# PeopleSafe - Bulk Up Rules CCR

[Verifying Eligibility for Bulk Up](#_Toc202283972)

[Related Documents](#_Toc202283973)

**Description:** Procedures and parameters before requesting to Bulk Up a home delivery prescription to a 90-day supply.

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| Verifying Eligibility for Bulk Up |

* Caremark allows a courtesy Bulk Up request for members when the member expresses that they were expecting a **90**-day supply and the prescription(s) was written for a **30-**Day Supply.
* If the member is certain the prescription was written for a 90-day supply, contact Clinical Care Services to review the prescription image for errors in translation.

**Bulk Up is internal terminology and should not be used with callers.**



Perform the following steps below:

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| **Step** | **Action** | |
| **1** | Determine if the prescription meets all the following requirements if a 30-day supply of the medication has already shipped:  **Client participation:**   * + Review the CIF (Client Information Form) Client Specific Process section to determine if Bulk Ups are allowed. * **Commercial Plans:**  By default, bulk ups are allowed unless otherwise noted. If BULK UP Yes or there isn’t a Bulk Up section, then a bulk up is allowed. * **Medicare D Plans:**  By default, bulk ups are not allowed unless otherwise noted. However, certain plans do have exceptions to this rule. If BULK UP NO or there isn’t a Bulk Up section, then by default a bulk up is not allowed. Review the CIF for exceptions.   Prescription requirements:   * Been filled less than 45 days from the original order or less than 45 days from the ship date of the last refilled order. * Remain valid regardless of how many times it has been filled (not expired). * Have enough refills remaining on the prescription to equal a 90-day supply.   **Example:** 30-day supply would need 2 refills remaining.   * Written for at least a 30-day supply. A 45-day supply would need to have one (1) refill remaining. A 60-day supply would not because it would be 120-day supply which is too large to fill.   **Note:** Days’ supply (refills) of pre-packaged items must be able to equal a 90-day supply or above.  **Exception:** Some pre-packaged and birth control may be 28 days – with an 84-day supply.  **Example:** A prescription of test strips is for a 25-day supply plus 2 refills (3 x 25 days); it will NOT qualify for a Bulk Up. If the prescription has 3 refills (4 x 25 days) it could be bulked up.   * The member has an active account.   Rx must not be:   * A Controlled medication. This includes all controlled substances, C2 - C5. Refer to [Controlled Substances List (Alphabetical Order) (042397)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5dc5036d-0356-4c49-a4c2-1dcafbbd4197) to determine if the medication is a controlled substance. * Written for a 90-day supply, but for the wrong quantity. * A discontinued prescription. Icon - Important Information.png Do not discontinue the prescription when submitting a Bulk Up request. * Transferred from a previous PBM. * Previously reduced for quantity vs. time (QVT) or plan limits. If the member has Prior Authorization (PA) or override placed on file after the reduced prescription has shipped, see [Variable Fill (058594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=daa2f803-cb92-44fd-9db9-5271bd78e68d) to have the remaining quantity shipped. * Verify if prescriber was already contacted for bulk up prior to dispensing. If so and the prescriber still only prescribed under 90-day supply, bulk up not allowed. | |
| **If the prescription…** | **Then…** |
| Meets all requirements listed above | Proceed to next step. |
| Does not meet one or more of the requirements | A Bulk Up request cannot be submitted. The member will need to obtain a new 90-day prescription from their prescriber. Refer to [Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c).  **Note:** Provide member the options for getting the prescription to us: CCR submits a new prescription request to doctor on their behalf, the doctor can call or fax in the new prescription order to FastStart **1-800-378-5697 Fax: 1-800-378-0323**, the doctor can submit the prescription electronically [PeopleSafe – eFax or ePrescriptions (eRx, eScript) (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8) to **Caremark Mail Order Pharmacy,** or the member can mail in a paper prescription. |
| **2** | Determine if there is a 30-day prescription currently in process for the medication that is being bulked up: | |
| **If…** | **Then…** |
| **Yes,** a 30-day prescription is in process | Place the order on indefinite hold, and then proceed to the next step. |
| **No,** prescription is in process | Proceed to the next step. |
| A 30 day–supply has already been shipped to the member (that has at least 2 refills remaining) | Advise the following:  We will contact your provider to request a consolidation of your current prescription to a 90-day supply. I will run a price estimate, so you are aware of any changes in your co-payment amount. If there is any difference in cost on the medication you will be charged or credited the difference.  **Note:** The member does have the option to have their doctor send in a new 90-day supply of the medication, but this will not bulk up the existing prescription. Refer to [Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c).  To proceed with bulking up the existing 30-day supply prescription to a 90-day supply prescription:  Submit **RM Task:**   * **Category:** Rx Verification * **Type:** Courtesy Retranslation * **Queue:** Retranslation – Participant Services * **Dispensing Pharmacy:** Select Rx filling pharmacy.   **Note:** Member/Prescriber is requesting we contact their prescriber to obtain a full 90-day supply of this medication. Member is aware of any changes in co-payment amount. Thank you.  **Reminders:**   * Notate in the RM task notes the “If/Then” section utilized in Step 2 to validate the need for the Bulk-UP request.   **Example:** “30-day Rx order #1234567 placed on an indefinite hold to allow for the Member Requested Bulk-Up.”   * Perform a Test Claim to verify any co-payment differences and notify the member of any cost differences. * If there is any difference in cost on the medication the member will be charged or credited the difference. * We can only contact the original prescriber for the Bulk Up request. * Turnaround time is three (3) business days.Refer to [Compass and PeopleSafe - General Resolution Times/Turn Around Times (TAT) and Related Documents (028775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=863acba1-4370-4da9-9f6b-4cadf8633fbf).   **Note:** Suggest the member contact their doctor’s office and remind the office to **only** respond to our fax request to update the prescription on file to 90 days and not fax in a new prescription. If the Prescriber responds to our request, the pharmacy uses one of the refills on the updated 90-day prescription to dispense the remaining amount needed to fulfill the Bulk Up. The remaining refills on this prescription will dispense 90-day supplies.  If the doctor sends in a new prescription, it will not bulk up the existing prescription. The member will have the initial 30-day supply prescription and the new 90-day supply prescription on their account. |
| **3** | Submit **RM Task:**   * **Category:** Rx Verification * **Type:** Courtesy Retranslation * **Queue:** Retranslation – Participant Services * **Dispensing Pharmacy:** Select Rx filling pharmacy. * **Note:** Member/Prescriber is requesting we contact their prescriber to obtain a full 90-day supply of this medication. Member is aware of any changes in co-payment amount. Thank you.   **Reminders:**   * Notate in the RM task notes the “If/Then” section utilized in Step 2 to validate the need for the Bulk-UP request.   **Example:**  “30-day Rx order #1234567 placed on an indefinite hold to allow for the Member Requested Bulk-Up.”   * Perform a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to verify any co-payment differences and notify the member of any cost differences. * If there is any difference in cost on the medication the member will be charged or credited the difference. * We can only contact the original prescriber for the Bulk Up request. * Turnaround time is 3 business days. Refer to [Compass and PeopleSafe - General Resolution Times/Turn Around Times (TAT) and Related Documents (028775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=863acba1-4370-4da9-9f6b-4cadf8633fbf).   **Note:** Suggest the member contact their doctor’s office and remind the office to ONLY respond to our fax request to update the prescription on file to 90 days and NOT fax in a new prescription. If the Prescriber responds to our request, the pharmacy uses one of the refills on the new 90-day prescription to dispense the remaining amount needed to fulfill the Bulk Up. The remaining refills on this prescription will dispense 90-day supplies.  If the doctor sends in a new prescription, it will not bulk up the existing prescription. The member will have the initial 30-day supply prescription and the new 90-day supply prescription on their account. | |
| **4** | Determine if the caller has requested a call back:   * If **yes**, follow the procedure for [Participant (Member) Callback Request (010590)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1deb6339-c28a-4591-bb3c-c244a0c0fcdf).  1. In the task notes, include whether it is the **member** or the **prescriber** requested a callback. 2. Suggest that the member register online to monitor the status of their 90-day supply order. 3. Assist the caller with any other inquiries and end the call.  * If **no**, assist the caller with any other inquiries and end the call. | |

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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)

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

**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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