



PHARMACISTS UNITED FOR
TRUTH AND TRANSPARENCY

CVS/CAREMARK COMPLAINTS

2015 & 2016

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

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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).
Walgreens	Calls to complaint that Walgreens is NOT part of the State of Florida (SOF) CVS/Caremark network.
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 Rx's filled at their choice of pharmacy (even if THAT pharmacy mailed to them upon request).
CMK	Issues with the PBM -Caremark itself, customer service, internal policies, and attitude of customer service personnel.
CVS	Calls that came in to specifically complain about a specific CVS (retail) store
Compounding	Complaints about getting compounded Rx's 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). 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

Executive Summary

As pharmacists, we are accustomed to challenges that come with care and treatment of our patients, and accept and welcome those challenges in service of our role as healthcare providers. That said, our industry has never seen a challenge quite like those imposed by Pharmacy Benefits Management companies.

Over time we've confronted a number of atrocities no other business could withstand and still operate. From DIR fees and clawbacks to the sudden, no-notice dropping of our pharmacies from provider networks and constant marketing to our patient base, community and independent pharmacists are under attack.

We've known for some time the complaints are "out there." Pharmacy has always said mail order is bad for patients but we've never had documented proof -- of the lost prescriptions (even controlled substances), the bureaucracy that burdens patients and their caregivers, and more.

This white paper marks the first time pharmacies 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. 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.

We constantly hear complaints of narrow networks, mail order pharmacies, of patients being locked into a certain specialty pharmacy and yet we KNOW patients do better and have a better experience in a pharmacy and healthcare environment where they 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 my own pharmacy, we've had hundreds of prescriptions brought back by patients who were on an auto-fill plan or who were mailed a prescription they didn't want or need. 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 request this information for their PBMs. Decision makers need to know that the mail order push is for the benefit of the PBM -- not the patient or payer.

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 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.

The inconvenience and extra hassle factor for the patient and/or caregiver. The pharmacy can't schedule the delivery for planning purposes, they 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 on any level 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 Caremark: Oh well that wasn't done and (Caremark) sent "in good faith" so too bad.

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. 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.

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 bothersome and shocking. 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.

Patients are extremely upset when forced to order a 90-day supply of their prescriptions when they may only need a 30-day supply. And 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 a 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

The information that follows came from a public records request under the State of Florida’s “Sunshine Laws”. I asked for information on the number and "nature" of the complaints as Florida has a very liberal public records request statute. I submitted a records request and was surprised to receive 12 months’ worth of requests from both 2015 and 2016. Armed with more information than I had intended to receive, I set about reviewing the records.

I should note the State of Florida categorizes complaints differently than I do. 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 sent me. 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 about two weeks to read through the complaint records to get a feel for the complaints. I then took a second pass at the information, adding nomenclature categorization. The third time I organized the complaints, making 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.

On behalf of PUTT, I hope you find this information useful to your purposes and encourage you to share it with your fellow pharmacists, community businesses and state and local legislators. More importantly, I hope you find it encouraging and proof that the work we do as independent pharmacists matter - that no company, no matter how big its marketing budget or how much it profits from coercive and abusive practices, can take us down or take us out. Nothing can replace the care or attention to detail we provide our patients.

Dawn Butterfield, RPh

Community Pharmacist and PUTT Board Member

Complaints of Interest

Note: these do NOT include complaints about PBM plan design and drug specific complaints about plan:

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 Rx's 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 Caremark (what is the purpose of this)?

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 (not sure why that is).

When patients run out of medications a "bridge" is approved and patients can get a short supply from a retail pharmacy (what is the cost of this to the plan?).

When it is a Caremark error and the Rx's is "lost" and the patient's copay is "waived" is the rest of the Rx billed to the SOF?

When shipping is expedited with error for Caremark - does the plan (state of Florida -SOF) ultimately pay for that?

There is an "installment" plan option for patients to pay for mail order (not sure how that works), but plenty of issues with it.

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.

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. 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.

When there is an error a "mail tag" is sent and patients can send back Rx's. Who pays for that - the SOF or Caremark as those Rx's are not re-dispensed.

When a specialtyrx didn't come (in time) from CVS/Caremark specialty - they allowed an override to have it filled at a CVS retail store (they are making the rules up to benefit themselves - as they go along).

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

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 "tech". Talking directly to a pharmacist is another phone transfer (and not easy if requested). So it takes 4 steps to reach a pharmacist.

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 Rx's take 24-36 hours to be in the system for patients to view on web OR call in to discuss.

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 - is that appropriate as some women decide to come off it of and aren't on it indefinitely.

Name of patient is different for CMK and when

If Rx's 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.

billing pharmacy got rejections, instead of fixing the problem - CMK said to go to another pharmacy.

CMK 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.

Doctors are contacted when there are issues at mail order and/or they can't get Rx's out. This is a true waste of time for office staff of physicians.

Some people want Saturday delivery (or other specific days) and they 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.

"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 rx's are put on "auto" refill.

Patients are upset that rx's are NOT put on "auto" refill.

(Both of these are 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)

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 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.

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??

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".

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

Lost lisinopril (which is really interesting as its FREE at Publix and other pharmacies.

Name was incorrect at CMK 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 - CMK said no Rx, patient said MD has sent over "several times". CMK gave override for patient to get at a local pharmacy (\$5000 medication - likelihood of having at local pharmacies is LOW due to specialty lockouts. They've created their own problem).

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. ALL retail pharmacies in FLorida have this capability. 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).

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"???

Brand versus generic mistakes that were sent back.

More issues with CSR not being able to quickly verify Medicaid.

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 are caught at POS at pharmacies).

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".

Wouldn't disclose patient information when a ER called to verify medications.

A reshipe couldn't be tracked and patient gave specific instructions on where to place package. CSR couldn't contact the UPS driver.

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. (

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).

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)?

Patient wanted to send some Rx back as she "didn't use" (wanted reimbursement), they may have issued \$ credit for 1 of copay. Told patient they couldn't receive medication back.

Patient got Rx they cancelled, got to send back (how is this returned to stock)? Another one: if no Caremark error, they won't receive back.

May 2015

Rx got sent to mail, should have been sent to retail - patient out. CSR solution, they would contact MD for 5 days supply at retail (how much of this is a burden on the Doctor's?)

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

Member in hospital when rx's 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. (Its \$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. (Is this like GEICO??? We'll tell you lowest rate regardless of insurer???) Patient should be able to use benefit for only 30ds.

More Doctors called for 90ds for patients to utilize benefit (as 30ds would reject).

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

Doctor's office mistake, but already sent out. Said they couldn't credit or have it returned. Happened a few times. If NOT Caremark error, they won't take it back. (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 \$)

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 would happen. (This NEVER happens in retail!)

Patient needed refill for insulin, endocrinologist 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 (it's like they make up their own rules as they go along).

New Rx's at retail and mail. Retail went through plan and so did the mail Rx??? Patient got duplicate, they denied a return.

Member asked for husband's Rx's to not go 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).

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 Rx. (ADD patients ALWAYS wait until the last minute).

Frustrated member with shipping as postal service won't deliver to house and wanted it

shipped a different way - they didn't do.

June 2015

Transplant patient upset had not received his medications yet.

Member upset that 2 insulins were shipped separately and about lack of communication.

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 (wonder if the formal complaints are submitted to SOF)?

Patient wanted a small bottle, they could NOT accommodate - one size.

Patient wanting information for their pharmacy to be in the 90ds network.

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 patients OUT of medication.

Patient got 2 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 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 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 Caremark error.

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. Caremark refused, patient will take to local CVS to verify no issues.

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 at retail - CSR advised patient to pay out of pocket and they would request an override.

July 2015

Patient wasn't expecting Humalog as they told him he didn't have a Rx - so it got shipped and billed. They sent tag for return for script was sent in error (who pays for that?).

Patient upset order for refrigerated item as delivered to wrong address. Reship was sent overnight at Caremark cost (where did the first one go)?

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

More billing with patients wanting different cards used and not knowing what is set as default.

Patient sent in Rx with money order and never sent. System at Caremark is they are separated (??) and they would ship next day, Caremark cost.

Patients are told it takes 24-72 hours for Rxs to "show up in the system".

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 we know our Doctors AND patients - much less verification of these types of things). (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.

Patient's wife trying to set up husband on auto-fill and they 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 retail as we know our patients and their families.

Lots of "coaching", while we understand all businesses have training and personnel issues - in this closed, self steorage system, the patient doesn't have the "choice" but to go mail with Caremark.

One 30ds for birth control was sent out - patient charged copay. At Caremark charge the other 2 months would be sent out.

Member upset order ships with signature required, couldn't change it with UPS. Sent "bridge" supply (at who's cost) to fill temporary at retail.

Partially blind patient called about order/check that haven't been received. 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 Rxs at retail (hijacked Rx at the "switch" level with electronic prescriptions???)

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

Rxs 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 who's cost)?

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

Patients still told orders take 24-48 hours to show in customer service (why is this?).

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

Patient got Rxs he without being contacted.
Told that it was sent in "good faith" from 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" (right, what do THEY care?)

Patient returned medication and refund takes 2-3 weeks.

Brand/generic issues - Caremark paying for Rxs to be sent back overnight (whose cost).

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?).

Patient wanted clarification of if/why/when HCTZ was discontinued and was told the "clinical" department was closed (that is ridiculous).

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 (proves there is a lot of waste in this system at taxpayers expense).

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

Patient upset they haven't received Rxs, it was held at post office for signature (what do working people do when post office is closed?).

Patient upset spouse (they are divorcing) is using credit card for Caremark purchases.

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.

Order that shouldn't have been sent - Caremark sent to be taken back (at who's cost)?

Patient wanted all calls to STOP.

30ds vs 90ds issue, Doctor was contacted to ask for Rx for 7 day supply at retail (what a waste of time for Doctors office).

Patient expecting a Rx, and was told it was discontinued by manufacturer (why wasn't the patient notified?).

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 retail 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. Caremark would take back (is that returned to stock, who pays for shipping?).

Wrong estrogen patch sent, 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 Caremark cost (who pays?)

Patient charged copay for Androgel (no generic at that time), he didn't know it was so expensive - they took back.

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 should have gone to clinical to discuss and finesse conversation to ensure no abuse/diversion).

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 son calling about stopping an order for parent - they couldn't "stop" with no authorization form on file.

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

CSR stated AOR form is per State of Florida Statute (is that true)?.

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.

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

Patient upset that Caremark said Doctor said upon refill requests that patient isn't with that

Doctor. Patient doesn't want his Doctor "bothered" any more. But if Doctor calls in, the (CSR) can't take the info.

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.

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 much does this happen?)

Several "upgrades" of shipping (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. 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 prescription? How would that change?)

Order sent to wrong PO box. Reshipped to correct address (whose cost?)

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.

Patient not notified of a problem with order and there was a delay. CSR advised signing up for updates regarding prescriptions. Caremark upgraded shipping to overnight.

Member upset about a "reship" for a controlled substance which needed something else from Doctor, first order still hadn't been received.

CSR wouldn't give pharmacy intern at Shands info on member's dosage for member that wasn't incapacitated. (????)

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 (so SOF paid twice?????).

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

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

"Bridge" supplies approved (who's cost?)

Complaints about logging in to website when emails are sent.

Patient upset about placing payment on file. 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 order). (This is an adherence issue!!!! And 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 HUGE counseling opportunity and the call should have been routed to a pharmacist to discuss further.
(opportunity lost).

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 their headquarters.

Patient received 2 orders, they allowed send back as it was a Caremark error. Patient wanted to fill locally going forward. (Even patients can see this for the scam that it is....) 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.

Patient upset with specialty and mail order and wants to go to CVS retail going forward. Was told he HAD to use CVS specialty (bad service and lack of patient choice).

Patient mad as trying to get wife's Rx's 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?)

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. Other examples of "lost" medications, CSR could override to be able to allow for local pharmacy fill, but has to reject first (?).

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.

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 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 unbelievable that they can't cancel at that stage).

Patient double billed for an order.

October 2015

Patient's Doctor doesn't want to do 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. (Why is that???)

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.

Patient has to sign for package as Rx are caps that could melt. He has to wait around, their solution - receive notifications regarding shipping. (How inconvenient).

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?)

Patient's husband called as patient going into Hospice and he wanted to cancel the auto renewals. No AOR 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, 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. 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.

Patient upset about AOR form, CSR said was "required by law" and upset that short term antibiotic was filled at mail order.

Patient didn't want any more letters telling about needing 90ds. CSR couldn't guarantee they would stop.

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). Caremark would need "more information".

Patient got wrong dose (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. (What????? Bait and switch)

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

Patient wanted to send back Rx he doesn't take any more. They would do a "one time" send back (where did that go, and who paid?).

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

November 2015

Patient said installment plan not working. CSR upgraded shipping.

Patient upset that MD sent to mail order CVS instead of CVS Specialty and CVS mail order doesn't apply manuf coupons. CSR didn't give credit as it wasn't a Caremark issue. Then said if patient is seeking reimbursement it would need to come from the MD.

Patient upset that the retail pharmacy would only do 30ds as they made "no money" on 90ds. Caremark would send email to pharmacy noncompliance.

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". (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 "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?)

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

Another one - he 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. (huh?)

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 (There's NO reason for this to happen).

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

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 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.

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

Patient's wife upset as they wouldn't talk about her husband' 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. (whose cost).

Patient said SEVERAL Aors have been sent in and 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.

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 (waste of Doctor's time).

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.

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 (Caremark Mail order) already had a Rx as his Doctor was just sending it in. Caremark said they got via efax a few days ago. Patient was confused, was going to follow up with the Doctor. Caremark said they filled what the Doctor prescribed (Rx hijacked at the e-prescribe system "switch")?

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

Rx was sent that patient doesn't take. They took it back (who pays)?

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.

Patient upset that husband has access to email and emails are being send. 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.

Patient had issue with copay on birth control pills. Didn't know Doctor was sending over

"brand only", Caremark took back Rx.

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 medicaid. (There's no excuse for this as this information is available from Medicaid website - ACHA).

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.

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.

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 Rxs weren't shipped together and that reship would be needed - Rx was sent to wrong address.

Patient's Duloxetine wasn't shipped and patient was out. 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 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).

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 mal 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.

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

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 o 90ds. Patient only has one day of medication and it's an antidepressant.

Patient got Rx she doesn't use. 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 (are you kidding????).

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 (waste of Doctor time).

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

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. Higher up said to place medication override to allow to pick up 30ds.

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

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 (lost c2???)

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".

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 (they could view this via 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 did los tmeds override to allow early fill at local CVS.

Spouse upset as Aor was sent in and it still isn't showing up.

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. (Why couldn't they look up online)?

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 (why can't they view website).

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 (why can't they view website) - 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

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. Caremark gave credit for mishpa and placed new refill with correct Rx number and next day air (Caremark cost). (Notes, they said the credit and overnight was paid by member???)

Patient upset as order not showing up as received. CSR contacts Doctor's office and they said they sent in. Rx was received 3 days prior but was processed incorrectly. (Wasn't that a waste of Doctor's office time)?

Patient received Rx they don't take. CSR got approval for take back and applied credit. It was for Byetta and copay \$1000. CSR told patient how to destroy. Medication wasn't returned (how much did that cost SOF?)

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.

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)?

Mail hasn't been received yet, can't reship as Rx is out of refills - have to contact Doctor to get (extra) refill (waste of Doctor's time).

Patient upset that Doctor sent in Rx. 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 (approved).

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. (is patient putting off due to mail cost and thus

interfering with adherence for at least one drug)?

Patient waiting for reship and CSR waiting for approval on refills for that to happen. All of this due to Rx lost in transit. (Waste of Doctor time).

Patient without Rx and told can't do reships 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 on Caremark since patient was "upset".

Patient as 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.

Patient upset that AOR form still not reviewed. 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 (what happened to it and was SOF charged?)

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

Patient upset orders shipped she didn't want, still charged.

Patient upset they only received one out of 3 bottles that were supposed to be shipped.

They sent out remainder through reship process (more \$\$).

Rx late and needed to be "rescanned", CSR added next day air at no cost to patient.

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. But where is the Rx? Patient went to retail for 90ds.

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

Patient about to be out of medication and Rx still in transit. Offered bridge supply.

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 Caremark, was sent back to patient overnight. (So Doctors office - more time wasted and patient received TWO orders?)

Patient upset as order for controlled substance was shipped and delivered/signed for. Patient said never received. CSR said Rx wouldn't qualify for a reship. (So.... is patient without medication and someone else got the package?)

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" Caremark any more .

March 2016

Patient upset about overfill limit 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. (So patient had to pay out of pocket????)

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 Caremark error. CSR told patient if they want any credit they need to reach out to the Doctor's office to seek any reimbursement.

Nursing home having to fax/refax information to get approval (override on 30ds). (Waste of time and hassle factor for nursing home).

Reship was done for patient who's Rx went to the wrong address.

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 (they aren't open same hours?) (why can't they see in that system).

Patient paid to have Rxs sent overnight. They only received 30ds (on controlled substance). Caremark did leave off rest of Rx and corrected Rx to have sent out for remaining quantity.

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

Patient upset as a year prior they received Rxs 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". Caremark wouldn't take it back as they processed Rx correctly and sent out "in good faith".

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 Doctors office and they filled. Since there wasn't a Caremark error, can't be taken back and credit given.

Patient upset that they processed 2 Rxs that came over from other system (account) and went into future fill, 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.

Patient upset still hasn't received Rx, Caremark waiting on Doctors 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 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.

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.

April 2016

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

Patient hasn't received Rx and wanted reship,

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?)

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 Rxs 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.

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.

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.

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.

Patient got Rx he wasn't expecting. It was put in future fill. 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" 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. (They could view the website).

Patient got Rx that Doctor sent in. There was no Caremark error since the Doctor did fax in new Rx and it was filled in "good faith".

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 (why can't patient be given own ID?)

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 at 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.

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.

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 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 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 the medication.

Patient said 2 rx's were lock, 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 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 Rxs wouldn't cost what she is seeing online.

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 (isn't this called self dealing???)

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

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 read fill Rxs. Patient was confused as she had plenty of one Rx, but wanted 2 Rxs 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".

Synthroid brand/generic issue. Caremark blamed on Doctor. Patient wanted to have levothyroxine stopped in order, but CSR said it could be too late, no guarantee.

Patient wanted to return Rx that was 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.

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.

Patient upset about being charged 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. SAid 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.

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 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.

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.

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 why 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 coPatinsultation)?

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 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 Caremark. Patient discontinued Rx and will continue Rx locally.

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 Rcx 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.

Patient didn't receive Rx and lost medication can be entered by patient had to pay additional copay.

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.

Patient's wife for spouse (no AOR on file), Rx sent with signature required. They don't live near post office and its inv=convenient 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 taked back. CSR said that medication is destroyed and mailtags for take back was not available.

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.

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. SAid 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.

Patient wanted credit card removed from her account. Said bank called her that card was compromised and she lon 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.

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

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 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.

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. SAid patient should receive letter soon asking if they received initial package or no and much 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 to fill due to Caremark delay. CSR couldn't provider 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.

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.

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.

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.

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.

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 we're 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 doctors office.

Patient didn't want any more calls from 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 CAremark error.

Patient didn't want to fill a 90 ds of birth control bills.

Patient requested a credit for Rxs in a few months back. Patient has been in hospital since then as said never received the Rxs. Rxs 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

July 2016

Patient upst 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.

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

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 insistas Caremark responsible for error by post office and upset that post office allowed her underage daughter to sign for a C2 Rx. CSR contracted pharmacy to see if there were notes on packaging. Referred back to post office.

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 Caremark. SAid she's out of medication, expediting processing and urgent next day shipping.

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 Caremark error

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

Patient is upset because she refused a package and wants credit for medication that were questions via a mail order form. CSR said there was no 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, 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.

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 places.

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 (What??) CSR did manual refills and expedited shipping.

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

Patient called for expediting 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 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.

Patient got charged for 60ds and wanted 90ds. Rx was for 30ds plus a refill. CSR said no 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 (to get from them?).

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 from orders that were shipped in March. She said she had never take that medication and never received. CSR said Rx came from Doctors office and verified the correct address where the Rx was delivered and since there was no Caremark error they wouldn't be able to do any credit.

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.

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's).

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 Caremark error, so no credit was issued.

Patient upset that Rx was completely charged versus 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 CAR 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 Caremark error and they sent a mail tag for a Rx return due to their error in sending incorrect medication.

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 Doctor's office. (How does pharma feel about samples being used for PBM/mail order mess ups?)

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 it's 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.

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.

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.

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.

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. (This is viewable online).

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!!! Duplicate therapy).

Patient had to call in for fax for documentation for Medicaid information (this is viewable online).

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.

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 Caremark error. CSR reviewed to call to verify Caremark error and did the take back for patient with patient credited.

Patients 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 (this is viewable online).

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 Caremark error.

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 about him having to pay again.

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 patients 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. CST 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.

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 altering 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.

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 cards. CSR said charge was from web refill request for Creditor 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.

Patient upset that installment plan wasn't used for 2 (expensive) Rxs. CSR said she was billed full amount because the Rxs 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 (was Rx sent back? - does SOF pay).

Patients Rx denied due to overfill limit. Patient said he only needed 2 more weeks of medication and not 90ds.

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

Patient's wife upset that his Rxs 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 Rxs that she didn't order and wanted a take back. Rxs were sent by Doctor and wasn't a Caremark error so couldn't be sent back.

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.

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 went with overnight shipment as

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.

promised. Now she's out of medication and very unhappy with reship process. Patient expressed dissatisfaction with CVS 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.

Patient called about her specialty medication, Otezla start 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.

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 want andet to submit a complaint. CSR offered

to contact Doctor for 90ds, but patient hung up.

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.

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 (waste of Doctor's time due to Caremark error).

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 Caremark error.

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 at 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 and 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 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.

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

Meber 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

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.

Patient's mom called about son and his Rxs

call can be recorded due to issues with trying to get his Farxiga at local pharmacy. CSR told patient that call was being recorded and informed patient that he could not record the call. (Why is that???)

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 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.

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.

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. (This info is viewable on the 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 cost 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.

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.

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'd daughter called about status of Mom's Rxs. 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 COF.

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 process, fax and documentation.

Patient's wife called about husband's 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 Caremark error so credit is not allowed. CSR

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 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 has upcoming Doctor's visit and not sure if the

told patient she had 60 days to make the payment.

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

Patient upset amitriptyline was shipped to Florida address 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 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 Caremark error and member's account was credited for \$14.00

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

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.

Patients Doctor approved more refills to do a 90ds but they shipped out a 30ds instead. Patient wanted to be credited since it was a 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.

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 Caremark not showing received. CSR suggested reaching out to Doctor to have new Rxs overnighed.

Patient called about rx sent via priority mail express day 1 tracking number to mail facility, Rx not received 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 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.

Patient called with issues on autofill program. CSR did refill with next day shipping at no charge.

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 sipping credit as a one time courtesy.

Patient upset order hasn't been shipped. Patient said he continues to have issues with 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 cAremark cost as a one time courtesy.

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.

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 (lost hard copy and 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.

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 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. (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.

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.

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 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 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.

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 Rx's that were being sent to 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 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.