

I need to ...

Find a network pharmacy:

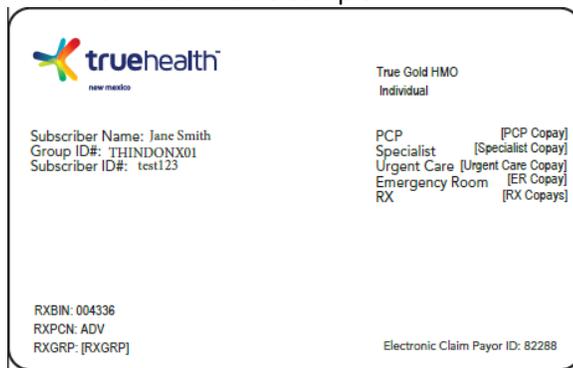
https://www.caremark.com/wps/myportal/PHARMACY_LOCATOR_FAST

NOTE: The True Health New Mexico pharmacy network includes most local, independent pharmacies and most national chain pharmacies (such as Walgreens, CVS, Walmart, etc.).

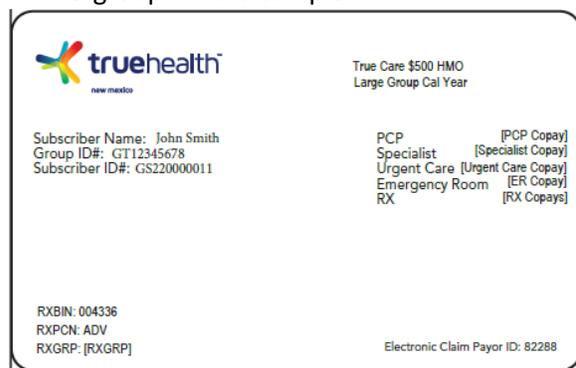
Find the type of plan I have (individual, small group, large group, FEHB):

Look at your member ID card. If you are on a group plan, you will find the group name in the upper right corner.

HMO individual ID card sample



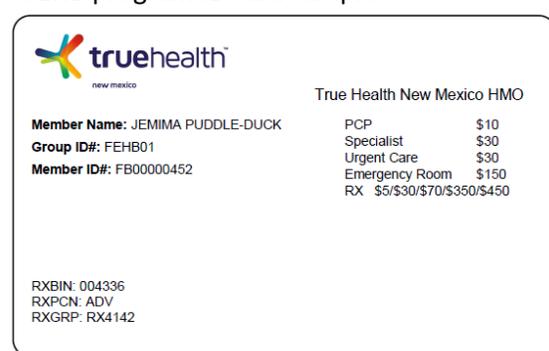
HMO group ID card sample



PPO group ID card sample



FEHB program ID card sample



Review the formulary (drug list) for my plan:

truehealthnewmexico.com/member-pharmacy-formulary/, then select the correct button for your plan (individuals and small groups, federal employees, or large groups).



To search the formulary, press CTRL + F (Command + F on a Mac) and enter the drug name in the search box.

Determine if there are restrictions on my medications:

Look at the notations in the formulary. Here is an example of what you will see:

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX IMP 3.6MG	Tier 5	PA; QL
ZOLADEX IMP 10.8MG	Tier 5	PA; QL

PA = prior authorization. QL = quantity limits. ST = step therapy. Find definitions for these important terms at truehealthnewmexico.com/wp-content/uploads/thnm_important_pharmacy_terms_0620.pdf.

Determine the process for pharmacy prior authorization:

truehealthnewmexico.com/wp-content/uploads/2020/08/thnm-pa-info-commercial-0620.pdf

Determine the cost-share (“tier”) for my medication:

Look at the notations in the formulary. Member cost increases as the tier increases. You can find your specific member cost-shares by logging in to the CVS Caremark Member Portal at caremark.com.

Below is an example of what you will see in the formulary:

Tier 1: preferred generic medications
Tier 2: generic medications

Tier 3: preferred-brand medications
Tier 4: non-pref. brand medications

Tier 5: pref. specialty medications
Tier 6: non-pref. specialty medications

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 2	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 2	
PRED-G S.O.P OIN OP	Tier 4	
PRED-G SUS OP	Tier 4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 4	

Determine which generic drugs are on the \$0 generics list (drugs used to treat nine chronic conditions):

truehealthnewmexico.com/wp-content/uploads/2020/08/thnm_zero_dollar_generic_drug_list_2020.pdf

Contact CVS Caremark Pharmacy Customer Service: 1-866-341-8561

Contact CVS Specialty Pharmacy: 1-800-237-2767

Contact CVS Mail Service: 1-866-341-8561

Contact True Health New Mexico Customer Service: 1-844-508-4677

NOTE: Pharmacy services for Albuquerque Public Schools (APS) are managed by Express Scripts®, 1-866-563-9297.