# Member Unable to Fill Opioid Prescription (Rx)

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**Description:** Provides the instructions of how to process a request when the member is unable to get their opioid prescription filled.

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| Reminders |

Due to regulations concerning the prescribing and filling of opioid medications in response to the Opioid Crisis, some members may experience difficulty filling their opioid prescriptions. Members may call Customer Care in reference to retail pharmacies refusing to fill opioid prescriptions.

Exhibit empathy and professionalism as this can be a difficult time for the member, and they may not understand why they are unable to fill their medication.

Common Opioid Prescriptions include, but are not limited to:

* Codeine
* Fentanyl
* Hydrocodone
* Hydromorphone
* Morphine
* Oxycodone

For a complete list of controlled substance medications please refer to: [Controlled Substance List (Alphabetical Order) (042397)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5dc5036d-0356-4c49-a4c2-1dcafbbd4197).

If rejection is asking for a seven (7) day supply only or a step therapy, refer to [Enhanced Opioid Utilization Management (018692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b420b395-19e0-454b-b41e-d26b42b3ddf6).

**Note:** CDC guidelines for filling opioid prescriptions are frequently updated. Due to these updates, members may have an active PA on file and still get a rejection. Run a test claim to confirm that a new PA is needed and assist the member in getting one on file.

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| Process Rejected Claim on File |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Access PeopleSafe to determine the status of the prescription. | |
| **If there is a…** | **Then…** |
| **Rejected Claim on File** | 1. Review the rejection codes to determine why the claim is rejecting.   **MED D Only:** Refer to [MED D - FAQs - Opioid Changes (Reject 925 and 88) (013567)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ccd35909-9dbe-4add-8241-c10b6dc83109).   1. Advise the member or reach out to the pharmacy as needed.  * If medication requires Prior Authorization or Quantity Limit exception, refer to [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). * If medication states a PA is required and a member has one on file, the guidelines for their specific medication may have been updated. Run a test claim to get updated information and if necessary, assist member in getting a new PA started. |
| **Paid or Reversed Claim on file** | Reach out to the pharmacy to determine the status of the medication. Refer to [Reasons Pharmacies May Refuse to Fill an Opioid Prescription](#_Reasons_Pharmacies_May). |
| **No Claim on file** | Advise the member that the pharmacy has not submitted a claim to insurance and run a test claim.   * If the medication is accepted, offer to contact the pharmacy for additional information. * If it is rejected, advise the member based on the rejection codes. |

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| Reasons Pharmacies May Refuse to Fill an Opioid Prescription |

* If the pharmacy indicates a prescription has been refused for any of the below reasons or declines to provide a reason for refusal to fill, do not relay this information to the member or suggest in any way that the member’s script is fraudulent.
* Take notes regarding the members’ issues as well as any information provided by the pharmacy.
* Advise the member that while the insurance is showing the claim will pay, individual pharmacy policies regarding opioid prescriptions may not allow the pharmacist to fill the medication. Review the possible reasons below which may provide further explanation. If these possible reasons do not fully satisfy the member, ask if they would like to file a formal complaint. Refer to [Handling Member & Prescription Complaints, Compliments or Suggestions (026703)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03e1a9ae-7ffa-4472-8204-64920f27615c).

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| **Reasons to Refuse to Fill an Opioid Prescription** | **Explanations** |
| Limits on the quantity of opioid medications manufacturers will allow the pharmacy to carry | At the request of the DEA and new CDC guidelines for opioid prescribing and dispensing, many manufacturers limit the amount of controlled opioid medication that pharmacies are allowed to order at a time.  **Note:** Due to these limits, the pharmacy may not have enough medication on hand to fill the member’s script for the quantity requested. |
| Early Fills | While the plan may allow a claim to pay as early as 21 days after a 30-day supply is filled or 63 days after a 90 day supply, based on CDC guidelines the pharmacy may refuse to fill an opioid medication until a greater day supply has been used, some refuse to fill an opioid prescription until the member has completely used their last fill.  **Note:** If the pharmacy indicates that they will fill the medication at a later date, advise the member of the date the pharmacy has agreed to fill the medication and advise them to consult with the pharmacy for additional questions regarding store-specific policy. |
| State Requirements  Refer to [Controlled Substance State Laws (004776)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=10965139-fc1c-42f6-92ac-7933d76a9117). | Some states have specific laws regarding opioid medication refills in addition to federal and state laws regarding controlled substances. For example, some states may be required to verify a member’s ID before dispensing a controlled or non-controlled opioid medication and may refuse to dispense a medication if the member is unable to provide a valid photo ID.  **Note:** If the pharmacy indicates that the member has not met requirements for filling the medication and that they will fill it once these requirements are met, advise the member of these requirements, and recommend consultation with the pharmacy and/or the member’s prescriber if needed. |
| Retail Policy and/or Pharmacist’s Judgment | CDC guidelines do allow a pharmacist to make a professional judgment call when determining if it is safe to dispense certain controlled medications, known as a Corresponding Responsibility.  If the pharmacist detects certain “red flags” such as:   * Irregularities on the prescription * Nervous patient behavior * Age or presentation of patient (e.g., very young appearance) * Multiple patients with the same address * Multiple prescribers for the same patient for duplicate therapy * Payments made in cash * Requests for early refills * Unusually large quantity prescriptions * Multiple prescriptions for duplicate therapy * Initial scripts written for strong opiate medicationsLong travel distances between the patient’s home, the prescriber and/or pharmacy * Irregularities in prescriber qualifications and type of medications prescribed * Prescriptions written outside of prescriber’s medical specialty (e.g., psychiatrist or dentist prescribing long term pain medication) * Prescriptions for medications with no logical connection to an illness or condition * Multiple patients coming in groups with the same Prescriptions from the same prescriber * Same diagnosis codes for several patients * Same combinations of drugs prescribed for multiple patients * Excessively celebratory patient demeanor |
| Quantity limit due to no history of opioids | New safety guidelines have been issued by the Centers for Disease Control and Prevention (CDC) and The Centers for Medicare & Medicaid Services (CMS) to help combat the nation’s growing opioid crisis. Refer to [MED D - FAQs - Opioid Changes (Reject 925 and 88) (013567)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ccd35909-9dbe-4add-8241-c10b6dc83109). |
| Pharmacy and/or Prescriber Locks | Beneficiaries may be restricted to a single Prescriber and a single Pharmacy for these medications and will need to initiate a Coverage Determination to have this restriction updated. These limitations provide better plan oversight and ensure the opioid medication is dispensed according to safety edits. Refer to [MED D - FAQs - Opioid Changes (Reject 925 and 88) (013567)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ccd35909-9dbe-4add-8241-c10b6dc83109), [MED D - Member Specific Utilization Management Edit (MSUME) (068281)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=00b27326-f9ba-47b2-912e-b038490eb069) or [MED D - Coverage Determinations and Redeterminations (Appeals) (004825)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e7d7ad7-e1c1-4fa1-8258-215a1c0ff32b). |

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| Frequently Asked Questions and Answers |

Refer to as needed:

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| **#** | **Question/Statement** | **Answer** | |
| **1** | **I've had this medication filled for several years and/or have a prior authorization for it, why is the pharmacy refusing to fill it now?** | Due to the opioid crisis and new guidelines from the CDC and DEA regarding opioid prescribing and dispensing, pharmacies are under heavier regulations when it comes to filling opioid medications. Pharmacies may not be allowed to carry the amount of medication needed to fulfill the member's script or may not have enough medication in-stock at the time the member is trying to fill their script due to limits on the amount of medications manufacturers are allowed to supply. If the pharmacy is not able to contact the prescriber to verify the validity of a prescription, they may be unable to fill it until they receive a response.  **Note:** Advise the member to consult with the pharmacist and/or reach out to their prescriber for assistance verifying the need for the medication with the pharmacy. | |
| **2** | **My doctor prescribed this medication for me, why does the pharmacy get to decide that I can't take a medication my doctor prescribed? What qualifies the pharmacist to act like my doctor?** | While a pharmacist and a doctor have different jobs, they are both medical professionals trained to care for patients, and both share a responsibility for ensuring medication is prescribed safely. Both pharmacists and prescribers can be held liable in the event that medication prescribed and dispensed to a patient improperly causes harm, and the pharmacist may make a judgment call based on their experience and pharmaceutical knowledge as to whether or not an opiate medication should be dispensed. For legitimate, on-time prescriptions, communication between the prescriber, the patient, and the pharmacy is essential.    **Note:** Advise the member to contact their prescriber for assistance and request consultation with their prescriber and the pharmacist regularly while taking opiate medications. | |
| **3** | **I am in significant pain and the pharmacy refuses to fill my pain medication; I am going to die/kill myself!** | If a member is threatening suicide or harm, refer to [Handling Crisis Calls (024225)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b3d92dd-46c5-4ee7-b1be-7a4c849206ed). | |
| **4** | **The pharmacy refuses to fill my medication and I believe they are basing their decision on my disability/race/color/national origin/age/sex. How can I report this? The pharmacist is harassing me for trying to fill a script my doctor prescribes for my chronic pain/disability. Can you help me?** | Pharmacists are allowed to make judgment calls regarding filling a script based on clinical experience in order to ensure the safety of patients, but general practices also recommend that pharmacists communicate openly and consult with patients who are filling opioid medications. | |
| **If…** | **Then…** |
| A member complains that the pharmacist or a member of pharmacy staff exhibited rude or hostile behavior when refusing to fill their script. | Apologize and offer to file an official complaint.  Refer to [Handling Member & Prescription Complaints, Compliments or Suggestions (026703)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03e1a9ae-7ffa-4472-8204-64920f27615c),  [MED D - Beneficiary Suggestions or Compliments (086043)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0520f32f-4166-4839-ade4-8f0c16157881) and [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2). |
| A member believes the pharmacy is refusing to fill their medication due to the member’s race/color/national origin/disability/sex. | Refer to [Handling Member & Prescription Complaints, Compliments or Suggestions (026703)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03e1a9ae-7ffa-4472-8204-64920f27615c),  [MED D - Beneficiary Suggestions or Compliments (086043)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0520f32f-4166-4839-ade4-8f0c16157881) and [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2). |
| In the process of the pharmacist refusing service information that may be considered PHI (member's address, prescription history, name of opioid medication, prescriber's name, etc.) was disclosed by the pharmacy staff loudly enough for customers other than the member to overhear. | Refer to [HIPAA Issue and Disclosure Escalations (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1). |
| **5** | **Where can I learn more about opioid regulations and/or alternative treatment options for my chronic/acute pain?** | Your pharmacist as well as your prescriber should be your primary consultants regarding options for pain management. Consulting with both your primary care or specialty physician managing your chronic or acute pain condition *and* your local pharmacist regarding the medications you're taking, your pain, and how effective your treatments are, as well as any side affects you may be experiencing on a regular basis may help ensure you are not denied medication you need, as well as allow for coordination of care and more effective pain management.  **Note:** For other resources and information, members and prescribers may consult the following:  <https://www.dea.gov/drug-policy-information>: Information regarding laws and legal issues surrounding opioids and other controlled substances, United States Drug Enforcement Agency  <https://www.cdc.gov/opioids/>: Data & Guidelines regarding opioids and the opioid epidemic, Centers for Disease Control and Prevention  <https://www.hhs.gov/opioids/>: Help, resources, and information in response to the national opioid crisis, U.S. Department of Health, and Human Services | |

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| Related Documents |

**Parent SOP:** [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 Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Log Activity and Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

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