# Aetna Compass - Specialty Medications and When to Transfer to CVS Specialty Pharmacy

[Important Information](#_Toc198913388)

[CVS Specialty Pharmacy Plan Provisions](#_Toc198913389)

[CCR Process](#_Toc198913390)

[Related Documents](#_Toc198913391)

**Description:** Steps for providing members with Specialty medication copay or plan benefit information. CVS Specialty Pharmacy provides specialty medicines, support, and claims handling for Aetna members.

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| Important Information |

Through integration with Aetna, CVS Specialty Pharmacy can monitor specialty medicine needs by accessing the patient’s medical and pharmacy claim data and reviewing their medical history, as needed. The result is seamless pharmacy management, regardless of benefit design, and coordination of care whether covered under the pharmacy or medical benefit.

**Commercial Only Note:**  Specialty medications do NOT follow the day supply of retail. Specialty medications have a 30-day limit unless GPS or the CIF specifically states the member can obtain up to 90 days for Specialty medications. Refer to [Aetna - GPS - Locating Plan Benefits in GPS (068698)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=784d1956-1e04-4ccf-a73f-f5d3f487b5b0) and the CIF.

**Medicare Only Note:**

* **Aetna and SilverScript Medicare** plans are waiving early refill limits in accordance with standard disaster protocols. As such, Medicare members can obtain an early refill up to the benefit limit of their plan and drug tier.
  + Specialty tier and high cost specialty tier is typically 30 day supply limit. Aetna Medicare is allowing a 90-day supply for specialty and high-cost specialty tier drugs if the member requests a 90-day supply. State dispensing laws as well as the amount of medication left on the prescription could impact the total day supply able to be dispensed as well.
* If the fill rejects for 90 days enter a maximum day supply override, then warm transfer to SRT for copayment override.
* SRT refer to [Aetna Senior Team – Compass – Copay Overrides (066440)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=910a5039-91f5-4424-9036-0842d5c1b8b5). SRT call PHL Seniors for the 90-day flat copays; 1 time per 30 day supply.

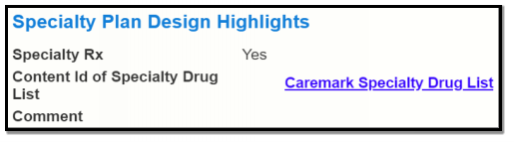
[Top of the Document](#_top)

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| CVS Specialty Pharmacy Plan Provisions |

Like CVS Pharmacy, CVS Specialty Pharmacy is a separate company from CVS Caremark. For member privacy and security, we cannot access records or account of CVS Specialty Pharmacy.

Caremark Specialty Pharmacy Customer Care **1-(800)-237-2767**. **Hours of Operation:** Monday - Friday from 6:30 a.m. to 8:00 p.m. CT, Saturday 8:00 a.m. – 3:00 p.m. CT. No Sunday Hours

Many Mail Order pharmacy clients have a Specialty component for their prescription plan structure. Eligibility can be determined by referencing the **Specialty Rx** field, located under the Specialty Plan Design Highlights section of the client CIF.



Most Mail Order clients who have a Specialty component have the following general plan provisions:

* **MED D:** Review the CIF to determine if a 90-day supply is allowed by the client
* 30-day maximum supply per disbursement (fill)
* Placed on a “retail lockout” (not covered at retail and must be filled by our Specialty Pharmacy division)
* May be placed on a copay tier unique to specialty drugs

**Example:** A client may have one tier for generics, a second for preferred brand drugs, a third for non-preferred drugs and a fourth for specialty medications.

Test Claims rejects for Reject 76: Plan Limitations Exceeded for an unbreakable packaged medication. Specialty Medications with this reject should be warm transferred to the Senior Team for assistance.

**Reminder:** Our member’s Plan Design questions/concerns are handled by CVS/Caremark (or if not our member, their PBM), NOT by Specialty Pharmacy. If member is calling about a Plan Design question/concern, please assist member. Once Plan Design concerns are resolved, if the member needs to fill a medication at CVS Specialty Pharmacy, transfer the caller to them for further assistance.

**Specialty Medications and Prior Authorizations/Coverage Determinations:**

**** DO NOT create an ePA request for Specialty medications.

* **Provider Offices Only:** Provide the phone number listed in the rejection and perform a warm transfer to the Specialty Prior Authorization/Appeals department at **1-866-814-5506** unless stated otherwise in the CIF.

 I will get you over to our Specialty Precertification Department for further assistance.

* **Members/Other Callers:**  Specialty Prior Authorization department does not speak with the members. Refer to the [CCR Process](#_CCR_Process) below.

Refer to the CIF if the client has a dedicated specialty phone number.

Repatha, Praluent, and Botox are **not** dispensed by CVS Specialty Pharmacy (CTS). They are only filled by local CVS or other network retail pharmacies. If a test claim show rejected, follow the proper rejection process to assist member with plan coverage of medication. To fill the medication, member will need to work with their retail pharmacy. Refer to [Aetna - Medications Not Available via Home Delivery (049808)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c3c528e-6753-4193-b385-ce27e037ac9a).

**Note:** Copay Cards can be accepted at CVS Specialty Pharmacy and are not plan design related. CVS Specialty Pharmacy can answer questions related to use of Copay Cards with their medication fills.

[Top of the Document](#_top)

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| CCR Process |

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| **Step** | **Action** | | | | | | |
| **1** | Verify that the medication is a Specialty medication by running a test claim filling the medication at a Retail pharmacy. Refer to [Aetna Compass - Test Claims (064284)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf264650-c4b2-4b12-a7da-15d39fa128c3).  **Note:** Do not automatically transfer the member to Specialty without running a test claim and advising the member on their Specialty network and additional requirements. | | | | | | |
| **If the test claim…** | **Then…** | | | | | |
| Rejected for R6 | The medication is a Specialty medication and must be filled within the Specialty network. Refer to [Aetna - Specialty Programs and Pharmacy Networks (114347)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c74d853f-197f-4923-a44f-6c263f4184e9). Proceed to Step 2. | | | | | |
| Rejected with Specialty messaging | Review the Settlement Description and Additional Message for Specialty Drug notification. | | | | | |
| **If…** | | **Then…** | | | |
| Specialty drug | | The medication is a Specialty medication. Proceed to Step 2. | | | |
| Not a Specialty drug | | The medication is not a Specialty medication and is not covered under the member’s prescription benefits. Proceed according to the reject message. | | | |
| Accepts | The medication is not a Specialty medication. Provide the member with the test claim results and advise the member of the next fill date or requirements. | | | | | |
| **2** | Proceed depending on if there is a rejected claim on file. | | | | | | |
| **If…** | **Then…** | | | | | |
| Yes, there is a rejected claim | On the Claim Details screen, select the Messaging tab and review the Settlement Description column. | | | | | |
| **If the claim is…** | | | **Then…** | | |
| Denied for Specialty (e.g., R6 - Product/Service Not Appropriate for This Location) | | | Run a new test claim with the NPI for CVS Specialty: “1134100134” | | |
| **If the test claim…** | **Then…** | |
| Denied | Proceed to Step 3 to determine why the Specialty medication is still denying. | |
| Accepts | 1. Provide the member with the test claim results and educate the member according to their plan guidelines, including but not limited to copay structure and where they can fill their Specialty medications. 2. Assist the member with locating a Specialty Pharmacy that is in their pharmacy network. **For Commercial members only,** proceed to [Aetna - Specialty Programs and Pharmacy Networks (114347)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c74d853f-197f-4923-a44f-6c263f4184e9). 3. If the member has further questions regarding existing Specialty Medication Orders, Shipping, Billing, or if the member is new and wants to set up their profile with Specialty, warm transfer the caller to CVS Specialty Pharmacy only after answering all questions regarding benefits, Specialty networks, and copay information. Refer to the “CVS Specialty Pharmacy” section of [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7). | |
| Denied for any other reason | | | Proceed to Step 3 to determine why the Specialty medication is still denying. | | |
| No rejected claim | Run a new test claim with the NPI for CVS Specialty: “1134100134” | | | | | |
| **If the test claim…** | | | **Then…** | | |
| Denied | | | Proceed to Step 3 to determine why the Specialty medication is still denying. | | |
| Accepts | | | 1. Provide the member with the test claim results and educate the member according to their plan guidelines, including but not limited to copay structure and where they can fill their Specialty medications. 2. Assist the member with locating a Specialty Pharmacy that is in their pharmacy network. **For Commercial members only,** proceed to [Aetna - Specialty Programs and Pharmacy Networks (114347)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c74d853f-197f-4923-a44f-6c263f4184e9). 3. If the member has further questions regarding existing Specialty Medication Orders, Shipping, Billing., or if the member is new and wants to set up their profile with Specialty, warm transfer the caller to the CVS Specialty Pharmacy after answering all questions regarding benefits, Specialty networks, and copay information. Refer to the “CVS Specialty Pharmacy” section of [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7). | | |
| **3** | Review the Settlement Messages, Code, Description and Message columns under the Mail Messages or Retail Messages columns of the Test Claim results.   * [“Precertification required” 1](#_Toc184748014) * [“Maximum days supply of 30” and/or Rejects 19, 76 1](#_Toc184748015) * [“Drug Not Covered - Plan Exclusion” 1](#_Toc184748016) * [Any other Settlement Description 1](#_Toc184748017) | | | | | | |
| **If…** | **Then…** | | | | | |
| “Precertification required” | The Specialty Medication requires prior authorization.    Proceed as follows depending on if it is a [Commercial](#Commercial) or [Med D](#Medicare) member: | | | | | |
| **If the member is…** | **Then…** | | | | |
| Medicare | 1. Advise the member that the medication requires a Prior Authorization. 2. Proceed to [Aetna Compass Med D - Handling Prior Authorization Inquiries (065603)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=096dcedb-fa61-418c-86cd-aa470ca83b02). Proceed to submitting an authorization or alternative as outlined. | | | | |
| Commercial | 1. Advise the member that the medication requires a Prior Authorization and they should discuss the medication requirements with their provider. 2. **DO NOT submit a PA request via ePA or Support task for Specialty medications.** Instead, provide the member with the appropriate phone number for their provider to call in the Prior Authorization request. Review the rejection and proceed according to the phone number provided in the rejection message: | | | | |
| **If…** | | | | **Then…** |
| * 1-866-814-5506, * #(SGM), or * #(ACSF SGM) | | | | 1. Provide the caller with the phone number for the Specialty Guidelines Management (SGM) team: **1-866-814-5506**. 2. Proceed to Commercial [Step 3](#CommStep3) to educate the member.. |
| * 1-866-503-0857, or * 1-866-353-1892, or * 1-866-387-2573 | | | | 1. **Do not** provide this number to the Commercial member. You should provide them with **1-866-752-7021**, which is the phone number for the Aetna Commercial Specialty PreCert department. Refer to the “Specialty Precertification (PreCert) – Aetna Commercial” section of [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7) for the fax number and hours of operation. 2. Proceed to Commercial [Step 3](#CommStep3) to educate the member.. |
| Any other phone number | | | | 1. Provide the phone number in the rejection message to the member. 2. Proceed to Commercial [Step 3](#CommStep3) to educate the member. |
| 1. Educate the member according to their plan guidelines, including but not limited to copay structure and where they can fill their Specialty medications. 2. Assist the member with locating a Specialty Pharmacy that is in their pharmacy network. Proceed to [Aetna - Specialty Programs and Pharmacy Networks (114347)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c74d853f-197f-4923-a44f-6c263f4184e9). 3. If the member has further questions regarding existing Specialty Medication Orders, Shipping, Billing, or if the member is new and wants to set up their profile with Specialty, warm transfer the caller to the CVS Specialty Pharmacy only after answering all questions regarding benefits, Specialty networks, and copay information. Refer to the “CVS Specialty Pharmacy” section of [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7). | | | | |
| “Maximum days supply of 30” and/or Rejects 19, 76 | The Specialty Medication may be prepackaged for a greater day’s supply than allowed. **Examples:** Prolia, Remicaid, etc.    An override is ONLY allowed in the following circumstances:   * + The prescription is for one vial, one kit, or the smallest package size, but it exceeds the member’s maximum day supply allowed at Retail (such as Enbrel, Humira, Stelara).   + The prescription is for multiple vials or an infusion that will be injected at one time (such as Botox, Remicade, Sodium Chloride).   If one of the above circumstances applies, notify the caller that an override may be needed and that you need to reach out to the Senior team to fulfill their request. Proceed depending on if a Commercial or Medicare member:   * **Commercial members:** Contact the Senior Resolution Team via Lifeline Quick Assist for a procedural assist. The Resolution Specialist will verify the override is needed and perform a Day Supply override.  1. **Say:**    Please allow me a few minutes to process your request.   1. Proceed to [Lifeline Aetna Agent Support Tool (074915)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cc566ab2-1cac-4bc3-bdf1-78585c10f890).    * **Medicare members:** After you’ve resolved any outstanding issues, warm transfer the caller to the Senior Resolution Team. The Resolution Specialist will verify the override is needed and perform a Maximum Day Supply override. Refer to [Aetna Compass Med D - How and When to Contact the SRT (065715)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80a40b26-1ade-43d5-9c1a-1ea455c77a3a). | | | | | |
| “Drug Not Covered - Plan Exclusion” | The member’s prescription benefits do not cover the Specialty Drug.    Advise the member that the medication is not covered under their prescription benefits.  If the member wants to request a Formulary Exception, proceed to the “Precertification required” process for [Commercial](#Commercial) or [Med D](#Medicare) above.  ONLY if the member has a **Commercial non stand alone** plan, offer to contact Aetna Member Services to check if the medication is covered under their medical benefits. Refer to:   * + [Aetna - Determining Stand Alone Plans vs. Non Stand Alone Plans](file:///C:/Users/MAFrankel/Ready%20to%20Post%20-%20Jenny%20Review/CMS-PRD1-083589)   + [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7) | | | | | |
| Any other Settlement Description | 1. Provide the member with the test claim results and advise the member of the next fill date or requirements. 2. Educate the member according to their plan guidelines, including but not limited to copay structure and where they can fill their Specialty medications. 3. Assist the member with locating a Specialty Pharmacy that is in their pharmacy network. **For Commercial members only,** proceed to [Aetna - Specialty Programs and Pharmacy Networks (114347)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c74d853f-197f-4923-a44f-6c263f4184e9). 4. If the member has further questions regarding existing Specialty Medication Orders, Shipping, Billing, or if the member is new and wants to set up their profile with Specialty, warm transfer the caller to the CVS Specialty Pharmacy only after answering all questions regarding benefits, Specialty networks, and copay information. Refer to the “Specialty Customer Service” section of [Aetna - Departments & Programs (Phone, Addresses & Hours) (068189)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0357fa4-f9b1-4895-ae82-cbc20e9820a7).   **Note:** Contact the Senior Resolution Team if you are unable to determine the issue. | | | | | |

[Top of the Document](#_top)

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| Related Documents |

**Parent Document:** [CALL-0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011); [CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

**Abbreviations / Definitions:** [Customer Care Abbreviations, Definitions, and Terms](file:///C:/Users/MAFrankel/Ready%20to%20Post%20-%20Jenny%20Review/CMS-2-017428)

[Top of the Document](#_top)

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