

# Getting Started

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with CVS Specialty®



CVS  
specialty®

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# Welcome

## to a different kind of pharmacy

Whether you have a prescription for specialty medication or care for someone who does, CVS Specialty helps you make sense of it all. That's because we do so much more than just provide your medication. We help you keep an eye on your condition and help you stay on track. We'll also put you in touch with specialists who can help you sort out your insurance and connect you to financial assistance programs. Your health is our greatest priority.

**Let's get started on the next page.**

**This guide goes hand-in-hand with your new prescription. It introduces you to CVS Specialty and how we help you manage your condition as well as your health.**

### **¿Español?**

Si prefiere recibir este material en español, comuníquese con su equipo CareTeam llamando a la línea gratuita que figura en la etiqueta de su receta.

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## Get help in other languages

If you need help or speak a non-English language, call **1-866-322-0984** (TTY: 711) and you will be connected to an interpreter who will help you at no cost.

### Spanish

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al **1-866-322-0984** (TTY: 711).

### Cantonese

如果您使用除英語以外的其他語言，請致電 **1-866-322-0984** (TTY: 711)，您將連線至口譯員並可免費獲得協助。

### Mandarin

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 **1-866-322-0984** (TTY: 711)。

### Vietnamese

Nếu quý vị cần trợ giúp hoặc sử dụng ngôn ngữ khác không phải tiếng Anh, hãy gọi đến số **1-866-322-0984** (TTY:711) và quý vị sẽ được kết nối với thông dịch viên hỗ trợ miễn phí.

### Korean

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. **1-866-322-0984** (TTY: 711) 로 연락주시기 바랍니다.

### Tagalog

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang **1-866-322-0984** (TTY: 711).

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: **1-866-322-0984** (телетайп: 711).

### Arabic

**1-866-322-0984** (من الهاتف النصي: 711).  
خدمات المساعدة اللغوية مجاناً لك. اتصل بالرقم  
ملاحظة: إذا كنت تتحدث العربية، تتوفر

### French creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-866-322-0984** (TTY: 711).

### French

ATTENTION: Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le **1-866-322-0984** (TTY: 711).

### Polish

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer **1-866-322-0984** (TTY: 711).

### Portuguese

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para **1-866-322-0984** (TTY: 711).

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## Italian

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami **1-866-322-0984** (TTY: 711).

## Japanese

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 **1-866-322-0984** (TTY: 711)までお問い合わせ下さい。

## German

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer **1-866-322-0984** (TTY: 711) kostenlos zur Verfügung.

## Farsi

تماس بگیرید. تماس بگیرید. (TTY: 711) **1-866-322-0984** زبانی بصورت رایگان برای شما فراهم می باشد. با توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات

# Important steps to get started

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**1** The first thing to do is to create an online account with us — there are a few easy ways you can do this:

- Go to [CVSSpecialty.com/newpatient](https://CVSSpecialty.com/newpatient)
- Or, text “START” to 30943

**2** Fill in, sign and return the forms we’ll need to get you your medication and submit claims — two ways to do this:

- **Online** - after you create an account, you can find them by clicking *My Account*. You can then complete them online
- **By mail** - complete and print the forms located at the end of this guide and mail to: CVS Specialty, 105 Mall Boulevard, Monroeville, PA 15146

**Be sure to sign and return the forms right away to avoid any delays. Because nothing is more important than getting you started on your treatment.**

# All-Around convenience

## Digital tools make it easy to manage your prescriptions anytime, anywhere.

You can manage your medications and stay on track at [CVSpecialty.com](https://www.cvspecialty.com) or with our mobile app. Order and track refills so you never miss a dose. Securely message your CareTeam on the go. Make payments and view history day or night. You can also sign up to get refill reminders, order status updates and more by email or text.

## We give you the choice of pick up at CVS Pharmacy® or delivery at home.

We make it as easy as possible to get the medication you need, where you need it.

You can have your eligible medications delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.\*

## We're here for you 365 days a year.

Have questions? Need answers? Need a prescription transferred? Our pharmacists, nurses and insurance specialists are here for you. We can be reached Monday through Friday, from 8 a.m. to 6 p.m. The on-call team is available 24/7 for help after hours. Please note that hours may vary by pharmacy location. Call the phone number on your prescription label. Or send us a secure message at [CVSpecialty.com](https://www.cvspecialty.com) or on our mobile app.

**Text "iPHONE" or "ANDROID" to 30943 for a link to download our mobile app.\*\***

\*Specialty delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

\*\*Message and data rates may apply.

# Specialized care and support

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## **Our team of pharmacists and nurses are specially trained for conditions like yours.**

We give you a CVS Specialty CareTeam led by pharmacists and nurses that put you first. Count on us for personalized support every step of the way.

## **We're here to look out for you.**

Your CVS Specialty CareTeam helps you manage your condition. We make sure you know how to take your medication correctly. And help you manage side effects. We help to ensure your medication dosage is safe and correct. We may reach out with refill reminders and work with you and get you your refill when you need it. Ask us anything, anytime. We're here 365 days a year for you, no matter what. We also make it easy to learn about your condition. You can always find helpful resources,

tips and more at [CVSSpecialty.com/Resource-Center](https://www.cvs.com/specialty)

## **We help with insurance and more.**

We help you see if your medication is covered. We file insurance claims for you and help you keep out-of-pocket costs as low as possible. If your claim is denied, we work to help you get the medication you need. We also provide helpful resources during open enrollment.

## **And, we keep you up to date on payments and balances.**

We'll send you a patient statement to show if there is activity on your account, including any balance that you may still need to pay. Your insurer may also provide you with an Explanation of Benefits (EOB) report that describes the services and medications that were covered and how much was paid.

## **Worried about paying for your medication?**

Let us know. We'll work hard to help you find the financial assistance you need.

# Medication delivery and more

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**Delivery times.** Regular delivery is Monday through Friday, but some shipments arrive on Saturday. Orders that need to be refrigerated arrive Tuesday through Friday.

**Delivery to remote areas.** In remote areas, deliveries may be as late as 9 p.m. Saturday delivery may not be available. Check delivery time with your CareTeam when placing your order.

**Late or missing deliveries.** If you don't receive your medication on schedule, call us as soon as possible to avoid missing a dose.

**Receiving your shipment.** You or your insurance plan may need a signature for medication delivery. If that's the case, we can't leave your package at the door. We can always deliver it to another location, even when you're on vacation. Or, you can pick it up at any CVS Pharmacy location.\*

**Change of address.** Please tell your CareTeam if your address, phone number or delivery preference changes.

**Emergency refills.** Occasionally, you may need an emergency prescription or refill. Just call the phone number on your prescription label.

**Lower-cost generics.** Some states allow lower-cost generic medications. If your doctor prescribes a brand-name medication, we may call them to see if a generic is right for you. This helps make sure your medications are both cost effective and clinically effective.

\*Specialty delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.



# Safety and storage

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Always handle your medication safely

## Medication storage.

Keep all medications and supplies out of the reach of children and pets and away from other household or food items. If your medication needs to be kept in the refrigerator, put it on a clean shelf or in a drawer.<sup>1</sup>

## Waste disposal.

Do not flush unused medications or pour them down the sink. Utilizing local drug take-back programs is the best way to dispose of unwanted medications. Do not recap needles after injections. Keep a rigid, puncture-proof, leak-proof container close by for easy disposal of syringes and needles. Store the container upright and keep out of reach of children. When the container is full, seal the lid with tape or glue. To dispose of the container properly, follow your county or city regulations. Please do not send the container to CVS Specialty. If you need more information on disposal of unused medications or of medical waste, consult your local Department of Public Health agency or call your pharmacy.<sup>2</sup>

## Preventing infections.

Use soap and warm water to wash your hands. Rub your hands together for at least 20 seconds and scrub all surfaces. Rinse your hands under running water and dry your hands using a paper towel or air dryer. If you cannot find soap and water, clean your hands with an alcohol-based hand sanitizer. Rub the sanitizer all over your hands—this includes under your nails and between your fingers—until your hands are dry.

## Emergency preparation.

Take enough medication and supplies to last through the emergency. If you use an infusion pump or other device, be sure to take that with you, too. Store temperature-sensitive medication in an ice-filled ice chest. When you can, let your CareTeam know how to reach you.

# Medicare DMEPOS information

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## DMEPOS is short for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

### Notification of warranty.

CVS Specialty hereby notifies you that any manufacturer warranty coverage is described in the manufacturer packaging that accompanies the product. We honor express and implied warranties under applicable state law and will repair or replace, free of charge, Medicare-covered equipment that is covered under warranty. CVS Specialty itself does not provide a warranty on any product it sells or rents and disclaims any such warranty express or implied, including any warranty of merchantability or that the product is fit for a particular purpose (unless otherwise required by applicable state law).

### Notification regarding capped rental items and inexpensive or routinely purchased items.

Medicare has defined certain items as being “capped rental items,” including suction pumps, external infusion pumps, hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, mattress overlays, nebulizers, continuous airway pressure (CPAP) devices, patient lifts and trapeze bars. For these items, Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment, as well as responsibility for repair or servicing of the equipment, is transferred to the Medicare beneficiary.

Medicare has defined certain items as “inexpensive or routinely purchased items,” including home blood glucose monitors, external infusion pump supplies, orthotics, respiratory care (oximeters, nebulizer), specialty incontinence items, wound care items and ostomy care items. A Medicare

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beneficiary may either rent or purchase these items, although CVS Specialty does not offer rental of items in this category. If rented from another supplier, the total amount paid for an item obtained on a monthly rental basis may not exceed the fee schedule purchase amount.

### **Right to consultation/education and training regarding DMEPOS.**

As a Medicare beneficiary, you have the right to be counseled about your DMEPOS prescription by a pharmacist, and trained and educated on the safe and effective use of the equipment, items and services. Training may include demonstrations of safe and effective operation and/or product use, troubleshooting and potential hazards associated with your purchase. Please ask to speak with a pharmacist for appropriate counseling and training.



# Medicare DMEPOS supplier standards

**NOTE: This is an abbreviated version of the supplier standards all Medicare DMEPOS suppliers must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200-square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents, to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable

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- business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory, or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
  10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
  11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
  12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery.
  13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
  14. A supplier must maintain and replace at no charge, or repair either directly or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
  15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
  16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
  17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
  18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
  19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
  20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint and any actions taken to resolve it.

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21. A supplier must agree to furnish CMS with any information required by the Medicare statute and implementing regulations.
  22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals). Implementation date: October 1, 2009.
  23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
  24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
  25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
  26. All suppliers must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date: May 4, 2009.
  27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
  28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
  29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
  30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week, with certain exceptions.

# Patient rights and responsibilities

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**As a CVS Specialty patient, or as a parent or guardian of a minor who is a CVS Specialty patient, you have the right to:**

1. Be fully informed of all your rights and responsibilities as a patient of CVS Specialty, or the parent or guardian of a minor who is a patient of CVS Specialty, and to exercise those rights.
2. Be treated with dignity and respect without discrimination on the basis of any factor for which discrimination is prohibited by law.
3. Choose health care providers.
4. Receive information necessary to give informed consent prior to the start of any procedure or treatment.
5. Receive information in a language or form you can understand.
6. Make informed decisions about and actively participate in the planning of your care.
7. Be informed about your illness and treatment, when and how services will be provided, the name and function of any person providing care and service and the name of the person responsible for the coordination of your care.
8. Refuse treatment and to be informed of the consequences of your action.
9. Confidentiality and privacy in treatment and care, including confidential treatment of patient health information.
10. Be admitted for service only if CVS Specialty has the ability to provide safe and professional care at the level of intensity prescribed. You have the right to reasonable continuity of care and service provided by personnel who are qualified, through education and experience, to perform the service for which they are responsible.
11. Be informed within a reasonable time of anticipated termination of services or plans for transfer to

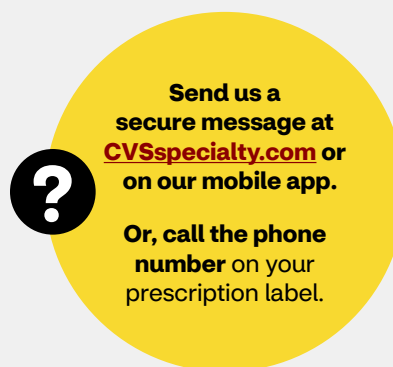
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- another agency, and participate in that discharge or transfer process.
12. Participate or refuse to participate in experimental treatment and research with voluntary, informed consent documented without jeopardizing access to care, treatment and services unrelated to research.
  13. Issue voice complaints and grievances, suggest changes in service staff, and be informed of CVS Specialty procedures for registering complaints without reprisal, coercion, discrimination or unreasonable interruption in service and the right to have your complaint investigated.
  14. Review your medical record.
  15. Formulate advance directives and be aware that CVS Specialty will honor those directives.
  16. Participate in the consideration of ethical issues in your care.
  17. Be advised of the availability of the toll-free state home health hotline.
  18. Refuse disclosure of your Protected Health Information (PHI) to accrediting organizations for the purposes of quality management. To refuse disclosure of specialty pharmacy information and your PHI, please call the phone number of the pharmacy listed on your prescription label.
  19. Be informed of the identity and job title of the staff members of the pharmacy providing services to you, and to speak to a supervisor of the staff member if requested.
  20. Have cultural and personal values, beliefs and preferences respected.
  21. Have a surrogate decision-maker whose decisions regarding care, treatment and services are respected, including the right to refuse care, treatment and services on your behalf, in accordance with law and regulation.
  22. Give or withhold informed consent for CVS Specialty to produce or use recordings, films or other images of you, for internal or external purposes.
  23. Know about the philosophy and characteristics of the CVS Specialty patient management program.
  24. Receive information about the patient management program.
  25. Decline participation, revoke consent or disenroll in the patient management program at any time.
  26. Speak to a health care professional.



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**As a CVS Specialty patient, or as a parent or guardian of a minor who is a CVS Specialty patient, you have the responsibility to:**

1. Give accurate and complete health information concerning past illnesses, hospitalizations, medications, allergies and other pertinent information necessary for CVS Specialty to render appropriate services.
2. Assist in developing and maintaining a safe environment to give self treatments according to infection control guidelines.
3. Advise CVS Specialty pharmacy staff about any change in physicians or in medical condition.
4. Inform the staff at CVS Specialty at least 24 hours in advance when you will not be able to keep a scheduled appointment.
5. Participate in the development and update of your plan of care.
6. Request further information concerning anything you do not understand.
7. Advise CVS Specialty if you are not willing to follow your established care plan/services and accept responsibility for those actions.
8. Follow the plan of care and clinical instructions and use equipment and supplies as prescribed by the physician.
9. Give information regarding concerns and problems you have to a staff member.
10. Advise CVS Specialty about any changes in your insurance benefits, employment status or employer.
11. Fulfill financial obligations for services.
12. Treat CVS Specialty employees with courtesy and respect.
13. Notify your treating provider of your participation in the patient management program.



# Notice of privacy practices

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**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

This Notice of Privacy Practices (the “Notice”) describes the privacy practices of CVS Specialty (“CVS Health”) and the members of its Affiliated Covered Entity (“CVS ACE”). An Affiliated Covered Entity is a group of Covered Entities and Health Care Providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The members of the CVS ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment, and health care operations of the CVS ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the CVS ACE, please contact the CVS Health Privacy Office.

PHI is information about you that we obtain to provide our services to you and that can be used to identify you.

It includes your name and contact information, as well as information about your health, medical conditions and prescriptions. It may relate to your past, present or future physical or mental health or condition, the provision or health care products and services to you, or payment for such products or services.

We are required by law to protect the privacy of your PHI and to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI. This Notice describes how we may use and disclose your PHI. We have provided you with examples; however, not every permissible use or disclosure will be listed in this Notice. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI. We and our employees and workforce members are required to follow the terms of this

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Notice or any change to it that is in effect. We are required to follow state privacy laws when they are stricter (or more protective of your PHI) than the federal law. Note that some types of sensitive PHI, such as human immunodeficiency virus (HIV) information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to additional confidentiality protections under state or federal law. If you would like additional information about state law protections in your state, or additional use or disclosure restrictions that may apply to sensitive PHI, please contact the CVS Health Privacy Office.

### Uses and disclosures of your PHI for treatment, payment and health care operations

We may use and disclose your PHI for treatment, payment and health care operations without your written authorization. The following categories describe and provide some examples of the different ways that may use and disclose your PHI for these purposes:

**Treatment:** We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive. For example, we may:

- Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at CVS Health.

- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals or other health care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.
- Contact you to provide treatment-related services, such as refill reminders, adherence communications or treatment alternatives (e.g., available generic products).

**Payment:** We may use and disclose your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescriptions dispensed to you at CVS Pharmacy or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

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**Health care operations:** We may use and disclose your PHI for health care operations – those activities necessary to operate our health care business. For example, we may:

- Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints, and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for CVS Health patients.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.
- Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

## **Other uses and disclosures of your PHI that do not require authorization**

We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

**Business associates:** When we contract with third parties to perform certain services for us, such as billing or consulting, these third party service providers, known as Business Associates, may need access to your PHI to perform these services. They are required by law and their agreements with us to protect your PHI in the same way we do.

**Individuals involved in your care or payment for your care:** We may disclose your PHI to a friend, personal representative, family member, or any other person you identify as a caregiver, who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by CVS Health. Upon your death, we may disclose your PHI to an administrator, executor, or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

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**Workers' compensation:** We may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.

**Law enforcement:** We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant, or other similar written request from law enforcement officials.

**Required by law:** We will disclose your PHI when required to do so to comply with federal, state or local law.

**Judicial and administrative proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Public health and safety purposes:** We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to: prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

**Health oversight activities:** We may disclose your PHI to an oversight agency for certain activities including

audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, and criminal proceedings, and as necessary for oversight of the health care system, government programs, or compliance with civil rights laws.

**Research:** Under certain circumstances, we may use or disclose your PHI for research purposes. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

**Coroners, medical examiners and funeral directors:** We may disclose PHI to coroners, medical directors, or funeral directors so that they can carry out their duties.

**Organ or tissue donation:** We may disclose your PHI to organ procurement organizations.

**Notification:** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition, or death.

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**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

**Specialized government functions:** We may disclose your PHI to authorized federal officials for the conduct of military, national security activities and other specialized government functions.

### **Uses or disclosures for purposes that require your authorization**

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

- Use or disclose your PHI for marketing purposes
- Sell your PHI to third parties (except for in connection with the transfer of a business to another health care provider required to comply with HIPAA)
- Share psychotherapy notes (to the extent we have any)

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the CVS Health Privacy Office.

Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

### **Your health information rights**

**Written requests and additional information:** You may request additional information about CVS Health's privacy practices or obtain forms for submitting written requests by contacting the CVS Health Privacy Officer: CVS Health Privacy Office, One CVS Dr., Woonsocket, RI 02895 or by calling **1-866-443-0933**. You can also visit [CVSSpecialty.com](https://www.cvspecialty.com) to get the forms to submit written requests.

**Obtain a copy of the notice:** You have the right to get a paper copy of our current Notice at any time. You may do so by going to the site where you obtain health care services from us or by contacting the CVS Health Privacy Office.

**Inspect and obtain a copy of your PHI:** With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically. To inspect or obtain a copy of your PHI, submit a written request to the CVS Health Privacy Office. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect and copy your

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record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

**Request an amendment:** If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. For example, if your date of birth is incorrect, you may request that the information be corrected. To request an amendment, submit a written request to the CVS Health Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide with you a written explanation of why we denied it.

**Receive an accounting of disclosures:** You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment, or health care operations. Please note that certain other disclosures need not be included in the accounting we provide to you. To obtain an accounting, submit a written request to the CVS Health Privacy Office. We will provide one accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

**Request confidential communications:**

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to the CVS Health Privacy Office. Your request must state how, where, or when you would like to be contacted. We will accommodate all reasonable requests.

**Request a restriction on certain uses and disclosures:**

You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the CVS Health Privacy Office. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI is related to a health care item or service for which you, or a person on your behalf, has paid in full out of pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy.

**Notification of breach:** You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

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## To report a problem

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint with the CVS Health Privacy Officer or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

## Changes to this Notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, CVS Health will provide a revised Notice to you. We will also post the revised Notice in our retail stores and on our website at [CVSpecialty.com/wps/portal/specialty/company/privacy-policy/](https://www.cvspecialty.com/wps/portal/specialty/company/privacy-policy) and will make copies available at our facilities and locations where you receive health care products and services from us.



**Effective Date:** This Notice is effective as of January 24, 2019.



# Customer care

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## Quality and care

If you have concerns about your care, please contact the pharmacy manager at your dedicated CVS Specialty pharmacy or call the phone number on your prescription label. If your specialty pharmacy does not handle the issue to your satisfaction, please call the Specialty Escalation Line at **1-855-264-3240**.

### Returns

CVS Specialty follows your doctor's order carefully. You cannot return or exchange medications after they have been sold to you. Be sure to tell us the exact amount you have on hand when you schedule your next order. We cannot give credit for medication you do not use. Make sure you follow the treatment plan that your doctor gave you.

Quality and care are important to us. If you have a comment or concern about the services you receive from CVS Specialty, you can call The Accreditation Commission for Health Care (ACHC) at **1-855-937-2242** or The Joint Commission at **1-800-994-6610**, or write to:

The Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

# Nondiscrimination and accessibility notice

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(ACA § 1557)

CVS Specialty complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. CVS Specialty does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CVS Specialty:

- Provides certain aids and services, free of charge, when necessary so that people with disabilities have an equal opportunity to communicate effectively with us, such as:
  - Auxiliary aids and services
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides language services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Care at **1-866-322-0984**, Monday through Friday 6:30 a.m. to 8 p.m. CT. TTY users should call 711.

If you believe that CVS Specialty has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

CVS Specialty Grievance Department  
Attn: Civil Rights Coordinator  
P.O. Box MC 1234  
Woonsocket, RI 02895  
Fax: **1-401-652-9935**

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You can file a grievance by mail, or by fax. If you need help filing a grievance, the CVS Specialty Grievance Department's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.,  
Room 509F, HHH Building  
Washington, DC 20201  
**Phone: 1-800-368-1019,**  
**TDD: 1-800-537-7697**

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)



# Authorization Forms

Fill out, sign and return these forms right away.

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Submit forms [online](#). Or print and mail them to:  
CVS Specialty, 105 Mall Boulevard, Monroeville, PA 15146

Assignment and authorization form

Fields marked with an asterisk (\*) are required.

I hereby authorize Caremark Rx, LLC and its affiliated specialty pharmacies (collectively, "CVS Specialty®") to:

- Submit claims directly to my insurance company or Medicare and bill me for any items not covered by my insurance or Medicare, which includes deductibles, copayments\*\*, coinsurance and all other beneficiary obligations;
• Seek direct payment for claims under this assignment;
• Release and receive medical information to or from my physician, insurance company, Medicare or other health care providers as needed to coordinate my pharmaceutical needs;
• Contact me directly concerning providing and delivering my medication and/or supply order(s); and
• Bill me directly for any special shipping needs I may request that are outside CVS Specialty's normal business delivery practices to the extent permitted.

Your signature on this form will enable us to provide you with prompt medication delivery and billing service.

If we do not receive this form, you may be required to pay for your medications directly and submit claims to your insurance company or other payor yourself. If you are a Medicare patient, CVS Specialty is not permitted to submit a claim to Medicare without this form signed by you.

Please check here if you are a Medicare patient.

Patient's Name (Required — Please Print)\* Date of Birth\* Date\*

Signature of Patient or Guardian (Required here or Representative below)\* Date\*

Signature of patient or guardian (required here or representative below). Please include your full name here. You acknowledge that your electronic signature is the legal equivalent of your handwritten signature on this authorization.

If the patient is physically or mentally unable to sign, an authorized representative may sign on the patient's behalf.

Representative's Signature Relationship to Patient

Please include your full name here. You acknowledge that your electronic signature is the legal equivalent of your handwritten signature on this authorization.

Representative's Name (Please Print)

Representative's Address: Street

City State Zip Code

Please State Reason Patient Cannot Sign

Name of Policyholder (If different from patient) Date

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

## Formulario de autorización y asignación

Los campos marcados con un asterisco (\*) son obligatorios.

Por el presente, autorizo a Caremark Rx, L.L.C. y a sus farmacias especializadas afiliadas (colectivamente, "CVS Specialty") a realizar lo siguiente:

- Presentar reclamaciones directamente a mi compañía de seguro o Medicare y cobrarme cualquier artículo que no esté cubierto por mi seguro o Medicare, lo que incluye deducibles, copagos\*\*, coseguros y todas las otras obligaciones del beneficiario.
- Solicitar el pago directo de las reclamaciones conforme a esta asignación.
- Divulgar y recibir información médica por parte del médico, la compañía de seguros, Medicare u otros proveedores de atención médica según sea necesario para coordinar mis necesidades farmacéuticas.
- Comunicarse directamente conmigo sobre el suministro y la entrega de mis medicamentos o pedidos de suministros.
- Cobrarme directamente cualquier envío especial que necesite y que pueda solicitar fuera de las prácticas de entrega comerciales y habituales de CVS Specialty en la medida permitida.

Su firma en este formulario nos permitirá proporcionarle una entrega de medicamentos inmediata y un servicio de cobro.

**Si no recibimos este formulario, es posible que deba pagar sus medicamentos directamente y presentar reclamaciones a su compañía de seguros o a otro pagador. Si es un paciente de Medicare, CVS Specialty no tiene permitido presentar reclamaciones a Medicare sin que usted firme este formulario.**

Marque aquí si es un paciente de Medicare.

Nombre del paciente (impreso)\*

Fecha de nacimiento\* Fecha\*

Firma del paciente o tutor (requerida aquí o representante abajo)\*

Fecha\*

*Firma del paciente o representante legal (requerida aquí o representante abajo). Incluya su nombre completo aquí. Usted entiende que su firma electrónica es la equivalencia legal de su firma manuscrita en esta autorización.*

**Si el paciente está física o mentalmente incapacitado para firmar, un representante autorizado puede firmar en nombre del paciente.**

Firma del representante

Relación con el paciente

*Incluya su nombre completo aquí. Usted entiende que su firma electrónica es la equivalencia legal de su firma manuscrita en esta autorización.*

Nombre del representante (impreso)

Dirección del representante: Calle

Ciudad

Estado

Código postal

Indique el motivo por el que el paciente no puede firmar

Nombre del asegurado (si es distinto al del paciente)

Fecha

\*\*Copago o coseguro se refiere a los montos que un miembro debe pagar conforme al plan para obtener medicamentos con receta, que también podrían ser un deducible, un porcentaje del precio del medicamento con receta, un monto fijo u otro cargo; y si hubiera un saldo, se pagaría con el plan.

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## Pharmacy patient authorization (PPA) form



Fields marked with an asterisk (\*) are required.

### Section A: Pharmacy Patient Information

Patient Name:\* \_\_\_\_\_

Patient Date of Birth:\* \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip Code:\* \_\_\_\_\_

Phone Number:\* \_\_\_\_\_ Primary Cardholder Insurance ID Number:\* \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

### Section B: Information about Me that May Be Used and/or Disclosed (optional)

The Personal Health Information about me that may be used and/or disclosed includes, but is not limited to, any information held by CVS Specialty® for any time period about my:

- Treating providers of care (e.g., pharmacies, prescribing physicians);
- Prescription records (e.g., drug names, dispensing dates, costs);
- Demographic information (e.g., address);
- Eligibility information (e.g., dates of coverage, deductibles).
- Other specific information: \_\_\_\_\_

### Section C: Purpose

This authorization is made at my request OR other purpose: \_\_\_\_\_

Person or Entity Authorized to Receive and Use Personal Health Information about Me:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Me: \_\_\_\_\_

### Section D: Expiration and Revocation

This authorization will automatically expire: (1) one year after (date\*) \_\_\_\_\_

OR (2) if no date is specified in (1) one year following the termination of my participation in a pharmacy benefit plan or drug discount card, as applicable. I understand that I have the right to revoke this authorization at any time, but that my revocation will not apply to any action that CVS Specialty has already taken in reliance on this authorization prior to receipt of my revocation. I understand that in order to revoke this authorization, I must send a written notice of revocation to the CVS Specialty contact listed below:

**Contact Information: CVS Specialty, 105 Mall Boulevard, Monroeville, PA 15146**

### Section E: Signature/Authorization

I understand that the information used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy law. I acknowledge that my authorization is voluntary. I understand that CVS Specialty may not condition any treatment, payment, enrollment or eligibility for benefits on whether I sign this form.

I have had full opportunity to read and consider the content of this Authorization Form. I understand that, by signing this form, I am authorizing CVS Specialty to use and/or disclose my personal health information as described in Section B above to the person or entity named in Section C for the purposes described above.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Please include your full name here. You acknowledge that your electronic signature is the legal equivalent of your handwritten signature on this authorization.

Note: If signed by someone other than the above-named pharmacy patient, please describe your legal authority to act on behalf of the pharmacy patient and, if applicable, attach support legal documentation.

**PLEASE RETURN THE SIGNED AUTHORIZATION FORM TO THE CONTACT PERSON LISTED IN SECTION D. YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION FORM AFTER YOU SIGN IT.**

## Formulario de autorización del paciente de farmacia (APF)



Los campos marcados con un asterisco (\*) son obligatorios.

### Sección A: Información del paciente de farmacia

Nombre del paciente:\* \_\_\_\_\_

Fecha de nacimiento del paciente:\* \_\_\_\_\_

Dirección:\* \_\_\_\_\_

Cuidad:\* \_\_\_\_\_ Estado:\* \_\_\_\_\_ Código postal:\* \_\_\_\_\_

Número de teléfono:\* \_\_\_\_\_

Número de identificación del titular principal del seguro:\* \_\_\_\_\_

Dirección de correo electrónico (opcional): \_\_\_\_\_

### Sección B: Información personal que se puede usar o divulgar

La información personal sobre mi salud que puede usarse o divulgarse incluye, sin limitaciones, cualquier información en poder de CVS Specialty® durante cualquier período sobre mis:

- Proveedores de tratamiento (p. ej., farmacias, médicos que prescriben recetas)
- Registros de recetas (p. ej., nombres de medicamentos, fechas de entrega, costos)
- Información demográfica (p. ej., la dirección)
- Información sobre elegibilidad (p. ej., fechas de cobertura, deducibles)
- Otra información específica: \_\_\_\_\_

### Sección C: Objetivo

Esta autorización se otorga según mi solicitud U otros fines: \_\_\_\_\_

Persona o entidad autorizada a usar o recibir información personal de mi salud:

Nombre: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

Relación: \_\_\_\_\_

### Sección D: Vencimiento y revocación

Esta autorización vencerá automáticamente: (1) un año después de (fecha\*) \_\_\_\_\_

O (2) si no se especifica la fecha, (1) un año después de la finalización de mi participación en un plan de beneficios de farmacia o tarjeta de descuento de medicamentos, según corresponda.

Entiendo que tengo derecho a revocar esta autorización cuando lo desee, pero que mi revocación no tendrá vigencia para ninguna acción que CVS Specialty ya haya emprendido en base a esta autorización antes de recibir dicha revocación. Entiendo que para revocar esta autorización debo enviar una notificación de revocación por escrito a la persona de contacto de CVS Specialty que se indica a continuación:

Información de contacto: CVS Specialty, 105 Mall Boulevard, Monroeville, PA 15146

### Sección E: Firma y autorización

Entiendo que la información que se utilice o divulgue conforme a esta autorización podrá ser divulgada nuevamente por el destinatario y es probable que ya no esté protegida por la ley federal de privacidad. Declaro que mi autorización es voluntaria. Comprendo que CVS Specialty no puede condicionar ningún tratamiento, pago, inscripción ni mi elegibilidad para beneficios a la firma de esta autorización.

He tenido amplia oportunidad de leer y considerar el contenido de este Formulario de autorización. Entiendo que al firmar este formulario, autorizo a CVS Specialty a usar o divulgar información personal de mi salud según se describe en la Sección B antes mencionada a la persona o entidad indicada en la Sección C según los fines descritos anteriormente.

Firma:\* \_\_\_\_\_ Fecha:\* \_\_\_\_\_

Incluya su nombre completo aquí. Usted entiende que su firma electrónica es la equivalencia legal de su firma manuscrita en esta autorización.

Nota: Si la firma corresponde a una persona que no sea el paciente de la farmacia antes mencionado, le pedimos que describa su autoridad legal para actuar en representación del paciente y, si corresponde, adjunte la documentación legal que la respalde.

**ENVÍE EL FORMULARIO DE AUTORIZACIÓN FIRMADO A LA PERSONA DE CONTACTO INDICADA EN LA SECCIÓN D. TIENE DERECHO A CONSERVAR UNA COPIA DE ESTE FORMULARIO DESPUÉS DE QUE LO FIRME.**



## Want to know more about managing your condition?

Visit [CVSpecialty.com/Resource-Center](https://www.cvspecialty.com/Resource-Center)

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1. U.S. Centers for Disease Control and Prevention

2. U.S. Environmental Protection Agency

This CVS Specialty New Patient Guide is intended to supplement the expertise and judgment of your doctor, pharmacist or other health care provider. It should not replace their instructions or decisions. It does not suggest that the use of any medication is safe, helpful or right for you.

CVS Specialty does not operate all the websites/organizations listed here, nor is it responsible for the availability or reliability of their content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CVS Specialty.

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