

From: Robin Agar-Celli

Subject: Re: Requested Information / Contains Private Health Information

Date: March 11, 2019 at 2:08:10 PM EDT

I would like some clarification about why nothing in the records sent to me addresses the fact that your contractor filled out an appeal fraudulently. Nor does it address why I was sent incorrect information regarding the safety of Kevzara and its risk of lymphoma. Since I had a conference call with Dr. Liss and others, you are obviously aware of the problems, yet made no attempt to change my patient record to show the errors.

MRIOA tells me that it is up to Caremark to contact patients if an error is made on an appeal and that Caremark is supposed to make the final determination, after reviewing what was sent from their reviewing physician. Now, obviously, MRIOA failed to do their own internal audit of the appeal file and Caremark simply copied Dr. Collins' inaccurate information. However, nothing regarding that inaccuracy or how it was dealt with was included in the information that was sent to me. While it is not surprising at all that Caremark blames MRIOA and MRIOA blames Caremark, you both failed to do your jobs in protecting health care consumers. If there is not paperwork regarding these errors, please explain why not. Is it not company policy to correct errors and alert patients to when major errors are made in their cases?

Since you noted that there is no legal necessity for Dr. Collins to call my physician, you also must know that he had no right to lie. It's clear he is paid to rubber stamp denials. You claim that he had my physician's notes and information, yet he claims that my physician was concerned about lymphoma. Apparently, a board certified rheumatologist, employed by you and MRIOA, doesn't understand the difference between lymphoma and lymphadenopathy. Perhaps he should cease practicing medicine, if he is unable to comprehend the difference between the two. I would like to know why no one at Caremark realized that mistake either. Note: my physician's correct phone number was on every one of the papers sent from his office, so had he spent even a moment on reading the paperwork, he would have been able to contact my physician. I also have not heard back regarding the phone recordings that I requested. Please let me know how much longer it will take to receive them.

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Date: March 11, 2019 at 2:08:10 PM EDT

To: "Brennan, Troyen

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From: Delaware Head Huggers

Subject: Re: Specialty Kickback Concern - Fraud

Date: January 4, 2019 at 4:05:31 PM EST

To: [CVS Staff]

I would like to go on record that I am still waiting for a letter regarding my concerns. I was told on December 19 that the letter was being drafted. I can not imagine what is taking so long to answer simple questions.

Today I saw my rheumatologist. He had contacted Caremark during all this and asked to speak to the Medical Director. No one ever bothered to call him back.....yet you based a denial on the fact that your supposed rheumatologist, Dr. Collins, called Playtex Manufacturing and wasn't able to speak to my doctor. So, now, please add to the list of questions: Why wasn't my physician contacted back by the Medical Director when he was trying to solve this issue? My physician is my advocate and is concerned with my well-being. While I realize that Caremark has no such concerns about any patient using their services, I would like to know why I have been blatantly lied to by Donald Liss and everyone else who supports this nonsense about this Dr. Collins calling a random number and basing a denial of an appeal on that.

I have sent in all the necessary paperwork to the TN Board of Physicians to file a complaint against Dr. Collins. The PA Department of State is already investigating the Caremark mistake with my methotrexate prescription from earlier in 2018. I have been reaching out to all state and federal agencies who cover this area and will continue to do so until adequate answers are given.

Please send a written response, addressing all the questions in the last three letters from me. This is beyond a reasonable amount of time.

On Dec 12, 2018, at 8:11 AM, Delaware Head Huggers > wrote:

I am still waiting for answers from my previous letter, but need to address another issue. One of these two individuals, Donald Liss, MD or Robert Collins, MD is acting fraudulently. The phone number that Robert Collins called is for Playtex Manufacturing rather than my physician's office and since there were no messages left for my physician to call him back, at any time, it is obvious that no attempt was made to contact my rheumatologist for further information.

I have now been told twice that several attempts were made to contact my doctor. I was told that there was a 72 hour time frame. The latest letter that was sent to me claims that Playtex Manufacturing was called three times in a 20 hour period and no 'live person' was reached. Even if a 'live person' had been reached, I doubt anyone there would have been able to discuss my medical condition.

I can not believe that this is how your Medical Affairs division defends Caremark's actions. Caremark couldn't manage to fill a prescription correctly earlier this year. They can not contact a physician when necessary nor process a prescription in a timely fashion. I don't see how you are still in business. Obviously, no one there actually knows what is going on.

If you are paying doctors to make fraudulent phone calls you have a huge problem on your hands. If Donald Liss didn't bother checking the phone number that he was told had no 'live person' then you have an even bigger problem. How many patients are being denied the medication their physician wants them to have because of supposed calls made by Caremark?

I am filing a complaint with the Tennessee Board of Physicians against Dr. Collins, since that is the only state in the US that has a currently licensed rheumatologist by that name. If your physician is not currently licensed, I am sure the Tennessee Board will be able to find that out, since you will not tell me in which state your physician is licensed. I will be also contacting all pertinent state and federal agencies regarding the fraudulent information that I have been sent from your company. The way you handled this entire situation is wrong on so many levels.

On Dec 10, 2018, at 5:39 PM, Delaware Head Huggers wrote:

I have received the latest letter from Caremark regarding my appeal and the events surrounding it. I am certain that you could continue to send me vague letters without much merit and meaning as often as I can bring up concerns with Caremarks Formulary and the response to my prescription.

I would like to point out a few glaring errors in the letter I received today.

First of all, if Dr. Collins did indeed call my physician's office on November 20, why did he not hit 1 to speak to a "live person". That's all that is required. Of course, if you are trying to avoid speaking to an actual human, you can always hit the number that will go to voice mail. Calling at 6:30 PM Eastern Time also almost certainly guarantees that you won't get someone in the office. Since it is fairly common practice for a physician's office to have different voice mail boxes for prescriptions, prior authorizations, etc, everyone I have spoken to about this agrees that it's common sense to reach out to the front desk in order to get a person.

Since I was able to get in touch with Dr. Hosny's office as was Megan, the State Liaison, I am unsure why no one else was able to do so. Perhaps, in the course of trying to meet the deadline for the appeal, someone should have contacted me directly and asked me to have my doctor's office contact Dr. Collins. There are many possible ways that this could have been handled effectively. None of them were done by Specialty.

Second of all, the latest ACR Guideline for the Treatment of Rheumatoid Arthritis does not even include Kevzara, the drug that you are pushing, but it does include other drugs that are also not included. So, you are not really taking the ACR Guideline into consideration when pushing Kevzara (sarilumab) on patients. It is a new drug and the ACR Guidelines discuss using other Non-TNF biologics; none of which are approved on this formulary. The only biologics approved on the formulary are Enbrel, Humira and Kevzara.

"Health Benefits and Harms = Efficacy and safety outcomes Proposed Drug categories (based on previous guidelines and the voting by two panels): 1. Methotrexate (MTX) 2. Non-MTX synthetic DMARDs (SSZ, HCQ, LEF) and Combination DMARD therapy, as defined above (MTX+SSZ, MTX + HCQ, SSZ+HCQ, or combination with LEF) 3. Triple DMARD therapy 4. Anti-TNF biologics = adalimumab, etanercept, golimumab, certolizumab pegol, infliximab 5. Non-TNF biologics = tocilizumab, abatacept, rituximab 6. Oral agent = Tofacitinib 7. Glucocorticoids"

No one has ever answered my questions as to why it took until November 19 for anyone to even process my prescription. It was originally sent in on November 8. I myself called several times and was not given any information at all. My physician's office called several times and was given different information each time they contacted Specialty.

I requested the names and credentials of everyone involved in this medication being denied.....I doubt Dr. Collins was the first person who saw this.

I have asked how a brand new drug gets ahead of established medications on your formulary and have not been given any answer.

I have many concerns regarding Caremark and Specialty and I will continue to research the push of Kevzara by CVS and continue to reach out to try to change this policy. Since no one can address why that particular drug is being pushed and no other non-TNF biologics are on the formulary, there must be some benefit to CVS for marketing it.

Obviously, you should have many concerns about your staff not being able to effectively contact the necessary people required to make an educated decision. I will bring my concerns to the State of Maryland.....we did not have issues like this when we had Express Scripts as our prescription coverage and I will also bring them to appropriate insurance agencies to find out why Caremark is so insistent on patients using Kevzara.

Robin Agar> wrote:On Nov 23, 2018, at 2:59 PM, Delaware Head Huggers

I am in receipt of a 2-page, very vague letter from Donald Liss regarding this issue. I have also been contacted by Jacob Hernandez who facilitated the shipment of the medication on Wednesday so that I received it today.

In Mr. Liss' letter he completely ignores my request for the name, specific credentials of and what state the physician who denied the appeal is licensed in, along with the credentials of anyone else involved in this situation. Legally, I am entitled to that information so that I can file a complaint with the appropriate Board of Physicians. Basically, your physician was prescribing a specific drug for me.....disregarding my doctor's specific request, in spite of the fact that he or she has no knowledge of my medical history. This was an insistence that I try Kevzara before anything else would be approved. Having already been through 5 different RA medications, most with serious and/or severe reactions, I would think a physician who actually knows my history would have a better understanding of what would work best for me. While I realize your physician thinks differently, I am still going to file a complaint. I do not believe that your physician acted within legal guidelines by pushing Kevzara. Mr. Liss certainly didn't by ignoring my request for specific information:

Under ERISA (the federal law governing employer provided plans), you are entitled to know the identification of all “medical professionals” who reviewed your appeal. The insurance company must “provide for the identification of medical or vocational experts whose advice was obtained on behalf of the plan in connection with a claimant’s adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination” 29 C.F.R. 2560.503-1 (h)(3)(iv).

He also claims that they tried to reach my physician several times. The entire appeal process was done in less than one day.....so I doubt the veracity of the claim that “several attempts were made to reach my physician”. I’d like to know the exact times and ways they reached out to my physician that went unanswered. Every time I contacted the office or State of Maryland contacted them, my physician and his office immediately provided the information requested. CVS Specialty was the only one who refused to give information. They would not tell me what was needed nor would they tell the physician’s office what was needed. They also did nothing with the prescription from November 8 until I finally pushed and got the State of Maryland involved. After having the prescription for an entire week I was told by Specialty that they had the prescription but nothing had been done to process or approve it yet. This should not be acceptable in any way.

Mr. Liss also completely disregarded my question as to how CVS has a drug only approved in 2017 ahead of a drug that was approved in 2012. Most physicians like to use medications that they know are proven to work, especially when a patient has had severe issues with other drugs. I’d like to know the process that got Kevzara added to the preferred product list so quickly. I’d also like to know the reasons behind Xeljanz not being part of the preferred product list for 2018, especially since it is going to be added for 2019. Being told that “approval is based on the guidelines promulgated by respected professional organizations...” is much too vague. Guidelines promulgated by those same respected organizations have been advocating using Xeljanz as an appropriate therapy for RA for 5 years before Kevzara was even approved. Which specific guidelines are being referred to that state that Kevzara should be used before Xeljanz?

CVS Health sadly is the only prescription plan for State of Maryland employees. I hope that with enough of us complaining, that will change in the near future. Your pharmacists could not successfully understand a prescription and were dispensing too many pills to me in August. It took Corporate to step in to educate your team about that. Now this entire process which has been difficult beyond any explanation. I think that you need to look long and hard at your policies and decide that patient health should come before profit.

I look forward to a expeditious response to my specific questions.

Thank you.

Robin Agar

On Nov 20, 2018, at 6:46 PM, Delaware Head Huggers

As you can see from the attached email, I have had some major problems with CVS Health/Caremark prescription coverage in the past. This issue was successfully resolved through the intervention of Megan, the State of MD liaison and Corporate Customer Care. Sadly, I have recently encountered another major issue that throws doubt on how CVS conducts business. I would like to know why CVS Specialty is pushing Kevzara, a drug approved by the FDA only in 2017 and denying Xeljanz, a drug which gained FDA approval in 2012.

My board certified rheumatologist, whom I have been seeing since my diagnosis of Rheumatoid Arthritis a few years ago, recently prescribed Xeljanz for me. This decision was made due to a variety of reasons, not the least of which was my severe reaction to Humira. That caused serious lymph node involvement which required a biopsy and had the potential for two major surgeries. Thankfully, once I stopped taking the Humira, the issues resolved. The prescription for Xeljanz, along with prior authorization paperwork was submitted on 11/8/2019.

For some reason, Specialty ignored the request and several days and many phone calls were made with no resolution. Each time my physician's office contacted them, they were told to prescribe Kevzara instead. My physician does not want me to be on that drug. He explained why it was medically necessary for me to be on Xeljanz instead. They still refused to do anything.

Once again, Megan had to get involved.....submitting the paperwork from my physician directly, since Specialty could not ever seem to find it. After all that, the drug was denied again. She instituted an appeal, which was also denied, even though Xeljanz will be a preferred drug in January of 2019, just 6 weeks away. Apparently a physician, who has never seen me, has none of my medical records and knows nothing of my history decided that Kevzara is the drug I should be on. I would like the name of the physician who denied the appeal, along with his or her credentials and what states they are licensed to practice medicine in, so that I can file a complaint with the appropriate Board of Physicians.

Thankfully, Megan was able to go directly to the State of MD for another appeal and they approved the drug. I am now waiting to hear from Specialty to try to get the drug sent to me....two whole weeks has gone and I still don't have my medication. I have no idea when it will actually be delivered. Biologics can take weeks to begin working and RA is a debilitating, progressive disease that can cause severe joint and organ damage if not kept under control. It would be nice if it didn't take weeks to get the medicine my physician thinks could help me.

The only reason I can think of for an insurance company to disregard the medical advice of a board certified physician who knows his patient and push a drug that physician doesn't recommend is that CVS benefits somehow. Whether there are kickbacks or some other financial gain, you are leaving your company open to liability again by going against a physician's advice. I completely understand that they needed an explanation from my physician as to why he wanted me to take Xeljanz. I do not understand the insistence that I take a different drug that your company prefers. I'm not even sure that is legal. I will be following up through several pathways to try to prevent this from happening to other patients in my situation.

This entire scenario was senseless and ridiculous and dangerous to me, the patient. If it wasn't for Megan and the State of MD stepping in, I would either have no medication until at least January or I would be taking a drug that my physician does not want me to take and that could harm me. Of course, no one knows if Xeljanz will work for me or not.....sadly that is the state of medications at this point. It is a trial and error situation with all RA patients. How does CVS have the right to tell someone what drug to take instead of what has been prescribed by a trusted physician?

This is especially upsetting since CVS Caremark has a history of major mistakes with me. While I know last time was considered a “learning experience” for those who acted improperly, I am tired of being the patient that has to fight to get needed medication. I know that Megan has instituted a root cause analysis that will hopefully shed some light on where CVS dropped the ball, but this is twice now, in just about three months that CVS has acted improperly.

I hope that I hear back from you regarding the physician’s credentials and the titles and credentials of everyone involved in the denial and appeal of this medication. Legally, I believe I am entitled to that information.

Thank you.

Robin Agar

On Aug 4, 2018, at 6:12 PM, Delaware Head Huggers <> wrote:

I am forwarding a copy of the complaint I filed with the PA Board of Pharmacy. I will also be filing this with the State of MD Insurance Department. I have repeatedly contacted CVS Caremark to try to resolve this without having to take action, however no one will help. I am reaching out to all of you in the hopes that someone at CVS might be able to do math and might be able to explain to your pharmacist what was actually done incorrectly. I have been told by every CVS employee that I have spoken with that I am simply not aware of my plan’s coverage. I completely understand only being able to receive one months medication at a time. I do not understand how your customer service representatives or your pharmacists are allowed to change the actual prescription and dispense a different number of pills than prescribed by my physician. I’m not sure if they are deliberately committing fraud or if they are just immensely incompetent, but either is of great concern to me and should be to your company as well.

My physician sent in a prescription for methotrexate tablets 2.5 mg. He ordered 84 tablets for a 90 day supply. Instructions are take 7 pills once weekly. The pharmacy, filling RX#293621960, delivered 30 pills for a one month supply instead of the 28 that were ordered. The pharmacist interpreted the prescription to be 30 days means 30 pills.

I called Caremark at least 5 times to get this straightened out. They insisted that I was not allowed to speak to a pharmacist and they refused to give me licensing numbers or information for the pharmacist who filled this prescription. I now have a bottle of 30 pills, which is 4 weeks plus 2 extra pills. No explanation is given as to what I should do with the extra pills each month. There are now 10 renewals on this instead of 11, leaving the entire prescription 6 pills short over the course of one year. I was told repeatedly that their pharmacy is correct and that there is no other way for this to be filled. So, I get more pills each month than I am to take, but less overall for the course of the prescription.....it doesn’t add up at all. If this was a narcotic, would they be so careless? If I was senile and took more medication than I am supposed to, I believe they would be held responsible.

They freely admit that the doctor wrote the prescription for 84 pills as a 90 day supply, but that they refuse to fill it as such. That is incorrect and to me, criminally negligent of them. There is no possible explanation for interpreting the prescription this way except for incompetence. I have had this medication filled at a local pharmacy and have no issues. I have since pulled the prescription from Caremark Mail Order, since the pharmacist not only can not fill it properly, but refuse to discuss the issue with the patient.

I have never been refused by a pharmacist when I have had a question with any other prescriptions. If this is a typical practice, CVS is putting patients at great risk and are denying them the medication that their doctors prescribed. There is no dispute about the medication being covered or allowed under my plan. This is a basic mathematical mistake that was brought to their attention at least 5 times with CVS becoming increasingly more rude and absolutely no resolution.

Thank you.

Robin Agar