

**Peter Mucchetti, Chief
Healthcare and Consumer Products Section, Antitrust Division
Department of Justice
450 Fifth Street NW, Suite 4100
Washington, DC 20530**

December 13, 2018

Dear Judge Leon:

Thank you so much for inviting or allowing comments on the proposed CVS/Aetna merger. We (pharmacy owners/pharmacists) were not happy when our own organization - NCPA - National Community Pharmacy Association was referenced in the Congressional Hearing on this merger earlier in the year that "we were fine" with the merger as expressed by Tom Moriarty - CVS General Counsel to the Congressional Committee. This most assuredly is NOT the case I can assure you. However that was communicated - and not clarified by our association is an issue we are all still highly upset about as I believe that was the time to publicly state our vehement opposition to this merger. In other words, a major ball was dropped and a bell was rung that couldn't be unring.

That being said - we, as business owners and professionals don't know how we can state our issues - which are numerous and we were being told by virtually everyone that the merger is a "done deal" as the FTC and DOJ didn't have an issue with it. I hope you receive communication from people who took the time to do so. Some people are frozen and/or feel defeated as they believe there's nothing to stop this train and have given up. I can say with certainty that for every letter from a pharmacist/pharmacy owner/pharmacy professor - there were 1000 that went along with it!

I'm enclosing some material you may already have, but the infographic on the states shows to the extent of what can happen when your competition sets YOUR price. Background on that plan is it's actually the FEDERAL employee drug plan if you can believe it. The patient pays 25% of the cost and the plan picks up the remaining 75% of the cost. Note how ALL of the independents are paid virtually the same (no matter what company - their PSAO - signed their contracts, was). So the numbers represented in the circles are the 25%, so you can make the leap that our tax paying dollars are being used against us as that's even more money the plan has to pay with this HUGE price disparity when CVS/Caremark is administering the plan, acting as a provider AND is setting the prices (reimbursements) for their competition. Competition they make no bones about stating they want to purchase. Last year alone it wasn't a secret they (CVS Health) had a **BILLION dollar budget to purchase independent pharmacies** - a lot of owners subsequently decided that with as much as they wanted to continue their business and serving their community, they had NO CHOICE but to sell. The biggest loser in that equation is

the patient! Not only the patients who lost at least one option for their pharmacy, but for patients who are looking for cost effective options as Consumer Reports showed that Costco and independent pharmacies gave cash paying patients the bEST price with CVS and Walgreens being the WORST at pricing.

I remember the Flu season last year and how much we charged (barely over our cost - which come to find out was considerably more than what CVS pays) - \$75.00 to the patient - which CVS's BEST price is \$129.00. I got invoices (on accident) that showed the pricing of the generic Tamiflu to which CVS paid only \$36. If we (independents) were able to purchase at that price, there is NO doubt that we would have sold generic Tamiflu even less expensive. Actually there have been numerous cases where pharmacy owners decide to NO charge anything for patients who all through the cracks of insurance but end up needed medication such as this (which could potentially be life saving). THAT almost never happens at CVS retail stores - if it does it is because the pharmacist or tech paid for that patient. By the way, as Cardinal customers who are independents were told the "Red Oak" deal between Cardinal and CVS is supposed to be beneficial to BOTH parties and we can assure that is NOT the case with ONLY CVS (not the patients or plan sponsors or even taxpayers) benefiting. Another mini vertical integration set up for the maximization of profit, unfair competitive advantage using the buying power of the added independent pharmacies to tip the scales to CVS (and Cardinal most likely).

None of the healthcare mergers have results in savings or MORE choices for the consumer. These organizations look at the government money of Medicaid managed care organizations, Medicare and Federal Employee plan(s) as a never ending pot of money - so the costs will continue to escalate as there is no true "free market", especially in pharmaceuticals.

The mergers been allowed as everyone has bought into the false promises of savings while not taking into consideration the fiduciary responsibilities of maximizing profit, and dividends to shareholders as required of these companies. This responsibility makes profit seeking the number one (and pretty much ONLY goal) of these entities. How they get there is just a path to that end - whatever the industry. In healthcare the soundbites just sound "nicer" and more noble. But they are nothing as such! It is what it is.

The beginning of the Express Scripts/Medco merger was allowed (we begged for that not to happen), and then Optum was created by UnitedHealthcare - who subsequently bought up half a dozen or more mid tier PBMs. CVS buying Caremark we begged to NOT allow to happen - but were all allowed any way and now we are in a oligopoly situation with these organizations financially exploiting providers, plan sponsors and in the end the patients are the losers.

How **self steerage** has been legal for these entities to force patients to use their own mail order and specialty facilities would be illegal in ANY other industry - so why is it allowed in an industry so important to our lives - healthcare?

See the enclosed **compilation of (escalated) complaints for 2 years for the CVS/Caremark** administered plan for the State of Florida employees. You can see for yourself what isn't working for this self steerage and how PBMs pitching (self serving profiteering) items like FORCED 90 day supplies on maintenance Rxs doesn't work for patients (plan sponsors or taxpayers), but works quite well for PBMs as they make money regardless.

The relationship between the PBMs and the pharmacy providers can be be illustrated as a master/slave relationship where we are held hostage to their terms of financial exploitation and we have no avenue of which to complain or get relief. EVERY pharmacy owner I know is enduring major medical and anxiety problem as the emotional toll that losing money on 15-30% of Rxs and going through your retirement, home equity lines, etc just to stay afloat is causing irreparable damage. How did we get here? The above mergers and lack of government intervention with no "fair play" rules or even if there are rules they are ignored and there are no consequences. It's like the government looks at these behemoths as being "too big to fail" - yet failing ALL of us is what they are doing and unfortunately it will get worse if this merger is allowed to transpire.

Thanks for your consideration to this important issue,


Dawn Butterfield RPh

Also enclosed are examples of the above mentioned with CVS making money on spread pricing (and forcing pharmacy owners to lose money) and the Federal Employee plan as mentioned above.

PBM UNFAIR BUSINESS PRACTICES

CVS Caremark (the CVS PBM) routinely profits through the use of SPREAD PRICING.



DRUG COST \$53.33



**LOCAL
PHARMACIES**

RECEIVED

\$5.40

PHARMACY LOSS
(-\$47.93)

**NEOMYCIN-POLYMYXIN
10 DAY SUPPLY**

Antibiotic used to treat
ear infection.



CHARGED PLAN

\$53.53

PROVIDED NO DRUG,
JUST THE
PROCESSING FEE

**CVS/CAREMARK SPREAD
\$44.92**

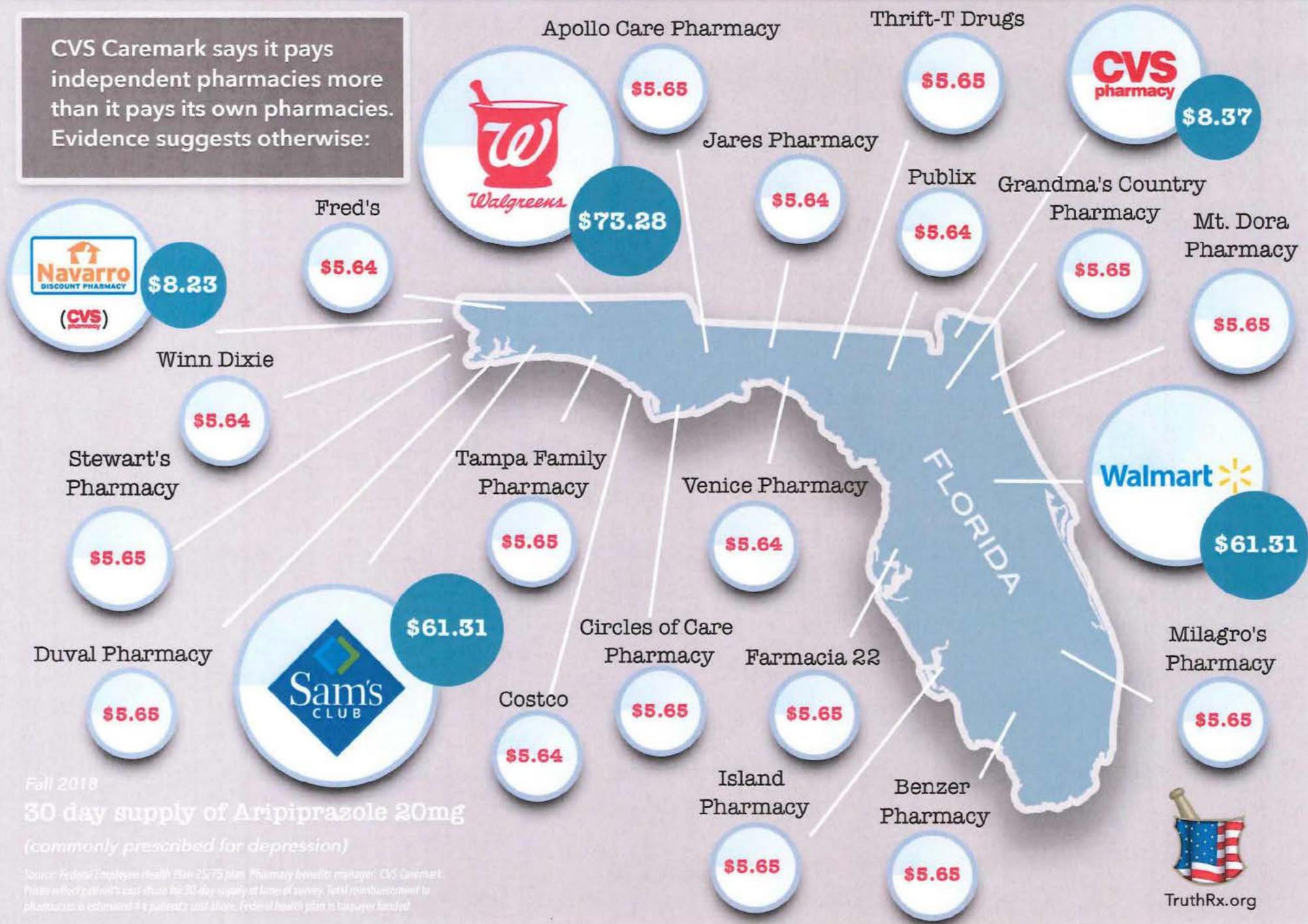


**PHARMACISTS UNITED
for Truth & Transparency**

truthrx.org

FEDERAL TAX DOLLARS USED AGAINST INDEPENDENT PHARMACIES

CVS Caremark says it pays independent pharmacies more than it pays its own pharmacies. Evidence suggests otherwise:



Fall 2018
 30 day supply of Aripiprazole 20mg
 (commonly prescribed for depression)

Source: Federal Employee Health Plan 2575 plan. Pharmacy benefits manager: CVS Caremark. Prices reflect patient's cost share for 30-day supply at time of survey. Total reimbursement to pharmacist is estimated to be patient's cost share. Federal health plan is taxpayer funded.



PHARMACISTS UNITED FOR
TRUTH AND TRANSPARENCY

CVS/CAREMARK COMPLAINTS

2015 & 2016

Escalated Complaints as Reported by
Employees of State of Florida Regarding (SOF) Plan

Compiled by
Pharmacists United for Truth and Transparency

Executive Summary

The following is a compilation of 24 months of actual escalated complaints as received via a public records request asking for the number of complaints and nature of complaints with the State of Florida's Group Insurance Pharmacy contracted PBM, CVS/Caremark who won a 3 year contract via the RFP process starting January 2015.

The request was made by a PUTT Board member to gauge the current satisfaction of the members of this plan. The amount and nature of the complaints were surprising and overwhelming as just to read each complaint would take the reader's days to accomplish. It became evident upon review that things were worse than anticipated and that sharing this information would be challenging.

PUTT has every month of complaints available on the website at www.truthrx.org, but this paper will serve to condense pertinent information to save the reader time.

To the best of our knowledge this kind of valuable, real world information has never been readily available so it is PUTT's goal to share this information with decision makers so they can see for themselves how in actuality, not theory, these plans are working and how PBM practices affect patient, caregivers and in the end payers.

Top Complaints

Despite the number of complaints listed in this paper, there are several common themes:

The waste in the system. The "upgraded" shipping when CVS/Caremark makes an error or the patient is almost out of medication - who pays for that? The "reship" due to lost medications - the payor AND the patient has to pay for that.

Patient/Caregiver inconvenience and extra hassle factor The mail order or specialty pharmacy can't schedule the delivery for planning purposes. Patients have to send in AORs several times in order to help a family member when the form is lost. The entire bureaucracy of the system overrides the patient if he or she decides they don't want or need the medication - it may be too late to cancel as its "in process".

Obviously Caremark cares about Caremark and if it isn't their error, they let the patient know. This includes shifting blame to the doctor for sending prescriptions in "wrong" amounts that subsequently trigger an incorrect copay. Or in the case of a prescription sent by the doctor and mailed out - it didn't seem to matter to anyone at CVS/Caremark that the patient didn't want or need that prescription. In fact sometimes blame was shifted back to the patient that the patient should have known to go to their online profile and mark that they wanted to be contacted BEFORE the medication was sent. The response from CVS?Caremark: Oh well that wasn't done and (Caremark) sent "in good faith" so too bad for the patient, they would be responsible for their copayment.

CVS/Caremark seems to make/change their own rules to suit their own needs.

The troublesome matter of controlled substances dispensed through the mail. This is bothersome on a number of levels. Community pharmacists know their patients and ensure these powerful prescriptions are used for legitimate medical reasons. It is ESSENTIAL to helping stem the tide of abuse and addiction. It's intuitive and obvious that not only can a faraway mail order facility that has never seen nor spoken with the patient cannot assess any of the potential red flags that pharmacists are trained to spot in order to help protect the public but that LOSING these prescriptions in the mail is danger and threat to society.

CVS/Caremark does not understand or appreciate the lack of training, experience and knowledge base of those who are entrusted with information on the patient front line.

NOT having a pharmacist available when requested is also something that is both curious and bothersome and even somewhat shocking for a PBM. The very least someone would expect from a pharmacy benefits manager is to speak with a pharmacist when requesting one on the 800-number customer service line.

The layers of bureaucracy that have been generated and don't serve the patients.

Examples: when hospital personnel have to jump through Caremark hoops (e.g. having the facility's NPI - which I bet almost no one does), when the hospital representative simply needs to confirm a dose or drug that the patient is taking for the formulation of a care plan at the facility.

Plan Design with predictable waste - Patients are extremely upset when forced to order a 90-day supply of their prescriptions when they may only need a 30-day supply. The ONLY way to get a 30-day (with a copay) is to fill the prescription by mail order. This plan design doesn't make sense even to any reasonable person.

The sheer number of hours wasted by doctors' staff replacing prescriptions or responding to requests for refills and other information - sometimes when it was a Caremark error. And with that the lack of respect for physicians in general with comments that patients "need to get (their) copays reimbursed by the doctor as (the doctor) sent the prescription with the wrong quantity."

A Note About the Data and Methodology

CVS/Caremark categorizes complaints differently than are done here. Immediately following the summary readers will see a glossary of categories and a breakout of complaints by category. Please note this paper lists only the escalated complaints, which is the information the State of Florida provided from CVS/Caremark. If these are the **escalated complaints**, it is certain there are far more complaints "out there" as statistically for every individual customer who complains, 26 who remain silent

It took initial readers about two weeks to read through the complaint records to get a feel for the complaints. A second pass read through at the information was done, adding nomenclature categorization. The complaints were read once more to be organized with comments on the more compelling customer issues. Collectively, it took an estimated 150 hours - two full weekends and an additional three days to complete this report.

Pharmacists United for Truth and Transparency

Background

While the Pharmacy Benefit Management (PBM) industry touts savings and convenience for patients, payers and taxpayers, there is mounting evidence to indicate PBMs are doing exactly the opposite.

From MAC (maximum allowable costs), spread pricing and opaque contractual language to keeping pharmaceutical manufacturer rebates and clawing back money from patient copayments, those who are seriously examining the reasons behind high drug prices are shifting their focus to PBMs -- looking at their practices and how those practices serve the PBM bottom line.

What Are PBMs?

PBMs are the middleman between the payer and the pharmacies. They are third-party companies managing the prescription drug benefits entrusted to work in the best interest of the payer clients, and patients. PBMs market themselves under the premise they keep prescription prices lower, insisting that without them payers and patients would pay a lot more for prescriptions, yet PBMs are hesitant to share practices and tactics that provide revenue to their bottom line, We call the act of shielding practices and tactics from the upstream suppliers and downstream providers and patients "non-transparent."

While there are a few transparent PBMs in the marketplace, the majority of PBMs are non-transparent.

The PBM industry is currently dominated by 3 major companies, all listed among the Fortune 20 companies in America: CVS/Caremark, Express Scripts and OptumRx (a division of UnitedHealthcare).

How PBMs Affect Community Pharmacy Care

Community Pharmacy is on the front line daily of face-to-face interaction with patients and has a front row seat to the myriad problems caused by these major corporations who put profit and shareholders before patients and their best interest.

Steering (in some cases compelling) patients to use mail order and limiting specialty pharmacy prescriptions to PBM-owned pharmacies is an obvious conflict of interest, but one payers haven't questioned, presumably believing it an essential part of managing pharmacy benefits.

Under this PBM-controlled system, patients and community pharmacies are at a profound disadvantage. In order to accept prescriptions and do basic business, pharmacies are required to sign contracts limiting their rights and ability to make a basic economic impact in their community. Patients are forced to utilize pharmacies where they are often nothing more than a number, or their relationship with the pharmacist is constrained by time or lack of a personal connection. The days of the pharmacist knowing them as a person are gone.

Payers may hear of complaints about PBMs but discount patient satisfaction, assuming the sacrifice of patient satisfaction is the price they must pay in order to keep costs down. After all, isn't that why they hired the PBM in the first place?

Pharmacies may hear from patients and see the issues first-hand when their patients are forced to use narrow networks (owned by PBMs, of course). The fraud, waste and abuse that inevitably seems to occur when pharmacy and prescriptions are seen as a commodity and not a treatment modality can be incredibly frustrating to pharmacists, especially when patients are forced to change pharmacies with each new plan year.

Real World Examples of a PBM in Action

While many of these issues are finally getting exposure, there has never been a tangible dataset of real-world examples until recently. Under the State of Florida's "Sunshine Laws" we now have 2 years of formally logged complaints to examine. Up to this point evidence has been anecdotal, nothing to the extent of the information obtained about CVS/Caremark, the designated PBM for the State of Florida employees.

This white paper marks the first time payers, patients, pharmacies and legislators have had this kind of information.

Why This Paper?

The plan for this paper is to spread this information in hopes the ensuing awareness will help do away with mandatory mail order, the self dealing of PBMs to their own specialty pharmacies and to show how a bad plan design facilitates waste in the system.

Why mail order? Because when PBMs sell the mail order, they market it as "convenient" and "cost saving" and conveniently forget to tell the decision maker this is where the PBM makes its money. The reimbursement is different for a mail order pharmacy and a retail pharmacy giving the PBMs another opportunity for revenue generation that isn't in the best interest of the payer.

There are constant and consistent complaints by patients about narrow pharmacy networks, (mandatory) mail order, and of patients being locked into a certain specialty pharmacy. It is intuitive and proven that and patients do better and have a better experience in a pharmacy and healthcare environment and with better outcomes where they personally know their pharmacist and staff.

Prescriptions aren't consumer commodities like toilet paper. Practicing pharmacy via a 1-800 number and having your postman be your pharmacist doesn't work - for anyone.

Mail order produces waste in the system. At community pharmacies around the country every day patients bring in hundreds of prescriptions that were on an auto-fill plan or that were mailed when the patient didn't expect, need or want. These complaints prove this and the question is.... who pays for this? Here's a hint: not the PBM.

Corporatizing pharmacy hasn't worked and it doesn't even make sense. To have a "high touch" expensive item like a specialty drug mailed from six states away and yet have NO relationship (save the 800 number, thought patients rarely speak directly with a pharmacist on said number) is NOT the best

way for payers to handle the fastest growing segment in pharmacy benefits. How this sham has been sold to payers is a testament to how the entire PBM industry is full of smoke and mirrors - with items that sound nice in theory but don't happen in reality.

Payers need to pay attention and know exactly where the dollars they spend on pharmacy is going, who is getting paid what to whom, for what purpose and most important, know what types of experiences their member is having in the process. There are transparent "pass through" PBMs who are doing just this for their payer clients with minimal disruption and minimal dissatisfaction of patients and pharmacy providers.

Classification of Complaints

PBM	Any call that addressed a PBM related issue that would happen with ANY PBM (plan design, questions regarding copays, formulary, etc). There are no comments specifically about PBM type of complaints are made here.
Walgreens	Calls to complaint that Walgreens is NOT part of the State of Florida (SOF) CVS/Caremark network. There are 2 other complaints about other pharmacies not being in the network and those are noted.
Mail	Calls regarding issues with mail order - lateness of order, order lost, issues with billing, no refills left, etc. Obviously all of these questions/issues would be non-existent for patients if they got Rxs filled at their choice of pharmacy (even if THAT pharmacy mailed to them upon request)
CMK	Issues with the PBM -CVS/Caremark itself, customer service, internal policies, attitude of customer service personnel
CVS	Calls that came in to specifically complain about a specific CVS (retail) store
Compounding	Complaints about getting compounded Rxs filled and/or reimbursed
Coaching	Where it's stated that the previous customer service person would need "coaching" (this points to a specific issue at CMK - training)
Retail	Complaints that are specific to non-CVS pharmacies (chains and/or independents)
Specialty	Complaints about specialty - waiting on Rx, no refills, or specialty lockout (ONLY at CVS/Caremark). Any questions about specialty for plan design are counted ONLY under PBM
Pt Out	Patient is actually withOUT medication
Cost	Lack of mail or specialty Rx to patient by Caremark actually cost the patient and/or the plan money. Or if the shipping was upgraded (regardless of who paid)
AOR	Complaints about having to fill out and send in form to discuss medications for family or others under care of another. (The vast majority of these complaints are non-existent at local pharmacies as they know the patients, families, caregivers and caregiving facilities. This form and the process add another layer of bureaucracy and a hassle factor for patients and others.)
90DS	The "overfill limit" is a policy whereby the patient can ONLY get a 30 day supply of what is considered to be a "maintenance" medication for 3 months and after that the Rx will reject at that point giving the patient the ONLY option of either getting a 30 day supply at the mail (which doesn't even make sense) OR getting a 90 DS Rx (forcing them to get more) at EITHER mail or at a retail pharmacy that is in the Retail-90 program. These complaints are specific to this policy.

Number of Complaints by Category

2015	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
PBM	101	82	56	29	57	35	14	17	36	30	45	45	547
WAG	5	1	1	0	0	1	1	*	0	0	1	0	10
Mail	112	98	81	87	67	64	74	57	93	71	60	41	905
CMK	24	16	13	3	2	2	13	10	4	17	5	7	116
CVS	0	3	2	1	1	1	1	0	1	0	1	1	12
Coach	16	7	6	5	1	4	0	4	2	8	4	6	63
CMP	3	4	2	0	1	3	0	1	1	0	1	1	17
Ret P	1	2	1	0	1	2	2	0	0	1	0	1	11
Spec	17	4	1	1	2	4	1	1	1	0	3	1	36
Pt out	9	6	1	3	2	1	0	1	0	0	5	6	34
Cost	10	30	13	22	15	11	22	11	5	8	14	7	168
AOR	3	1	1	0	2	1	1	15	26	14	16	6	86
90DS	27	36	6	9	23	7	11	8	5	6	4	7	149

*patient upset Rite Aid isn't in 90ds network

2016	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total
PBM	45	45	42	29	26	31	29	43	36	37	36	30	429
WAG	1	0	**	1	0	0	0	1	1	0	1	2	7
Mail	63	46	48	45	56	66	43	41	45	43	44	44	548
CMK	4	10	6	5	13	27	11	11	10	11	8	20	136
CVS	0	1	0	0	0	1	0	0	3	2	1	1	9
Coach	4	9	1	0	2	2	2	2	4	4	4	3	37
CMP	1	0	0	1	0	2	0	1	0	1	4	1	11
Ret P	0	0	5	2	1	0	0	0	3	0	0	0	11
Spec	0	0	3	2	2	1	2	1	1	7	3	1	23
Pt out	1	1	0	1	0	5	0	2	3	4	6	4	27
Cost	16	20	18	11	14	20	17	13	23	12	10	18	192
AOR	11	18	14	5	9	5	6	7	8	5	6	1	95
90DS	8	6	10	9	3	6	9	12	8	9	14	11	429

**patient upset Kmart isn't in 90ds network

Complaints of Interest

Comments are in italics

January 2015

Customer service Representatives didn't know how to change from grains to mg and had issues performing test claims for patients.

Patients was EXPECTING (retail) pharmacist to fill a 90DS of lorazepam due to plan design and was frustrated that they didn't.

Not all Rxs got transferred from Express Scripts (previous PBM) - a mail order issue.

The AOR forms are "different" from PBM to PBM - so they have to be filled out again.

Authentication when calls occur is burdensome with patients having to have specific information required by CVS/Caremark. *What is this purpose?*

When patients don't get their ID cards, their ID numbers are NOT given to them when they call into customer service so they can have and give to the pharmacy. *What is the reason/justification for this policy? Why would a patient not be able to have access to their own ID number if they haven't been shipped an ID card, or it is lost?*

A call regarding patient who was upset their pharmacy wasn't in the network for retail-90 - rep said they could only get 30 DS there. *Why didn't rep volunteer to have that pharmacy enrolled and/or send information to appropriate department to have that pharmacy added if the pharmacy would like to participate. Same issue when patient called and asked about KMart, upset they weren't in the network and rep pointed back to the website to find another pharmacy.*

A retail pharmacy didn't have all 90 DS of hydrocodone and wanted to do less than 90 day

supply due to that and even that wasn't allowed or had any override. *90DS for controlled substances is an issue for a lot of reasons, one of which Doctors won't write prescriptions (and most likely shouldn't) that way. Some examples are patient moving and only has one refill left and needs new Doctor, etc.*

Mail order pharmacy sent out a Rx that patient was "allergic" to and said she told them NOT to ship. It was shipped any way.

The Post Office LOST a complete C2 prescription, patient had to get another hard copy and then had time filling locally as no one would tell her anything on the phone.

Simple question on alternatives (for formulary and copay costs) and patient (on an escalated call) had to be transferred to "clinical" - where he spoke to a (pharmacy) "tech". Talking directly to a pharmacist is another phone transfer (and not easy if requested). *So it takes 4 steps to reach a pharmacist.*

Prescriptions were sent to patients that they weren't expecting. *If Rxs are sent in by Doctor's offices and for whatever reason - it is an error, or patient didn't need/want at the moment - the patient HAS to pay for that Rx that is automatically mailed to the patient (acknowledging if any contact information is on file - some contact is attempted). Not only does the patient have to pay, but the plan has to pay their portion also.*

February 2015

A RN at a hospital didn't know the Hospital NPI or DEA so therefore they wouldn't discuss med list of patient who gets medications at mail order.

Complaint about NOT being able to pay balances (mail order) with FSA card (*why???*).

Member out of medication - waiting for mail. They called (local) CVS with override to pick up there.

Partial prescriptions are sent so therefore things ship out a second time to make up for the balance. *How is that cost effective?*

Next day deliveries promised are NOT being delivered the next day.

New Rxs take 24-36 hours to be in the system for patients to view on web OR call in to even discuss or for patient to verify they were received.

Shortage of medication, Walgreens was only pharmacy in town that had the medication and there isn't an override for this.

Premarin is supposed to also be 90 day supply as it is considered maintenance with the 90DS plan design. *Is that (clinically) appropriate as some women decide to come off it of and aren't on it indefinitely.*

Name of patient is different for CVS/Caremark and when billing, the provider pharmacy got rejections, instead of fixing the problem in their own system - CVS/Caremark's solution was to tell the patient to go to another pharmacy.

CVS/Caremark representatives need "documentation" for Medicaid eligibility before they can over ride the 30 day supply issue at retail for coordination of billing. *This eligibility*

for Florida Medicaid is accessible online and has been for a number of years. Pharmacies contractually HAVE to fill prescriptions for Medicaid patients as they can not be turned away. Lack of effort on CVS/Caremark to simply look up this information puts providers in a losing proposition with a chance that the patient would go without medication. The average Medicaid patient doesn't have access to a fax machine and this bureaucratic process and/or plan design hurts this vulnerable population.

Doctors are contacted when there are issues at mail order and/or they can't get Rxs out. *This is a true waste of time for office staff of physicians. Time they are NOT being reimbursed for by anyone.*

Some people want Saturday delivery (or other specific days) and the mail facility can't accommodate that request. NOR do they locate a pharmacy that can deliver AND accommodate those types of requests.

Wrong medications ordered and are shipped and patients HAVE to pay the copayments.

"Bridge" supplies at local pharmacies are given as option to patients when they (mail order) doesn't follow through in a timely manner and the patient is out/nearly out of medications.

Patients upset that rxs are put on "auto" refill.

Patients are upset that rxs are NOT put on "auto" refill. *Both of these issues are to be expected, but when you can't simply walk into the pharmacy and get a fast refill at that time, this puts an undue burden on patients - even if they change their minds, which is very frequent and what makes pharmacy different than ordering toilet paper off of amazon.com.*

Lots of C2 clarification questions/issues with patient waiting - this brings up the problem of how EXACTLY are pharmacists supposed to do "due diligence" and get to know their patients, feel comfortable with their therapy (and or the Doctor) if they are many states away and never talk to (much less see) the patient?

Member is out of Pristiq - they are out and waiting for mail order. Local CVS pharmacy refused to loan patient some medication until mail order arrived. *Not sure why rep didn't suggest bridge here.*

Credit for a return (*and it seems like they ONLY allow this in the event of a CMK mistake*) - takes up to 3 weeks. (*Patients are out that \$\$ in meantime*).

More complaints about patients have to "authenticate" just to be able to inquire and they don't have (*whatever*) other information the rep needs for authentication.

Rxs are "reshipped" out if lost after a certain time period. Plenty of complaints/questions about this and issues with waiting if indeed the Rx is "lost".

March 2015

Lots of "upgrades" in shipment due to Caremark errors. *Who pays for that? Truly ULTIMATELY the plan pays for it in the end as Caremark WILL make their \$ profit on the plan. So plans are paying for the PBM steerage to themselves AND are paying for THEIR errors.*

Another example with no card and they will NOT give ID number when they call in so patients can have when they go TO the pharmacy. *They are forcing the pharmacy to call, and don't they charge pharmacies for time on the phone? And why can't the patient be told their own ID number with their plan?*

Complaints about credit cards NOT being used as default as requested.

Lost lisinopril through the mail. *This is particularly interesting as it is FREE at Publix and other pharmacies in the state of Florida.*

Name was incorrect at CVS/Caremark and they had to reach out to the MD on their "emergency" line to resolve. *This most likely would NOT have been an issue at a local pharmacy.*

Patient OUT of Valcyte - CVS/Caremark mail order said no Rx, patient said MD has sent over "several times". CVS/Caremark gave override for patient to get at a local pharmacy. *This is a \$5000 medication - likelihood of having at local pharmacies is LOW due to specialty lockouts. They've created their own problem with limiting specialty to limited (and their own) pharmacies. This narrow network tactic isn't serving in the best interest for patients with specialty prescriptions.*

Blind member can't drive - medication lost in the mail. Telling member to go to Post Office. Rx got "reshipped" (who pays for that). *And if the packages are returned - how are those Rxs returned to stock? Are they or are they simply billed to the plan (question: what is Caremark's policy on RTS for these situations?)*

Examples of where patients didn't order medications, they called to complain and a "mail tag" is sent to have these Rxs returned. *How or even IS that Rx returned to stock or is balance still billed to the plan?*

Member called in and wanted to speak to a pharmacist and there was no pharmacist on staff? *How does THAT occur at a PBM on THEIR customer service line?*

Member upset that they can't do a "mail tag" on a \$0 cost prescription. *Does that mean that the plan IS billed and if in the event that the Rx shouldn't have gone out and there was a copay, then it's ONLY on those that the patient gets refunded (and NOT the plan).*

Member upset that they can NOT get exact shipping time.

Member sent WRONG insulin. *How expensive is that? As how are patients supposed to send back refrigerated items?*

Members don't like the website and the IVR.

Member told they could get a "one time" override for the overfill limit (where they have to get 90ds vs 30ds), called back and said that wasn't true.

Patient with dementia called and was confused and wasn't sure of what medications she was ordering. *Example of mail order is NOT for everyone.*

Customer service doesn't know that there is a way for Medicaid eligibility to be viewed (with ID numbers and dates) on the ACHA - Agency for Healthcare Administration website. *ALL retail pharmacies in FLorida have this capability. There is NO excuse for them NOT to be able to view this and to put oneness on to patient to "send in" proof of Medicaid eligibility.*

Patient didn't know they couldn't fill at Walgreens, then they were told they could get it there as a "temporary inclusion" . *This is in DIRECT contrast to future comments.*

Patient didn't need a Rx, but Caremark would NOT take back as the Doctor sent in and it "wasn't a Caremark error". *How much of this goes on - and what does Caremark care, they are getting paid as a fill as pharmacy provider.*

Problems with Postal Service and no information - leading to "lost package" and patient out of (several) medications.

Patient upset that their strips aren't covered (and forced to get the "preferred" strips). *Wonder how much this is costing Plan (while PBM gets the rebates) when some pharmacies offer free meter and box of 50 strips are between \$10-20.*

Patient had expectation that if a Rx was dropped off at a retail CVS then they "should be able to see it" at Caremark.

Patients want to speak with the SAME CSR.

Specialty Rx mix up with sending patient ONLY a 30 ds and not a 90ds.

Account manager was unresponsive for over 2 weeks on an approval on their level.

Patient sent a \$20 "voucher" for a perceived service failure. *What is that about?? Who pays for that?*

Caremark had UPS pick up a Rx at the Doctor's office. *Who pays for that? And why did that happen?*

Pharmacy called upset about reimbursement.

April 2015

Member upset that Rx not processed, mentioned Rx needed clarification but the Doctor didn't respond "within processing time"? *On whose schedule is this time frame? It didn't seem as if the patient was notified about the closing of the window of this time frame, so patient had to call in to inquire.*

Brand versus generic mistakes that were sent back.

More issues with CSR not being able to quickly verify Medicaid. *See previous comments.*

Patients out of Rxs while mail order Rxs are processing.

WRONG insulin form (flectouch vs flex pen) sent out as error with Doctor sending Rx. These errors are caught at POS at pharmacies. *This is an expensive mistake by virtue of the Rx itself being life saving, but also in that it has to be refrigerated to be mailed. How many times do these errors occur?*

Lots of members receiving different than expected Rxs in terms of quantities.

Several denials of requests for overrides for the overfill limit (HAVE to get 90 ds).

Rxs sent to the wrong address.

Complaints about "too many calls".

CVS/Caremark wouldn't disclose patient information when a ER called to verify medications.

A reship couldn't be tracked and patient gave specific instructions on where to place package. CSR couldn't contact the UPS driver. *Pharmacies that delivery usually have a mechanism to get in touch with the drive through the day if they are doing deliveries.*

Patient got the WRONG Rx which was discontinued - CSR solution is to discontinue the Rx and process new one with 2nd copay.

Several complaints about how things are charged and when things process with cards/banks.

Another Rx sent out where patient is "allergic" and it is MD error. *Sent back (who pays)?*

Patient said Doctor sent in twice, waiting to go out of the country. Ended up getting emergency supply at retail.

Authentication process is a hassle as patients have to verify a medication to speak further about anything.

FSA card issue as they want to use for installment plan and that is against the policy (*why is that?*)? Also FSA can't be used for outstanding balances?

Patients upset about lengthy order time get "upgraded" shipping at Caremark cost. Who ultimately pays?

CSR not being able to verify Medicaid caused issue as patient's Mom requested new card but it takes 3 weeks, son is out of Rx and they can't get (as they can ONLY do a 30 day supply to coordinate Medicaid benefits and that is against the overfill limit). *See previous comments about being able to look this up online.*

Several issues with website, setting up and cancelling installment plans, putting credit cards on file, etc.

More patients receiving RXs they didn't know about (new Rxs from Doctor that were auto-shipped). One said she would "refuse" package. *How are those returned to stock and who pays?*

Patient wanted to send some Rx back as she "didn't use" (wanted reimbursement), they may have issued \$ credit for 2/3 of copay. Told patient they couldn't receive medication back. *Proves waste with this 90 day mandatory maintenance plan design.*

May 2015

Rx got sent to mail, should have been sent to retail - patient is out of Rx. CSR solution, they would contact MD for 5 days supply at retail. *How much of this is a burden on the Doctors?*

More patients were out of medication and didn't know of the 30ds vs mandatory 90 ds.

Member in hospital when rxs were shipped and delivered. All were lost (never received) and patient wanted a credit and new order sent out. *Whose cost is this?*

More examples of Synthroid vs levothyroxine returns.

Member upset at 30ds vs 90ds for citalopram. *This Rx is \$4 at walmart and similarly priced at independent pharmacies.. Another instance the CSR looked up another medication for another patient and shared they would get at WMT for \$4 for a 30ds. (Is this like GEICO??? We'll tell you lowest rate regardless of insurer?? then why have a PBM plan design? Patient should be able to use benefit for only 30ds.*

More Doctors called for 90ds for patients to utilize benefit (as 30ds would reject having patient pay 100% of the cost).

Some patients exasperated with mail order Rx process and say they will ONLY fill Rx's locally.

Doctor's office mistake, but Rx was already sent out. *CVS/Caremark said they couldn't credit or have it returned. Happened a few times. If NOT Caremark error, they won't take it back.*

Patient got Rx they cancelled, got to send it back? Another one: if no Caremark error, they won't receive back. *Patient ends up having onhand a prescription they aren't taking that they could end up taking in error, and another proof of waste in the system.*

How is this professional? Mistakes happen from the Doctor's side - why should patients and plan be penalized. But why should they care? Caremark makes \$. And now the patient has a Rx that they aren't prescribed. What if they or someone else in their household takes it?

Bureaucratic process for LTC Rx's to be filled as they need to be ONLY 30ds. Have to fax request for "override" into specific fax number.

Complaint that they won't send NON-safety caps.

Patient wanted to cancel order, they can't confirm if that the cancellation would happen. *This almost NEVER happens in community pharmacy as prescriptions are usually reviewed right at POS and at that time patients can communicate they didn't want/need/mistake in order of a Rx.*

Patient needed refill for insulin, endocrinologist is not in office. PCP would only write Rx's for 30ds in these cases. Patient made case that this would be expensive out of pocket and possibly cause an ER visit. The CSR had an override code to override in this instance. *This shows they make up their own rules as they go along as these things aren't consistent.*

New Rx's at retail and mail. Retail went through plan and so did the mail Rx? Patient got duplicate, they denied a return. *How did this happen, one of the claims should have rejected as this is the least that payer clients can expect of PBMs - claims processing, no duplications.*

Member asked for husband's Rx's to not ship out until Friday and they wouldn't talk to her as there was no AOR on file for her husband.

Member calling about late orders for Crestor and Exforge. *Both of which had generics coming out (and would have been a GREAT opportunity to share less expensive Rx's in each class. Patient simply wanted 30 days and wanted override to be able to get only 30 - that was denied.*

More "no exceptions" to the overfill limit (patient wants ONLY 30ds and they are forced to get 90ds).

June 2015

Transplant patient upset had not received his medications yet. *Adherence is vital to these patients as their immunosuppressive drugs help keep their systems from rejecting new organ. What is the cost of a transplant?*

Member upset that 2 insulins were shipped separately and about lack of communication. *It's obviously cheaper to ship in one cold pack container than separate ones. Where is the commitment to simple cost containment strategies by the mail order, but goes to show this cost doesn't happen at the community pharmacy level as nothing is shipped.*

More members upset that outstanding balance can't be paid with FSA card.

Member upset as they weren't notified that order was cancelled.

Patients are "out" of medication while awaiting mail order Rx.

Members so upset threatening legal action and asking for formal complaint address.

Patient wanted a small bottle, they could

Member (assuming with ADD) upset with time it takes to get methylphenidate, CSR recommended local fill - which means they'd have to get a new CS (Controlled Substance) Rx. *ADD patients ALWAYS wait until the last minute as procrastination is a function of their condition which is why they take the medication in the first place.*

Frustrated member with shipping as postal service won't deliver to house and wanted it shipped a different way - they didn't do.

NOT accommodate - one size is all they have. *Community pharmacies have special requests like this commonly and shows no mechanism to fully meet the specific, special needs of pharmacy customers. Prescriptions aren't like toilet paper and utilizing a pharmacy is a little more complicated than a simple website ordering and fulfillment system.*

Patient wanting information for their pharmacy to be in the 90ds network. *By design CVS/ Caremark has set up a bureaucratic impossible system for pharmacies to be in the 90 day supply network meaning that the potential is higher for patients to end up utilizing their retail stores if they want 90 DS at retail.*

Power of Attorney (for AOR) has been sent in numerous times and not received by CVS/ Caremark.

Member upset that they HAVE to do 90ds and Doctor won't write that quantity until the next appointment. *Why should a PBM policy interfere with Doctor's office policies?*

Specialty patient is OUT of medication. *Isn't adherence what the specialty pharmacies*

say they do best so patients have no gaps in therapy? This is proof that what sounds good in theory isn't necessarily happening in reality. The bigger problem here is for the patient to receive via mail/specialty is time in transit versus a community pharmacy either having immediately available or worst case getting the medication the next day via their normal daily wholesale delivery.

Patient got 2 Rxs for 30 ds sent out and was charged 90ds copays each time. So they can get 30ds at mail but NOT at retail if not in the network.

Patient going on vacation, rx rejecting for overfill limit and Doctor not there. CSR called CVS retail pharmacy and asked if they could give 15ds and then take it out of 90ds once that is approved.

CSR accidentally discontinued prescriptions - patient was waiting for them. If this happens in retail, it's a quick, immediate fix versus waiting for something in the mail.

Patient ordered wrong Rx on accident and it was sent - they were charged and couldn't go back as there was no CVS/Caremark error. Wrongly ordered Rxs are discovered at the POS at a community pharmacy as this is when patients are paying or signing for the medication. When a patient's credit card is on file it's far too easy for a mail order operation to charge a patient for an item even if the patient doesn't want. As a side note, is this tolerated in any other

July 2015

Patient wasn't expecting Humalog as CVS/Caremark told him he didn't have a Rx on file - so it got shipped and billed. They sent tag for return for script was sent in error. Who pays for that?

Patient upset that Rx order for refrigerated item

industry? Attorney Generals usually get involved in companies abuse this kind of process. For whatever reason the PBMs are untouchable here. Patient got "damaged" medication. Damage due to heat. This does NOT happen at retail level.

C2 Hard copy sent back to the patient and it got "lost" in the mail. Eventually found it was mailed to the Doctors office.

Patient thought box had "jumbled" items in there and wanted reshipment. CVS/Caremark refused, patient will take to local CVS to verify no issues. Pharmaceuticals aren't toilet paper and patients are concerned about stability and integrity of the products on the same level as they are with life saving, sustaining medications.

Patient asked for Saturday delivery.

More Synthroid/Levothyroxine issues.

Caremark had to cover an overnight charge as another rep told patient they would do that. Apparently that wasn't correct - but they had to cover any way.

Specialty patient couldn't get Rx at retail - CSR advised patient to pay out of pocket and they would request an override. This is a ridiculous response from a CSR at a PBM and there would be no guarantee that the patient would be reimbursed the rather high copayment for an expensive specialty medication.

was delivered to wrong address. Reship was sent overnight at Caremark cost. Where did the first one go and did the State of Florida get billed for both Rxs?

Patient's Rx requires a signature and won't be home when delivered. Due to capsule possibly

melting which is inconvenient for the patient to have coordinate a delivery/pickup. Obviously this isn't an issue at community pharmacies since patients can pick up medications (or have them delivered) when it is convenient for them.

More billing with patients wanting different cards used and not knowing what is set as default. *This issue while a nuisance also shows what seems to be convenient (we'll simply bill your card on file, etc) actually ends up being more work and inconvenient for the patient. When patients go to a community pharmacy of their choice they can chose to use whatever form of payment they desire with each visit OR in some cases use the card on file.*

Patient sent in Rx with money order and Rx was never sent out. *The system at Caremark is that the payment and the Rx are separated and the upgraded shipping so they would ship next day, Caremark cost. In the end who truly pays for these upgrades?*

Patients are told it takes 24-72 hours for Rxs to "show up in the system". *It's almost impossible for patients to take charge of their own health, health information and products and services for the time frame from seeing the Doctor to knowing their prescriptions were sent in takes up to 3 days. At a community pharmacy, it's as easy as simply asking everyone there, checking electronic prescriptions and the faxes to see if the Rxs were received so patients can adequately follow up with the Doctor's office if things weren't received as expected.*

Too many "reach out" calls from specialty, patient doesn't want those calls.

Issues with the clinical department (apparently pharmacists and techs) verifying info with Doctors, they await response before doing the prescription. *This time frame is really short at community pharmacies as with local knowledge they know the Doctors, their prescribing habits as well as the patients - much less verification*

of these types of things. This also shows there more to pharmacy than simple filling of Rxs, dispensing like soda and that is the end, and the BEST way for pharmacy to be practiced is with local physicians who have a relationship with not only the patients but with each other.

Auto-refill wasn't done.

Syringes not sent with a Rx that required syringes - awaiting Doctor for the Rx, but not communicated to patient and simply sent out. *How long would it take a mail order facility to ship back out to the patient? This error of omission would have been discovered at the POS at a community pharmacy.*

Patient's wife trying to set up husband on auto-fill and CVS/Caremark wouldn't let her do it without a AOR/Power of attorney on file. *Women drive healthcare in most families - this "form" is not needed at community pharmacies as the staff knows the patients and their families.*

Lots of "coaching" complaints. *While it is understand all businesses have training and personnel issues- in this closed, self steerage system, the patient doesn't have the "choice" but to go mail with CVS/Caremark. This proves patients have little to no choice and are not happy about this.*

One 30ds for birth control was sent out - patient charged copay. At CVS/Caremark costs for shipping the other 2 months would be sent out. *Another error that is on CVS/Caremark, but who really pays for this in the end?*

Member upset order ships with signature required, couldn't change it with UPS. Sent "bridge" supply to fill temporary at retail. At whose cost?

Partially blind patient called about order/check that haven't been received. The patient relies on others to help manage things like this. Told to call back in a few days.

FSA can't be used for outstanding balances.

Patient didn't order Pradaxa (expensive) and it was mailed. CSR said order done as prescribed so patient HAD to pay the copay. Patient wondered how this ended up at mail as she gets Rx's at retail. *It is a well known industry fact that prescriptions are getting moved to mail through the electronic system and in this case the patient didn't want/need but received any way and was forced to pay for it with the payer having to pay the bulk of the cost of this expensive medication.*

Patient's oxycodone Rx got lost and had no tracking information.

Rx's were put on hold when patient needed them.

Granddaughter called as order not received. Finally said the Doctor could call in 5 day supply to local pharmacy (*more work for Doctor*). *How many older people don't have a person to help them with the bureaucracy.*

Patient got order that they had cancelled. Told they could get sent back. *At whose cost?*

Patient upset as not getting assistance with specialty. Told that it is exclusive Rx and they have to use them. *Patients want choice.*

Patients still told orders take 24-48 hours to show in customer service. *See above comments on this issue.*

Patient upset Doctors office fax showing transmitted, yet saying they haven't received.

Patient got Rx's without being contacted. Told that it was sent in "good faith" from CVS/ Caremark as Rx came from the Doctors office. A few examples of this. "No credit is available for an order that was ordered as prescribed". *It has been called perverse incentives when the PBM also acts as a provider as they are paid from both ends have truly don't have the end payer's*

best interest in mind as for them it is a revenue generator and adds to "shareholder value" - the true purpose of a corporation.

Patient returned medication and refund takes 2-3 weeks.

Brand/generic issues - CVS/Caremark paying for Rx's to be sent back overnight. *At whose cost?*

Patient wanted to return older Rx (didn't use all of the 90ds) - told that since one bottle of three is used, they can't take back. Patient had to pay for entire Rx and didn't need. *This shows that the mandatory 90 DS plan design is causing a lot of waste in this system at taxpayer's expense.*

Authentication for patients is frustrating for them to prove if they don't have their ID number.

Patient upset they haven't received Rx's, it was held at post office for signature. *Isn't at home "mail delivery" touted by the PCMA to be convenient? This example calls to question -what do working people do in this situation and when post office is closed?.*

Patient upset spouse (they are divorcing) is using credit card for CVS/Caremark purchases. *This can easily happen if cards are "on file".*

Order not received, patient asked for reship - that's not available until 14 days after the order ships.

Patient was upset they were NOT billed month prior when Rx was sent out and THEN now sent a bill.

Patient trying to send a payment, and was given wrong address by CSR the first time. *Obviously these issues are non-existent in community pharmacy.*

August 2015

Patients told couldn't order unless there is a method of payment on file. Isn't that exactly opposite of what was told to others?. *Inner-company policies seem to be confusing and inconsistent.*

Patient wanted clarification of if/why/when HCTZ was discontinued and was told the "clinical" department was close. *When are the hours of the "clinical" department? Are those hours made available to the members? This seems like the least that patients can expect from a mail order Rx facility that has a 24 hour 800 number call service.*

Order that shouldn't have been sent - CVS/Caremark sent to be taken back. *At whose cost?*

Patient wanted all calls to STOP.

30ds vs 90ds issue, Doctor was contacted to ask for Rx for 7 day supply at retail. *A waste of time for the Doctors office.*

Patient expecting a Rx, and was told it was discontinued by manufacturer. *Why wasn't the patient notified before they had to call in to inquire?*

For a few different patients, orders were put on hold instead of putting in a queue to be done on day they are due (patient sent in Rxs with obviously plenty of time), next day shipping at Caremark cost. The other one, they sent back the Rx to the patient and said they would need a new Rx sent back.

Patient complaining about the phone que asking for same exact information with each new step.

Patient calling about a signature required for capsules, and she doesn't need one in the order. Was told that post office has the order and she needs to call back to cancel what she doesn't

need. *NONE of this bureaucratic triangulation happens at the community retail pharmacy level.*

Patient can't get the same CSR to speak with. (no direct extensions). *Patients like knowing whom they are dealing with, if this doesn't happen at a retail pharmacy they will find one where they can know everyone. They want personalized service.*

Patient upset she can't fill Rxs at Rite Aide.

Damaged Rx, patient uncomfortable taking it. CVS/Caremark said they would take back. *Is that returned to stock or billed twice to the plan, who pays for shipping?*

Wrong estrogen patch sent, CVS/Caremark returned (their error).

Patient's bank had insufficient funds due to charges that weren't authorized.

Confusion on website.

Order late, upgraded shipping at CVS/Caremark cost. *Who pays?*

30ds vs 90ds patient out of town and will run out - said they would ask for an override (*conflicting what previously said to other patients - NO override is available - rules change...*) Same for an insulin patient - told NO over rides available.

"Lost" controlled substance medication by Son. Told no over ride. *This call should have gone to clinical to discuss and finesse conversation to ensure no abuse/diversion. Pharmacy consists of assessing addiction and other red flags, and isn't merely shipping out toilet paper/paper towels via a website with a credit card being on file.*

Family member calling about patient with dementia and was told to get the form. Family

member requested place to complain as patient "doesn't know what is going on".

Order lost in the mail - went to wrong address. Patient still had to pay the copay. *Patient's have to pay unnecessarily for these types of errors, and where did the Rx go?*

Patient's son calling about stopping an order for parent - they couldn't "stop" with no authorization form on file. *This proves waste in the system.*

Patient said Doctors office sending over "multiple" e-prescribes and they aren't received.

CSR stated AOR form is per State of Florida Statute. *That doesn't necessarily sound accurate and it is a possible patient privacy statute they are interpreting strictly.*

Another spouse calling for patient with dementia - told had to have the AOR on file as its "state law", was trying to place an order for her and couldn't.

September 2015

Patient received order he wasn't expecting. He said he filled this one time at retail and it isn't long term. - CSR asked superiors for one time credit applied to his account. *How often does this happen?*

Several "upgrades" of shipping (CVS/Caremark cost) due to order delays.

Patient thought mail order forms were also for requests to transfer prescriptions, he was expecting prescriptions.

No oxycodone as patient was expecting. CVS/Caremark mailed back to patient and then issued overnight mailer to prescriber for new Rx. *How is THAT cost effective and why wasn't it filled the first time? - problem with the*

Ex Spouse calling about the bills on credit card for son's medications only.

Patient upset that CVS/Caremark said Doctor said upon refill requests that patient isn't with that Doctor. Patient doesn't want his Doctor "bothered" any more.

Order lost in transit and now the override authorization (doesn't say what for) has expired. CSR contacted local CVS so patient wouldn't run out of medication.

Patient not notified of a problem with order and there was a delay. *CSR advised signing up for updates regarding prescriptions. CVS/Caremark upgraded shipping to overnight. Who pays for this upgrade due to a CVS/Caremark delay?*

Member upset about a "reship" for a controlled substance which needed something else from Doctor, first order still hadn't been received. *A lost controlled substance prescription in the mail is troublesome with all of the issues in our society today with abuse/addiction.*

prescription? How would that change?

Order sent to wrong PO box. Reshipped to correct address. *At whose cost? Where did original Rx go? Was the plan charged twice?*

Patient had an outstanding balance on order she refused to accept by USPS. CSR said there were NO guarantees to stop the order, patient said she would NEVER pay the balance. *Was the SOF charged for that Rx if it was refused?*

Patient wanted letter to say they would refund if she mailed back as they said, CSR said there was no letter available.

CSR wouldn't give pharmacy intern at Shands info on member's dosage for member that

wasn't incapacitated as per policy. *This is unprofessional and doesn't serve to help in transitions of care.*

Patient having issue getting Rx at local pharmacy. Was told due to mail order. The CSR did an over ride and let the claim pay at retail. *Did the SOF pay twice?*

Patient upset about not receiving Rx and told to "call back" when clinical is open. *See previous comments.*

Patient's Rx went to a PO Box the patient hasn't even had. Rx was reshipped. *What happened to the first Rx, was the SOF charged twice along with charged for shipping?*

"Bridge" supplies approved. *At whose cost?*

Complaints about logging in to website when emails are sent to patient with links to website.

Patient upset about placing payment on file. CVS/Caremark said they won't charge card unless member approves. *Isn't that NOT what has happened in previous cases?*

Patient hasn't gotten lisinopril as its taken 5 days to ship (being held up with restasis with the same order). *This is an adherence issue! Lisinopril is FREE at Publix and at various independent pharmacies.*

Patient upset about her "lost" controlled substance Rx and wanted an over ride. This is a big counseling opportunity and the call should have been routed to a pharmacist to discuss further. *That opportunity lost here.*

CVS/Caremark wouldn't give ID number to patient.

Representative from State of FLorida called (again) about network pricing/MAC pricing. He's been calling and leaving messages to whom he thought was account manager. CSR

instant messaged that person and said he's ONLY in enrollment. CSR would have to call him back and ask who the account manager is.

Pharmacy called about reimbursement. Told pharmacy to contact the pharmacy's headquarters.

Patient received 2 orders, they allowed send back as it was a Caremark error. Patient wanted to fill locally going forward as they were very upset about this error. Another patient got a double shipment also and decided to keep. *How many also get and don't call?*

Patient upset about a charge on her account. CSR said they filled the Rx as prescriber ordered. Patient wanted to send complaint to attorney general. CSR said it was NOT a Caremark error so no credit issued. *Why is this not a consumer protection issue?*

Patient upset with specialty and mail order and wants to go to CVS retail going forward. Was told he HAD to use CVS specialty. *Patients have to use their own pharmacy even though they've experienced bad service showing true lack of patient choice is an issue.*

Patient mad as trying to get wife's Rxs ordered and no AOR on file. Patient said he'd contact Doctor and fill locally now.

Too many calls.

Complaint Zostavax needs an admin fee (charged to the patient).

Patient got a damaged order and they reshipped. *Who pays for this? Was this an expensive item?*

Patient was expecting 90ds and got 30ds - wanted to return and they let him - he's only going locally from now on and very upset with the experience.

Lost C2 that was confirmed delivered and signed by someone who doesn't live at address and is unknown to patient. They were going to reship, patient needed to get local as was down to 2 pills. *This is particularly concerning since society is facing a public health crisis with opiate abuse/addiction.*

Other examples of "lost" medications, CSR could override to be able to allow for local pharmacy fill, but CSR said Rx has to reject first at the local pharmacy. *The least a client should expect from a PBM is claims processing. Why is there no mechanism for the CSR to input an override prior to the pharmacy getting a rejection?*

Patient upset they require payment when refill is placed. Patient would rather use local pharmacy.

A few patients upset at authentication process just to be able to speak about their profile and Rx's.

Patient wanted to get 30ds of Lantus, told had to get 90ds.

October 2015

Patient's Doctor doesn't want to write rx's for 90ds at a time.

Patient told when Doctors "send in" (assuming ERx or fax) that it takes 24-48 hours to be viewed in customer care system. *See previous comments.*

Patient upset FSA card wasn't used for billing.

Patient didn't know how they got his phone number and doesn't want to be called. *Is this a consumer protection issue?*

Patient has to sign for package as Rx are capsules that could melt. He has to wait around.

Patient upset about shipping policies (transferring Rx's from UPS to USPS) and wanted to formally complain.

Patient on workers comp got charged \$320 for workers comp meds. Took quite some time to add credit back. They were processed "in error" under SOF CVS/Caremark plan and not under the workers comp plan.

Patient upset flu vaccine is not covered under pharmacy benefits (most are at this point!).

Patient told it may be too "late" to cancel an order as it was already in dispensing. *This is a consumer protection issue and doesn't happen at community pharmacies as any Rx the patient doesn't want would be refused at POS.*

Patient was double billed for an order.

Patient didn't get package as unit number was cut off from label. Prescriber denied another refill for a reship, so patient had to wait for a reship. *This could negatively affect patient compliance and isn't something that happens with community pharmacy.*

CVS/Caremark solution - receive notifications regarding shipping.

Patient upset about not getting a credit for order not received and no record of spouse calling about it months prior.

Patient upset about the # of calls at house.

Patient hasn't gotten a Rx that was requested 2 months prior. CSR said they were waiting for Doctor approval. *Couldn't they have let patient know so they can call Doctor? Is there no mechanism for follow up for such a long time frame?*

Patient's husband called as patient going into Hospice and he wanted to cancel the auto

renewals. No AOR on file so they couldn't do. *This doesn't happen at community pharmacies. Proof of bureaucracy leads to waste and that prescriptions and pharmacy are different from ordering toilet paper from a website where your credit card is on file.*

Patient said she didn't receive package even though order shows confirmed delivery. Rx was an "early fill". *This should have gone to clinical - possibly addict/diversion.*

Patient's mother upset about another insurance flag and can't get Rxs locally, CVS/Caremark had to update the "flag".

Patient upset that he got a call from Caremark, but didn't leave a number to call back.

Patient upset that credit wasn't showing up on account. CSR said it can take up to 7 days.

Patient got a Rx they weren't expecting and since on "readyfill" can't be sent back. *This proves waste in the system and possible consumer protection issue.*

Patient upset about AOR form, CSR said was "required by law" and upset that short term antibiotic was filled at mail order. *This defies clinical logic as patients needing an antibiotic need to start therapy as soon as possible. Couldn't the system flag an antibiotic and have a person do an intervention with the prescription to ensure the patient receives as soon as possible, most likely from a local pharmacy?*

Patient didn't want any more letters telling about needing 90ds. CSR couldn't guarantee they would stop. *This is another consumer protection issue.*

Patient calling about an AOR form for DEAD patient (spouse) to assist with ready fill issue.

Patient upset that LTC facility "override" (believe this has to do with ONLY 90ds vs 30ds the

LTC wants to do). CVS/Caremark would need "more information". *Mandatory 90ds plan design makes for disruption for the LTC patient population.*

Patient got wrong dose (CVS/Caremark error), took back and sent out correct dose.

Patient upset as copay changed. CSR said Rx "briefly" went non-preferred and the copay changed. *This is the perfect example of "bait and switch".*

Patient upset he's getting calls when he was set up on email alerts. CSR has to send to research about why this is happening.

Patient wanted to send back Rx he doesn't take any more. They would do a "one time" send back. Was that returned to stock, was the plan charged for that?

Patient upset about something and CVS/Caremark wasn't in "error" so they wouldn't take back and give credit.

Patient upset as he "thought" he signed up for autofill and renewal but it wasn't set up, was going to be out of medication. Got "bridge" supply at local pharmacy. *Omission mistakes are quickly rectified before the patient leaves a community pharmacy. The bridge supplies cost extra money.*

Patient had a "grandfathered" in copay for a specialty Rx and was never told the copay would go up.

Patients getting orders they didn't request. CSR said if CVS/Caremark sends out Rx "in good faith" as Doctors send in Rxs, then there is no mechanism/policy for them to take back. *Patients end up with extra Rxs they many not use, but were billed to the plan and patient has to pay the copayment.*

November 2015

Patient said installment plan not working. CSR upgraded shipping. *At whose cost?*

Patient upset that MD sent to mail order CVS instead of CVS Specialty and CVS mail order doesn't apply manufacturer coupons, but specialty CVS does. CSR didn't give credit as it wasn't a CVS/Caremark issue or mistake. CSR said if patient is seeking reimbursement it would need to come from the MD as Rx was sent to incorrect facility.

Patient upset that the retail pharmacy would only do 30ds as the pharmacy made "no money" on 90ds. CVS/Caremark would send email to pharmacy noncompliance. *Pharmacy gag clauses in discussing reimbursement are in the take it or leave it pharmacy provider contracts.*

Patient got Rx they weren't expecting and credit card was charged. Another got one and wanted to send it back - they did so as "one time courtesy". *At whose cost?*

Patient getting run around re: her refill and is out of medication for pentasa.

Patient out of medication as it was shipped to wrong address.

Patient got mailed medication she didn't order and is allergic. Took back as a "one time courtesy".

Patient had Rx for Prevident 5000, it's "not covered" and mail order can't do it as it is NOT a covered drug. *Why can't they fill it if they are acting as a complete pharmacy provider?*

Wife calling in to order Rxs, wouldn't do as AOR isn't on file - she threatened to sue.

Another complaint for AOR for family member as patient is hard of hearing.

Patient wanted to cancel order but it was in label print - said couldn't cancel as member services is not open on Sunday. *Prescriptions should be cancelled at any step in the process. This is a consumer protection issue, not to also member a fraud, waste and abuse violation.*

Patient upset with high copay for Humalog Kwipen. CSR said it's always been same copay, suggested take the Rx to local pharmacy and they may have a coupon. *This call SHOULD have been sent to clinical so they could tell of the alternative which is almost exactly same. What good is a formulary if those helping patients don't know what that means and aren't trained or smart enough to speak about it.*

Patient upset that being flagged as "secondary" is holding up her refills. She had Part D also.

Patient's Doctor won't prescribe more than 30ds on escitalopram, so the plan won't cover unless it's 90ds Rx.

Patient called about CVS not ordering dexcom. CSR said to go to another pharmacy or they could get it at mail order. *Why not call CVS and ask why? Or what does that say about CVS retail customer service?*

MD upset due to specialty lockout.

Patient's wife calling in about an incorrect medication, but no AOR on file. Still wanted to say that they filled HER losartan under his name and then Caremark also send tradjenta which the Doctor said they didn't sent in. Said to have husband call in.

Patient still upset because he hasn't received medication or AOR forms. Package getting shipped express mail. CSR advised to contact the MD to see if they have samples that can be provided until shipment. *Delayed shipping from a mail order pharmacy facility isn't a purpose for*

use of pharmaceutical manufacturer samples distributed to Doctors offices. This is a costly item for the pharmaceutical industry.

CSR wouldn't call UPS to have address changed, escalated the call and the 2nd CSR called out to make that happen.

Patient's wife upset as they wouldn't talk about her husband's medication. He is unable to speak on his own. They faxed the AOR form.

Patient on autofill hadn't received Rx yet (due a week later), he was going out of the country. Claim was paid but they did "expedited" shipping. *At whose cost?*

Patient said SEVERAL AORs have been sent in and CVS/Caremark is still saying they still don't have.

Patient wanted tracking number for shipment and they couldn't give as it was a weekend.

Patient wanted specific manufacturer, but pharmacist failed to note that. Patient can't take what was sent. Caremark took back and then reshipped. *These requests are usually discovered and discussed at POS when the patient is at a local pharmacy and are rectified before the transaction is complete.*

Patient still hadn't received medications (10 days). CSR said they could do a "bridge". Patient didn't want that, she wanted to pick up a 90ds at retail. CSR did override on "lost medication". Patient calling Doctor to get phoned in to local pharmacy. *How much time is being wasted at Doctors offices with these situations?*

Patient sent in Rxs (hard copies) and UPS shows delivered, nothing showing up in the system.

Patient said bank has money on hold and there's no outstanding orders. CSR said they don't see anything.

Patient tried to cancel prescription, told it may be too late to stop. *See previous comments.*

Patient still had not received 2 prescriptions (10 days) and not eligible for reship (yet). CSR said patient can pick up a 10 day supply and then provide receipts for reimbursements.

Another patient thought his Rxs were in autofill, CSR provided overnight shipping (whose cost) as patient was out of medication and educated. Patient wanted to disenroll in autofill.

Patient upset wrong Doctor was faxed (after she told which one to fax), she was almost out of medication, CSR said best thing is to get locally.

Patient upset as still trying to cancel an order and getting various answers about where it is and when it can be cancelled. She said put on hold and she'll call when she needs it.

Specialty patient calling with wrong prescription (amount).

Patient got Eliquis and didn't know how they (CVS/Caremark mail order) already had a Rx as his Doctor was just sending it in. CVS/Caremark said they got viaifax a few days ago. Patient was confused, was going to follow up with the Doctor. CVS/Caremark said they filled what the Doctor prescribed.

Patient had Doctor send something in and wanted to stop order. Couldn't promise it could be stopped in time. *See previous comments.*

Rx was sent that patient doesn't take. They took it back. *Who pays for this?*

Zostavax admin fee issue - patient didn't think he should pay.

Patient paid for next day ship but didn't receive next day.

Rx lost in mail and patient is out. It's a controlled

substance. *See previous comments, this is a huge problem.*

Patient upset that husband has access to email and emails are being send. CVS/Caremark said it's- only a link with no personal information. Wanted ID card sent to a different address, they said they can only send to address on file.

Next day ship didn't come next day. CSR offered to call Doctor for short term (waste of Doctor's time), patient didn't want and wanted to stop future orders.

December 2015

Patient unhappy with so many phone calls, asked to not be called.

Patient unhappy they won't provide ID number on phone.

Patient upset they had to pay before ordering refill, they would send in a check.

Patient didn't receive mail Rx and going overseas, Rx called into local CVS for 90 - and told to call when claim rejects and then CSR would do vacation override. *See previous comments on this issue.*

Patient went to Urgent Care and Rx is for 30 days supply, so Rx is rejecting for overfill limit. Told that they could do 30ds at mail, but unable to do an override. Patient calling local pharmacy and seeing about paying out of pocket. *A mandatory 90ds plan design creates all kinds of problems and in the end costs more money for patients and the plan itself.*

Patient expected a copay credit. CSR said one copay was approved for credit and one wasn't. Now a stop on all orders.

Patient upset that 2 Rx's weren't shipped together and that reship would be needed - Rx

Patient had issue with copay on birth control pills. Didn't know Doctor was sending over "brand only", CVS/Caremark took back Rx. *This would have been discovered at a community pharmacy at POS and rectified.*

Medicaid patient's mother upset about the overfill limit override. Mother doesn't have a card or letter proving patient is on Medicaid. Threatened calling media. *See previous comments.*

was sent to wrong address.

Patient's Duloxetine wasn't shipped and patient was out of medication. No bridge was available as order hadn't shipped. Patient paid for short supply out of pocket. But patient went home and order was there. CSR didn't see it in computer thus making patient pay out of pocket when she didn't need to. CSR put patient on autofill.

Patient upset that mail sent out 30ds and not 90ds, said it was CVS/Caremark error and should have been caught. CSR asking for "possible" credit which was granted.

Controlled substance Rx was mailed incorrectly by patient to the wrong Caremark address, so they would have to mail it back to the patient.

Rx wasn't sent out as Rx was written for patient's "maiden name" and they called to have it verified by the Doctors office.

Mail order Rx interfering with local fill which was rejecting. Mail Rx was mailed, but no delivery. Bridge supply available for 7 ds out of pocket for patient. Patient to check with local CVS to see if they would refund her if she does bridge. Patient said local CVS was told by Caremark rep that "she would just have to go without? Her medication.

Medicaid patient, copy of card STILL not received by Caremark. Asked local pharmacy to see if they would fax copy of Medicaid card to Caremark. Patient is driving to the pharmacy to see about card copy being faxed to Caremark.

More issue with Medicaid and Caremark waiting for "proof" of Medicaid eligibility when they would simply view online.

Patient upset that Rxs weren't received from Doctors office, CSR reached out to Doctor office and have Rx resent just in case (more waste of Doctor's time).

Patient upset that credit card was charged when he mailed in a check. He'll be using local pharmacy from now on.

Patient on controlled substance said was going out of country and wanted override. *Call should have been sent to clinical as this could be an addiction/diversion issue.*

Mail on way, patient asked if it can be delivered "early" and they said there's no way for them to request a time.

Patient almost out of insulin and has been trying to get Doctor to write for 90ds, but Doctor isn't there. CSR told patient can sent to mail and get 30ds or pay out of pocket.

Patient said he needed Rx right away and didn't have time for mail so they authorized pick up 10 ds at local pharmacy.

Patient couldn't afford 90ds copay, causing him to be out of medication for 2 weeks.

Patient mail late- CSR upgraded shipping. *At whose cost?*

Patient upset card is showing charge when he asked 3 times for card to be removed and no meds to be sent from Caremark. Card was removed a few days prior but order wasn't canceled before card was charged as it was already attached to the order. .

Patient's mother upset as inhaler filled at out of network pharmacy (no other pharmacy open) and medication was needed ASAP. CSR said couldn't approve override and would send a request to allow override to pay once since it was an urgent issue.

Patient has requested several times for calls to stop.

Order hasn't shipped. Caremark waiting on Doctor to approve. Patient said they would fill locally from now on.

Patient still without Rx that is still at mail order and hasn't been sent out, CSR said they could try to send no with no cost to patient.

CSR approved early reship for Rx for patient as they are out of medication.

Patient upset she can't use pharmacy on the island for retail 90, CSR said pharmacy isn't contracted. *Why didn't CSR go through steps to help pharmacy be in the network?*

Patient called and was told order is in transit. They already did a reship but no refills left and would have to get Doctor approval. *This is a waste of Doctor time and for the patient could mean they'd have to make an extra office appointment as their refills are used.*

January 2016

Patient moved and can't get to new Doctor for a while, but old Doctor won't write any more refills to get a 90ds. Patient only has one day of medication and it's an antidepressant.

Patient got Rx she doesn't use. CVS/Caremark advised since Doctor sent it in and they filled "in good faith" they couldn't return the Rx and patient would have to check with the Doctor to get reimbursed the copay. *This is a highly inappropriate thing to suggest to the patient and this doesn't happen at community pharmacies as it would have been rejected by the patient at POS, or prior to the patient picking it up.*

Patient wanted a specific manufacturer and they didn't fill it that way. CVS/Caremark CSR said they could accept return as it was a CVS/Caremark error. Told patient to call retail tomorrow to see if 90ds is available for pickup - CSR placed override to allow to fill due at retail due to CVS/Caremark error.

Patient called re: order that was shipped and tracking number listed isn't showing that there is any information variable and its been over 2 weeks. CSR contacted UPS and they said they were not able to find tracking number. CSR offered reship or bridge as member has few days left and is worried about running out. Patient wants them to find the Rx as she doesn't want to up the refill.

Patient upset order was cancelled. CSR said it will take 48 hours to show new order number, patient is out of meds now.

Patient said Rx still isn't on file. CSR said they could call Doctor for a new Rx. but patient didn't want them to call the Doctor.

Patient's wife called to know cost of medication for husband. No AOR on file so can't speak to spouse. Told to have spouse call.

Patient Rx sent to wrong address. Patient is new to mail and didn't have chance to update address before shipping.

Patient still hasn't received Rx and CSR can't do override to pick up medication. Supervisor said to place medication override to allow to pick up 30ds.

No order for patient and was told have to wait 16 days before rehip is initiated. Said they'd reship at no cost if patient didn't receive. *At whose cost?*

Patient upset vaccine administration isn't covered.

Patients Rx sent to wrong address and hasn't been delivered, - reship currently in process. CSR contacted Doctors office for new C2 to be sent in (waste of Doctors time). CSR also called Post office to see where package is. *See previous comments about missing C2 prescriptions through the mail.*

Patient upset over fill limit and doesn't have access to get Rx for 90ds. CSR advised there is no override to enter then called locally to see if member can pay out of pocket with a coupon. Patient got Rx locally.

Patient got Rx he no longer takes. CSR did a take back as a "one time courtesy". *At whose cost?*

Patient calling about order that's still in mail and hasn't gone out. CSR advised to do 30ds locally because of an issue with the order.

Medicaid member still needs to send in documentation. *See previous comments as this information is available on the ACHA website.*

Patient called that reship wasn't in blister packs as requested.

Patient didn't have refill availability for a few more days and it was never received. CSR said lost meds override to allow early fill at local CVS.

Spouse upset as AOR was sent in and it still isn't showing up in the CVS/Caremark system.

Patient still hasn't received order and can't wait. Had Rx to local CVS to allow patient to get Rx filled now. Additional copay would apply, and patient would call if original order wasn't received.

Another Medicaid issue, patient faxed but it's illegible. CSR entered one time (override) while waiting for member to refax. *See previous comments.*

Patient is out of Rx and mail order hasn't arrived, but was shipped. No override available.

Patient waiting on credit for over 2 weeks.

Patient hasn't received order, CSR said to early to say it's "lost". Gave patient tracking number.

Patient called about payment method for specialty. Had to transfer to specialty as CSR can't see specialty patients from their system.

Faxed documentation on Medicaid, follow up.

Patient trying to get Rx at local pharmacy, but rejecting - CSR said she shouldn't be out but

she said that "lost" the medication, they did an override to allow to be picked up locally. Patient upset about authentication with CSR. Also upset Rx's were on hold.

Mom for Medicaid patient - sending over information has to do for the 30ds overfill limit.

Patient had 6 Rx's and 4 were "too soon" but patient wanted all 6 mailed out together.

Patient got Rx that was sent by her Doctor that she didn't need and she didn't even receive the prescription (hard copy). CSR said they would credit the copay. *Who pays the rest?*

Member upset that they can't seem to get the AOR forms required.

Patient is out of medication, order in dispensing - CSR trying to get overnight charges at Caremark cost.

Patient upset due to paying out of pocket for Rx that was overfill limit while away from him, said no override available and no reimbursement would be warranted.

Patient's daughter upset about Rx that should have been expedited shipped asap. Rx was showing in process but CSR will see if pharmacy can expedite for Saturday delivery - patient was coached that there are no guarantees.

February 2016

Patient's wife called, Rx was sent in and patient no longer takes. They took back for "one time courtesy".

Patient upset as rep used old Rx number and it was rejected. CVS/Caremark gave credit for mishap and placed new refill with correct Rx number and next day air.

Patient upset as order not showing up as received. CSR contacts Doctors office and they said they sent in. Rx was received 3 days prior but was processed incorrectly.

Patient received Rx they don't take. CSR got approval for take back and applied credit. It was for Byetta and copay. CSR told patient how to destroy. Medication wasn't returned. *How much*

did that cost the plan?

Patient's son calling for Mom, as LTC overfill limit was "approved" but not going through yet. Patient has been out of meds for 5 days. *How is that coordination of care and is an issue with a 90ds mandated plan design?*

Mail hasn't been received yet, can't reship as Rx is out of refills - have to contact Doctor to get (extra) refill. *This is a complete waste of Doctor's office time of which they aren't reimbursed.*

Patient upset that Doctor sent in Rx. CVS/Caremark sent out the Rx "in good faith" and the Rx was in dispensing so good possibility that the order would ship (no stopping it). If ships, patient can send back it was approved to take back.

Another "cancel" that was never cancelled and patient received order anyway. They took back and got override for patient to pick up locally.

Patient only wanted ONE shipment, had to get Doctor approval for one Rx to be refilled.

Patient waiting for reship and CSR waiting for approval on refills for that to happen. All of this due to Rx lost in transit. *See previous comments about waste of time/resources for Doctors offices.*

Patient without Rx and told can't do reshops until 15 days and patient needs to call back in 2 days if they haven't received the order.

Patient given wrong copayment, CSR got them to credit as a "courtesy".

Patient "upset" as was told one thing and misunderstood about order status versus processing. Saturday shipping upgrade on CVS/Caremark since patient was "upset".

Patient had Doctor sent in Rx that she may not continue to take, she told Doctor to mail her

Rx to which she said he did, but Doctor also e-prescribed it to mail service (did Doctor know he did that?) and Rx was shipped. Patient is upset that her insurance was charged their part, patient was given credit for her copay and the Rx was discontinued. *What was the cost to the plan for this?*

Patient upset that AOR form still not received. Gave fax, but he has no way to fax, CSR sent out another request for the form and CSR said they would keep an eye out for it. Finally received.

Patient got 2 Rxs and was only supposed to receive one. Was credited for one. *Did the plan for this also?*

Patient wanted to cancel Rx but told it was already in dispensing, and possibly unable to stop. *See previous comments.*

Patient upset orders shipped she didn't want, still charged. *See previous comments about unwanted medications, fraud, waste and abuse.*

Patient upset they only received one out of 3 bottles that were supposed to be shipped. They sent out remainder through reship process. *Example of more money wasted with shipping issues.*

Rx late and needed to be "rescanned", CSR added next day air at no cost to patient. *Who ultimately pays?*

Patient's Rx sent to wrong address and for only 30ds. AND used wrong card. Doctor only sent in 30ds and she hasn't lived at address for over a year, only customer errors so no credit for patient. Patient went to retail for 90ds. *So in the end, where did that Rx end up and did the state pay for that?*

Patient's copay is \$198.90 and can get from Walmart for \$30 Patient wants to report to SOF that CVS/Caremark won't match the cost. CSR tried to explain that IS the price and is part of

deductible. *This is a good example of how prices in the marketplace is keeping prices down without using a pharmacy benefit.*

Patient about to be out of medication and Rx still in transit. Offered bridge supply. *At whose cost?*

Patient's mom called about daughter still not receiving medication. CSR contracted Doctors office to pick up new Rx, told to pick up Rx and take it to the local pharmacy and they would do an override to allow Rx to go through. Showed they refused the package a few days earlier and the package was sent back to CVS/Caremark, was sent back to patient overnight.

March 2016

Patient upset about overfill limit (90ds plan design) as he doesn't take this Rx routinely, instead uses every six months depending on his medication condition and prescription is used for a procedure. Does NOT want to use mail for a 30ds. *Another example of why the mandatory 90ds plan design is problematic.*

Patient waiting for overpaid reimbursement check from 2 months ago. It was sent 2 weeks later (almost 3 months later).

Patient upset that reship still wasn't sent. Original order was shipped to parents home versus her address. Order reshipped via next day air.

Patient upset about specialty copay. Verified that was how the Doctor wrote the Rx and there was no CVS/Caremark error. CSR told patient if they want any credit they need to reach out to the Doctor's office to seek any reimbursement. *See previous comments about this response.*

Nursing home having to fax/refax information to get approval (override on 30ds). *This is a waste of time and adds a hassle factor for nursing home facilities.*

Patient upset as order for controlled substance was shipped and delivered/signed for. Patient said never received. CSR said Rx wouldn't quality for a reship. *See previous comments about lost controlled substance prescriptions.*

Patient upset apparently Doctor not responding, CSR gave one time courtesy \$24 credit and upgraded order due to delays.

Mom frustrated with AOR process and doesn't want to "deal with" CVS/Caremark any more - she was calling on order status at mail order.

Reship was done for patient who's Rx went to the wrong address. *Did the state pay twice for this Rx with one still "lost"??*

Patient down to a 3 day supply for specialty and doesn't know where the Rx in process, it went out 3 days later. *Cutting it a little close, aren't they supposed to be proactive?*

Patient still had not received controlled substance Rx and it was almost a month. I was sent out but needed a signature, patient was told to contact USPS.

Patient wanted override on controlled substance for vacation. CSR told patient when next day to fill would be. *CSR should have sent call to pharmacists to discuss as this is opportunity to discuss possible overuse - missed counseling opportunity.*

Patient got Rx he no longer takes. CSR said Rx was on autofill and they sent notices it was coming. CSR said they can't take back. So patient got and paid for a Rx they don't need - and SOF paid their portion of this.

Patient upset CSR can't give status on specialty

medication. CSR provided hours and phone number. *It doesn't make sense that they can't anything in the same system.*

Patient paid to have Rx's sent overnight. They only received 30ds (on controlled substance). CVS/Caremark did leave off rest of Rx and corrected Rx to have sent out for remaining quantity. *Who pays for the extra shipping?*

Patient asking why \$17 in extra shipping charges on a Caremark mistake (she was already credited \$100) wasn't refunded. CSR did confirm CVS/Caremark error as refilled incorrect rx's and credited remaining \$17.

Patient upset as a year prior they received Rx's for 32 days supply and was charged more than 30 ds copay. Can't redo claims from retail pharmacies, but said they would give member "gift card" since they didn't process the claims properly thus meaning patient paid higher copay.

Patient got an unexpected Rx that the Doctor "sent in". CVS/Caremark wouldn't take it back as they processed Rx correctly and sent out "in good faith". *See previous comments.*

RN called to cancel an order that was sent in E-prescribe that was in error. CSR said it was in late stages (dispensing), but was able to cancel.

Patient upset that medication wasn't approved. CSR told as it was an OTC and plan doesn't cover OTC. *Could CSR told patient can use FSA or HSA to cover OTC?*

Patient upset they mailed out 2 Rx without consent. CSR said it came from Doctor's office and they filled. Since there wasn't a CVS/Caremark error, can't be taken back and credit given. *See previous comments.*

Patient upset that they processed 2 Rx's that came over from other system (account) and went into future fill, and patient didn't order.

Since order wasn't initiated by patient - patient could send back.

Patient upset that entire amount billed to card when she was supposed to be set up on installment plan. *If patients have an installment plan option for a 90DS for their copays, but the plan has to pay all at once, it further proves that a 90DS mandatory plan is problematic yet serves to be a revenue generator for the PBM who can/does steer patients to their own pharmacy facilities.*

Patient upset still hasn't received Rx, CVS/Caremark waiting on Doctor's office. CSR gave patient overnight shipping because of lack of Doctor response and patient is almost out of medication.

Patient waiting on C2 that had a future fill date (that day), the processed 6 days later and then upgraded shipping to overnight - Caremark cost.

Nursing home still hasn't received approval for override on 90ds to 30ds overfill limit.

Patient upset they couldn't see Rx Doctor's office just faxed in. CSR said it could take up to 48 hours to for it to be in the system. *This is a problem see previous comments.*

Patient called to try to stop Rx that was just sent from Doctor's office. CSR said it may be too late in filing process. Rx was shipped to the patient. *See previous comments.*

Patient upset due to shipping of Rx without contacting patient. Request to refund member wasn't approved, but then later it was. *Did patient have to send back the Rx? Was the plan charged for this Rx?*

Patient upset they had to have payment at time of processing - he told to put a note in file to NOT fill anything and he'd be getting his Rx's locally going forward.

Patient upset about ONLY being able to get specialty through CVS specialty. Wanted to get his Rx locally.

Patient upset that a Rx was filled that he had previously cancelled on same medication with different directions. CSR said they couldn't accept back, but noted in system for future orders to not be processed if the request wasn't directly from the patient. *See previous comments.*

Patine't wife trying to change their address. CSR could change wife but not patient as no AOR on file. Have to mail AOR file to the member.

April 2016

Patient called about a Rx that was cancelled for Voltaren, there were no notes.

Patient hasn't received Rx and wanted reship, was told that was too soon and should take a "few more days" to be delivered. Patient decided to wait. It was delivered the next day.

Patient still hasn't received Rx and needed a "short term" bridge at local CVS pharmacy. Told they don't deliver on the weekends.

Patient upset they needed to pay before order is shipped.

Patient upset as One Touch meter not reading appropriately, wanted Accu-check meter. Needs higher up approval for that as it is non preferred on the formulary.

Patient got Rx he wasn't expecting. It was put in future fill. CVS/Caremark took it back.

Patient only had rx for 28 day (birth control?), and it is rejecting as its overfill limit. Patient said Doctor won't do 90ds until patient is seen.

Patient unhappy as last 90ds was "shorted"

Patient upset that his new Rx didn't get put on installment plan. CSR said that all new or refills received will need to state that they want to use installment plan.

Patient upset they had to have payment (card on file) to do refills. Patient will be going locally for Rxs.

Patient Rx reject at local CVS for overfill limit. CVS wouldn't use more refills to do a 90ds, said they'd have to get approval from Doctor to do 90ds.

and it's too soon. CSR said it's too late to do a reship, patient very unhappy with answer.

Patient upset that Rx was placed on hold on an inactive account. Wanted Rx transferred to local Publix.

Patient needed ID number as is out of town Trying to fill at a Walgreens - out of network. Patient couldn't order Rx card since address needs to be updated and was told to contact employer for address update and quick link for web registration was given.

Parent called upset as there should be on overfill limit dying to son being on Medicaid. CSR told that they needed fax of documentation to place the override. *See previous comments.*

Patient got Rx that Doctor sent in. There was no CVS/Caremark error since the Doctor did fax in new Rx and it was filled in "good faith". *See previous comments, how much of this goes on?*

Patient wanted vacation override for controlled substance. Told that can't be done, patient upset and wanted complaint information. *That call should have been sent to pharmacist for*

counseling opportunity possible overuse of medication/addiction.

Patient didn't receive medication but showing it was delivered, said they can't do a reship. Told patient that if he can't locate they could do an override for "lost medication" but he'd have to pay another copay. Patient said he'd call Doctor and get Rx sent to local pharmacy.

Patient upset that specialty ships overnight and mail order ships by best method. Told specialty does that as most need refrigeration. Patient doesn't want to do mail order and wanted to go to local pharmacy.

Patient upset about authentication process and needed process information for Rxs at local pharmacy. CSR called local pharmacy to give this info. *See previous comments.*

Patient out of medication and they don't deliver on weekends. CSR said bridge team is "closed" so can call next day to see if he can get a bridge supply. Patient to pick up bridge at local CVS.

Patient says Doctor is unavailable to do a 90ds and Rx is rejecting for 30ds - with high copay (or patient out of pocket all together). Filled 90 ds at retail 3 days later.

Patient's father called about Rx mailed to incorrect address. Address was written on mailed in profile and overlooked by pharmacy. He felt they should not be responsible for copay due to error and mail delay. CSR gave courtesy credit voucher for copay.

Patient almost out of medication and Rx hadn't been shipped. Order when clarified sent out next day air. *At whose cost?*

Patient's mom upset as Rx was sent in to CVS Retail, then specialty then mail. CSR said all three are separate databases (with no visibility) and Rxs need to be send into "correct" pharmacy. CSR said can't do anything with

order as patient is over 18 and there is no AOR on file. Dad called back and got same info.

Patient unhappy as 28 ds not going through and would need Rx for 90 ds.

Patient upset that his account was charged (urgent) ship charge that he didn't request. He was credited back \$17.

Patient didn't get the Rx for 12 days. Hung up. CSR reshipped medication with expedited shipping 10 days later. *At whose cost?*

Patient calling back on returned medication she was sent in error with \$60 copay charge. Still not done, CSR had to look into it and got charge reversed.

Patient not happy with mail times and asked that his hard copy Rx be sent back to him (overnight) at CVS/Caremark cost.

Patient's daughter called about no reship for her Dad. Said they would be responsible for new copay if obtaining at retail.

Patient upset with how website functions.

Patient got 90 ds he didn't order. Patient said she gets Rx through specialty and wanted to return the mail order Rx since she gets financial assistance with specialty. CSR said this wasn't a CVS/Caremark error and would not take back as issue didn't qualify.

Patient got Rx from mail that he no longer takes and was ordered in error. He was given credit of \$60.

Patient got Rx from Doctors office and requested it go back. She was told its not approved since she told Doctor she wanted a refill on "everything". Doctor sent in new Rxs and now she said she didn't understand what the Doctor meant about needing refills on everything. She is going to stop payment on the check and was

told she's still responsible for her copays for the medication sent. *See previous comments.*

Patient said 2 rx's were lost, but show confirmed delivered. He wanted refunds. Lost medication overrides were done by CSR and patient told he still had to pay the copays.

Patient said the Rx was sent back to the post office, needing signature. Post office sent back package to CVS/Caremark in error instead of holding. Processed reship and it was delivered a week later.

Patient didn't know how to correctly view copays on web as she was selecting brand when generic available. She wanted to be SURE her new Rx's wouldn't cost what she is seeing online.

May 2016

Patient family member wanted to send back Rx, CSR couldn't discuss anything since no AOR on file.

Patient called about call for ready fill Rx's. Patient was confused as she had plenty of one Rx, but wanted 2 Rx's to be set to fill on same date. CSR was able to put them in filling together.

Patient got letter about order cancellation. She didn't want to be receiving letters about updates.

Patient called about a Express Scripts order for a Rx, she wanted it sent back as the copay was high. CSR would do so as a "one time courtesy". *Who pays for this?*

Synthroid brand/generic issue. CVS/Caremark blamed on Doctor. Patient wanted to have levothyroxine stopped in order, but CSR said it could be too late, no guarantee. *Community pharmacies deal with this a lot and the issue is usually resolved prior to or noticed at POS.*

Patient wanted to return Rx that was

Patient's daughter upset she can't medication in LTC facility and wanted override on overfill limit. CSR gave patient info to send in proper documentation.

Patient upset she got capsule form of medication. CSR reviewed and it was done with what Doctor ordered. Patient hung up.

Patient upset as Rx is overfill limit. He sent in Rx to mail order to get filled as mail order had Rx transferred.

Patient upset hasn't received and CSR confirmed that order was cancelled in error. Upgraded to expedited shipping and shipped 6 days later.

electronically ordered by Doctor. Already got same Rx at retail on the same day. One time "courtesy" send back. Notes in system, patient doesn't want to use mail service. *Why was the same Rx paid for twice by the PBM? Is the least a plan can expect from a PBM is efficient claims processing?*

Patient called about Rx done that Doctor wanted to put on patient file for when needed to fill. It was sent to patient with \$60 copay, and patient didn't authorize and wanted refund. CSR said Rx is submitted as the request is processed unless otherwise specified. CSR did one time courtesy return since she didn't request order. *How much of this is happening and patients don't call in and they are charged as well as the plan for prescriptions they don't need?*

Patient upset about being charged a order that was delivered to wrong address in several months prior. She did get rehip but didn't get letter saying to send back confirmation of not receiving original order. Now she's being charged copay for original order.

Patient upset about authentication process - they need 3 identifiers and patient didn't want to give address, but calling about vacation override.

Patient upset about order he didn't request. Ssid Rx is set up on auto renewal which is why they contacted Doctors office for new Rx. CSR said could try to cancel, but too far in processing. *This is also an obvious consumer protection issue as well as a fraud, waste and abuse issue. Things are never too "far in processing" to cancel until they given to the shipping company and even then they could tell the patient to refuse the package.*

Patient upset tracking info isn't available at UPS.

Patient spouse upset regarding AOR form that was supposed to have been received. Form filled out incorrectly, wife said she would redo and resubmit.

Patient got a check for \$10.35 from CVS/ Caremark indicating overpayment and wanted to know name of Rx. CSR was unable to see any information, said it would take up to 3 days for information.

Patient called about birth control being sent to incorrect address. Upset as she put shipping address on mail order form and updated online. CSR said Rx was in dispensing and she'd try to update address. *See previous comments.*

Patient got 2 Rx they didn't order. Previous comments said put on hold and wait for patient to order. CSR said Doctor sent in so they couldn't take back as it wasn't allowed. Patient said he'd return the next unauthorized Rx going forward. *See previous comments.*

Specialty patient upset has not received medication that was put on hold. She said she'd be going out of town in 10 days. CSR said patient's Doctor sent into mail vs specialty which is reason for the delay.

Patient's wife called about husbands rx. CSR said couldn't discuss due to no AOR, patient's wife upset as this is first time she heard about AOR form.

Patient called about vacation override for Controlled substance - Patient will call Doctor to have him write 2 Rxs, one to go through insurance and one to pay out of pocket. *Why was this call not sent to pharmacist for consultation)?*

Patient upset that payment for order was still on hold (duplicate) from bank. Thinks the money was taken out twice per bank statement. CSR said for patient to fax in statement indication double charge.

Patient upset about overfill limit for Rx rejecting at local CVS. CSR said patient should know the benefits, patient thinks they pay premiums so the claim should pay. But it needs to be a 90ds. Patient's wife afraid that doctor would do another office charge to write a 90ds.

Member's mom upset with overfill limit for daughter for Rx that was rejecting at retail.

Patient upset about \$60 copay for 30ds mail order. CSR said per SOF no credit allowed unless error was made by CVS/Caremark. Patient discontinued Rx and will continue Rx locally. *Did the CSR discuss more cost effective options or transfer to the clinical for this discussion?*

RN upset as no one would reveal location of call center.

Patient got refund check for \$19.20 for overpayment and wanted to know which medication it was regarding. CSR was unable to locate any information and it was service warranty check due to an audit and advised that they contact SOF to see if they had any info. Patient upset with response.

Patient unhappy that they've already utilized vacation override and its one time per year.

Patient locked out of web after several attempts. CSR not showing patient locked out and told patient to wait a few hours for another temp password.

Patient got Rx without ordering. Patient said it was released and put on future fill, - said take back wasn't an option and package was at the post office. *See previous comments.*

Patient didn't receive Rx and lost medication can be entered but patient had to pay additional copay. *In these instances the plan has to absorb the cost of 2 Rxs.*

Patient called to check on status of 3 Rxs, entire order was cancelled in error. CSR got order going again.

Patient received check for \$3.81 and didn't know what it was for. No explanation on the check. SCR went over copay and requested statement of cost to be sent to member for current year.

Patient didn't receive inhaler a month ago. CSR did override for patient to receive at local pharmacy.

Patient wanted ID number to give to local pharmacy, CSR said couldn't give, but could call the pharmacy to give the information.

Patient going on vacation and worried about delivery. CSR placed with overnight delivery. At whose cost?

Patient's wife for spouse (no AOR on file), Rx sent with signature required. They don't live near post office and it's inconvenient for him to go and sign for packages. CSR tried to get wife

to provide drug name since there was no AOR. Was unable to locate correct drug name. CSR added notes for the future.

Patient wanted to return Rx as Doctor had discontinued medication for her. She said it was sealed and requested taken back. CSR said that medication is destroyed and mailtags for take back was not available. *See previous comments.*

Patient ordered Rx and submitted with incorrect address on mail order form. CSR gave tracking number so she could call UPS. CSR told member that he would update address with UPS but couldn't guarantee it.

Patient upset that specialty does not accept aDAP. Program through SOF that helps pay for HIV medications. Patient is requesting long term override for HIV drugs to get purchased through Winn Dixie. Patient can't get meds thru UPS or FedEx as building doors are locked unless driver gets in door when someone leaves and then they leave package in hall and they get stolen. Issue is now being handled by specialty.

Patient's case worker called to check on 15 Rxs a few which are specialty Rxs. Was released from the hospital next day after a transplant. Case worker said NP called a few days perio and Rxs would be delivered the next day. CSR made note to allow Rxs to ship urgent next day at CVS/Caremark's cost due to delay.

Patient's spouse called for Rx for Lyrica (cs) that wasn't received in April. CSR said the override wasn't available for controlled substances and reship wasn't available as there weren't any refills left. Patient said they would go ahead and pay out of pocket.

June 2016

Patient upset coupons weren't honored at mail order. Patient said same coupon is accepted at CVS pharmacy and doesn't understand why he can't use through mail order as its same company.

Patient upset about stability of medication received. Ssid 95 degrees in Florida and medication was several days in mailbox and didn't feel comfortable in taking it. Call transferred to pharmacist who verified that Rx stable up to 104 degrees. Pharmacist take back with reship because of potential heat effect. *In Florida this is an obvious issue and one that is nonexistent at community pharmacies.*

Patient wanted credit card removed from her account. Said bank called her that card was compromised and she no longer wanted to use mail order.

Husband wanted to cancel wife's order but didn't have AOR on file. Said she wasn't there and all he wanted to do was cancel order. CSR said without AOR that couldn't happen. *So the patient would have Rxs sent any way if not able to call back.*

Patient upset that Rx was shipped next day ground versus next day air. Patient wanting delivery on Saturday or Monday.

Patient called about reject with new directions. She would call the Doctor, but pharmacy would have to call for reject and at THAT time would they do an override. *Why can't they do a pre-empt override?*

Patient upset that reship Rx came with an invoice. CSR said that for reship there is a comp on file for price of medication. Ssid patient should receive letter soon asking if they received initial package or not and to fill out form and send back to ensure they aren't charged for the 2nd shipment.

Patient's wife calling checking status, patient is out of medication. Stated that this is 2nd attempt to fill due to CVS/Caremark delay. CSR couldn't provide information without AOR on file.

Patient called about Doctor sending Rx to mail in error. The Rx should have gone to local pharmacy. She was told Rxs were in final stages of shipping and couldn't be guaranteed the Rxs would be stopped. *See previous comments.*

Mixup on patient refill as he was on 2 different strengths of same medication. Patient couldn't enroll in readyfill as it's a specialty medication (praluent).

Patient's new birth control didn't agree with her didn't want the 90ds overfill limit on new Rx. *This is a common problem with birth control medications and patients usually have to try a few before they find one with minimal side effects. Another problem with the 90DS plan design.*

Patient asked for status of mail back on C2 hard copy which she did 2 weeks prior. They couldn't find as it showed went back through UPS with no tracking info.

Patient upset order got sent to wrong address. CSR sent request for Rx to be reshipped to Canada address as requested since order was sent to wrong address.

Patient upset that she requested prior that they don't fill anything mail order but she continues to get letters from mail order. CSR cancelled pending orders and removed credit card on account.

Patient had 2 orders for Zetia and was told one wouldn't be ready for a few months. But one was ready to go now and was upgraded on shipping as a courtesy due to incorrect

information to member. She asked about filling locally in the future.

Member got 3 rx's that he wasn't expecting and shouldn't have been filled. There were notes on account to not fill any medications unless requested by him. He's requesting credit on account because he didn't order these refills and will be out of town for a few months. CSR credited his account. He's going to file a complaint against the plan. *See previous comments.*

Patient upset that CSR couldn't provide ID number, he left card at home and was at post office trying to mail in Rx's.

Patient called about override on c2 medication early as on research mission with SOF. CSR said once a year expatriate override could be done for 6 months. CSR said to take to pharmacy so overrides could be entered once the rx's were rejected. *See previous comments, this could be done ahead.*

Patient called about 2 prescriptions for 10 days and now Doctor wrote new Rx for 20 days for tamsulosin and Rx is rejecting for refill limit. Patient is using for kidney stones and needs another fill at retail. CSR said override not allowed by the plan. *Another problem with the mandatory 90DS plan design.*

Patient never received delivery but showing confirmed as delivered. CSR said unable to reship but can enter lost med override but she'd have to pay another copay. Contacted Doctor's office to see if they can send in new Rx to local CVS as there were no refills left on file.

Patient's daughter upset that CSR is asking for name of medication or any med on profile. She doesn't feel that she should have to provide because she was an AOR form on file.

Patient upset he keeps getting phone calls .

Patient is receiving invoices and doesn't know what's going on. CSR said it was for instalment payments every 3 months. Finance following up.

Patient's spouse upset as husband's rx was shipped and not received. Reship options were discussed.

Patient called about 3 Rx's that he didn't request to be filled. CSR said they were ordered the month prior and put into future filling as were too soon at the time. CSR said couldn't be returned, but would place note in profile.

Patient called about \$90 copay charged to her account, as she thought she was on a payment plan. Patient didn't know process and was educated for future refills.

Patient got generic medications, but wanted brand and wanted to send back. CSR said they couldn't do a take back but could credit account for copay. CSR suggested that patient destroy or donate medications to the doctor's office. *The plan paid their portion for this - fraud, waste and abuse.*

Patient didn't want any more calls from CVS/ Caremark.

Patient never got email that his Rx was being filled. There was an issue with substitution with doctor, CSR tried to get pharmacy to expedite shipping but told patient no guarantee. Patient feels like this is CVS/Caremark error.

Patient didn't want to fill a 90 ds of birth control pills. *See previous comments.*

Patient requested a credit for Rx's in a few months back. Patient has been in hospital since then as said never received the Rx's. Rx's showed delivered and signed for. Patient is refusing to pay.

Patient upset that Doctor had not called in new

90ds Rx. She only received one box (lasts 17 days) and MD was supposed to call in new 90ds to make up difference. CSR said once Doctor did they could apply for a credit, but if credit is applied, she would have second copay. She wasn't happy with answer and said she didn't want to use mail order any more. She ended up getting 90ds at local pharmacy.

Patient didn't receive C2 and was never sent email to her email - but it shows email confirmation. Patient insists CVS/Caremark responsible for error by post office and upset that post office allowed her underage daughter

July 2016

Patient upset website wasn't working.

Patient's mom unhappy as Rx is being denied at local pharmacy. She doesn't want to get 90ds because son's medication dosage can change from month to month.

Patient upset as Rx wasn't sent out with a cold pack. Clinical said it didn't need pack. Patient would rather pick up from local pharmacy going forward.

RN wanted to cancel an order that is in process. CSR said possibility of it not cancelling as its in process. See previous comments.

Patient got Rx and didn't need, asked to be off of autofill. CSR said they would take back and credit member's account.

Patient upset that Rx was sent out while he was traveling and doesn't think he should be billed. CSR told patient that they receive notifications whenever there is an order on file and can't accept medication back because it wasn't a CVS/Caremark error

Patient upset that Rx went out after it was cancelled, prescription can come back as it is

to sign for a C2 Rx. CSR contracted pharmacy to see if there were notes on packaging. Referred back to post office. *See previous comments about C2 Rxs being mailed.*

Patient needed expedited shipping on C2 that she was almost out of.

Patient upset she was on hold for 30 minutes.

Patient said lost C2, lost in transit to CVS?Caremark. Said she's out of medication, expediting processing and urgent next day shipping.

CVS/Caremark error.

Patient upset that Doctor sent in Rx with incorrect dosage. Patient got a call and advised NOT to fill the Rx. Patient cancelled all remaining Rx refills. Patient returned medication and was credited for copay.

Patient is having issues with specialty medication.

Pharmacy tech (from retail/local pharmacy) calling wanting early refill override for one Rx, CSR said it just shipped from mail order and can't do override for patient to pick up at local pharmacy.

Patient upset that installment payment option wasn't set up for member on order when refill was requested. CSR requested payment dispute since it was Caremark error and patient was credited copay.

Patient upset as she never received Rxs and she won't pay another copay for the prescriptions. CSR said there is a confirmation of delivery to proper address and can't reship. CSR said that they could do a lost med override, but another copay would be charged to patient. *The plan*

would also be charged twice.

Patient is upset because she refused a package and wants credit for medication that were requested via a mail order form. CSR said there was no CVS/Caremark error and no credit would be provided and if they receive package back, still can't provide credit.

Patient requesting send back and credit for order due to cost. He was unaware of the copay and it not wanting to pay \$100. As its not an authorized return, most likely he won't receive credit back.

Patient upset with money hold at the bank, CVS/ Caremark said there are no orders pending, but patient did place a refill and provided credit card. But patient changed mind and wanted to pick up order locally and cancelled order that was in process. Unsure how long that takes with the bank.

Patient upset order wasn't been shipped.

Patient upset order for 3 weeks still hasn't been reviewed. Patient wanted a transfer to local CVS.

Patient called about order he's been trying to cancel multiple times. *This is a patient/ consumer protection issue.*

Patient upset about overfill limits. Told that per CIF (not sure what that means), NO exceptions can be placed for override. Patient wanted to file complaint with SOF.

Patient's husband requested to have wife's phone numbers removed from all databases to stop all calls.

Patient called about 2 Rxs that were shipped but lost in transit per tracing. Patient requested transfer of Rx to local pharmacy and for vacation overrides to be placed.

Patient upset because order a week back for 2 prescriptions was cancelled due to payment issue. Patient requested to have Rxs transferred to local CVS but transfer department was closed for the day. CSR did manual refills and expedited shipping. *See previous comments about mail order transferring Rxs to other other pharmacies.*

Patient upset that medication was filled and shipped after he had requested that nothing to be filled unless authorized by him. Take back was allowed as it was CVS/Caremark error.

Patient called for expedited order already in dispensing. CSR said that is last phase and additional expediting isn't needed

Patient upset about coverage for shingles vaccine.

Patient got tablets instead of caps for Klor-con. Pharmacy said it was filled correctly, no take back allowed.

Patient wanted to fill and bill (not pay upfront) and had a credit on his account and was only short \$1.06. New CSR said they should have placed refills and they could have filled and billed remaining balance to patient.

August 2016

Patient upset wrong order is being processed, CSR said it was done via IVR system and not a CVS/Caremark error. CSR was able to cancel the Rx before it was sent out.

Patient called about a credit never received from a few months back. CSR told patient there was a credit to the account versus putting back on the card. The credit was applied to another order.

Patient is out of Rx (waiting for mail) and couldn't get from local pharmacy as they didn't have a Rx on file for that. CSR said there was no order and can't do any type of override, if patient needs now needs to pay out of pocket or ask Doctor for samples. *See previous comments.*

Patient got charged for 60ds and wanted 90ds. Rx was for 30ds plus a refill. CSR said no CVS/Caremark error and they can't reship the remaining quantity without a charge and if member is wanting to be reimbursed they need to call Doctor's office. *See previous comments.*

Patient upset as package was stolen from his location and wants a reship at no charge. CSR said they can't do anything as patient no longer has coverage. Account manager authorized eligibility to be on for a reshipment to patient that never received the order.

Patient got a collections notice from orders that were shipped in March. She said she had never taken that medication and it never received. CSR said Rx came from Doctors office and verified the correct address where the Rx was delivered and since there was no CVS/Caremark error they wouldn't be able to do any credit. *This is a consumer protection issue.*

Patient upset that they wouldn't speak about husband's account, said they would send out the forms. She was calling about a manual check that was sent to her. She thinks her mail has been compromised. CSR said they could cancel

the check and send out new check.

Patient's Mom called about a Rx that needed verification that was taking awhile. CSR tried to expedite, Mom unhappy and wanted to go to local pharmacy going forward.

Patient calling as Rx was rejecting at local pharmacy due to claim still in process at mail that he tried to cancel. CSR was able to cancel the Rx to allow Rx to through at local pharmacy.

Patient upset as no longer has coverage and is still receiving automated calls from Caremark.

Patient called about an order that was placed more than 2 weeks ago and would be leaving town and should have expedited shipping. Order shipped out 11 days later.

Patient called about lost Rx from a week prior. CSR said new Rx would have new charge, patient decided to pursue charge with post office.

Patient's spouse about about payment issue that wasn't put on installment plan as requested.

Patient couldn't authenticate call without ID number, but never received a card and is trying to fill Rx at a local pharmacy. CSR called pharmacy to give processing information.

Patient called about order showing delivered but never received. CSR said override could be placed to have Rx shipped again, but patient didn't want to pay another copay. CSR told patient she could dispute with post office on previous order. Patient not happy with that answer.

Patient upset that previous mail order pharmacy wouldn't transfer Rx's over with refills, but CSR said they could contact Doctor to get new prescriptions. *Mail order pharmacies*

traditionally make it difficult if not impossible for other pharmacies to call in for transfers.

Patient upset due to lack of early refill and shared that she "borrowed" pills from a friend and needs to give back. CSR said they would send out a "reship" (was Rx lost)? But they wouldn't be able to refill for 2 more months after that. Patient said she didn't want to be penalized if Doctor sent in wrong Rx and postal service lost her Rx. *This patient certainly should have spoken with a pharmacist - overuse or misuse of Rx and counseled on never borrowing/trading or taking other people's Rx.*

Patient upset that Rx that was sent out in April, he never received order and doesn't think he has to pay for it. CSR shows confirmation of delivery so he has to pay for a reship. No CVS/Caremark error, so no credit was issued.

Patient upset that Rx was completely charged versus being put on the installment plan, CSR can't change to installment mid process, but could reverse charge and she can pay later.

Patient upset that FSA card wasn't used as it was set up as default - CSR said it wasn't in profile and submitted task to have the charge submitted to FSA card.

Patient upset that she's required to use CVS specialty pharmacy and she doesn't feel like she has to use mail order and wanted to (continue) to pick up Rx's at local pharmacy.

Patient going out of town and is having Rx rejecting for overfill limit. CSR said they could enough refills from Doctor to do 90ds. Patient said Doctor isn't in office and he would pay out of pocket to get through the weekend.

Patient upset that he thought he had to get his maintenance medications via email. CSR told about 90ds at retail and pharmacy he can use.

Patient upset that he wanted Novolog and

Doctor's office sent in for flex pen which he specifically told another CSR he didn't use the flex pen on previous call when he requested the new prescriptions. He said he also wanted to be notified when Rx's were sent in and before they were sent out. CSR had to review previous call to note CVS/Caremark error and they sent a mail tag for a Rx return due to their error in sending incorrect medication. *Did the plan pay for this (expensive) Rx?*

Patient upset that paid for 90ds and only received 30ds. They took back due to CSR error in not telling patient need will need to send the Rx back to get credit. Patient may run out of medication, CSR said they could override so they can pick up at local pharmacy, or get samples from Doctors office. *See previous comments about CVS/Caremark volunteering samples of Rx's at Doctors offices.*

Patient called about order and it was undeliverable as addressed. CSR said could do a reship but not for another few days as they have to wait 15 days. Patient provided a different mailing address for the reship.

Patient upset as hitting over fill limit on Toujeo as she was unaware. Said she'd call her Doctor to request local pharmacy 90ds.

Patient trying to get gabapentin at local pharmacy and hitting overfill limit. Doctor won't approve 90 ds until patient's appt with primary care physician. CSR said no override available. He asked for complaint address.

Patient called and is out of medication. Tracking shows its at the post office, she asked about the reship process and hung up.

Patient called in to check tracking. Was told Rx would be there Saturday, then Monday, and that she would be refunded her shipping fee. Rx doesn't show any tracking. CSR refunded overnight delivery and tried to locate tracking information.

Patient called about in process RX - levothyroxine that makes her sick. CSR tried to stop but said there was no guarantee, put notes in patient's profile. *See previous comments.*

Doctor upset and wanted to complain that Caremark reached out for a refill for Tribenzor for member on her home number for prescription requests.

Patient upset that order was filled through mail order. CSR said take back and credit wasn't an option. Comments added to account to not fill any Rxs unless requested by patient. He made statement "Caremark doesn't care and does not provider good customer service".

Patient has been waiting for Remeron to be filled at mail order for over a month and now she's out of medication. CSR said medication showed as manufacturer discontinued, patient said Doctor told her company has it available.

Patient called about an order he didn't request. CSR said the Doctor sent the Rx electronically and a take back isn't an option. CSR said they could try to get credit of \$60 for copay credited back to patients credit card and patient would take care of balance in 60 days. *However the bulk of this Rx was paid for by the plan.*

Representative from LTC facility requesting override for overfill limit, CSR gave fax number to send to in.

Patient had Rx for cytomel rejecting for overfill limit. Doctor is retiring, can't do 90ds. CSR said no override available. *Another issue with mandatory 90DS plan design.*

Patient upset as Rx hasn't been shipped and she had wanted the new Rx on the ready filled program. CSR said that RX wasn't enrolled but could have been the fault of previous CSR so waived expedited shipping. *At whose cost?*

Patient is upset she hasn't received order and pharmacy is unable to do bridge for Entresto 24/26. Rx will expire before next refill date (so she doesn't want to use refill for a bridge, possibly?). CSR said patient can purchase a few days out of pocket if she needs Rxs immediately.

Patient called about Rx that should have been received by mail. No order in system per CSR, suggested getting 90ds at local pharmacy.

Patient called about Rx that was sent back in April - she sent back without a mail tag. Patient wanted credit of \$3.33, said she told CSR she was getting Rx locally.

Patient has been out of medication for over a week, showed that patient has Medicaid so override can be entered for patient to receive medication. Old notes on computer showed invalid documentation, CSR gave patient fax number and reviewed documents. *See previous comments about this information being available online on the ACHA website.*

Patient wanted to return Trulicity pen that was filled in ready fill. A new Rx for an alternate strength was sent in by MD and filled a few weeks prior. CSR said since the first Trulicity was in ready fill, they should have removed it. *They should have notice this as it is duplicate therapy.*

Patient had to call in for fax for documentation for Medicaid information.

September 2016

Patient got Rx she didn't order and was unaware Doctor ordered it and she hasn't been taking for over a year. Rx was in future fill. Pharmacy approved one time credit, discontinued Rx and provided instructions to member on how to destroy the medication since she couldn't return medication. *The plan paid for their portion of this Rx.*

Patient called and mistakenly ordered 2 medications, realized 4 days later their error and called to cancel, but they filled anyway. Patient wanted to send back due to CVS/Caremark error. CSR reviewed to call to verify CVS/Caremark error and did the take back for patient with patient credited.

Patient's mom called to check status on override on overfill limit due to son being on Medicaid. She has called multiple times and said this can be done in 1-2 hours. CSR gave fax number. See previous comments.

Patient unhappy about authentication process on the call.

Patient called about continuing to receive calls even though he no longer has covered.

Levothyroxine/Synthroid issue and patient wanted to send back and Doctor allowed substitution on Rx so that wouldn't qualify for credit since it's not a CVS/Caremark error. See *previous comments.*

Patient's order lost per patient, but showing confirmation on delivery. CSR could do a lost medication override, but he'd have to pay another copay. He wanted to call CVS/Caremark about him having to pay again. *What about the plan who also had to pay twice for this lost Rx?*

Patient upset about shipment without her approval. CSR said Rx was electronically sent

by Doctor and there was no email address or phone number on file to notify. She was really upset and said she couldn't afford the \$60 copay. CSR requested a one time courtesy return.

Doctor called about Rx that was shipped without patient's consent. Doctor wants patient to get credit for copay that was charged. Credit was denied by account manager.

Patient received incorrect refill for different strength of pravastatin. One was placed on auto fill program, patient doesn't remember placing it on auto fill. CSR said they can do a take back.

Patient didn't want to have a method of payment on file and upset that it's required. Patient refused to place payment on file and requested all of his Rxs to go to a local pharmacy.

Patient having issues setting up family access with spouse showing inactive.

Patient upset as area was hit with hurricane and only pharmacy open was Walgreens. CSR said NO EXCEPTIONS made for out of network.

Patient's rxs getting rejected overfill limit. Patient's Doctor changing in same practice and not sure if they would do 90ds. CSR called local pharmacy for price on 3 day supply for patient.

Patient wanted to place refill that isn't on autofill and didn't want to give method of payment, wanted to pay by check. CSR said if she were to place Rx on auto renewal the system would process the order and she would receive an invoice where she could then pay by check.

Patient's Rx rejecting at local pharmacy due to overfill limit - CSR educated on need to get 90ds.

Another patient same issue and wasn't happy with the response.

Patient called about overfill limit. Said Doc is out of town and the backup Doctor is backed up seeing other patients. CSR that plan doesn't allow exceptions for her situation, and there is no override. *Another issue with the mandatory 90DS plan design.*

Patient called about Lantus order that he didn't order and didn't realize it was outside until the next day. The clinical dept offered to replace since it was left outside. Patient wanted credi because he has plenty of medication on hand. CSR said patient was sent an email alerting of shipment and that Lantus is on autofill. He was upset and wanted removal from autofill and he would be throwing the medication away. *How much is 90ds of Lantus at least \$700 for 3 vials.*

Patient upset Dymista was filled and shipped out as mail order doesn't allow for copay coupons, but CVS retail does. Wanted a credit and to send back.

Patient upset that she got Tranexamic Acid 650mg she previously requested to have removed from autofill since she is no longer taking the medication. Requested a take back. CSR said they could credit the \$14 copay and asked that she destroy the medication. *The plan still had to pay the bulk of the price for this medication.*

Patient called in about test strips and insulin that should have been delivered on Saturday but due to UPS shipping issues delay, and being delivered to apartment office which he was unable to pick up due to conflicting work and apartment office hours. CSR had UPS return back to Caremark and initiated a new order for patient to be shipped the next week on a Saturday.

Patient upset that charge of \$532.51 on his credit card. CSR said charge was from web refill request for Crestor and the charge would fall off account after the order shipped or within 72 hours.

LPN called from LTC facility with overfill limit. CSR provided instructions to fax in documentation. LPN said the request is urgent as patient is out of medication. *See previous comments.*

Patient upset that installment plan wasn't used for 2 (expensive) Rx's. CSR said she was billed full amount because the Rx's were sent in by the Doctor. CSR reversed it and reprocessed task.

Patient called about a delivery for Lyrica she refused delivery and sent back to the pharmacy. She wants account credited. She said she had note in account that CSR didn't see prior to shipment. Return was denied. One time credit was approved. *Did the plan have to pay for the rest of the cost?*

Patients Rx denied due to overfill limit. Patient said he only needed 2 more weeks of medication and not 90ds. *Another issue with the mandatory 90DS plan design.*

Patient received medication after she requested to have off of autofill. CSR approved for a send back.

Patient's wife upset that his Rx's are being rejected at local pharmacy. He's a truck driver and is on road for 6-8 weeks at a time and needs overrides. CSR did vacation overrides for 4 medications. CSR tried to call local pharmacy, but they were closed.

Patient received 2 Rx's that she didn't order and wanted a take back. Rx's were sent by Doctor and wasn't a Caremark error so couldn't be sent back. *See previous comments.*

Patient upset Rx wasn't on autofill. CSR requested refill and expedited shipping due to patient having one week left of medication.

Patient had yet to receive Rx from mail order after 2 weeks. CSR initiated reshipment.

Patient didn't receive a Rx for more than 2 weeks, patient is now out of medication. Tracking for order shows it hasn't been delivered. CSR expedited shipping for reship which was delivered 2 days later.

Patient upset got a 30ds of Enbrel when he always got 90ds. CSR called specialty who said they couldn't process for 90ds as patient just got 30ds.

Patient out of pravastatin and waiting over 2 weeks for an order that hasn't been delivered. Previous CSR did a bridge and expedited

shipping, patient wanted to file a complaint for having to wait 16 days for a rehip.

Patients mom called about local independent pharmacy refusing to fill C2 medication due to pharmacy cost and then CVS pharmacy refusing to order Rx for one person. CSR wanted to send a "non-compliance" for the pharmacy but patient really wanted to complain for force CVS to order. CSR called CVS pharmacy and went over C2 order process and pharmacy said they would order, but it would be 3 days. Patients mom will take the Rx back to CVS and wait the 3 days.

October 2016

Patient upset no process of Rx without a method of payment, and then wanted to fill at local pharmacy going forward. She asked that credit on her account be refunded to her.

Patient upset that card was charged for order shipped the day prior. She said she called month prior and said she didn't want anymore mail orders sent or charged to her card. CSR was going to review call for a possible take back.

Patient said AOR was on file and no one could find it. Higher up team was able to locate the AOR form and assisted member's wife with status.

Patient wasn't aware they had to get 90ds for her Rx and paid out of pocket due to being out of medication while waiting for mail order. She wanted override to allow pharmacy to do claim for full 84 days so they could do remaining quantity at copay and reimburse her any difference.

Patient thinking Rx is lost in transit. Reship has been processed and patient upset that reship wasn't sent with overnight shipment as promised. Now she's out of medication and very unhappy with reship process. Patient

expressed dissatisfaction with CVS/Caremark customer service. Patient got 14ds at local CVS.

Patient upset he couldn't fill specialty Rx at his local Publix. CSR educated about Caremark Specialty exclusivity. He wanted to cancel his Rx coverage. *Here's an issue - patients DON'T have a choice and are bound to the policies of PBM that their plan chooses.*

Patient called about her specialty medication, Otezla starter pack that she was counseled by a pharmacist a few days prior about the importance of taking the starter pack. Patient still hasn't received the starter pack and wants to speak to a specific pharmacist. CSR said they would send an email request for pharmacist to contact, but couldn't guarantee when she would be contacted since pharmacist is in another department and they don't know about their availability. *All aspects of the specialty pharmacy process worked EXCEPT for the most important - the patient never received the medication.*

Patient calling about overfill limit on hctz. He said he doesn't want to get 90ds as Doctor may not keep him on it. Request for override is denied. Patient upset about these guidelines

wanted to submit a complaint. CSR offered to contact Doctor for 90ds, but patient hung up. *See previous comments.*

Patient called to cancel an antibiotic prescription that was in process at mail order. Her Doctor sent Rx to mail order in error. Patient is upset as he's at local pharmacy now and now override is available. CSR said an email was sent to try and stop Rx but there's no guarantee it could be cancelled. Patient very unhappy with response.

Patient called about order status. He was calling to verify tracking. CSR said that it was possible that Rx was held because of weather conditions in Florida. *A very big problem during various times in the year with mail Rx delivery.*

Patient called about shortage on quantity for Dexilant. CSR assisted with reship for shortage and sent fax to Doctor for new script for member's order since member didn't have refills remaining. *See previous comments regarding wasting Doctor office time.*

Patient's Dad calling about the issue of son getting brand Tegretol. Dad wanted permanent comments about son receiving brand Tegretol, he wanted to speak to supervisor as having to call so many times with no resolution.

Patient upset their new Rx wasn't put on installment plan. CSR said it was because the Rx was sent in from Doctor and was charged in full. Nothing they could do to change it.

LTC called for patient and they didn't have AOR on file and they said they faxed twice. CSR provided correct fax number.

Patient calling about order that has not arrived. Patient only had a week's supply on hand. CSR verified address and said that tracking status showed there was a weather delay.

Patient said hasn't received lorazepam (controlled substance) from a month ago. CSR

said reship isn't available, and patient could pay out of pocket until Rx is refillable. *Why wasn't call transferred to pharmacist - missed counseling opportunity.*

Patient upset that metoprolol was filled without requesting it. CSR said it is on auto fill and they were notified before shipment. He said he didn't receive email and wanted to return the medication. CSR said can't be returned as it isn't a CVS/Caremark error. *See previous comments.*

LTC calling (again) about faxing request for ltc override. CSR asked to fax form (one more time)

Patient called about needing his Rx overnight due to running low on medication. CSR explained the ready fill process and patient didn't agree with that. Patient is in wheelchair and local fill is not an option. CSR placed task to have order shipped overnight at no cost to member. He also requested coaching of previous CSR about empathy and not doing more to help member. *Why wouldn't the CSR help the patient find about a local pharmacy that does delivery?*

Patient upset that his Rx enrolled in ready shipped when Doctor changed to lower strength on the same day. CSR said they could do a return and a credit once reviewed by pharmacy.

Patient upset as she mailed in 10 Rx a week and a half prior and they still haven't been received.

Patient was upset that Rx was rejecting at local CVS due to specialty medication forced to go to CVS/Caremark specialty and they were probably delayed due to storms in Florida and South Carolina. CSR offered to place order since member had refills on file, patient declined and said they would wait under order was received.

Patient upset that new Electronic Rx wasn't enrolled in readyfill and he's out of medication. CSR said the Rx was due to the Doctor not

responding to the new ready fill prescription that was sent by the pharmacy. The patient wanted to have the Rx transferred to local CVS.

Patient called for a refill the CSR can't find. Another CSR finally found and it was a specialty Rx. CSR offered to transfer to specialty, but patient said he would order online.

Patient called about shipment that hasn't been received. CSR said in transit and patient didn't want bridge or the Doctor to be contracted for new Rx. Patient wanted transfer to local CVS from mail.

Patient called about an order that was in the process of shipping which she didn't want shipped. CSR sent email to attempt to stop order. CSR explained there is no guarantee of stopping order. *See previous comments.*

Patient was having problems with entering Rx number into IVR system. CSR said that patient was using an expired Rx which caused the issue.

Member called about balance on account and requested payment dispute. CSR said balance still shows as not paid. Patient said bank took out payment. CSR said bank transaction can take 3-5 business days.

Patient requested for mail correspondence to be stopped.

Patient requested to speak to someone where call can be recorded due to issues with trying to get his Farxiga at local pharmacy. CSR

November 2016

Patient called to cancel order for Premarin that she received. Said she received faster than expected and wasn't ready to pay. CSR sent request for charges to be reversed and place account for member to pay at a later time.

told patient that call was being recorded and informed patient that he could not record the call. *So the calls can be recorded on one side only?*

Patient had temporary address on file until a few days prior and upset that order before that shipped to temporary address. Patient said she was returning to Florida and is without medication. CSR suggested vacation override but that the member had no refills remaining and new rx was needed. Patient was unhappy with the response.

Patient's mother called requesting return of QNASL -Spr. CSR said that return wasn't allowed as there was no CVS/Caremark error.

Patient wanted overnight shipping on Rx and it was shipped 1st class mail. Patient is going out of town and is needed in 2 weeks. CSR said since order has been shipped nothing can be done. Patient said he'd just wait and see if he receives it.

Patient upset that she has to fill rx for 90 ds. She said dosing depends on doctor's testing. The patient has already tried 2 different strengths and the Doctor is changing again. *See previous comments.*

Patient doesn't want to receive automated calls telling her to use mail order pharmacy. She doesn't want to use mail order. CSR said best way to resolve issue would be to remove her phone number.

Patient's mom called about son and his Rxs requesting that Novolog and one touch test strips be auto enrolled for refills, be shipped in the same order and always delivered on Friday or Saturdays due to his work schedule. If not delivered on these days, the medication will be

left in apartment office and will go bad. CSR told Mom about retail 90 but she declined because her son doesn't have transportation. CSR couldn't guarantee for each future refill, Mom wasn't happy with that response. *Why didn't CSR review pharmacy list to see about local pharmacies that delivered?*

Patient called about mirtazapine. She said she never received order from 6 weeks ago. She requested lost medication override. Patient said she'd be transferring Rx to fill at local pharmacy.

LTC pharmacy calling and patient is out of medication. CSR said information needs to be faxed in about patient being at LTC facility.

Patient called and says she did not receive order for needles and it shows confirmed delivery. CSR reached out to UPS who confirmed that they left package on front door and the image showed the apt number. CSR reached out to Doctor to request they call in Rx at retail as member is completely out of needles.

Patient's mom calling about overfill limit and patient is on Medicaid. CSR said to fax copy of ID card with documentation for override to be entered. *See previous comments as this information is available on ACHA website.*

Lost medication for patient who goes back from North Carolina to Florida but should have had plenty of time to reach her in Florida even if forwarded. Rx is for Ventolin. CSR said they could do a lost medication override but would have to contact Doctor to get new Rx since there were no refills remaining. Patient would have to pay an additional copay for lost medication. *The plan would also have to pay for a duplicate claim.*

Patients Doctor sent Rx for needles to go with specialty to mail order and they sent it to the patient who was unaware it was being shipped. They sent for her to return.

Patient's wife called about husband's account, wanting to discontinue Namenda. CSR said no AOR is on file and couldn't be discontinued. Wife will contact Doctor's office to cancel 30 ds and also gave address for AOR.

Patient called to stop order for Solantra due to high copay. The order was in dispensing and tried to stop order, which couldn't be guaranteed. *See previous comments.*

Patient upset that order has not been received and she's about to leave for vacation. CSR wanted to upgrade shipping to urgent next day. CSR entered vacation override so she can fill at local pharmacy as she was out of medication. Patient will contact Doctor to phone in 30ds to local pharmacy.

LTC called about override for overfill limit. CSR gave fax number to send in documentation.

Patient at a local pharmacy who was under impression patient had to go mail order as getting rejection for overfill limit. CSR called a local CVS to see if they had enough refills to do a local 90ds fill, which they did.

Patient's daughter called about status of Mom's Rx's. She said Doctor office has sent numerous times but still not showing record of them being received. She believes that it is an issue with pharmacy and not the Doctors office. She was upset and said she'd be going to local pharmacy and filing complaint with SOF.

Patient didn't receive Rx for omeprazole showing delivered in mailbox but patient said he didn't receive. CSR believes it may have been placed in the wrong mailbox since it's in an apartment shared mailbox. Requested reship as member is out of medication. Patient is frustrated with the process.

Patient's wife called about husband's account about no AOR from being on file. She was asking about sharps container and needed to

be transferred to specialty pharmacy where she did have an AOR on file.

Patient hadn't received medication. Tracking shows it's at a metro hub and has been for a few days. Patient had 2 days left of medication. CSR placed an override to allow for early refill. Patient filled locally.

LTC facility called regarding overfill limit override. CSR told of proces, fax and documentation.

Patient's wife called about husbands rx. CSR said that Rx was still within processing time but patient is out of medication. CSR upgraded shipping and was waiting response from Doctor.

Patient's father calling about rejection at local pharmacy for overfill limit. She has only 7 days of medication left. He was demanding override.

Father's daughter is out of medication. Mail order was shipped. CSR did override and allowed fill at local CVS.

Patient received Rx she wasn't expecting and copay has high. She was upset that even though the Doctor sent in the Rx, she didn't authorize it to be shipped. There was no CVS/Caremark error so credit is not allowed. CSR told patient she had 60 days to make the payment. See previous comments.

December 2016

Patient's mother called about son on Medicaid. She already talked to CSR in August and didn't understand why the claim wasn't billed correctly. She wanted CVS/Caremark to reprocess claim with Medicaid to cover the \$14 copay from SOF plan. CSR said they would have to send a copy of receipt and Medicaid as well as paper form to assist with having issue resolved.

Patient calling about overfill limit. Patient

Orlando VA called about needing information on patient but didn't have enough information for CSR to verify thru HIPAA. See *previous comments*.

Patient upset amitriptyline was shipped to Florida adress when she requested it be shipped to New York. Patient has already used vacation override and one can't be entered. CSR offered to email account manager to see if exception could be made or member could try to purchase out out of pocket. Member hung up to contact the Doctor.

Patient's wife called about ordering husband's medication on Wednesday and was told rx would be delivered on Saturday (Monday at the latest). CSR said it would arrive next day (Tuesday). Wife said they need today not tomorrow! CSR said Doctor would need to send a short term supply rx to pharmacy to fill and pay out of pocket. She was upset and hung up.

Patient's father called about incorrect directions. Pharmacy agreed this was a CVS/Caremark error and members account was credited for \$14.00

Patient called about overfill limit for Advair. Was educated about 90ds and no override available.

has upcoming Doctor's visit and not sure if the Doctor will keep patient on the same medication. CSR said no override available. Two prescriptions were at Publix for 30 days. Patient said he'd pay out of pocket until he sees Doctor.

Patient waiting for mail order prescription that is still in transit, CSR confirmed address and status. Told patient about availability of fill at retail since

they were out of medication.

Patient's Doctor approved more refills to do a 90ds but they shipped out a 30ds instead. Patient wanted to be credited since it was a CVS/Caremark error. That was approved.

Patient called to get calls to stop as he previously requested. CSR removed patient's phone number from his account.

Patient called about a refill to be on installment plan as he had issues with this before. CSR said balance is now \$120 and patient wanted research as they think its only \$80.

Patient's wife called to cancel 2 Rxs that were being filled through mail because she was trying to get at retail. CSR said she'd try to cancel but there is no guarantee since it was in processing. Too late to cancel and it was unable to be stopped, order shipped. See *previous comments*.

Patient called about prescriptions that she mailed in next day delivery and they weren't showing up yet. CSR upgraded to expedited shipping as member would be out soon.

Patient's called about having to pay out of pocket for clopidogrel for a 30 day supply. CSR said there was no override available. Patient's not happy with the response.

Patient upset that order wasn't shipped next day as requested on mail order form. CSR said they can't change delivery method once it's shipped. CSR reachout of the pharmacy to see if shipper can be notified to upgrade delivery once they pick it up.

Patient calling about rxs that were signed by CVS/Caremark not showing received. CSR suggested reaching out to Doctor to have new Rxs overnighted.

Patient called about rx sent via priority mail

express day 1 tracking number to mail facility, Rx not received to to one available to receive it. CSR told patient to use reschedule delivery option on the USPS website.

Patient upset that Rxs weren't put on installment plan.

Patient upset that hard copy Rxs have not been received by pharmacy. Will be out of medication in 2 days. Patient said this is a CVS/ Caremark issue and didn't understand why there still wasn't a resolution.

Patient to call and discuss payment dispute previously submitted. Patient said installment plan was entered incorrectly. CSR said further research is needed.

Patient upset as Tirosint wasn't automatically ordered and shipped. She doesn't have any medication on hand. CSR said that this this is a refill, she would call and place refill. Told patient about autofill and patient declined. As a courtesy, CSR requested next day shipping for member. *At whose cost?*

Patient called with issues on autofill program. CSR did refill with next day shipping at no charge. *At whose cost?*

Patient tried to get esomeprazole 40mg approved for vacation override and called before. CSR say that override was entered but they didn't order the refill. CSR updated vacation override and released order with upgraded overnight shipping.

Patient called about his Rxs he mailed in but showing not received. CSR verified member information and resent invite to caremark.com. CSR applied shipping credit as a one time courtesy. *At whose cost?*

Patient upset order hasn't been shipped. Patient said he continues to have issues with CVS/ Caremark with processing time. CSR called

member back with tracking number.

Patient upset that rx can't be filled at this time. She requested expedited because of the holiday and due to where she lives, it can take up to 10 days to receive. CSR placed on overnight delivery after processing at CVS/ Caremark cost as a one time courtesy. *At whose cost?*

Patient upset that Doctor changed her Synthroid dose after the refill was ordered and shipped. CSR told patient that it was not a Caremark error and a take back return wasn't an option. See previous comments.

Patients called about having issue with LTC and overfill limit. She has a 24 hour caregiver for husband who has limited mobility and has a local pharmacy that delivers twice a day and needs LTC override authorized. CSR said that LTC facility must provide documentation advising that outside medications are not allowed.

Patient called about a C2 Rx that was mailed 10 days prior. CSR said nothing was scanned, but that Rx can be filled locally at various network pharmacies and Doctor could contact the pharmacy to prove they never received. *This call should have gone to pharmacist about possible manipulations by patient due to abuse/ overuse.*

Patient waiting for a mail tag for a Rx return. CSR said the return was denied and the member still had to pay the copay.

Patient called about retail fill limit rejection and is concerned that people need to know the plan design and this limit wasn't properly shared to plan members and said members should get books every year regarding the plan and feels she didn't get the information about the plan.

Patient upset order didn't ship overnight as promised by CSR. CSR reviewed status of order

to see if it was still in house. Order didn't ship overnight, a reship was done and shipped overnight at no charge. *At whose cost?*

Patient upset that she didn't know that a new Rx needed to be re-enrolled in auto fills after the original Rx is out of refills. Patient needed a bridge supply but CSR said that's not possible due to packaging (birth control pills). CSR placed order and added overnight shipping at Caremark cost and placed Rx back on auto fill.

Patient upset that Rxs from 15 days prior hadn't been processed. CSR said Rxs were voided in error - no reason why. This was a CVS/Caremark error. CSR added overnight shipping at no cost.

Patient upset about "fill and bill" (paying after the fact). Patient's credit card declined when she tried to make a payment. CSR had patient take care of balance and placed order for Toprol on installment plan.

Father calling about daughter's rx that were mailed in 2 weeks ago and still not showing as received. They were calling Doctor to get a new electronic C2, but were unsuccessful in reach Doctor. *See previous comments -lost C2 hard copy.*

Patient waiting for Doctor to approve 90ds, but didn't want to wait any longer, said to send out 30ds.

Patient upset about credit charge and bank "hold".

Change to 90ds for Uceris weren't done correctly. CSR did a shipping fee adjustment of \$30. *At whose cost?*

Patient didn't receive order overnighted as she was told it would be. Return was approved to go back.

Patient's Dad upset that daughter hasn't

received Rxs. CSR tried to call Doctor but vm was full and said she'd try next day. CSR also said they could go to the Doctor's office for a new hardcopy and gave direct address to processing pharmacy to help with expedited request. *See previous comments about wasting time for Doctors offices.*

Patient upset because CSR wouldn't give a shipping time frame or an approximate date that order would be delivered. CSR did say that mail shipping to Florida from mail facilities could take 3-7 days.

Patient called about Tresiba an Novolog, wanting to return rxs as Doctor sent in wrong quantity. Since no CVS/Caremark error it could not be returned.

Patient called about check he sent in for an order that shows that it cleared through his bank, but not showing up in Caremark account and hasn't been applied. He's unable to order medication until issue is resolved.

Patient's Dad called about overnight shipping for daughters Rx for amphetamine. CSR did shipping at CVS/Caremark cost. Dad dissatisfied with service provided.

Patient hasn't had a call recently to fill her specialty medications and is upset that she was not previously informed that specialty is no longer calling out to members for refills. She said it was the specialty pharmacy (CVS) that told her this.

Patient has secondary coverage through State of Florida Medicaid and mother is upset that faxed

documents haven't been received. CSR said it can take up to 2 days. See previous comments that this information is available on ACHA website.

Patient's wife called, Husband released from hospital on Christmas and Doctor wanted him to take Tamiflu as soon as possible. There was no CVS open due to holiday, but one that was 20 minutes from her address. Patient went to Walgreens and is requesting out of network reimbursement.

Patient calling in to make a complaint about Rxs that were being sent to CVS/Caremark by his Doctor that were not being processed. CSR said if Doctor is authorizing renewals, they should be using the fax form sent by CVS/Caremark to recognize that the Rx is being filled. Patient would let Doctor know, Doctor called in refills later that day.

Patient is out of Combigan (eye drops) rejecting at local pharmacy for overfill limit. Patient stated she wasn't advised of the limitation and wasn't able to plan ahead to be able to afford the 90ds. CSR would ask for a (one time exception).

Patient's daughter called about patient's medications as she wanted them removed from auto fill program. There is no AOR form online, but daughter said she sent in. Daughter said she would try to remove medications from auto fill program through web to avoid having to (re) send in the form.

Summary

While there is obvious repetition in these escalated complaints, it is illuminating to read the original of all of the complaints in their entirety (see www.truthrx.org) as provided by the State of Florida. When reading **real world** patient comments and then reading between the lines (noting who is paying for errors or unmet expectations in the process), it's hard to deny that the greatest fraud has been bestowed on the American public and the plan sponsors have bought in hook, line and sinker that mail order saves (the plan) money and that PBMs are truly working in the best interest of their clients. One wonders how this happened?

Plan Design Problems - Big Potential for Waste and Where are the True Savings?

How can a plan "save money" by forcing a patient to get 3 months (90DS) of a medication when they only wanted/needed a 30DS? How exactly is a mandatory 90 day supply plan design set up to save money? The answer is impossible to see since the contract language isn't open for public inspection and the information about exact charges is considered a "trade secret" and is therefore exempt from public records laws.

For savings: Is it merely that 2 months of (a very small) dispensing fee is saved? Is it that the plan could save money as the reimbursement for the product goes down? It's no secret that PBMs force providers to take less money (and even LOSE money) on 90 day supply plan designs, but how much does the plan really save? Does it mean the PBM allows the plan to take full advantage of this savings or it is merely another way for them to widen the "spread" and keep revenue for themselves? And if you compare mail order to retail - is there a true savings there also? PBMs can manipulate the dispensing charges for mail order in various ways, and most, if not all, of the financial data is unavailable for

public inspection so we really don't know.

For argument's sake let's say there's a savings for a 90-day supply plan design overall. That could/would be true if ALL prescriptions were filled as expected by patients and nothing ever changed. There is a small fraction of patients who take maintenance medications that don't change at all in a 12-month period. When you take a look at these complaints it's obvious that this plan design forced more medications to be dispensed than the patients would take or even want. In other words, there are KNOWN prescriptions out there that will never be taken by patients but patients and their caregivers are now faced with the responsibility of storing and disposing of these unwanted, unused medications that they AND their plan paid for (often with tax dollars).

Some PBMs have instituted a mandatory 30-day only supply presentation to their clients for specialty and other expensive items, claiming it's a way to save money. It's counterintuitive to think a 3-month supply is truly LESS than a 1-month supply. Apparently an "installment" plan is available for patients who can't afford their copays. Guessing that would be a strategy mostly used for 90-day supplies, isn't this yet another reason to rethink this plan design?

The lack of true appreciation for the potential of the issue of unwanted, unused (yet billed) prescriptions is blatantly obvious in the way CSRs who field the complaint calls respond. They simply relay what they are told which is "when CVS/Caremark sends out Rx's in good faith" then they are not allowed to be returned/mailed back.

How can a PBM who is charged with managing a pharmacy benefit with the overall notion of cost containment also on the flip side be paid per prescription as a provider when filling prescriptions for the plan? One simply can't

serve two masters. Acting as a “fiduciary” is supposed to be in the language of ERISA group insurance plans, yet it’s obvious that PBMs who organize themselves to make money as pharmacy providers are NOT working foremost for their client as a PBM, but are working for the benefit of their shareholders for their own profit.

While this plan (at this point) is NOT a mandatory mail benefit plan design, CVS/Caremark does try to convince payers that this is the best plan design for them to save money.

Bad Customer Experience

A quick Google search of customer ratings for mail order pharmacy shows, these facilities usually rate a 1 on a scale of 5. A Twitter search quickly provides a lot of unhappy customers who received their prescriptions from a mail order facility

Pharmacies hear complaints daily about unhappy patients who have had (and continue to have) bad experiences with mail order. Yes, the PBMs and in this case, specifically CVS/Caremark have convinced the payer that mail order works, will save money and should be part of the benefit.

But getting a prescription many states away can only be so perfect when everything goes according to plan. The lack of predictability is certain in pharmacy. People think they call in blood pressure medication, when in fact they meant to call in their heart medication. The difference however, is when these issues are discovered at a community pharmacy, they can be resolved swiftly before the patient pays and leaves the pharmacy. By the time the patient realizes the error with a prescription from a mail order facility, it’s too late and they will have

to wait the estimated 2 weeks to get another mailed prescription. While this plan (at this point) is NOT a mandatory mail benefit plan design, CVS/Caremark does try to convince payers that this is the best plan design for them to save money.

The mail order facility and 90-day supply plan design add another hassle factor for patients on a lot of levels.

There’s no way for mail order facilities to truly know their patients and their family/caregivers. For a mail facility to function in a private health information data age, they require forms and special fax numbers for people just to inquire about or order medications for their loved ones. Prescriptions even in the processing system can’t be stopped or changed unless the form has been received and/or the patient calls in for themselves. Patients can be elderly, hard of hearing, have limited mental capacity or be very sick and not able to do a lot for themselves. This issue is almost non-existent in community pharmacies where the pharmacists and staff know the patients, the families, caregivers and understand their unique needs.

Lack of seamlessness between departments is another customer complaint. In other words, they have a lot of room for improvement as a company serving in this capacity. The lack of effective training in CSRs was also notable and the fact that all of the complaints received are only ESCALATED complaints illustrates this point further.

There was a significant amount of people who were clearly frustrated with the process of mail order and made the statement “I’ll be getting my prescriptions locally going forward”. When given the choice studies prove patients prefer a local pharmacy to mail order.

Waste in the System and Upgrades and Replacements - Who Pays?

It was rather shocking to see how many times customers got "upgraded" shipping at no cost to them. Sometimes it's noted that the cost is absorbed by CVS/Caremark. One CSR offered a "gift card" as a token for a bad experience. Many times when prescriptions were lost in shipping or sent to the wrong address, they re-did the prescription and waived the copay if it was a CVS/Caremark error. Who paid for the second claim? Did Caremark absorb that cost? What about the various examples of \$400 plus medications in these cases? While it is good for the patient that they didn't have to pay an extra copayment, what about the plan? It would be hard to believe that CVS/Caremark absorbed the rest of the costs in these scenarios and instead did an override to bill the plan the second time.

So is the plan paying for CVS/Caremark "errors"? It would seem like they are. Even if CVS/Caremark "absorbs" the cost (which is highly doubtful), who pays in the end? It is interesting as this plan is a good example where these issues certainly affect everyone as this plan is paid for with state tax dollars.

Proof PBMs Make Up Their Own Rules for Their Benefit

The words "in good faith" are used in various examples when the patient didn't want/expect a prescription that was shipped any way. The end result was if it was a legitimate prescription and they acted "in good faith" then the patient (and the plan) is on the hook for payment. Interesting choice of words as this same PBM audits provider pharmacies frequently and will use minor clerical errors as a mechanism to extract back ALL of the reimbursement the pharmacy received for that prescription even when the patient received, used the medication and the pharmacy was acting "in good faith".

Although all of the details aren't available with each call, it is obvious to see exceptions are made and with the same issue aren't given as an option. There's a true lack of consistency in policies with CSRs and overrides for situations.

Lack of Respect for Physician Time and Volunteering Pharmaceutical Samples

Unexpected but obvious, CSRs haven't been adequately trained to respect the very people who are caring for the members they are serving.

When they lose a prescription and/or the patient is out of refills the CSR's solution is to call the physician (even at ridiculous times of the night on their cell phones) for refills. Doctors aren't compensated for this time and are encumbered now as a result of the CVS/Caremark error. Doctors already spend an exorbitant amount of time jumping through the PBM plan design hoops to justify some medications (mostly expensive ones) to be covered for their patients. Wasting their time with a error for CVS/Caremark does not endear physicians to the PBM - time is money and time away from seeing patients.

CSRs also are quick to volunteer doctors' offices with "samples" when a mail order prescription is late. This is entirely inappropriate and shows the lack of concern for the office practice and the purpose of samples.

CSRs demonstrate more lack of respect for physicians for volunteering to patients that their doctor can reimburse the difference in the patient copay if they Doctor sends in an incorrect prescription or an incorrect quantity for the patient to maximize their prescription benefit and minimize their copayments. This is truly insulting to the physician community and a shocking to be a strategy utilized by PBM CSRs. It happened in more than a few instances with CVS/Caremark.

Conclusion

What Can Be Done?

The very liberal public records laws in the State of Florida allowed for this information to be viewed in its entirety. What is lacking, however, are the true costs billed to the state for each prescription. It's only when this data is available that proper conclusions can be drawn and decisions can be made.

Payers need to demand this type of information from their PBM and go through each line item on their pharmacy bills to understand the charges. Simply paying the bill at the end of the month, never seeing or reviewing individual charges isn't holding PBMs to account for maximizing efficiencies. In fact, it creates a condition for PBM revenue to be generated at

the payer (and system) expense. Additionally, listening to plan members, their experiences and concerns is vital to choosing and/or continuing to contract with a PBM who will truly serve the payer's interests.

As for Community Pharmacy, doing what we've been doing for the last nearly two decades has made an industry powerful and wealthy for providing a nearly impossible to quantify value. The quest for transparency in prescription pricing is making headway in America and there are truly pass-through transparent PBMs that do a good job in more of an administrative role and don't own their own pharmacy facilities - eliminating any concern about self-dealing and conflict of interest.

*Pharmacists United for Truth and Transparency is a non-profit organization whose mission is to educate, expose and provide solutions to PBM issues and abuses. We help mobilize independent pharmacies to advocate for greater transparency in pricing, reimbursements and practices by PBMs in an effort to strive for fair competition and a level playing field. For more information see **TruthRx.org**.*

PBM UNFAIR BUSINESS PRACTICES

CVS Caremark (the CVS PBM) routinely profits through the use of SPREAD PRICING.

DRUG COST \$17.56

**LOCAL
PHARMACIES**

RECEIVED

\$7.60

PHARMACY LOSS
(-\$9.96)

**GUANFACINE ER
2 MG
30 TABLETS**

Take daily to
treat ADHD.

**CVS
caremark™**

CHARGED PLAN

\$121.55

PROVIDED NO DRUG,
JUST THE
PROCESSING FEE

**CVS/CAREMARK SPREAD
\$113.95**

**PHARMACISTS UNITED
for Truth & Transparency**



truthrx.org

SOURCE: FLORIDA MEDICAID MCO PLAN, 2017