# PeopleSafe - Obtaining a New Prescription (Rx) for the Member

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**Description:** Instructions for handling calls from a member or authorized party regarding a new prescription request.

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| High Level Process | |
| 1. [**Ask**](#One) **if the prescription has previously been filled through Home Delivery/Mail Order****.**  * If the member has filled the Rx at Home Delivery before (and there have been no changes to the prescription or prescriber information) proceed to Order Placement Tab and place the order using the Rx number in the Order Placement screen. Refer to [Prescription (Rx) Refill/ Renewal (Order Placement) (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a). * If a New Rx Request has already been initiated, advise the caller of the status. Refer to [Checking the Status of NewRx + FastStart Orders](#_Checking_the_Status). * If the member has not filled the prescription at Home Delivery/Mail Order before and does not have a written prescription, proceed to Step 2. * If the member already has a written prescription, refer to [Member Has Written Prescription](#_Member_Has_Written). * If the prescriber is calling with a new prescription, refer to [Prescriber Calls](#_Prescriber_Calls). * If the member previously requested a new prescription to be sent to them on different occasions, but we have not yet received the request, follow the appropriate steps to reach out to the prescriber’s office. If you do not see any notes from FastStart in View Comments indicating the fax was sent/received, refer to [Multiple Requests for New Prescriptions (045082)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c29a9e1-82af-4494-8ba2-be7e499096d0).   Ask the member or search through the Home Delivery/Mail Order history to see if prescription has been mailed out before.   * If yes, go to [Prescription (Rx) Refill/Renewal (Order Placement) (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) and place the renewal by using the old Rx number in the Order Placement screen. * If no, Skip to step 2.   **Note:**  There are advantages to using the Refill Request option instead of New Rx Request whenever possible. Those include:   * Fewer steps * Quicker process for CCR * Less room for error * Most likely to receive an MD response | **MED D beneficiaries:** CMS requires that we obtain express consent from the beneficiary for non-beneficiary-initiated prescription fills. Refer to [MED D - Expressed Consent (Ship Consent) (083036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f0adae9-ad4d-4e9c-9707-301d785da1cf).  Refer to [Obtaining a New Prescription (Rx) (022685)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=87d8a315-ec48-4fc1-9ece-96993ae9071e) for guidelines on how to fill a previous and new Home Delivery Prescription.  **Note:** Ensure the plan is active. We cannot process prescriptions on inactive plans.  Some C2 Medications can now be submitted electronically by the prescriber’s office if the member is low on medication. New prescriptions for Controlled Substances cannot be phoned in or faxed, nor can they be requested by a CCR or FastStart.   **Due to prescription safety and to eliminate fraud, waste and abuse, faxed prescriptions will not be accepted by anyone other than the prescribing physician or their authorized staff. Members CANNOT fax a written copy of their prescription in to mail order.** |
|  | |
| 1. [**Run**](#RunTestClaim) **a** [**Test Claim**](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) **to determine copay and coverage information.**  * If member has a copay, advise that a method of payment is required to proceed with the New Rx request.  1. [**Ask**](#AsktheMemberhowmanydays) **the member how many days’ supply of medication they have on hand.**  * If the member has more than 10 days’ supply, proceed to Step 4. * If the member has 10 days’ supply or less, probe to determine if providing alternatives (such as getting the prescription locally this time) is appropriate for the member’s situation. Refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) as needed.   **Note:**  Prescriber can call FastStart directly to initiate Home Delivery/Mail Order; this is the quickest method of submitting a prescription.   1. [**Begin**](#Beginthenewrxrequest) **the New Rx Request:**  * [Verify the medication name(s) and strength(s) are listed on the New Rx Request screen](#VerifyMedicationNamesStrength) * [Verify Prescriber Name, Address and Phone Number with the caller](#VerifyPrescriberNamePhone) * [Offer Auto Refill and Renewal](#OfferAutoRefillandRenewal) * [Verify Shipping Address and Phone Number](#VerifyShipAddandPhoneNumber) * [Determine if payment is required](#Determineifpaymentrequired) | |
| 1. [**Educate**](#Step15) **the member on the turnaround times and verify Messaging preferences.**   We will fax your doctor two times over the next 5 business days to obtain your prescription. If we do not get a response, you will receive an automated phone call advising you of such. If you’ve signed up for text alerts, you’ll be notified when we make each attempt. If there’s no response, you will receive a final notification and you will then need to contact your prescriber directly.  When we receive the prescription from your prescriber, it will process within five (5) businessdays, and will then ship from our pharmacy the next business day. You will receive confirmation of shipping via your preferred method of communication to notify you of your order status. Please note: Processing is in-house and does not include shipping time.  Encourage use of MP alerts and the member web portal to check the status of the order.   * Proactively educate on using Caremark.com to view/track order progress. | |
| 1. [**Review**](#Recaptherequest) **and confirm the request and place the order.**  * Address any additional member requests. * Close the call using the appropriate [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) verbiage. | |

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| Process |

Determining the process on how to start the member’s prescription at Home Delivery/Mail Order.

Follow the steps below:

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| **Step** | **Action** | | | | | |
| **1** | Ask the member if the prescription has previously been filled through Home Delivery/Mail Order.  **Note:**  Ensure the plan is active, we cannot process prescriptions on inactive plans.   * If **yes**, go to [Prescription (Rx) Refill/Renewal (Order Placement) (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) and place the renewal by using the old prescription number in the Order Placement screen. * If **no**, Skip to step 2.   **Reminder:** **MED D beneficiaries -** CMS requires that we obtain express consent from the beneficiary for non-beneficiary-initiated prescription fills. Refer to [MED D - Expressed Consent (Ship Consent) (083036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f0adae9-ad4d-4e9c-9707-301d785da1cf).  **Note:**  There are advantages to using the Refill Request option instead of New Rx Request whenever possible. Those include:   * Fewer steps * Quicker process for CCR * Less room for error * Most likely to receive an MD response | | | | | |
| **If…** | | **Then…** | | | |
| The member already has a written prescription | | Proceed to [Member Has Written Prescription](#_Member_Has_Written).   **Due to prescription safety and to eliminate fraud, waste and abuse, faxed prescriptions will not be accepted by anyone other than the prescribing physician or their authorized staff.** **Members CANNOT fax a written copy of their prescription in to mail order.** | | | |
| The prescriber is calling with a new prescription | | Proceed to [Prescriber Calls](#_Prescriber_Calls). | | | |
| A New Rx Request has already been initiated | | Refer to [Checking the Status of NewRx + FastStart Orders](#_Checking_the_Status). | | | |
| If the member previously requested a new prescription to be sent to them on different occasions, but we have not yet received the request  **Or**  If member is calling and there is no information from FastStart in View Comments indicating the fax was sent/received | | Follow the appropriate steps to reach out to the prescriber’s office. Refer to [Multiple Requests for the Same New Prescription (045082)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c29a9e1-82af-4494-8ba2-be7e499096d0). | | | |
| The prescriber has already mailed, called in, faxed in, or e-scribed their prescription | | Refer to [Order Not Showing in System (004757)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d5f72caf-b0d3-49a4-9e28-725508eba4a5). | | | |
| The prescriber has submitted a new prescription | | Refer to [Order Not Showing in System (004757)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d5f72caf-b0d3-49a4-9e28-725508eba4a5).  [Return to High Level Process](#HLP) | | | |
| **2** | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for the requested medication to determine co-payment prices and coverage information.  **Notes:**   * Test Claims cannot be performed on **externally adjudicated clients**, proceed to next step. * Days’ supply for birth control pills will be adjusted by the Home Delivery pharmacy when appropriate. **Example:** When the days’ supply should be 84 or 91 instead of 90. * New Home Delivery prescription fax requests initiated through PeopleSafe are limited to a 90-day supply.   + [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0)to FastStart for members at **1-866-281-0636** only if the following scenarios apply:     - Plan’s maximum Home Delivery days’ supply is not 90 days (Refer to CIF). **Example:** Member would like a 100-day supply and CIF allows.     - Plan’s maximum Home Delivery days’ supply is 90, but the member does not want the full 90-day supply. **Example:** Member wants 30-day supply.   **Example:** Percentage based co-pay.   * + If scenarios **do not** apply, proceed to step 3.   + If HIP Client, warm transfer to Hawaii FastStart at **1-877-418-4130**, option 2.   **Note:** Ensure payment method has been added before transferring (if plan does not have fill and bill).  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If…** | | | **Then…** | | |
| **The caller on your line is from a doctor’s office** | | | Warm transfer to FastStart for prescribers at **1-800-378-5697.**   * If HIP Client, warm transfer to Hawaii Fast Start line at **1-877-418-4130**, option 2. | | |
| **FastStart is closed and new rx request not working** | | | Create an Order Placement DPC RM TASK   * **Task Category:** Order Placement * **Task Type:** DPC Request * **Queue:** FastStart * **Note:** FastStart is closed.   If HIP Client, do not create RM task. Email HIPPSC with the following: Member name and ID, member phone number and shipping address, drug name, drug strength, day supply, prescriber NPI, and prescriber phone and fax number. | | |
| **3** | Ask the member how many days’ supply of medication they have on hand if this is a Rx (prescription) that the member is currently taking.  **Note:** Prescriber can call FastStart directly to initiate Home Delivery/Mail Order; this is the quickest method of submitting a prescription.  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If…** | | | **Then…** | | |
| The member has more than 10 day’s supply | | | Proceed to Step 4. | | |
| The member has 10 days’ supply or less | | | Probe to determine if providing alternatives is appropriate for the member’s situation. Refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) as needed. | | |
| A HIP (lives in Hawaii) client, the member lives there and the dispensing pharmacy is HIP | | | Probe to determine if provide alternatives is appropriate for the member’s situation. Refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) as needed. | | |
| **4** | Begin the New Rx Request process by clicking on the **Order Placement** button and then click on the **New Rx Request** button and verify the medication name(s) and strength(s) are listed on the New Rx Request screen.   * If yes,proceed to Step 5. * If no, proceed to [Add Drug](#_Add_Drug).     **New Rx Button**  [Return to High Level Process](#HLP) | | | | | |
| **5** | Check the **box(s)** next to the prescription(s) to select them.  **Result:** Selected prescriptions display in the New Rx Snapshot section.    **New Rx Request Screen – Selected Prescriptions in New Rx Snapshot**  **Notes:**   * To select **all** prescriptions displayed in the search results list, click the **checkmark** in the column header (). * When necessary, the prescriber for each selected prescription can be edited during a later step in this process. * New Rx Requests are limited to a 90-day supply. If the member wants less or the plan limits the medication to less (30 or 60 days’ supply), consider retail options or [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to FastStart for assistance. * If the caller on your line is a member, then warm transfer to FastStart for members at **1-866-281-0636.** * If the caller on your line is from a doctor’s office, then warm transfer to FastStart for prescribers at **1-800-378-5697.** * If HIP Client, warm transfer to Hawaii FastStart at **1-877-418-4130**, option 2.   **Note:** If FastStart is closed OR new RX request cannot be submitted via new Rx request button in order placement, create an Order Placement [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c).  **Task Category:** Order Placement  **Task Type:** DPC Request  **Queue:** FastStart  **Important:** Ensure that you have included reason for task being submitted.  **Example:** Submitting DPC request due to new prescription request automation unavailable at time of call.   * If HIP Client, do not create RM task. Email HIPPSC with the following: Member name and ID, member phone number and shipping address, drug name, drug strength, day supply, prescriber NPI, and prescriber phone and fax number.   **Turn Around Time:** up to 4 (business) days | | | | | |
| **6** | Click Continue.  **Result:** Order Placement Rx Validation screen displays. | | | | | |
| **7** | Address the following scenarios, when applicable: | | | | | |
| **If the reason column indicates...** | **Then...** | | | | |
| Prescriber Information is Missing | Click Replace Prescriber button, From the screen In Prescriber History, click the **radio button** for the corresponding prescriber.     * If the prescriber is listed and correct,proceed to next step.      * If the prescriber is not listed or information is incorrect, skip down and refer to [Find a Prescriber.](#_Find_A_Prescriber) | | | | |
| Not Available through Mail Order\* | Refer to[Specialty Drug Reference Table (004448)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8239b47a-27ed-48bd-babe-f67c7dd0bb6d) to determine whether the medication is a Specialty drug. | | | | |
| **If...** | | | **Then...** | |
| A Specialty drug | | | Assist caller with other questions, and [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the caller to [Specialty](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) for assistance.  Let me get you over to our Specialty pharmacy, who will direct you to your correct therapy for further assistance.  **Exception:** If the client is Carefirst, warm transfer the call to Specialty per the number in the Carefirst CIF: **1-855-264-3237.** | |
| Not a Specialty drug | | | Advise the caller that the prescription is not available through Home Delivery/Mail Order and must be filled at a local pharmacy. | |
| **Exception:** This reason generates when a drug selected from claim history has an inactive NDC. Click **Add Drug** to re-select an active NDC for the medication. | | | | |
| Duplicate Drug in Order or an order on file that was recently cancelled or RTP'd (Return to Participant)\* | Advise the caller that there is an order on file for drug and address the caller’s questions, if any.   * If less than 10 days have passed since the prescription was cancelled/RTP’D manual refill task can be submitted refer to MANUAL REFILL * If more than 10 days since RTP’D or If the duplicate prescription message is due to one of the following, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to FastStart for assistance.   + If the caller on your line is a member, then warm transfer to FastStart for members at **866-281-0636**.   + If the caller on your line is from a doctor’s office, then warm transfer to FastStart for prescribers at **800-378-5697**.   + If HIP Client, warm transfer to Hawaii FastStart at **1-877-418-4130**, option 2. * Recent change in strength, dosage, or day supply * Member needs to take multiple strengths of one medication * Member needs to take multiple medications in the same drug class * A processing order has been canceled due to any of the reasons above and the member asks we send another New Rx Request   **Note:** If FastStart is closed or if they will not assist with the duplicate prescription message, create an Order Placement [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c).   * **Task Category:** Order Placement * **Task Type:** DPC Request * **Queue:** FastStart   **Reminder:**  Complete every field marked with an asterisk (\*) and complete as much of the doctor’s information as possible.  **Example:**  Phone number, fax number (if applicable) and the doctor’s address then provide the disclosure (educate on turnaround times) and check the box.   * If HIP Client, do not create RM task. Email HIPPSC with the following: Member name and ID, member phone number and shipping address, drug name, drug strength, day supply, prescriber NPI, and prescriber phone and fax number. | | | | |
| Control Drug C2\* | Advise the caller that because the prescription is a Class 2 controlled drug, a new prescription must be mailed in or sent in electronically by the prescriber, if allowed by the state.  New prescriptions for controlled substances cannot be phoned in or faxed, nor can they be requested by a CCR or FastStart. Refer to [Controlled Substances State Laws (004776)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=10965139-fc1c-42f6-92ac-7933d76a9117), [Controlled Substance Information (C2 - C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815), and [eFax or ePrescriptions (eRx, Escript) (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8). | | | | |
| Compound Status\* | Advise the caller that as of March 1st, 2019, compound prescriptions are no longer available through CVS Health Home Delivery/Mail Order Pharmacy. | | | | |
| No claim history/match found | No Prescriptions Found. | | | | |
| No prescription selected before clicking the Continue button | At least one prescription must be selected. | | | | |
| More than 20 prescriptions selected | 20 drugs can be selected at a time. | | | | |
| No change to search criteria before clicking the Search button again | No information has changed on the screen since the last view. | | | | |
| \*[Medications Not Available via Home Delivery (026885)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c46dd06b-3aa7-427e-a8b2-004a4d094c16), Duplicate Drug, C2, and Compound prescriptions are automatically de-selected (unchecked) and grayed out.      **Rx Validation Screen – Reason Column** | | | | | |
| **8** | Verify the Prescriber Name, Phone#, Fax#, and address with the caller.  **Note:** For any Prescribers that are **missing a fax#** or **do not reflect the prescriber information that the caller provides**, search for a record that includes the prescriber’s name, current address, phone# and a fax#:  Do you have the fax number for that office?  **To search the Prescribers Database in PeopleSafe:**   * From the Order Placement Rx Validation screen, select the **prescription(s)** that requires a Prescriber change. * Click **Replace Prescriber**. * Perform a [Find a Prescriber](#_Find_a_Prescriber)search. (Be sure to verify spelling of prescriber’s name.) * Click **Select**. * If a current record with the correct address, phone and fax **is** found, proceed to next step. * If a current record with fax number **cannot** be found,determine who is calling: | | | | | |
| **If...** | | **Then...** | | | |
| Prescribers Address and Fax is correct | | Proceed to step 10. | | | |
| Prescriber’s office **IS** currently on the phone and verified information, but **can’t** or refused to be transferred to FastStart | | Refer the prescriber to contact their licensing boards (NPPES, DEA and State Medical Boards) and update their information with them.     * NPPES Registry phone number: **1-800-465-3203** * DEA phone number: **1-800-882-9539** | | | |
| Member is on the phone and the doctor’s fax number needs to be updated or added | | **Note:** If member has phone or fax number submit a DPC Request RM Task as follows:   * **Task Category:**  Order Placement * **Task Type:** DPC Request * **Queue:** FastStart * **Notes:**  Add phone or fax number for prescriber provided by member   If there is no phone number listed for the prescriber in PeopleSafe, ask the member to provide one. If the member cannot provide a current phone number for their prescriber, ask the member to locate one and call back.  **Reminder:** Complete every field marked with an asterisk (\*) and complete as much of the doctor’s information as possible.  **Example:** Phone number, fax number (if applicable) and the doctor’s address then provide the disclosure (educate on Turn Around Times found in [Step 14](#Step14)) and check the box.  **Result:** The FastStart team reaches out to the doctor’s office via phone to obtain the information needed.  **Turn Around time:** Up to 4 (four) business days. | | | |
| **9** | Offer Auto Refill and Renewal. Refer to [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de). **Med D:** Refer to [MED D - Automatic Refill Program (ARP) (001628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3ab4f62-8326-4288-acb8-4adc6994fdd8).   * If the checkbox is grayed out, (opportunity is not available at this time) proceed to [Step 11](#Step11). * If the checkbox is not grayed out,explain the benefits of the program. Refer to [Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de), then proceed to Step 10. | | | | | |
| **10** | Click **Continue**.  **Result:** Order Placement – Rx Summary screen displays.    **New Rx Request- Rx Summary Screen**  **Notes:**  When using the Show Cost button, if the prescription shows as denied due to the following reasons, continue with the request.   * M/I (missing/ invalid) quantity, package size * Diabetic Kit rules\* * Brand drug now has generic and is rejecting for invalid DAW\* * Prior Authorization denials\* * Future Fill Date   \*Additional research is needed for these to verify coverage via test claims and CIF and inform the member accordingly. However, continue with placing the new Rx request. | | | | | |
| **11** | Verify the Shipping Address and Phone Number.   * If fully authenticated member, Power of Attorney and/or Legal Representative,verify by providing shipping address and phone number. * If third party caller, ask them to provide the shipping address and phone number for the order.   **MED D Note:** Refer to [MED D - Beneficiary Requesting a Specific Agent of Record (027564)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bb6ec7ab-846b-4401-a72a-b488f87a9e7e).  If address or phone number listed is different/has changed, refer to [Address, Email and Phone Number Changes (004566)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a09925d4-9dbb-407b-b579-c17eec6e62ee), [MED D - Email and Phone Number Changes (004566)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0799360-70cd-4d44-a8b0-3112e61449f3), [MED D - Address Changes and Out of Area (OOA) (030149)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f). Once the address in entered, click the **radio button** next to the new address and click **Select** on the **Contact Info** screen.  **Result:** This inserts the new address into the New Rx Request.  **Notes:**   * A separate New Rx Request is necessary when a portion of an order needs to be sent to a different address. * Questions regarding shipping requests (overnight delivery, special request, and so forth), refer to[Shipping Guidelines and Fees](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=49a324cd-73b1-4e49-bdae-9ac58e18d184). | | | | | |
| **12** | Determine if Payment is required. | | | | | |
| **If...** | **Then...** | | | | |
| Member is using an existing electronic payment method | Verify with the member:   * Last four (4) digits and expiration date for credit cards. * Financial institution and account type for electronic checks.   **Note:** If the caller is the member that the order is for and the call has been fully authenticated, you can proactively provide the payment information. | | | | |
| **If the member…** | | | | **Then…** |
| Asks for time to obtain the information  **Example:**  Unsure of the card number or would like to change their method of payment. | | | | Allow the member some time to locate and provide this to you. |
| Challenges why we are asking for verification | | | | We would like to be sure we are billing the correct card, so our procedures now require us to verify the last four numbers of the card you are billing. I apologize if this is an inconvenience. |
| Is unable to provide the account information  **Example:**  Does not have the credit card with them currently. | | | | * If there is a default card on file,   Should the default payment on file be used?   * If there is not a default card on file,   Should we use the form of payment used most recently?  **Note:** Notate the member’s account that this discussion took place. If the member does not want to use default credit card on file or the most recent payment used, refer to [member does not want to provide payment over the phone.](#ProcessStep16Doesntwantpaymentoverphone) |
| Member is using an existing **EXCLUSIVE** electronic payment method | * The following pop-up message displays:     **MED D Note:** The following information for exclusive accounts does not apply to MED D. | | | | |
| **If the Order…** | | | | **Then…** |
| * Includes Rx’s for the originator of the exclusive account **AND** * The originator is on the phone placing the order | | | | Continue with selecting the payment account and proceed to the next step. |
| * Does not include any Rx’s for the originator of the exclusive account **AND** * The originator is on the phone placing the order | | | | * Inform the member that the payment account is for their use only. * Confirm they would like to apply it to the order for the other family member(s). * Proceed to the next step. |
| Includes only Rx’s for the originator of the exclusive account **AND**the originator is **NOT** on the phone placing the order | | | | The account should only be used with the originator’s permission.  Ask if the originator is available to speak with you for a moment to authorize the transaction.  If not available, suggest that a different payment account be used or for the originator to contact us (or login to the Member Web Portal) at their convenience to apply the payment.    **Note:**  POA’s are authorized to act on behalf of the member and can apply payments to an exclusive. |
| * Does not include any Rx’s for the originator of the exclusive account **OR** includes a mix of Rx’s for the originator of the exclusive account and Rx’s for other family members **AND** * The originator is not on the phone placing the order | | | | The account should only be used with the originator’s permission.   * Ask if the originator is available to speak with, to authorize the transaction.   + If not available, suggest that a different payment account be used or for the originator to contact us, or login to caremark.com   If not available, suggest that a different payment account be used or for the originator to contact us (or login to the Member Web Portal) at their convenience to apply the payment.  **Notes:**   * POA’s are authorized to act on behalf of the member and can apply payments to an exclusive account. * If a non-plan member is calling for a plan member, refer to [HIPPA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce).   **Example:** Custody of a dependent   * Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) if you are unsure or feel that the situation may lead to unauthorized use of the account. |
| Member is using a new electronic payment account | 1. Access the **Maintain Payment Options** screen and add the new account information. Refer to [Payment Maintenance Add, Edit, and Remove (Credit Card and eCheck) (010987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b0d1693e-3ebd-45e7-811a-adbe7e2c9f83). 2. Return to the Rx Summary screen and select the account. | | | | |
| Member has a **credit** on their account and does not want to charge this specific order. | [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to FastStart for members at **1-866-281-0636** in order to initiate a new fax request.  **Note:** If FastStart is closed, create an Order Placement DPC [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c).   * Task Category: Order Placement * Task Type: DPC Request * Queue: FastStart * Note: FastStart is closed. | | | | |
| Member doesn’t want to place a payment account on file, **and** they are a first-time customer to mail. | [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to FastStart for members at **1-866-281-0636** to initiate a new fax request. If FastStart is closed, create an Order Placement DPC [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c).   * Task Category: Order Placement * Task Type: DPC Request * Queue: FastStart * Note: FastStart is closed. | | | | |
| The client allows Fill and Bill | Ask member if they would like to use a [method of payment](#methodofpayment) or if they would like to be [billed](#FillandBill). | | | | |
| The Copay is $0.00 | The member must have a method of payment on file, due to the test claim amount being only an estimate of what they may owe. If the member refuses to put a method of payment on file, review the CIF to determine if [Payment Fill and Bill (063005)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a79f2f42-325b-4f61-87d3-b1300dc53295) is available (client specific).  **Note:** If Fill & Bill is not an option and the client has a zero copay program, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to FastStart. If FastStart is closed, create an Order Placement DPC [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c).   * Run a [Test Claim](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421). * If the copay displays as $0.00,  The prices quoted are estimates and may not reflect your actual out of pocket costs. You may have a higher co-payment for a non-generic/non-formulary medication. * Review to determine if the member has a method of payment on file. * If Yes, proceed to next step. * If No,  A payment method is needed due to the price quoted being only an estimate of what you may owe. * Add Payment. Refer to [Change Payment Method for an Open Order (025593)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=47bdca4c-e5e7-4887-856d-ff34db37dfc2). * If the member refuses to put a method of payment on file, review the CIF to determine if [Payment Fill and Bill (063005)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a79f2f42-325b-4f61-87d3-b1300dc53295) is available (client specific). If fill and bill is not an option, member can place order by mailing in a mail order form with their paper check, as payment is required before the order can be placed and shipped.   **Note:** CCR’s will not offer to send a bill when it’s not an option. **IF** and only if call is escalated, reach out to senior team for approval before submitting task.   * If the member has a history of medications being filled and then billed later (verified in the Transaction History tab of PeopleSafe) but the CIF does not state that Fill and Bill is allowed you may submit a Manual Refill task but do advise the member that this is not a guarantee that this medication will be filled. * **Task Category:**  Order Placement * **Task Type:**  Refill Request – Manual * **Queue:**  Order Placement – Participant Services * **Reason Box:**  Member has history of rx being billed later * If Fill & Bill is not an option and the client has a zero copay program, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to FastStart for members at 866-281-0636. If after hours for FastStart, submit a Order Placement DPC RM task by creating the following task: * **Task Category:** Order Placement * **Task Type:** DPC Request * **Queue:** FastStart * **Notes:** $0 Copay and No Payment Method Provided Disclaimer provided (required in the notes section of task)   **Disclaimer:**   Note, the prices quoted are estimates and may not reflect your actual out of pocket costs. You may have a higher co-payment for a non-generic / non-formulary medication. | | | | |
| **13** | Review and confirm the request with the caller.  Let’s ensure we are sending the correct request. We will request a 90-day supply with the maximum allowable refills for:   * <Member’s name> * <Medication name, strength, dosage form> * <Prescriber’s name> * <Member’s shipping address> * <Member’s [Messaging Preference (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471)>     Is there another prescription that I can order for you today before I submit your request to the prescriber’s office?   * If yes,return to [step 1](#Process1). * If no, proceed to next step.   [Return to High Level Process](#HLP) | | | | | |
| **14** | Click **Place Order**.  **Note:** If using Fill & Bill, click **Place Order and** **Bill Participant**.  **Provide the following disclaimer:**  I have successfully sent the prescription request. We will fax your doctor two times over the next 5 business days to obtain your prescription. If we do not get a response, you will receive an automated phone call advising you of such. If you’ve signed up for text alerts, you’ll be notified when we make each attempt. If there’s no response, you will receive a final notification and you will then need to contact your prescriber directly.  **Notes:**   * A Confirmation number will not generate for a New Rx Requests because an order is not created until the prescriber provides the new prescription. * When applicable, the system will advise when a P.O. Box shipping address is selected for a drug that requires a cold pack.   **Example:**    **P.O. Box Shipping Address Selected for Cold Pack Drug Message** | | | | | |
| **If...** | **Then...** | | | | |
| A physical address is available | * Click **Cancel**. * Click **Change Contact Info** and change the shipping address accordingly. * Click **Place Order** to complete the New Rx Request. | | | | |
| A physical address is not available | Click **OK** to continue. | | | | |
| Caller indicates to NOT ask for a physical address again | Call [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.  The Address Opt Out box on the Patient Profile screen can only be selected by the Senior Team. | | | | |
| **15** | Educate the member on the turnaround times and verify Messaging preferences.  **Note:** Business days do not include weekends or holidays.   We will fax your doctor two times over the next 5 business days to obtain your prescription. If we do not get a response, you will receive an automated phone call advising you of such. If you’ve signed up for text alerts, you’ll be notified when we make each attempt. If there’s no response, you will receive a final notification and you will then need to contact your prescriber directly.  When we receive the prescription from your prescriber, it will process within five (5) business days, and will then ship from our pharmacy the next business day. You will receive confirmation of shipping via your preferred method of communication to notify you of your order status. Please note: Processing time is in-house and does not include shipping time.  **Note:** Ensure CMP alerts are active.  **Callbacks to Members:** If a callback to the member is required, identify who will call the member back and when they should expect that communication. Refer to [Order Shipping Turnaround Times (018691)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3338f261-4696-4e84-9019-43cc2eef3352).  **Example:**  Our pharmacy will call you back within 10 business days or you will receive an automated call regarding your request within 10 business days.  Then, **encourage MP Alerts:** Refer to [Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471) as needed.   * **Determine if best available contact number is a cell number:**   + - If yes, I would like to set you up for text alerts so you can simply place a refill by replying with Yes or No when we notify you that you have a refill due. Does that sound good?     - If no,  I would like to update your account with the best cell phone number to reach you regarding to your account. I will set you up for text alerts so you can simply place a refill by replying with Yes or No when we notify you that you have a refill due. Does that sound good? * **Determine if member has an email address on file.**   + - If yes, Now that I have your refill alerts turned on, I show your email address is (verify email address). I am going to turn on your Order Status alerts, this allows me to opt you in to seeing the full drug name and the status of your order. Does that sound okay?     - If no,  What is the email address I should have on file for you? Thank you, I am going to turn on your Order Status alerts, does that sound okay? | | | | | |
| **16** | Provide next steps.   * Once the new Rx order has **Shipped**, the member can log onto Caremark.com to view the **status** of the order and information on shipping. If the member is showing as “Not Registered” for our Web Portal, offer to send a Quick Registration link, when applicable, to their email address or cell phone. Refer to [Quick Registration for Caremark.com (012470)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c90a32de-421f-42c2-8d5c-69ce36571418). * Address any additional member requests. * Close the call using the appropriate [Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f) verbiage.   **Notes:**   * If a New Rx Request needs to be **canceled** after it has already been submitted by the CCR, enter [Stop See Comment (007009)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6a481d2d-cc6d-40f0-af30-1858db02b7a4). * If member only wants to have new Rx requested to have available to fill thru Mail Order and on hold, please enter notes using [Stop See Comment (007009)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a481d2d-cc6d-40f0-af30-1858db02b7a4). * If member is not registered on Caremark.com, offer assistance with setting up profile. Refer to [Caremark.com – Registration Flow (057682)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2922d262-0374-4a26-820b-0a5ffe1085bd) or [Quick Registration for Caremark.com (012470)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c90a32de-421f-42c2-8d5c-69ce36571418).   **Note:** The prescription will not display on Caremark.com until it has shipped for the first time, as this is a new prescription. The member may view the prescription online after the first fill. | | | | | |

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| Member Has Written Prescription |

Follow the steps below:

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| **Step** | **Action** |
| **1** | Determine if the prescription is a Controlled Substance.   * If yes, refer to [Controlled Substance Information (C2 – C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815) for any limitations.   **Note:** Some C2 Medications can now be submitted electronically by the prescriber’s office if the member is low on medication, refer to [Controlled Substances State Laws (004776)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=10965139-fc1c-42f6-92ac-7933d76a9117), [Controlled Substance Information (C2 - C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815), and [eFax or ePrescriptions (eRx, Escript) (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8).New prescriptions for Controlled Substances cannot be phoned in or faxed, nor can they be requested by a CCR or FastStart.  Controlled Substances have more restrictions than other medications, therefore they cannot be requested through the New Rx process due to various state and federal laws.   * If no, proceed to next step. * If yes, determine if the prescription is a specialty medication. * If yes, provide information on sending to specialty pharmacy. * If no, proceed to next step.   Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to verify coverage for the drug. |
| **2** | Advise member of next steps.   * Complete an **order form** and send in prescription with payment or payment information. * You should send your order to the address that is pre-printed on your order form. * If the member does not have an order form, they can be printed out from [Caremark.com (038391)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0bbf55de-6048-4d78-be0e-e40dde8f724b), or use the [Order Fulfillment (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af) button in PeopleSafe to send up to five forms. * You can send your order to <ROCC address displayed in PeopleSafe on member account, under virtual pharmacy>.     [**Turn Around Time (018691)**](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3338f261-4696-4e84-9019-43cc2eef3352)**:** Once received by our pharmacy, it will process within 5 business days and then the prescription will be shipped. Please note: Processing time is in-house and does not include shipping time.   **Due to prescription safety and to eliminate fraud, waste and abuse, faxed prescriptions will not be accepted by anyone other than the prescribing physician or their authorized staff. Members CANNOT fax a written copy of their prescription in to mail order.**  **Notes:**   * **Order Forms:**    + Printed via the [Member Web Portal](#_Member_Needs_New).   + Mailed to the member. Refer to [Fulfillment Requests (004595)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a33eb9f2-234e-4c71-bd84-d64eae88e8af). * **Specific Manufacturer:**    + If the member needs a specific manufacturer for their medication, then the prescriber needs to specify on the actual prescription.   + For long term requests for a specific manufacturer, refer to [Stop See Comments (007009)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a481d2d-cc6d-40f0-af30-1858db02b7a4). * **Coupons:**    + Manufacturer coupons are restricted to retail fills, Our Home Delivery (Mail Order) pharmacies do not accept manufacturer coupons.   Our Specialty Mail Order Pharmacy accepts coupons.  Coupons must be given directly to Specialty   * Refer to [Manufacturer Coupons (004784)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=43587366-52c2-46d9-97cc-06c649e45152) as needed. |

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| Prescriber Calls |

Verify caller’s Name, Title, and NPI in addition to all other relevant [authentication factors (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f). Include this in your Capture Activity Notes.

**Note:** Prescribers do not need to answer the question “Is the Member aware you are calling on their behalf,” as the consent is understood.

Follow the steps below:

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| **Step** | **Action** |
| **1** | Obtain the prescriptions and verify they are not already on file (Main Screen, Order Placement, Refill Status button, Comments).   * If on file,proceed to [Prescription (Rx) Refill/Renewal (Order Placement) (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a). * If not on file,proceed to next step.   **Note:** [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) prescriber calls to [FastStart (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) regarding new prescription requests only. |
| **2** | Provide the prescriber or their representative with the following:   * FastStart Direct phone number: **1-800-378-5697** * Fax number and fax form:   + **1-800-378-0323** (Prescriber use only)   + Fax form for new Rx’s online via the [View Prescriptions on Portal](#_Member_Needs_New) * Refer to [eFax or ePrescriptions (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8).    **Due to prescription safety and to eliminate fraud, waste and abuse, faxed prescriptions will not be accepted by anyone other than the prescribing physician or their authorized staff. Members CANNOT fax a written copy of their prescription in to mail order.**  **Notes:**   * The FastStart phone and fax, and the eFax/ePrescription addresses may be provided to Members calling in order to give this information to their Prescriber. However, please advise caller that the phone numbers are for prescribers **only.** * Some C2 Medications can now be submitted electronically by the prescriber's office if the member is low on medication, refer to [Controlled Substances State Laws (004776)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=10965139-fc1c-42f6-92ac-7933d76a9117), [Controlled Substance Information (C2 - C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815) and [eFax or ePrescriptions (eRx, Escript) (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8). New prescriptions for Controlled Substances cannot be phoned in or faxed, nor can they be requested by a CCR or FastStart. * A prescriber may request overnight delivery; however, the member needs to make arrangements with Customer Care. |
| **3** | [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the prescriber or their representative (during hours of operation) to the FastStart team at **1-866-281-0636** (Internal number, **do not disclose**), if prescriber wishes to start a prescription over the phone.  I have <Prescriber Name or Prescriber’s Representative Name> on the line for a FastStart order for <member name and ID>.  **Note:** If afterhours, then offer the option of efax or provide fax number. Refer to [eFax or ePrescriptions (eRx, Escript) (010512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc4ad3c1-6908-4c11-9b7c-5d44368d16d8). |

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| Add Drug |

Follow the steps below:

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| **Step** | **Action** |
| **1** | From the Order Placement – New Rx Request screen, click **Add Drug**.  **Result:** Add Drug screen displays.  **Add Drug Screen** |
| **2** | Select the member from the **Member Name** drop-down list. |
| **3** | Verify with the caller that the correct member’s name and DOB are selected. |
| **4** | Enter the name of the medication in the **Drug Label** field. |
| **5** | Press **Enter** key or click the Binoculars icon.  **Result:** Find a Drug screen displays.  **Note:** Refer to [Specialty Drug Reference Table (004448)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8239b47a-27ed-48bd-babe-f67c7dd0bb6d) to determine whether the medication is a Specialty drug. If Specialty medication, assist caller with other questions, and [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the caller to [Specialty (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) for assistance.  Let me get you over to our Specialty pharmacy, who will direct you to your correct therapy for further assistance.  **Exception:** If the client is Carefirst, warm transfer the call to Specialty per the number in the Carefirst CIF - **1-855-264-3237.** |
| **6** | Click the **radio button** for the correct drug, strength, and dosage form.  **Notes:**   * Search results include brand and generic when available. * Selection of the generic is permissible only when the member agrees to generic substitution. |
| **7** | Verify with the caller that the correct drug, strength, and dosage form is selected. |
| **8** | Click **Select**.  **Result:** Re-displays the Add Drug screen. |
| **9** | Enter the **Mail Quantity** for a 90-day supply.  **Note:** Days’ supply for birth control pills will be adjusted by the Home Delivery pharmacy when appropriate.  **Example:** When the days’ supply should be 84 or 91 instead of 90. |
| **10** | In Prescriber History, click the **radio button** for the corresponding prescriber.   * If the prescriber is listed,proceed to next step. * If the prescriber is not listed, refer to [Find a Prescriber.](#_Find_A_Prescriber) |
| **11** | Click **Add**.  **Result:** Added drug displays in the New Drug Snapshot section.    **Note:** To add another drug, repeat steps 1-11. |
| **12** | Click **Save and Close.**  **Result:** Added drug(s) is saved and displays on the New Rx Request screen. |
| **13** | Verify with the caller that the correct drug, strength, and dosage are selected to complete the New Rx Request. |

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| Find a Prescriber |

Follow the steps below:

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| **Step** | **Action** | |
| **1** | Click the binoculars next to the **Prescriber Name** field. | |
| **2** | Complete the following fields and then click **Search**.   * 1. **Prescriber Name (Last Name, First Name\*)** * Enter a comma and space between prescriber’s last and first name. * Enter an asterisk (\*) at the end of the entry to complete a wild card search. * When searching by the prescriber’s last name only, enter at least the first 4 characters of the last name with an \*.   **Example:** Patel\*   * 1. **State** * What State is the member’s prescriber located in?     **Result:** Prescriber records matching the search criteria display at the bottom of the screen. | |
| **3** | Verify the prescriber’s address and phone number with the caller.  What office should we send this request to?  A prescriber’s record with a fax number must be selected.   * If a current record with fax number can be found,  We will make two attempts to reach out to the Prescriber. If the Prescriber doesn’t respond within 5 business days, you will receive a notification. Ensure account is set up with CMP alerts   Proceed to next step.  **Note:**  If unable to locate the Prescribers NPI number, validate using [https://www.npinumberlookup.org](https://www.npinumberlookup.org/) and if still unable locate perform a search using <https://npiregistry.cms.hhs.gov/search>.   * If a current record with fax number cannot be found**,** determine who is calling: | |
| **If...** | **Then...** |
| Prescriber’s office is on the phone and verified information, but can’t or refused to be transferred to FastStart | Advise Prescribers office on how to send new prescription via electronic prescription, Fax, or Phone refer to eFax or ePrescriptions (eRx, Escript) AND refer the prescriber to contact their licensing boards (NPPES, DEA and State Medical Boards) and update their information with them.    NPPES Registry phone number: **1-800-465-3203**  DEA phone number: **1-800-882-9539**  [Address, Phone and Fax Number Changes for Prescribers and Pharmacies (028806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=00ea6a48-8a47-415a-b8cf-b816a8c20850) |
| Member is on the phone and the doctor’s fax number needs to be updated or added | Create a Resolution Manager task:  **Note:** If member has phone or fax number CCR can submit an RM Task -DPC Request as follows:   * **Task Category:**  Order Placement * **Task Type:** DPC Request * **Queue:** FastStart * **Notes:**  Add phone or fax number for prescriber provided by member * If the doctor’s phone number is listed but the fax is not, you can submit this task in cases where the member does not want to provide the doctor with the FastStart phone number. * If there is no phone number listed for the prescriber in PeopleSafe, ask the member to provide one. If the member cannot provide a current phone number for their prescriber, ask the member to locate one and call back.   **Reminder:** Complete every field marked with an asterisk (\*) and complete as much of the doctor’s information as possible.  **Example:** Phone number, fax number (if applicable) and the doctor’s address then provide the disclosure (educate on Turn Around Times found in [Step 15](#Step15)) and check the box.  **Result:** The FastStart team reaches out to the doctor’s office via phone to obtain the information needed.  **Turnaround Time:** Up to 4 business days |
| **4** | Click the **radio button** next to the correct prescriber record to select it.   * If unable to locate prescriber and all methods have been tried, you may reach out to the prescriber as a courtesy to provide them with the information if member refuses to give prescriber the information.     **Find a Prescriber – Search Results** | |
| **5** | Click **Select**.  **Result:** Re-displays the Order Placement - Rx Validation screen. | |
| **6** | [Return to Process Step 8](#Step8) to complete the New Rx Request. | |

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| Checking the Status of NewRx + FastStart Orders |

The FastStart Team enters **Member Level Comments** regarding the status of the order. FastStart does not take calls for open orders.

To view comments, perform the steps below:

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| **Step** | **Action** |
| **1** | Click **View Comments** on the Main Screen. |
| **2** | Under type, select **Member/Spouse/Dependent**’s name and then click **Search**.   * Ask the caller for the name and strength of the medication(s) to determine whether it is for the same medication(s).   **Note:** Member Level Comments include:   * Name and strength of the drug * Prescriber name, phone, and fax number |
| **3** | Review the date of the most recent comments for **NEWRX/FASTSTART** request.    Requested Drug was Selected from **Claim History**    “No Claims History” Indicates Requested Drug was Selected from **Add Drug** |
| **4** | **Verify** that 5 days have passed.   * If yes,**Say** Since this timeframe has passed, please contact your prescriber, and ask them to call our FastStart team at **1-800-378 5697** in order to complete the process for those prescriptions. * If no,Say We do allow at least five (5) business days for your prescriber to reply. Once your prescriber responds, you can expect your order to ship from our pharmacy within five (5) business days.   **Note:** If additional information is needed contact the [FastStart team (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) for assistance.  **MED D Note:** CCR should contact the [MED D Senior Team (018060)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d3ca13af-f894-45b7-b16a-f2cb777adf77) for assistance. Senior Team assists by reaching out to the member’s prescriber. |

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| Auto Fax Request |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | On the Main Screen locate the specified order number or prescription number(s) and check the Delivery System field.  **Result:** Three items display: Mail Order- IVR (Delivery System Method), Dates (Received/Future Fill) and Date/TRANS DIV (Status Date/Status). | |
| **If…** | **Then…** |
| **Mail Order – IVR or by Care Rep** | Fax Request was generated either by IVR. |
| **Mail Order - Image (added from additional fax examples below)** | * Fax Request generated by FastStart (Manually or Electronically). * Review Comments at the member level.   + If denied by the prescriber’s office, then a phone call will be made to the member.     **Comments indicating Manual Fax**    **Comments indicating Electronic Fax** |
| **Mail Order - Web (added from additional fax examples below)** | * Fax Request generated via the Carermark.com web portal. * Review Comments at the member level.   + If denied by the prescriber’s office, then a letter will be sent to the member.     **Comments indicating Web Portal generated Fax** |
| **2** | Check the Status field.  Use the following table: | |
| **If Prescriber…** | **Then…** |
| Approves Request | Status field displays: COMPLETE – ACC (Order is processed). |
| Denies or Does NOT respond within 48 hours of initial fax | Status field displays: Date/TRANS-DIV:   * Click **Order Number**. * Click on the **(+)** button for the Rx number to expand or display additional details. * I show a fax was sent to the prescriber’s office and at this time we have not received a response. We recommend you contact your prescriber’s office to verify if a fax was received. If the fax was received, please ask them to fax it back to us. Your prescriber’s office can also call in a verbal prescription for you at **1-800-378-5697.**   **Note:** If the member does not want to reach out to the prescriber’s office offer to [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to [FastStart (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) (selecting the appropriate prescriber option) in order to initiate a new fax request. If FastStart is closed, create an Order Placement – DPC Request [RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c). |

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| Member Needs New Prescription – eCare Request (Web Support eCare Only) |

Perform the following steps:

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| **Step** | **Action** |
| **1** | Submit the new prescription request using the [New Rx Request function](#_Process) in PeopleSafe.   * If a new Rx request via PeopleSafe is unable to be submitted(Rx in process, Duplicate Drug, Rx not available via Home Delivery), obtain the necessary information from the member communication including: * Member Name * Date of Birth * Shipping Address * Requested By (Name and Relationship) * Prescriber’s Full Name * Prescriber’s Address * Prescriber’s Phone Number * Drug Name * Drug Strength * Dosage Form   **Note:** If the member has not provided all of the required information above, call the member to obtain. If the member is unavailable, create an email to the member using the PO FS FastStart Request Info template and request the above information. This process cannot be used to contact prescribers to obtain prescriptions for schedule 2 Controlled Substances. New prescriptions for Controlled Substances cannot be phoned in or faxed, nor can they be requested by a CCR or FastStart. |
| **2** | Document notes and respond to the email accordingly. |
| **3** | Access the Moxie email editor and click the **Create a New Email** icon.   * Locate Mailbox Name field and click **eCare/Secure**.      * Locate Incident ID Validation field and click **System Assign New Incident ID** radio button (bottom left side of screen). * Click **OK**. |
| **4** | Access the Email Editor.   * Click [faststartnewrxrequests@cvshealth.com](mailto:faststartnewrxrequests@cvshealth.com%7d) * Click **To**. * Click **OK**.     **Result:** Email Reply Editor displays with the From and To fields populated. |
| **5** | Complete the following fields:   * Locate the Category and select **PO FS FASTSTART INFO SENT**.      * Locate the Subject line and input **eCare FastStart Request**. * Locate Greeting, select **H\_ID** for the Header (H :) and then replace <$\_Email Incident$\_> with the **Tracking ID number** from the original member email; in the closing (C :) select **R NN**.   Do Not send an incomplete template to FastStart. Answers must be provided in all fields. |
| **6** | Add Comments (lower section) as needed and click **Send** (upper left side). |
| **7** | Respond to the member’s email accordingly.   * Reply to the member’s original email using the PO FS FASTSTART PLACEMENT template. * Document Comments |

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| Related Documents |

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

[Credit Card Pre-Authorization & Talk Tracks (061981)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3d1c3e21-e591-4e8d-a798-c482ee3c57c8)

[CVS Caremark Commercial Care - Guide to Obtaining a New Prescription (Rx) for the Member (022685)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=87d8a315-ec48-4fc1-9ece-96993ae9071e)

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

[Order Processing at Year End (028827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eac96d82-7620-4ca0-b6b8-7fbde7101374)

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

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