



**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
State Health Director

NC ADAP SURVEY – CLINICIANS

Please check one: MD or DO NP PA Pharmacist

Approximately how many total HIV+ patients/clients do you serve? _____

Approximately how many are ADAP patients/clients? _____ Unknown/Unsure

Have you ever called customer service at CVS Caremark or have they called you regarding a client?

Yes No

If you have spoken to the customer service person from CVS Caremark did you find them (check all that apply):

Helpful/Professional Yes No

Rude/Unprofessional Yes No

Comments _____

Were your questions, if any, answered (check all that apply):

Clearly/Completely answered Yes No

Not answered to your satisfaction Yes No

N/A

Have you ever called a pharmacist at CVS Caremark regarding a client?

Yes No

If yes, were you connected to the pharmacist promptly?

Yes No

If no, approximately how long did it take before you were connected? _____

Have you called CVS Caremark during non-business hours?

Yes No

If yes, approximately how long did it take the on-call pharmacist to call you back

<1 hour

1-2 hours

> 2 hours

The on-call pharmacist did not call me back



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Have you been made aware of a prescription that was incorrect or incompletely filled for a client?

Yes No

Comments (please be specific) _____

If yes, what was the outcome?

Did you call CVS Caremark about the problem?

Yes No

Did you call the ADAP Program about the problem?

Yes No

You did not personally follow-up

Other _____

Have you called or faxed in a request for an ADAP covered prescription to CVS Caremark that was needed on an emergency basis (such as an antibiotic)?

Yes No

If yes, did CVS Caremark arrange for the prescription to be filled at your health care organization's pharmacy or a local pharmacy? Yes No

If no, did you know that this option was available through CVS Caremark for emergently needed prescriptions?

Yes No

Comments _____

Are there medications not covered by ADAP that you would like to see on the formulary?

Yes No You have not seen the ADAP formulary

***If yes**, please list them _____

Do you use the ADAP Program website for information, forms, etc.? Yes No

What suggestions or comments do you have for the ADAP Program? (Use additional pages if necessary)
