



Disaster Preparedness and Emergency Planning

Please visit the following Web sites:

Federal Emergency Management Agency

www.fema.gov

American Red Cross

www.redcross.org

CVS Caremark does not operate the Web sites/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 Caremark.

My doctor:

Address: _____

Phone: _____

My local retail pharmacy:

Address: _____

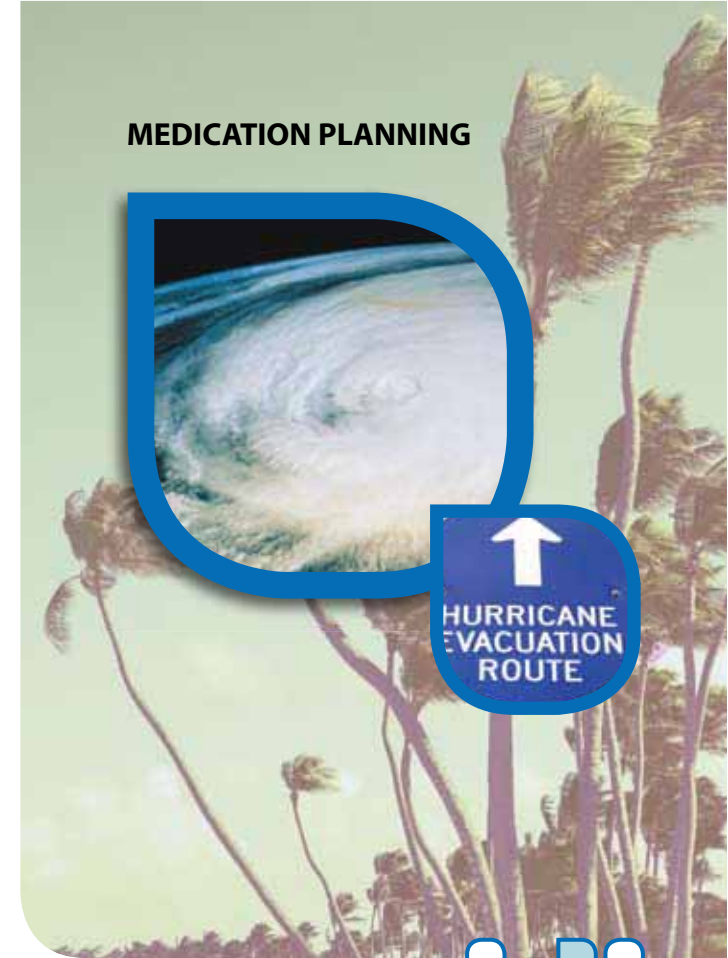
Phone: _____

My local post office:

Address: _____

Phone: _____

My Customer Care toll-free phone:



MEDICATION PLANNING

Being Prepared:

In the Event of a Weather-Related Emergency



www.caremark.com

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In the Event of a Weather-Related Emergency

The storm season can be stressful, and even more so for those who have chronic conditions and who may require prescription medication. In order to make sure that you are taking the best possible care of yourself during this season, CVS Caremark suggests using the following information to put together a proactive medication plan in case of a weather-related emergency.

Once you have developed an emergency medication plan, you may want to consult your health care provider, especially if you have complicated or difficult-to-administer medications, such as those requiring pumps or nebulizers. You may also want to talk to your child's school or child-care center about their emergency plan regarding your child's medication.

Emergency Plan Guidelines

- Keep all your medications in one location in your house, so that if you need to evacuate you can quickly and easily take them with you.
- Along with your benefit ID card, keep in your wallet a list of your medications, including drug name, strength, dosage form and directions. Also keep the names and phone numbers of your doctor and the pharmacy that filled your prescriptions in your wallet. Cut out and use the attached card.
- Stock your emergency kits with vitamins or over-the-counter medications you might need, such as pain relievers, antacids and cold-relief medications in the event you are evacuated to a shelter.

If You Use the Caremark Mail Service Pharmacy

If an unexpected occurrence were to affect the regular mail service pharmacy that fills your prescriptions, Caremark can electronically route your prescriptions to be filled at any of the other Caremark Mail Service Pharmacies across the country.

If, during a disaster, you do not have access to your prescription medication and you use the Caremark Mail Service Pharmacy, call the Customer Care phone number on your benefit ID card. If allowed by your plan, we can arrange for a short-term (usually 10-day) supply of your prescription to be picked up at a local participating retail pharmacy.

If your local retail pharmacy is unable to serve you after a disaster, the representative can help you find the nearest alternate participating retail pharmacy. If you are waiting for your medication to be shipped to you and you cannot access your home, check with your local post office for delivery information.

If your medication is being held at the post office and you cannot pick it up, call the Customer Care phone number on your benefit ID card. If you can provide an alternate address, Caremark can ship your medication to that location. If your medication is shipped with a cold pack, call a Customer Care Representative, who will help you determine how to have your medication sent to an alternate address.

Wallet Card

Caremark has created this simple tool to help you actively manage your prescription information and health care. Fill out and keep this information with your benefit ID card in case of an emergency.

My prescription medications:

Record the **drug name**, **prescription strength** (e.g., 10 mg, 20 mg), **dosage form** (e.g., pill, liquid, cream, etc.), and **directions** for use (e.g., take 1 tablet 3 times a day).

Drug Name _____ **Strength** _____

Dosage Form _____ **Directions** _____

Drug Name _____ **Strength** _____

Dosage Form _____ **Directions** _____

Drug Name _____ **Strength** _____

Dosage Form _____ **Directions** _____

Drug Name _____ **Strength** _____

Dosage Form _____ **Directions** _____

Cut out card along dotted line