# Compass - Dispensing Special Instructions (ScripTalk, Braille, Large Font, Signature Required, Language, Blister Packs)

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**Description:** This document explains the process for viewing and handling member requests or inquiries about special dispensing options for Mail Order prescriptions.

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| General Information |

 View the Dispensing Special Instructions on the **Mail Order Profile** tabprior to requesting any changes.

We have partnered with En-Vision America to provide members with ScripTalk talking prescription labels and ScripView (large font) labels. These options are available for members utilizing our PBM Home Delivery Service.

ScripTalk talking prescription labels should be offered as the preferred option to all members inquiring about Braille or large font labels, or any other offering for those with visual impairment.

**Note:** Large font counseling sheets are not available, just large font labels.

**Reminders:**



* If the member also wants to place an order, **do not place it** until after you have completed this entire process for requesting alternative label formats.
* If the member makes a special handling request **after** submitting an order, advise the member that these options are not available for orders that have already shipped.
* We can set up their account so that the ScripTalk, ScripView (large font), Braille labels, Signature Required or not Required, or Blister packs (GEHA only) are provided for future orders.
* Notify members any special dispensing instructions can add extra processing times to orders.
* Counseling sheets can ONLY be created for the following languages: English, Spanish, Mandarin, Italian, Russian, Korean, and Vietnamese.
* If a member would like to remove large fonts, reach out to Senior Team to get notes added to account.

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| Viewing Dispensing Special Instructions on the Compass Mail Order Profile Tab |

This feature allows the user to review **Dispensing Special Instructions** for the member/beneficiary’s prescriptions.

**Note:** When reviewing the **Mail Order Profile** tab, if there are Dispensing Special Instructions for the member/beneficiary, click the **Dispensing Special Instructions** hyperlink to view if any are available.

Follow the steps below to review **Dispensing Special Instructions**:

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| **Step** | **Action** |
| **1** | From the Member SnapshotLanding Page, click the **Mail Order Profile** tab. |
| **2** | Click the **Dispensing Special Instructions** hyperlink.      **Result:** The **Dispensing Special Instructions** that apply to this member/beneficiary display. This is a “Read Only” pop-up screen:  A screenshot of a computer  AI-generated content may be incorrect.  **Notes:**   * Contact the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) for a procedural transfer when a member requests to add or change special dispensing options. * Requests for Easy Open caps by creating a support task. Refer to [Compass - Non-Childproof or Easy Open Cap Requests (063812**)**](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=479f7303-84ce-46e4-b7c3-9f890ea26d92). * If no **Dispensing Special Instructions** are included, the boxes will not be checked:   A screenshot of a computer  AI-generated content may be incorrect. |

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| Requests for Prescription Labels for the Vision Impaired |

Perform the steps below when a member asks about options for the vision impaired:

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| **Step** | **Action** | | | |
| **1** | Validate the member has a need for alternative label formats due to blindness, visual impairment, dyslexia, or some other condition that makes it difficult to read standard labels.  If the member wants to place an order, **do NOT place it until** you have completed this entire process for requesting alternative label formats. If the member makes a special handling request aftersubmitting an order, advise the member that these options are not available for orders that have already shipped. We can set up their account so that the ScripTalk, ScripView (large font), or Braille labels are provided for future orders.  **Note:** It is possible to request more than one type of label for prescriptions. | | | |
| **If...** | | **Then...** | |
| Yes | | Proceed to **Step 2**. | |
| No | | Inform the member the labels are reserved for those with conditions requiring the use of alternative label formats. | |
| **2** | Inform the member that we can provide prescription labels for use with En-Vision America’s ScripTalk Station. A ScripTalk Station can be mailed to the member free of charge.  **About ScripTalk:**  ScripTalk is available for all prescriptions filled through PBM Home Delivery Service and is also available for CVS.com prescriptions. Support for Specialty pharmacy and Retail Pharmacy is coming later this year.   * The ScripTalk Station provides those who cannot read the information on their prescriptions a safe and easy way to manage their personal healthcare. Press a button and place the special Talking Label over the reader. A voice speaks all the information printed on the label, such as: * Drug Name, Dosage, & Instructions * Warnings & Contraindications * Pharmacy Information * Prescriber Name * Prescription Number & Date * The ScripTalk Station uses Radio Frequency Identification (RFID) and text-to-speech technology. A thin antennae and microchip embedded within the label are programmed with all the printed information. Because the data is stored in the label itself, it can be used on any size bottle, box, vial, tube, or other prescription container.   **ScripTalk Station Features:**   * + Lightweight and Portable   + Natural Voice   + Earphone Jack for Privacy   + One Touch Operation   + Read as Many Times as Needed   + Adjustable Volume   + Works with any Prescription   + Multiple Languages     ScripTalk Station is the only audible prescription reading device to meet all federal requirements listed under the Federal Drug and Cosmetic Act (FDCA), Americans with Disabilities Act (ADA), and Health Information Portability and Accountability Act (HIPAA). | | | |
| **If member…** | | | **Then...** |
| Is interested in ScripTalk | | | Proceed to **Step 3**. |
| Has further questions about ScripTalk | | | * Advise the member that they can contact En-Vision America at **1-800-890-1180**. Their business hours are Monday thru Friday, 8:30 am to 5 pm (CT), or refer to <https://www.envisionAmerica.com>. |
| Is not interested in ScripTalk | | | * Advise of other alternatives, such as Braille labels or ScripView (large font) labels. * Determine which option the member would like. * Fill out the form online at: <https://www.scriptability.com/cvscaremark> * Choose **Solutions>ScripView** for large fonts. * Choose **Solutions>BrailleRx** for Braille labels.      * Contact the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) to enter instructions for the member’s prescriptions to be provided with Braille or large font labels.   **Note:** Notify the Senior Team a procedural transfer if the member wants to place an order today. |
| **3** | Determine if the member already has a ScripTalk Station from En-Vision America.  **Note:** There is another company that supplies a talking label device, but **our labels only work with** the **ScripTalk Station** provided by En-Vision America. | | | |
| **If...** | **Then...** | | |
| Yes | * Advise the member they can use their existing ScripTalk Station. * Advise the member that you will submit a request to have their prescription labels include the sensor at the bottom of the bottle that enables it to be read by the ScripTalk Station when placed over the reader. * Contact the [Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) to enter instructions for the member’s prescriptions to be updated for use with ScripTalk.   **Note:** Notify the Senior Team for a procedural transfer if the member wants to place an order today. | | |
| No | * Advise the member that you will request a ScripTalk Station be mailed to them. * Advise the member that you will also submit a request to have their prescription labels include the sensor at the bottom of the bottle that enables it to be read by the ScripTalk Station when placed over the reader. * Fill out the form online at: <https://www.scriptability.com/cvscaremark>. * Choose **Solutions>ScripTalk**.   A screenshot of a computer  AI-generated content may be incorrect.   * Include the member’s shipping and contact information, enter CVS Caremark Pharmacist in the CVS Caremark Contact field, [CustomerService@Caremark.com](mailto:CustomerService@Caremark.com) in the email field and then submit the form (images below).   **Result:** En-Vision America contacts the member to confirm shipping address and mail out a device within 7 days, or as early as 3 days if needed.   * Contact the Senior Team to enter instructions for the member’s prescriptions to be updated for use with ScripTalk.   **Note:** Notify the Senior Team for a procedural transfer if the member wants to place an order today.  A screenshot of a computer  AI-generated content may be incorrect.  A screenshot of a computer  AI-generated content may be incorrect. | | |

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| Reporting Issues with the ScripTalk Station |

Perform the following steps if a member reports issues with the ScripTalk Station or if a member wants to stop using ScripTalk labels:

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| **Step** | **Action** |
| **1** | From the Member Snapshot Landing Page, click the **Mail Order Profile** tab. |
| **2** | Click the **Dispensing Special Instructions** hyperlink.  A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The **Dispensing Special Instructions** that apply to this member/beneficiary display. This is a “Read Only” pop-up screen. |
| **3** | Click the **ScripTalk** hyperlink.    **Result:** Instructions on how to assist the caller will appear within the popup. |
| **4** | Advise the caller using the instructions that appear under the **ScripTalk** heading within the popup. |

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| Requests for Counseling Sheets for Previous Orders |

CVS Caremark Home Delivery Pharmacy does not print the Participant Counseling Form for refills. All mandatory messaging will now appear on members’ invoices.

**Note:** If the prescription was originally shipped over 30 days ago, counseling sheets cannot be reprinted.

Perform the steps below to order counseling sheets for orders that have already shipped (Regular or Braille):

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| **Step** | **Action** |
| **1** | Submit Support Task for Counseling Sheets. Complete the required fields marked with an asterick (\*).   * Type: Counseling Sheets * Contact Name: This is the caller’s name. * Contact Phone Number: This is the caller’s phone number. * Medicare D Plan: Yes/No   Refer to [Compass - Support Task Types and Uses with Turnaround Time (TAT) (056365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1) and [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).  **Notes:**   * If **Braille**counseling sheets are requested, indicate this in the task Notes. * The following information is entered on the Braille Label:   + **Prescription Number <xx> Date**   + **Prescriber name**   + **Member name**   + **Directions**   + **Drug**   + **Quantity <xx> Refills** * The Braille label has limited room. |

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| Requests for Signature Required or No Signature Required |

Perform the steps below if a member requests that a signature is or is not required on a mail order prescription:

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| **Step** | **Action** | | |
| **1** | Determine the member’s request. | | |
| **If the member requests…** | **Then…** | |
| A signature be required for a prescription order | Check if the order is for any C2 Controlled Substances. | |
| **If…** | **Then…** |
| Yes | Notify the member that when placing an order for any C2 Controlled Substance, a signature is required for delivery. |
| No | Contact the Senior Team to enter instructions for the member’s prescriptions to be provided with Signature Required.  **Note:** Notify the Senior Team for a procedural transfer if the member wants to place an order today.  If the member wants to place an order, **do NOT place it until** after completing this entire process for requesting alternative label formats.   * If the member makes a special handling request **after** submitting an order, advise the member that these options are not available for orders that have already shipped. We can set up their account so that Signature Required or Not Required is available for future orders. |
| NO signature be required for a prescription order | Check if the order is for any C2 Controlled Substances. | |
| **If…** | **Then…** |
| Yes | Notify the member that when placing an order for any C2 Controlled Substance, a signature will be required for delivery. |
| No | Notify the member that no signature will be required for their order.  **Note:** If a member requests a signature required on all medications, contact the Senior Team to enter instructions for the members’ prescriptions to be provided with Signature Required. |

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| Preferred Language Request |

Perform the steps below if the member requests that their prescription be dispensed in a specific language:

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| **Step** | **Action** |
| **1** | From the Member Snapshot Landing Page, click the **Mail Order Profile** tab. |
| **2** | Click the **Preferred Language** drop-down menu and select the language the caller is requesting.    **Note:** If the caller’s language is not available to select, advise the caller we cannot set up their account for their preferred language. |
| **3** | Click **Save**. |

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| Requests for Blister Packs (Client: GEHA Only) |

Perform the steps below when a GEHA member asks about blister packs:

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| **Step** | **Action** | |
| **1** | Navigate to the **Mail Order Profile** tab to verify if the member has been enrolled in blister pack deliveries.   * Refer to the [Viewing Dispensing Special Instructions on the Compass Mail Order Profile Tab](#_Viewing_Dispensing_Special) section above as needed. | |
| **If the Blister Pack Required checkbox...** | **Then...** |
| Is checked | Proceed to Step 2. |
| Has not been checked | To complete enrollment, please have the Senior Team send a request to [GEHA@cvshealth.com](mailto:GEHA@cvshealth.com) to initiate enrollment for blister packs.  **DO NOT place a prescription order until** after completing this entire process for requesting alternative label formats. |
| **2** | Validate the member has an Alert on their account entered by GEHA for blister packaging.   * If there is an Alert on the member’s account, place a prescription order via the standard process.   **Note:** Blister packs are available ONLY to GEHA for 30 days. | |

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| Resolution Time |

For previous order requests, the member should expect to receive the labels or sheets up to 2 business days from the time the materials are requested.

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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)

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

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