug limitations, please call CVS Caremark Customer Service at 1-888-354-6390.
- In addition, there are drugs that require Prior Authorizations (PA). Drug classes such as; Growth Hormones, Rheumatoid Arthritis, and Multiple Sclerosis are some examples where the CVS Caremark pharmacists and your doctor will work together to ensure that the drug you are prescribed is the most appropriate for your condition. The Prior Authorization number is 1-888-413-2723.
- CVT provides Specialty Pharmacy Services for chronic or genetic conditions through the use of biotech medications and other specialty pharmaceuticals. The Specialty program offers individuals personalized pharmacy care management and is assigned a pharmacist-led CareTeam who effectively manages your condition. For Specialty Services/Admissions please call 1-800-237-2767.
- If your spouse or other dependent has prescription drug coverage under his/her own CVT group number or from another carrier, that coverage must be used first for those individuals that have this as the primary coverage. **Any balances should be submitted to CVS Caremark for consideration of payment.**

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IMPORTANT INFORMATION

CVS CAREMARK

The CVS Caremark website requires that you register on the site before you can use their search pharmacies tool. This means a CVT member will need to have received their card prior to registering on-line.

The CVS Caremark website is: www.caremark.com

Click: Register if you are a new user or enter your Login ID and password at the top of the page.

Click: Find a Local Pharmacy

Type in your information under Starting Location, the Services area is optional.

Click: Search (This will list all providers within the designated mileage of your zip code or home address.)

Formulary Drug Removals

Below is a list of medicines by drug class that will no longer be covered by your plan's drug list. If you continue using one of these drugs after this date, you may be required to pay the full cost.

If you are currently using one of these drugs, ask your doctor to choose one of the generic or brand options listed below.

Category * Drug Class	Formulary Exclusion Drug	Formulary Considerations
Allergies * Nasal Steroids	BECONASE AQ OMNARIS RHINOCORT AQUA	flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX, VERAMYST
Asthma * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
Depression * Antidepressants	OLEPTRO	trazodone
Dermatology * Acne	BREVOXYL NEOBENZ MICRO	benzoyl peroxide
Dermatology * Skin Inflammation and Hives Corticosteroids	OLUX-E	clobetasol propionate foam 0.05%
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	metformin ext-rel
Diabetes * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R NOTE: Humulin U-500 concentrate will not be subject to the exclusion and will continue to be covered.	APIDRA, NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
Diabetes * Supplies	FREESTYLE STRIPS AND KITS ²	ACCU-CHEK STRIPS AND KITS ¹ , ONETOUCH STRIPS AND KITS ¹
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	losartan, BENICAR, DIOVAN, MICARDIS
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT TEVETEN HCT	losartan-hydrochlorothiazide, BENICAR HCT, DIOVAN HCT, MICARDIS HCT
High Cholesterol * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR
High Cholesterol * HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	SIMCOR



CVS Caremark 2012 Formulary Changes Frequently Asked Questions For Client Distribution

Background:

This document provides some general information regarding the CVS Caremark 2012 Formulary Changes.

Because there are often multiple drugs available to treat the same condition, CVS Caremark is committed to:

- Ensuring that plan members get effective medications; and keeping access to prescription drugs affordable.
- Keeping up with marketplace changes, including new medications and varying prices.
- Regular reviews of the Preferred Drug List by our pharmacy staff.

Who made the change and who members can talk to:

- CVS Caremark has been asked to manage prescription drug plans for select employers and health plans. Part of this management consists of periodic changes to the drug list (or formulary). These changes have appropriate formulary alternative options to the drugs no longer covered by the drug list (formulary).
- We encourage members to reach out to their doctors with any questions regarding the recommended alternative drug.

What members can do:

- Members should talk to their doctors about changing to a formulary alternative.
- Encourage your doctor to review all alternatives that are available. Use Caremark.com to access the drug list and to use other tools to help best manage your medications.
- If a member chooses not to change to the recommended and/or covered drug, the member may be responsible for 100% of the prescription cost.

When will these changes go into effect?

- These changes are effective October 1, 2012.

Where do I go now to get my prescription filled with the new drug?

- Members can have their prescriber call the prescription into any retail pharmacy in their network plan or the CVS Caremark Mail Service Pharmacy.
- It is important to talk with your doctor and have a new prescription provided before your next refill due date to ensure no interruption in therapy.

Why was this change made?

- Most drug classes offer many options for the effective management of a given condition. One way to control prescription drug costs is through which drugs are covered by the drug list (formulary).
- Medications that are being removed from the formulary have effective alternatives available.

How members can learn more about their options:

- Talk to your doctor about all formulary alternatives that are available. This change will result in savings for most members if they, and their doctor, choose a generic formulary alternative



- A7: Prior Authorization is not applicable in this situation. [Representatives should see the Client Information Form to determine if a medical exception process is in place. Additional guidance can then be based on that specific information.]
- Q8: Will my local pharmacy still fill this medication?**
- A8: Yes, any pharmacy in your network will fill your new prescription. If you choose to remain on your current medication, you may use any pharmacy and should expect to pay the full price of the prescription.
- Q9: What if I do not want to use CVS/pharmacy or CVS Caremark Mail Service?**
- A9: Members can use any retail pharmacy in their network. Members do need to know their drug benefit in case they have Maintenance Choice® or other design that may limit the pharmacies they can use for their prescription medications.
- Q10: What other drugs are being excluded?**
- A10: For a complete list, visit <http://cvstrust.org/products/pharmacy.php>.

Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice offers you choice and savings when it comes to filling long-term* prescriptions. Now you have two ways **to save**:

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

CVS/pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE...	THEN...
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.
To pick up at CVS/pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none"> • Register by logging into Caremark.com to select a CVS/pharmacy location for pick up • Visit your local CVS/pharmacy and talk to the pharmacist • Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest
To sign up for mail service for the first time	You can do so easily online or by phone <ul style="list-style-type: none"> • Register or log into Caremark.com, select "Start a New Prescription," then click on "FastStart®" • Call FastStart toll-free at 1-800-875-0867. We'll handle the rest
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day** prescription from your doctor so you can choose to fill it through mail service or at a CVS/pharmacy.

*A long-term medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.

**Actual quantity may vary depending on your plan.

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CVS CAREMARK MAINTENANCE DRUG LIST

AS OF 07/01/2011

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Due to the large number of available medicines, this list is not all inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain categories, regardless of their appearance on this list. Where a generic is available, it is listed by the generic name. If no generic is available, then the brand name appears.

If you have questions about your prescription benefits, please log on to your account at www.caremark.com or call Customer Care at the toll-free number on the back of your benefit ID card.

Alcohol Dependence

Antabuse
Campral

Allergies

Clarinet
Fexofenadine

Alzheimer's Disease

Aricept
Cognex
Galantamine
Namenda

Antipsychotics

Abilify
Fluphenazine
Geodon
Haldol
Invega
Loxitane
Molan
Navane
Orap
Perphenazine
Risperdal
Seroquel
Stelazine
Thioridazine
Thorazine
Zyprexa
Symbyax

Infections

-Antiviral
Baraclude
Ganciclovir
Hepsera
Tyzeka
Valcyte

-Anti-HIV

Abacavir
Aptivus
Crixivan
Didanosine
Emtriva
Epivir
Fuzeon
Intelence
Isentress
Invirase
Kaletra
Lexiva
Norvir
Prezista
Reyataz
Rescriptor
Selzentry
Stavudine
Sustiva
Viracept
Viramune
Viread

Depression

Bupropion
Citalopram
Cymbalta
Fluoxetine
Fluvoxamine
Lexapro
Marplan
Maprotiline
Mirtazapine
Nardil
Paroxetine
Pristiq
Sertraline
Trazodone
Venlafaxine

Cancer

Arimidex
Aromasin
Fareston
Femara
Tamoxifen

Asthma

Advair
Aerobid
Albuterol
Alvesco
Asmanex
Cromolyn
Flovent
Foradil
Ipratropium
Levalbuterol



Metaproterenol
Pulmicort
QVAR
Serevent
Singulair
Symbicort
Terbutaline
Theophylline

Enlarged Prostate

Avodart
Doxazosin
Finasteride
Flomax
Terazosin
Uroxatral

Heart Disease and High Blood Pressure

-ACE Inhibitors

Benazepril
Captopril
Enalapril
Fosinopril
Lisinopril
Moexipril
Quinapril
Ramipril
Trandolapril

-Angiotensin II Receptor Antagonists

Atacand
Avapro
Benicar
Cozaar
Diovan
Micardis
Teveten

-Anti-arrhythmics

Amiodarone
Disopyramide
Flecainide
Mexiletine
Propafenone
Sotalol

-Beta Blockers

Atenolol
Betaxolol
Bisoprolol
Bystolic
Carvedilol
Labetalol
Metoprolol

Nadolol
Propranolol
Pindolol
Timolol

-Calcium Channel Blockers

Amlodipine
Diltiazem
Felodipine
Isradipine
Nicardipine
Nifedipine
Nisoldipine
Verapamil

-Combinations

Avalide
Azor
Benicar HCT
Caduet
Diovan HCT
Exforge
Hyzaar
Tarka
Amlodipine/benazepril
Bisoprolol/hydrochloro-
thiazide
Enalapril/hydrochloro-
thiazide
Lisinopril/hydrochloro-
thiazide
Quinapril/hydrochloro-
thiazide

-Miscellaneous

Cardiovascular Drugs

BiDil
Clonidine
Digoxin
Hydralazine
Ranexa
Tekturna

Birth Control

Apri
Aranelle
Aviane
Cesia
Cryselle
Cyclessa
Estrostep
Junel
Kariva
Levora
Low-Ogestrel

Microgestin
Necon
Norinyl
Nortrel
Ocella
Ogestrel
Ovcon
Quasense
Reclipsen
Seasonique
Solia
Sprintec
Trinessa
Trivora
Velivet
Yaz
Zovia

Diabetes

Acarbose
Actos
Avandia
Byetta
Glimepiride
Glipizide
Glyburide
Glyset
Insulin
Januvia
Metformin
Nateglinide
Prandin
Symlin

-Combinations

ACTOplus Met
AvandaMet
Avandaryl
Duetact
Janumet
Glipizide/metformin
Glyburide/metformin

-Test

Strips/Lancets/Meters

Accu-Chek
Chemstrips
Clinistix
Combistix
Diastix
Glucometer
Glucosource
Glucostix
Ketostix
OneTouch
Nitratest

Diuretics

Amiloride
Bumetanide
Chlorothiazide
Chlorthalidone
Dyrenium
Edecrin
Furosemide
Hydrochlorothiazide
Indapamide
Metolazone
Spironolactone
Spironolactone/hydro-
chlorothiazide
Torsemide
Triamterene/hydro-
chlorothiazide

**Hormone Replacement
and Metabolic Drugs**

Activella
Alora
Angeliq
Androderm
Androgel
Cenestin
Combipatch
Enjuvia
Estradiol
Estradiol Transdermal
Estropipate
Femhrt
Fludrocortisone
Kuvan
Levothyroxine
Liothyronine
Menest
Methimazole
Premarin
Prempro
Striant
Testim
Thyroid
Thyrolar
Vivelle-Dot

Glaucoma

Acetazolamide
Azopt
Dorzolamide
Dorzolamide/timolol
Levobunolol
Lumigan
Methazolamide
Metipranolol

Timolol
Travatan
Xalatan

Blood Modifiers

Aggrenox
Anagrelide
Cilostazol
Dipyridamole
Pentoxifylline
Plavix
Ticlopidine

High Cholesterol

Advicor
Cholestyramine
Colestipol
Crestor
Fenofibrate
Fluvastatin
Gemfibrozil
Lovastatin
Lovaza
Lipitor
Niacin
Pravastatin
Simcor
Simvastatin
Vytorin
Welchol
Zetia

Immune Disorders

Mycophenolate mofetil
Myfortic
Rapamune
Tacrolimus

Irritable Bowel

Syndrome

Amitiza
Lotronex

Muscle Spasms

Baclofen
Tizanidine

Osteoporosis

Actonel
Alendronate
Boniva
Evista
Forteo
Fortical
Miacalcin

Overactive Bladder

Enablex
Detrol
Flavoxate
Oxybutynin
Oxytrol
Sanctura
Vesicare

Pancreatic Enzymes

Pancrelipase
Viokase

Parkinson's Disease

Azilect
Benzotropine
Bromocriptine
Carbidopa/Levodopa
Comtan
Mirapex
Ropinirole
Selegiline
Stalevo

Kidney Disease

Calcitriol
Calcium Acetate
Ergocalciferol
Fosrenol
Hectorol
Renagel
Sensipar

Rheumatoid Arthritis

Enbrel
Humira
Leflunomide
Orencia
Remicade
Ridaura

Seizure Disorders

Carbamazepine
Divalproex
Ethosuximide
Felbatol
Gabapentin
Gabitril
Keppra XR
Lamotrigine
Levetiracetam
Lyrica
Oxcarbazepine
Phenytoin
Phenobarbital



Primidone
Topiramate
Valproic Acid
Zonisamide

Ulcer/GERD

Aciphex
Cimetidine
Famotidine
Misoprostol
Nexium
Nizatidine
Omeprazole
Pantoprazole
Prevacid
Ranitidine
Sucralfate

Miscellaneous

Calomist
Dapsone
Desmopressin
Dipentum
Evoxac
Fluoride
Guanfacine
Isoxsuprine
Lactulose
Lithium
Pilocarpine
Pulmozyme
Rilutek
Strattera
Sulfasalazine
Ursodiol

4. Fill in the appropriate oval for your method of payment. You can pay using an electronic check, Bill Me Later®, or credit/debit card (VISA®, MasterCard®, Discover® or American Express®). If you are paying by check or money order, please write your benefit ID number on the check. DO NOT SEND CASH.

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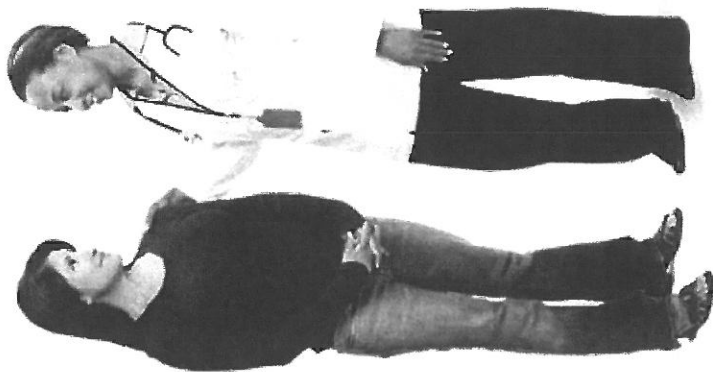
5. Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided, or use your own envelope and mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form. Please be sure to fold the mail service order form along the fold lines so the CVS Caremark Mail Service Pharmacy address shows through the window of the envelope.

Online. You can order your mail service refills by logging on to Caremark.com. Register online to receive refill reminders, informative newsletters and other important alerts. Have our benefit ID number handy to register.

By Mail. You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number(s) in the space provided. Send the order form to CVS Caremark and enclose your payment, if your plan requires a payment.

Contact Customer Care toll-free at the number listed on your benefit ID card or in your Welcome Kit. We are here to serve you.



For First Time Users

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Your CVS Caremark Mail Service Pharmacy

Your CVS Caremark Prescription Benefit

How would you like to have your long-term medicine conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medicine for a copay* that may be significantly less than you would pay at a participating retail pharmacy.

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine
- Enjoy the convenience of having your medicine delivered to a location of your choice – home, office, vacation spot
- Speak to a registered pharmacist 24 hours a day, seven days a week
- Order prescriptions and get health information online at www.caremark.com

Getting Started

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:

- The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy

*Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

- The second for the maximum days supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark Mail Service Pharmacy

If you're not in a hurry, just mail your prescription for a 90-day supply (with any appropriate refills) to CVS Caremark.

Filling Out the Mail Service Order Form

Follow these five steps to fill out the mail service order form:

STEP 1 – Benefit ID Number

1. Fill in your ID number from your benefit ID card. (On your next order, your ID number will be pre-printed on your order form.)

CVS CAREMARK MAIL SERVICE ORDER FORM
Enter the ID and address on different lines.

1 **Benefit ID Number**
 Prescription Plan: Short-term or Long-term
 DIRECTIONS: Print in BLUE or BLACK ink, using CAPITAL letters. Fill in ovals completely with sides of form.
 To order new prescriptions: Mail your prescriptions with this form. # of new prescriptions: _____
 To order refills: Order by Web, phone, or visit in the numbers below. # of refills: _____
FOR FASTEST SERVICE, enter refills at www.caremark.com or call the number on your benefit identification card.

2 **Shipping Address**
 Last Name: _____ First Name: _____
 Street Address: _____ Apt./Suite: _____
 City: _____ State: _____ ZIP Code: _____
 Daytime Phone: _____ Evening Phone: _____

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

STEP 2 – Address

2. Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.

STEP 3 – Prescription Information

3. Provide the requested information for the first person for whom a prescription(s) is being submitted.
 - Indicate if you would like your order to include Easy-Open Caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
 - Be sure to completely fill out your Doctor's First Name, Last Name and Telephone Number.
 - Fill in the ovals under "Allergies" if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the "Other" oval and write in the allergy.
 - Fill in the ovals if you have any health "Conditions." If you do not see your health condition listed, fill in the "Other" oval and write in the health condition.
- 3a. Provide the requested information for the second person for whom a prescription(s) is being submitted (if applicable). If this is the case, provide the same information as STEP 3.

FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS FORM

1st PERSON ORDERING A PRESCRIPTION
3 **Easy-Open Caps**
 Doctor's First Name: _____ Last Name: _____
 Doctor's Phone: _____
 Allergies: _____
 Conditions: _____
 High Blood Pressure: _____
 Diabetes: _____
 Asthma: _____
 High Cholesterol: _____
 Migraine: _____
 Osteoporosis: _____
 Other: _____
 Doctor's Office: _____
 Endocrine: _____
 Eye: _____
 Gastro: _____
 Heart: _____
 Kidney: _____
 Liver: _____
 Lung: _____
 Muscle: _____
 Nerve: _____
 Skin: _____
 Stomach: _____
 Throat: _____
 Urinary: _____
 Vascular: _____
 Other: _____

2nd PERSON ORDERING A PRESCRIPTION
3a **Easy-Open Caps**
 Doctor's First Name: _____ Last Name: _____
 Doctor's Phone: _____
 Allergies: _____
 Conditions: _____
 High Blood Pressure: _____
 Diabetes: _____
 Asthma: _____
 High Cholesterol: _____
 Migraine: _____
 Osteoporosis: _____
 Other: _____
 Doctor's Office: _____
 Endocrine: _____
 Eye: _____
 Gastro: _____
 Heart: _____
 Kidney: _____
 Liver: _____
 Lung: _____
 Muscle: _____
 Nerve: _____
 Skin: _____
 Stomach: _____
 Throat: _____
 Urinary: _____
 Vascular: _____
 Other: _____

Simply follow these six steps to fill out your new mail service order form, and get started enjoying the convenience and savings of CVS Caremark Mail Service Pharmacy.

- Note:** It is only necessary to report allergies and health conditions the first time you submit a mail service order to CVS Caremark, or if there are changes.

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7. Make sure you enclose the original prescription(s) you received from your doctor (not photo copies).

CVS
CAREMARK