# Override Index

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[Related Documents](#_Toc100753147)

**Description****:** Provides document titles, hyperlinks and the description for all documents that pertain to Overrides.

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| Document Listing |

Refer to as needed:

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| **Title** | **Description** |
| **Plan Benefit Overrides (PBO) CCR**  [CMS-2-024671](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f075340f-87ec-41b3-bdeb-16422d0fed0e) | Instructions for handling override requests. A Plan Benefit Override (PBO) bypasses the general plan design limitations by permitting a claim to pay and allowing a covered medication to be filled. |
| **Plan Summary Screen Field Descriptions (Accumulations, Override and Specialty)**  [CMS-PCP1-040585](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb) | This document provides field descriptions and information related to the Plan Summary, Accumulations, Specialty and Override Summary screens for RxClaim members. |
| **Override Reason Codes - Compass vs. PeopleSafe Differences**  [TSRC-PROD-044060](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a316f4c4-c3a0-441d-a582-a3d108dedf8c) | This document provides Reason Codes, as well as the PeopleSafe and Compass descriptions for placing overrides. |
| **PBO Access Request Form**  [CMS-PRD1-071471](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4247bf5b-112c-4531-adfe-f2ebf43145ae) | The PBO Sign Off Form is required for any users who will be granted access to enter plan benefit overrides within PeopleSafe. |
| **Member Initiated Prior Use Exemption (MIPUE) Process for Formulary Exclusions**  [TSRC-PROD-031682](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d18776b6-c98d-44aa-9872-16be0b7a5d28) | Procedures and information for clients implementing the Prior Use Exception process for formulary exclusions. |
| **PeopleSafe - Pharmacy or Prescriber Lock In (Commercial and Medicaid)**  [TSRC-PROD-014281](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=01616463-5a9d-415c-824d-9d8878d817bd) | Information for a medication rejection when a pharmacy is processing the claim that is not part of the Restricted Recipient Network or if there is a Member Level Pharmacy Exclusion Override for the specific drug. |
| **Member Low or Out of Medication**  [TSRC-PROD-046109](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) | Provides several opportunities to offer a member when they are low or out of medication. |
| **Topical Drug Dose Reject 88 Max is XXX in 30 Day Period**  [TSRC-PROD-010698](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8939f3bb-9dff-48d1-9a42-6912a9e3d3c5) | Instructions to process a Reject 88 Max is XXX in a 30-day period. The Topical Drug Dose Edit is enabled in our system for all clients (excluding Medicare Part D). This edit applies a maximum daily dosage limit to select topical medications. It is a ‘hard reject,’ meaning that no override can be created for the member unless the client specifies otherwise. |
| **Inactive NDC**  [CMS-PCP1-022377](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=e8ae12f9-7004-49d0-b6c0-a6c2151a0993) | How to ensure that our Mail Order pharmacies are in compliance with states that do not allow the dispensing of inactive NDCs under their state-sponsored plans, clients have requested that a warning and/or a reject message be built for retail / POS claims to notify the retail pharmacies that they are dispensing an inactive NDC. |
| **PeopleSafe – Expiring Prior Authorization (PA) Opportunity in PeopleSafe**  [CMS-PCP1-017373](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=95fb1de7-7c74-474a-bba3-7e9897093a90) | Provides the process for accessing, reviewing, and advising a member of an expiring Prior Authorization event. |
| **Standard Formulary Changes FAQ**  [CMS-PRD1-114719](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145) | Information regarding the Standard Formulary Options. They include Drug Removal Option (drug no longer covered), Prior Authorization Option (drug not covered unless a prior authorization is received) and Preferred Formulary Lists that are compiled by a panel of registered pharmacists and doctors working in coordination with PBM and the employer. |

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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