



November 30, 2018

Dear 340B Covered Entity Owned Pharmacy:

Your pharmacy has been identified as a pharmacy owned by a 340B Covered Entity and is therefore no longer qualified to receive reimbursement using CVS Caremark's standard commercial pharmacy network reimbursement rates. As a result, we are amending your existing network enrollment forms to establish new reimbursement rates and other terms and conditions applicable to your pharmacy.

Effective February 1, 2019, the reimbursement rates applicable to your pharmacy are as reflected in the enclosed 340B Covered Entity Pharmacies: Commercial Networks Reimbursement Addendum. The enclosed Reimbursement Addendum impacts most commercial networks, with the exceptions described within the Reimbursement Addendum. The enclosed Reimbursement Addendum also does not apply to Medicare Part D networks.

You may decline to accept these rates and participation in applicable commercial networks by providing CVS Caremark with **written notice via facsimile (at 480-314-8205) by no later than January 15, 2019, of your decision to terminate from applicable CVS Caremark commercial networks**. Please label the fax as pertaining to "340B: Commercial Networks" and include the name of the pharmacy, NCPDP number, a statement that you do not wish to participate in applicable CVS Caremark Commercial Networks and signature of the owner or authorized agent.

**CVS Caremark  
Attn: Provider Enrollment  
9501 E Shea Blvd, MC 129  
Scottsdale, Arizona 85260**

**FAX: 480-314-8205**

If you have any questions, please contact CVS Caremark Network Services at 1-866-488-4708.

CVS Caremark Network Services

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to **do\_not\_call@cvscaremark.com**. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.

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## 340B Covered Entity Owned Pharmacies: Commercial Networks Reimbursement Addendum

Effective February 1, 2019, Provider and Caremark agree to amend all network enrollment forms (and other reimbursement addenda) to replace conflicting reimbursement rate terms in such network enrollment forms, with the reimbursement rates as set forth in this Reimbursement Addendum for 340B Covered Entity-owned pharmacies participating in commercial networks.

All other terms of the network enrollment forms (and other reimbursement addenda) not amended by this Reimbursement Addendum shall remain in full force and effect, subject to the modifications set forth in this Reimbursement Addendum.

Network Name	AWP Discount		Dispensing Fee
	Brand	Generic	
<b>340B Covered Entity Owned Pharmacies: Commercial* Networks</b>	<b>29.0%</b>	<b>25.0%</b>	<b>\$0.50</b>

\*non-Medicare Part D

- For Caremark contracted chains the above reimbursement applies to all pharmacies.
- Pricing set forth in this Reimbursement Addendum will not apply to claims processed through Plan-specific networks or where otherwise required by Law. Claims priced in Plan-specific networks or networks specifically configured for 340B claims may result in applicable AWP Discounts and Dispensing Fees that differ from the rates set forth in this Reimbursement Addendum.
- A Plan's retail network plan limits, copayment structures and any other plan benefit designs will continue to apply.
- Notwithstanding anything to the contrary, Provider agrees that in the event of a conflict between the reimbursement rates indicated on this Reimbursement Addendum and the claims adjudication system, the reimbursement rate indicated on the claims adjudication system shall prevail, provided there is no error in the claims adjudication system resulting in overpayment to Provider or to Eligible Person.

This Reimbursement Addendum, which is an addendum to the Caremark Provider Agreement, constitutes the entire agreement of the parties with respect to the subject matter of this Reimbursement Addendum, and supersedes any and all other conflicting agreements, writings, and understandings with respect to the subject matter of this Reimbursement Addendum. Capitalized terms not defined herein shall have the meanings used in the Caremark Provider Agreement. The parties understand and agree that all the terms and conditions established in the Provider Agreement shall apply to the Pharmacy Services provided hereunder.

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