# On-Call After Hours Pharmacist Request Form

\*\*CONTAINS PHI – ALL fields must be completed\*\*

**Reminder - DO NOT notify for the following reasons:**

* Prescription Verification
* Transfer prescription to retail
* Specific questions regarding possible recalled medications
* If plan member does not need to take the medication before the next business day, suggest plan member call back during normal business hours. Refer to [Clinical Care Services - Clinical Counseling (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) for hours of operation
* Only if plan member refuses to call back the next day, refer to the appropriate work instruction to create RM/Support Task:
  + PeopleSafe: [Clinical Counseling Pharmacist After Hours Process (025502)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=11046d79-1420-4e0e-b312-affdbc9efa9a)
  + Compass: [Compass - Clinical Counseling Pharmacist After Hours Process (057978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73b19224-7602-4182-b37b-5111baceb889)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Call: | |  | | Time of Call: |  | : |  | AM PM | |
| CCR Name: |  | | | | | | | Ext: |  |
| Supervisor’s Name: | | |  | | | | | | |

**Member Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ID Number: |  | | Member Date of Birth: | | |  |
| Member First Name: | |  | | Member Last Name: |  | |

**Call Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Caller First Name: |  | | | | | | Caller Last Name: |  |
| Caller’s Relation to the Member: | | | | |  | | | |
| Prescription Number: | |  | | | | | | |
| Name/Strength of Medication: | | | |  | | | | |
| Member’s Call Back Number: | | | ( | |  | ) |  | |
| Brief Description of the Call, including the Caller’s question: | | | | | | | | |
|  | | | | | | | | |

**\*\*\*Do not write below this line. Supervisor Use Only\*\*\***

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Time request was sent: | |  | | : |  | AM PM |
| Time RPh Returned Call: | | |  | : |  | AM PM |
| RPh Name: |  | | | | | | |

**\*Supervisor Use Only\***

Call the appropriate after-hours cell phone number: 210–848–7794

Specialty Clinical questions, 800-308-1977 (option 2)