

Exton Pharmacy

At Marchwood

1 Marchwood Rd.

Exton, PA 19341

610-363-9444

Fax: 610-363-1966

Extonpharmacy@aol.com

December 3, 2018

The Honorable Richard J. Leon

Senior Judge

U.S. District Court for the District of Colombia

333 Constitution Avenue N. W.

Washington D.C. 20001

Dear Judge Leon,

My name is Mary Walsh, and I am the owner of an independent pharmacy in Exton, PA. I am writing on behalf of my pharmacy and independent pharmacies all across the United States, to express our total opposition to the CVS-Aetna merger. We are deeply appreciative of the concern you are expressing over this merger. These are two massive corporations that control a huge share of the healthcare market.

If you feel as if you are in the dark about this merger, I can promise you that you ARE, as well as most of our fellow Americans. You **are** in the dark as to the true nature of these corporations. CVS, along with Express Scripts and Optum RX, control nearly 80% of all prescriptions filled in this country, and are owned by extremely large health insurance companies. They can and do control where patients fill prescriptions.

They remove my customers from my store with mandatory mail order, which has become rampant in the past decade. I've had customers leave in tears.

They offer cheaper copays to customers if they fill their prescriptions at a CVS.

They underpay us on a substantial number of claims, and as of the date of this letter, are the single biggest payer I have. (Meaning they control the largest portion of insurance companies for customers in this area.

Once they started purchasing insurance companies, they slapped their name across the front of insurance cards. At least 50% of consumers think right off the bat they have to get all of their prescriptions there, including my own son's coworkers. My son is a double Masters Chemical Engineer who works for Cabot Chemical company. He sat at his H.R. meeting and heard the head of H.R. telling every new hire they had to get their prescriptions at CVS. This company had mandatory mail order with CVS but may get 2

fills at the pharmacy of their choice. This was never mentioned. My son had to stand up at the meeting and correct her. This happens all the time. They see CVS on the card, and they think they must get every prescription filled at CVS.

To comply with federal requirements to complete the merger, Aetna sold its Medicare Part D business to WellCare Health Plans, Inc. What was not reported is that Wellcare uses CVS Caremark, CVS' in-house PBM, to administer the Medicare Part D portion of its business. As CVS is already the largest holder of Medicare Part D business, the sale of Aetna's Medicare Part D business to WellCare only served to maintain CVS' market share and render the point of the spin-off useless.

CVS owns retail pharmacies that compete with the other pharmacies in the pharmacy networks it creates through its PBM business. **While it should be flagged as a huge conflict of interest to allow the architect of a patient's pharmacy benefits plan to also provide plan prescriptions, CVS both fills plan prescriptions through its own massive retail chain, mail order and specialty pharmacies AND uses its proprietary platform as the plan designer to steer patients through financial incentives or misleading fear tactics into its stores or mail order programs.** I have lost hundreds, if not thousands of customers over that past ten years to CVS because they are forced out of my store. CVS defends this practice by claiming it maintains a "firewall" between its pharmacies and its CVS Caremark PBM, yet CVS routinely "markets" independent pharmacy patients with official letters stating that if the patient doesn't switch to a CVS pharmacy his/her medication cost share will increase. CVS also offers "deals" such as lower prescription copays to incentivize patients to switch to a CVS pharmacy, but strictly prohibits other pharmacies from doing so under threat of legal action. I lost a customer several months ago who had been referred to me by a local physician because I offer better care. The customers transferred their prescriptions back to CVS because I was "too expensive". I am not too expensive, CVS determines that the patient pays more to come to me, (making their copays higher) while offering a cheaper copay to get prescriptions filled at their own pharmacies

CVS has been the subject of some states' investigations into questionable pricing practices, especially with regard to Medicaid managed care. An investigation in Ohio, extensively covered in The Columbus Dispatch since January 2018, found the State of Ohio was charged some \$225 million over and above the average price for Medicaid prescriptions while reimbursing other pharmacies at, or very often below, cost. The below-cost reimbursements hit small independent pharmacies hardest, and drove many to the brink of closure while CVS defended this "spread pricing tactic" by publicly stating in the media that they paid small business pharmacies more than they paid themselves. The findings resulted in the termination of CVS' contract. Similar investigations are underway in Arkansas and Pennsylvania. Enclosed with this letter are several examples demonstrating the extent to which CVS absolutely does NOT pay small pharmacies more than it pays itself.

Earlier this year the State of Kentucky fined CVS \$1.5 million for 454 violations related to pharmacy reimbursement claims processing, including 38 violations in cases where

Caremark provided inconsistent or inaccurate information to the state's Department of Insurance. PBMs like CVS are not required to be transparent in their reimbursement or other business practices, citing "trade secrets" and "proprietary information" that allow them to maintain a veil of secrecy on all aspects of business, including information that is critical to pharmacies attempting to serve patients in CVS plans.

CVS Caremark negotiates and keeps millions of dollars in drug manufacturer rebates, cultivating what has become an accepted industry practice that results in inflated and purposely non-transparent drug pricing. Drugmakers point to rebates as the main reason why drug prices continue to increase yet CVS justifies this practice by claiming itself - not the patient, health plan sponsor or the dispensing pharmacy - as the buyer and therefore entitled to the rebate. The "rebate effect" was first made public in 2016 during the Epipen pricing scandal when Mylan CEO Heather Bresch pointed to the need to pay PBMs exorbitant rebates in order to have Epipen included on drug plan formularies. Included with this letter is an illustration of how PBM rebates drive up the price of Epipens, and by extrapolation, other drugs for which CVS and its fellow PBMs exact rebates. At the same time, CVS disallows the copay assistance drug makers offer low-income patients who need expensive specialty medications for conditions such as multiple sclerosis, rheumatoid arthritis, cancer, HIV and hepatitis to count toward those patients' annual deductible. Lower-income patients are penalized and end up paying more for their medications, without the benefit of the prescription benefit plan they pay for each month.

CVS is one of the worst offenders in mandatory mail order pharmacy, a program that purports to save patients money but has consistently been found to cost health plan sponsors MORE while contributing to millions of dollars annually in damaged, unwanted and otherwise wasted medications. PUTT, along with the National Community Pharmacists Association and numerous state pharmacy associations, works to alert consumers and their employers to the dangers of subscription-model pharmacy programs such as CVS Maintenance Choice, which is sold to insurance plan payers as a cost-savings model but requires that members receive their medications exclusively by mail. These programs are notoriously difficult for patients to opt out of -- if they are allowed to opt out at all -- and almost always result in patients bringing months of unused "maintenance" medications to their local pharmacies that they hope can be recycled but which in reality must be destroyed (medicine is not "recyclable"). (In my personal experience, the patients do NOT have the ability to opt out of mandatory mail order.)

A patient backlash against mandatory mail order pharmacy has also begun, spearheaded by moms such as Loretta Boesing, whose son received a liver transplant at age 2 and who now depends on immunosuppressants to keep his body from rejecting the transplant. Heat-damaged medications from the Boesing's mandatory mail order plan (administered by CVS) sent her son into liver rejection and has made Mrs. Boesing an outspoken advocate against CVS and mail order pharmacy.


On or about October 26, 2017 -- just 5 weeks prior to announcing its intended purchase of Aetna on December 3, 2017, CVS drastically cut reimbursements to independent and community pharmacies across the U.S. These cuts marked the third time in 12 months

reimbursements had been cut and were made without any kind of prior notice to network pharmacies. CVS attributed these cuts to "a computer glitch" but refused to reimburse pharmacies at the pre-Oct. 26 rate during the period it claims reimbursements were accidentally cut. CVS later walked back the "computer glitch" excuse but pharmacies were left to shoulder the extra expense of medications and effectively subsidized their patients' health plan costs until well into 2018. Adding insult to injury, CVS followed up these deep 4th-quarter cuts with letters offering to buy small pharmacies and citing "cuts to reimbursements" as one of the reasons pharmacy owners would consider selling their businesses to CVS. **If something is not done, I will have to sell my pharmacy within the next fiscal year. I simply cannot stay open with this unfair competition, underpayment of claims, and theft of customers. When I opened this pharmacy 14 years ago, there was one CVS pharmacy 5 minutes from me. Now there are 5. You don't get that kind of market share and grow at that rate by gaining customers honestly.**

If you Honor pushes back the date of this merger to next summer, I feel that independent pharmacies such as my own will have more time to educate you about what CVS is doing. I can get personal letters from my customers, and complaints about being forced to go to CVS. In the past week I have had at least ten complaints about customers being forced to use their pharmacies. And this time of year comes the annual exodus of Medicare D patients with CVS plans being TOLD by their insurance agents to go to CVS because it's cheaper. Why is a retail drug chain allowed to purchase insurance companies to steal customers from a competitor? This would be heinous enough if it were not health care.

Your Honor, these are just a few examples of why independent and community pharmacies are vehemently opposed to the merger between CVS and Aetna. I promise there are many more reason beyond those listed here.

Sincerely,


Mary C. Walsh, Pharmacist/owner
Exton Pharmacy at Marchwood
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Exton, PA 19341
extonpharmacy@aol.com

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This is an example from just one CVS administered plan with disgraceful and below cost reimbursements. I fill 11 prescriptions for this man each month, and at net loss of 51 dollars. A loss of 51 dollars. Notice that not one single reimbursement is decent in this entire profile.

How is this legal, and how has this been rubber stamped by the DOJ and the FTC?
CVS is THE BIGGEST THREAT to independent pharmacies at this moment.

Sincerely,



Mary Walsh RPh /Owner

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PRESCRIPTION LOG REPORT FOR PERIOD 11/01/18 THRU 12/06/18

*** DETAIL PRESCRIPTION FILL/REFILL ***

Thu Dec 6, 2018

Page 1

PID: [REDACTED]

NPI: [REDACTED]

Rx/Date	Patient/Drug/Rx Memo	Doctor/Rph/Tech/VRph/Approval	Qty DS RA	QtyL RL	Override=**	
00448030	[REDACTED]	[REDACTED]	90 30 0	0 0	Usual&Cust	\$44.97
11/19/18	METOCLOPRAMIDE 10MG TAB	AH-7176781 Ordered 11/19/18	ADVA -	\$0.00	Price	\$5.00*
12:23	0093-2203-01 TEVA USA	MW AL MW	CashPaid -	\$5.00	Cost	\$3.64
	TRUDY REFUSED TO GIVE US A	ADVA APV:183234099279213999	Plan Fee -	\$0.35	Margin	\$1.36
00448031	[REDACTED]	[REDACTED]	30 30 0	0 0	Usual&Cust	\$618.45
11/19/18	XARELTO 20MG TAB	AH-7176781 Ordered 11/19/18	ADVA -	\$390.23	Price	\$415.23*
12:23	50458-579-30 JANSSEN	MW AL MW	CashPaid -	\$25.00	Cost	\$410.69
	Renewed From Rx 445008	ADVA APV:183234100837125999	Plan Fee -	\$0.35	Margin	\$4.54
00448033	[REDACTED]	[REDACTED]	60 30 0	0 0	Usual&Cust	\$168.85
11/19/18	CARVEDILOL 3.125MG TAB	AH-7176781 Ordered 11/19/18	ADVA -	\$0.00	Price	\$5.00*
12:24	68001-153-00 BLUE POIN	MW AL MW	CashPaid -	\$5.00	Cost	\$1.84
	Renewed From Rx 445004	ADVA APV:183234102357121999	Plan Fee -	\$0.35	Margin	\$3.16
00444363	[REDACTED]	[REDACTED]	30 30 3	150 2	Usual&Cust	\$77.25
11/19/18	AMLODIPINE BESYLATE 5 MG TA	AH-7176781 Ordered 05/11/18	ADVA -	\$0.00	Price	\$4.81*
Rf 6	68382-122-05 ZYDUS PHA	MW AL MW Orig Rx 06/05/18	CashPaid -	\$4.81	Cost	\$0.30
12:36	Renewed From Rx 441587	ADVA APV:183234175254118999	Plan Fee -	\$0.35	Margin	\$4.51
00445493	[REDACTED]	[REDACTED]	1200 30 2	4800 2	Usual&Cust	\$801.38
11/19/18	CARAFATE 100MG/ML SUS	AH-7176781 Ordered 07/11/18	ADVA -	\$515.94	Price	\$540.94*
Rf 4	58914-170-14 ALLERGAN	MW AL MW Orig Rx 07/31/18	CashPaid -	\$25.00	Cost	\$531.31
12:36		ADVA APV:183234176004218999	Plan Fee -	\$0.35	Margin	\$9.63
00444362	[REDACTED]	[REDACTED]	30 30 3	150 2	Usual&Cust	\$222.85
11/19/18	ATORVASTATIN 40MG TAB	AH-7176781 Ordered 05/11/18	ADVA -	\$0.00	Price	\$5.00*
Rf 6	60505-2580-8 APOTEX	MW AL MW Orig Rx 06/05/18	CashPaid -	\$5.00	Cost	\$2.53
12:36	Renewed From Rx 441586	ADVA APV:183234175241118999	Plan Fee -	\$0.35	Margin	\$2.47
00445005	[REDACTED]	[REDACTED]	30 30 1	0 0	Usual&Cust	\$69.27
11/19/18	LISINOPRIL 30 MG TAB	AH-7176781 Ordered 06/15/18	ADVA -	\$0.00	Price	\$3.99*
Rf 5	68001-336-00 BLUE POIN	MW AL MW Orig Rx 07/03/18	CashPaid -	\$3.99	Cost	\$2.51
12:36		ADVA APV:183234175267118999	Plan Fee -	\$0.35	Margin	\$1.48
00445007	[REDACTED]	[REDACTED]	60 30 1	0 0	Usual&Cust	\$438.97
11/19/18	LANSOPRAZOLE 30MG CER	AH-7176781 Ordered 06/15/18	ADVA -	\$4.45	Price	\$9.45*
Rf 5	68001-112-03 BLUE POIN	MW AL MW Orig Rx 07/03/18	CashPaid -	\$5.00	Cost	\$7.28
12:36		ADVA APV:183234175978218999	Plan Fee -	\$0.35	Margin	-\$7.83
00445006	[REDACTED]	[REDACTED]	30 30 1	0 0	Usual&Cust	\$58.44
11/19/18	CHLORTHALIDONE 25 MG TAB	AH-7176781 Ordered 06/15/18	ADVA -	\$8.08	Price	\$13.08*
Rf 5	64980-303-01 RISING	MW AL MW Orig Rx 07/03/18	CashPaid -	\$5.00	Cost	\$11.99
12:36		ADVA APV:183234175279118999	Plan Fee -	\$0.35	Margin	\$1.09

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PRESCRIPTION LOG REPORT FOR PERIOD 11/01/18 THRU 12/06/18

*** DETAIL PRESCRIPTION FILL/REFILL ***

Thu Dec 6, 2018

Page 2

PID: [REDACTED]

NPI: [REDACTED]

Rx/Date	Patient/Drug/Rx Memo	Doctor/Rph/Tech/VRph/Approval	Qty DS RA	QtyL RL	Override=**
0044548	[REDACTED]	[REDACTED]	120 30 4	120 1	Usual&Cust \$1,561.51
11/19/18	POTASSIUM CL 20 MEQ PACKET	AH-7176781 Ordered 07/11/18	ADVA -	\$510.32	Price \$515.32*
Rf 3	69543-379-30 VIRTUS PH	MW AL MW Orig Rx 08/29/18	CashPaid -	\$5.00	Cost \$607.28
12:36		ADVA APV:183234175991218999	Plan Fee -	\$0.35	Margin -\$91.96
00446369	[REDACTED]	[REDACTED]	30 30 5	60 2	Usual&Cust \$25.80
11/19/18	LORATADINE 10MG TAB	AH-7176781 Ordered 08/29/18	CashPaid -	\$15.00	Price \$15.00*
Rf 3	51660-526-01 OHM LABS	MW AL MW Orig Rx 08/29/18			Cost \$2.55
12:36					Margin \$12.45

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PRESCRIPTION LOG REPORT FOR PERIOD 11/01/18 THRU 12/06/18

PRESCRIPTION SUMMARY

Thu Dec 6, 2018

Page 3

PID: [REDACTED]

NPI: [REDACTED]

NOTE: "P" = Primary "S" = Supplemental

PlanCode/Name	Rxs	Orig. Price #Patients	Final Price	Plan Paid	Other Plans	Patient Paid	Your Cost	Margin	%Gross Margin
CASH	1	25.80	15.00	0.00	0.00	15.00	2.55	12.45	83.00
		1			Total Cash	<15.00>			
ADVA	P: 10	4,061.94	1,517.82	1,429.02	0.00	88.80	1,589.37	-71.55	-4.71
ADVANCE PARADI S:		1							

PATIENT COPAY There were 10 Rx(s) With a Total Patient Copay of \$88.80

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PRESCRIPTION LOG REPORT FOR PERIOD 11/01/18 THRU 12/06/18

PRESCRIPTION RECAP
Thu Dec 6, 2018

Page 4

PID: [REDACTED]

NPI: [REDACTED]

Total New Rx's 3 Total Fills 11 Average Price \$139.35
Total Refills 8 Total Tax Overrides 0 Total Price Overrides: Cash: 1 Third Party: 10

Total Cash	\$15.00	Rx Origin:	DAW Recap:	Brand Rx's vs. Generic Rx's:
Total Co-Pay	\$88.80	Code 2:	5	Brands: 3 27.3%
Total A/R Charges	\$0.00	Code 3:	6	Generics: 8 72.7%
Total Plans Paid	\$1,429.02			Rx's Currently on Hold: 6
Total Revenues	\$1,532.82			Rx's Currently in Queue: 7
Total Cost Of Goods	\$1,591.92			Rx's Placed on Hold: 0
Total Gross Margin	-\$59.10 -3.856%			Rx's Placed in Queue: 7

Total Usual & Customary \$4,087.74

Note: The Total Tax and Total Discounts values
are included in the figures above.

Total Tax Collected	\$0.00		
Total Discounts	\$0.00	Total eVouchers Paid	\$0.00
Total eVoucher Adm Fee	\$0.00	Nbr eVouchers	0
Total Patients Serviced	2		

AUTHORIZED SIGNATURE _____

Report options:
Pcr#1 Rpt#1 Seq-1 Plan Seq-1 StrDt:11/01/18 EndDt:12/06/18 MCB-B OTC-N RIO-N DEA-N Sepxf-N Classic-N Gen-N Sig-N Lot/exp-N PrtXfer-N
NonPayRet-N PHold-N NRRx-Y CashRx-Y NegM-Y ModRx-N
PatCode0:DB

Rx Log Restrictions:
140b-Y PSignd-N PHist-N IncSkipdRx-Y IncAR-Y IncNegFee-Y NegPlanPay-Y PrtAdj-N

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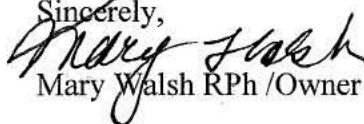
This is from a patient mine who is furious that CVS and Express Scripts are trying to steer her away from this pharmacy.

I have many many more like her, and I see letters like this all the time. They proliferate this time of the year.

How is this legal, and how has this been rubber stamped by the DOJ and the FTC?

CVS is THE BIGGEST THREAT to independent pharmacies at this moment.

Sincerely,


Mary Walsh RPh /Owner

Welcome [REDACTED] My Profile

Sites A-Z



Teamworks

Annual Benefits Enrollment

People

Search by name or profile info

Search This Site

Search this site

Annual Benefits Enrollment
Home

Explore Your Options

Enroll

Annual Benefits Enrollment > Find the Right Benefits in 2019

Find the Right Benefits in 2019

We heard you: Benefits changes you'll see for 2019

Team member feedback shaped the benefits options you'll see in 2019. As a result, many team members will have more predictable costs, lower premiums and deductibles, and in some locations, additional options to choose from. The options and cost will vary based on location, compensation, and elections.

Now's the time to learn about your options so you can choose the right benefits for the coming year.

What's changing

Medical plans

New claims administrators

Plan coverage changes

New pharmacy provider

Express Scripts is the new prescription drug pharmacy benefit provider, replacing CVS/Caremark for all broad network plans and some narrow network plans. Kaiser will manage their own pharmacy administration.

The Express Scripts network closely matches the network in place today and still includes large chains such as CVS and Walgreens. You can continue to get a 90-day supply of your medication at CVS retail pharmacies, or use Express Scripts Home Delivery for mail-order delivery.

Most existing prescription refills and prior authorizations will automatically transfer to Express Scripts with your new plan. You'll receive a personalized communication from Express Scripts if your refills do not automatically transfer.

Find general information on the Pharmacy page, and see the Plans at a Glance for specifics on each plan.

How Wells Fargo pays for medical coverage

Health and wellness dollars

HSA and FSA limits

Financial benefits

The information presented on this website does not provide the official plan provisions of the employee benefit plans sponsored by Wells Fargo & Company. In the case of a conflict or discrepancy between the statements and information provided here and the official plan documents, the official plan documents will govern.

Your Benefits (view My Benefits Options & Rates)



Enrollment is now closed

Need assistance?

See Frequently Asked Questions

For general benefits questions:

Annual Benefits Enrollment Call Center line

1-877-HRWELLS

(1-877-479-3557), option 7, 3

TDD/TTY: 1-800-988-0161

Monday through Friday

7:00 a.m. to 7:00 p.m. Central Time

For technical assistance:

Technology Connection

1-877-590-9000

Online tools

ALEX

Resources

Claims Administrators/Find Providers

Benefits Book/SPDs

Health Care Reform

Summaries of Benefits and Coverage (SBCs)

Choosing the Right Plan for You (PDF)

Health Plan Terms You Need to Know (PDF)

How to Have Your Best Benefits Enrollment (PDF)

Videos and Webinars

Disclosures

Important Benefit Plan Information

Notice of HIPAA Privacy Rights (PDF)

CHIP Notice (PDF)

Notice of Creditable Coverage (PDF)

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Annual Benefits Enrollment > Pharmacy

Pharmacy

Prescription drug coverage is an important part of your health care plan — you may use it every day to stay healthy. That's why Wells Fargo offers 2019 prescription drug plan options with more predictable costs for the coverage you use most. Most plans also feature a new pharmacy claims administrator.

I want to:

See what's new in 2019

Talk to ALEX®

Enroll

Understanding Pharmacy Benefits

What will my prescriptions cost?	<p>Prescription drug coverage in all plan options will change in 2019. Many prescriptions will be covered by a standard copay.</p> <p>To learn more about new prescription drug coverage, review the individual plan details in the 2019 Plans at a Glance.</p>
Which prescription drug administrator will fill my prescriptions in 2019?	<p>Most team members will change prescription drug claims administrators in 2019. Express Scripts will be the new pharmacy claims administrator, unless you're enrolled in a Kaiser plan.</p>
Will Express Scripts require new prescriptions for my current medications?	<p>Probably not.</p> <p>If you fill your prescription at a retail pharmacy, present your new ID card after January 1, 2019, and the pharmacy can refill your prescription with your new benefits.</p> <p>If you use mail order, most prescription refills will automatically transfer to Express Scripts, so you can request a refill after January 1, 2019, without a new prescription.</p> <p>However, there are a few exceptions. You'll need a new prescription for controlled substances like some pain medications and ADHD medications.</p>
Can I still use my current pharmacy?	<p>The Express Scripts pharmacy network closely matches the network in place today and includes large retail chains like CVS and Walgreens. Also, you can continue to obtain 90-day supplies of your prescriptions at CVS pharmacies, as well as through Express Scripts Home Delivery.</p>
Will my current prescriptions be covered?	<p>Most prescriptions covered today will be covered with Express Scripts. Also, existing prior authorizations will transfer. However, a few prescriptions will not be covered or will need additional authorization. If your prescription isn't covered, you'll receive a personalized letter from Express Scripts with information about covered alternatives or renewal options after November 1.</p>

customer
steering

CVS/caremark

Prescription Card

RxBIN

004336

RxPCN

ADV

RxGRP

RX7592

Issuer (80840)

[REDACTED]



ID

[REDACTED]

NAME

[REDACTED]

CABOT 

01664305766

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This is a copy of my son's CVS prescription card used with his permission. Please notice the very large prominent CVS on the front. At least 50% of consumers who pull this out of their insurance packets assume they must get all of their prescriptions at CVS. This should never have been allowed, and every major chain is involved in this kind of nonsense. This is **customer steering**, as well as this particular plan which also includes mandatory maintenance drugs to be filled at CVS

How is this legal, and how has this been rubber stamped by the DOJ and the FTC?
CVS is THE BIGGEST THREAT to independent pharmacies at this moment.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Walsh", with a long horizontal line extending to the right.

Mary Walsh RPh /Owner



120 Fifth Ave. • Pittsburgh, PA 15222

November 9, 2018

██████████
208 Towyn Ct
Exton, PA 19341-1473

T-63609



Dear ██████████



Thank you for being a valued Highmark member! As part of our ongoing efforts to provide you with access to safe and effective prescription drugs, we want to let you know about some changes coming to your Highmark Part D prescription drug coverage starting January 1, 2019. This letter includes important information about changes that may affect you. And, for easy reference, we've also included a list of medications that you may be taking and/or pharmacies that you may be using that are affected by these changes.

Our goal is to help you understand these changes, how they affect you, and what you can do to continue getting the medicines you need to stay healthy while keeping your costs low.



**TAKE
ACTION**

**Please contact
your doctor.**

Share this information
with your doctor to
ensure you can
continue to receive
the medications that
you need.



T-63609



Dear [REDACTED]

Based on the information provided in the enclosed letter, below is a list that can be used as a reference for the specific prescription and/or pharmacy changes that may affect you, starting January 1, 2019. Talk to your doctor about these changes to ensure you can continue to receive the medications you need to stay healthy!

Making it sound like they cannot come here.

Pharmacies removed from Preferred Network

EXTON PHARMACY AT MARCHWOOD

Why does my drug plan change?

Your Highmark Medicare Part D prescription drug plan changes at times because new brand-name drugs come on to the market, generic versions of older drugs become available, existing medications are approved for new uses, and drug prices change, among other reasons. That is why drugs may be added to or removed from your plan at different times. Also, medicines may be placed at a different drug coverage level, or "tier." These changes are made to manage the quality and cost of prescription drugs so you have safe, effective, and affordable medication options.



Pharmacy network changes

Preferred Pharmacies removed in 2019

According to our records, you have filled one or more prescriptions at a pharmacy that will no longer be a part of Highmark's Preferred Network, as of January 1, 2019.

But don't worry: You may still save money by transferring your prescriptions to a Preferred Pharmacy after January 1st, and it's easy.*

- ✓ Just ask your doctor to call in a new prescription to your new pharmacy, **OR**
- ✓ Take your prescription bottles to the Highmark Preferred Pharmacy of your choice.
- ✓ Tell the pharmacist you'd like to transfer your prescription there.

Customer steering

Remember to transfer your prescriptions **BEFORE** you run out of medicine!

(This change does not apply for medications you may receive from a Specialty Pharmacy.)

SAVE MONEY! FIND A PREFERRED PHARMACY

Below are a few of Highmark's Preferred Pharmacies. For a complete list of Preferred Pharmacies, visit highmarkblueshield.com. Click **Find a Doctor or Rx**, and then **Find a Pharmacy**, and finally **Locate a Medicare Preferred Network Pharmacy**.



T 616



Next steps

For your reference, we have enclosed a list of prescription drugs that records indicate you may be taking and are affected due to these changes. This list also has been provided to your doctor, who is the best resource for making changes to your medicine and course of treatment. Please be sure to call your doctor today and make an appointment to talk with him or her about this important information.

For benefit questions, you also may call Highmark Member Service at the number on the back of your Highmark member ID card. We're here seven days a week, 8 a.m. to 8 p.m. EST, to help you (TTY/TDD users may call 711).

We thank you again for choosing Highmark to provide your Medicare Part D prescription drug coverage, and we wish you good health in 2019 and beyond!

Sincerely,

Highmark Senior Markets

*Please note that you may not save money at a preferred pharmacy if you: 1) are taking specialty medication(s); 2) are taking a Tier 3-5 drug and have reached the coverage gap; and/or 3) have reached your catastrophic coverage amount.

Highmark Choice Company, Highmark Senior Health Company, and Highmark Senior Solutions Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Choice Company, Highmark Senior Health Company, Highmark Senior Solutions Company, and HM Health Insurance Company depends on contract renewal.

Highmark Blue Shield, Highmark Choice Company, Highmark Senior Health Company, Highmark Senior Solutions Company, and HM Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.

In many cases, you can continue to receive medications that are subject to a cost increase with no authorization required by the health plan. However, in some cases a medication that is subject to a cost increase may be obtained at a lower cost if your doctor submits a medication request to Highmark for consideration. Your doctor who wrote the prescription will need to explain the medical reasons why you need to take this medication. This information may be faxed by your doctor to Highmark. Highmark will then consider your doctor's request and notify you and your doctor about our decision. Exception requests can be considered for drugs on the non-preferred generic tier, non-preferred brand tier, or for generic drugs on the preferred brand tier. Drugs that are not covered cannot be authorized unless a medication request is submitted by the provider and approved by the plan.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

