# PeopleSafe - Return Order Request (Formerly Refund Copay Credit/Mail Tag Request)

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**Description:** Provides instructions for when a Member requests to return an order or medication received through Mail Order service.

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| Reminders |

 Check CIF to verify the plan allows mail tag/credit before reaching out to Clinical department or Senior Team.

 **Do not commit to issuing a copay credit or mail tag.** Mail tags and copay credits are issued at the discretion of Senior Team and/or Clinical Care on a case-by-case basis. Assure the caller you will do everything you can to resolve the issue, then follow the appropriate steps below.

**Notes:**

* Mail tags (aka return labels) are usually sent via email (TAT up to three (3) business days) but may also be sent via mail (TAT up to 15 days).
* $0 Copay medications are not eligible for mail tags. Transfer member to Clinical for proper medication disposal instructions if the member does not wish to keep the medication.
* Credits or mail tags will not be issued if the Member is going to use the medication. The following exceptions apply:
  + Copay too high - contact Senior Team
  + Member received both a 30 and a 90 Day Supply - contact Clinical Care Services

* If the Member is issued a credit, the refund will display on the Member’s account within five (5) business days **after** the prescription return is received by CVS Caremark. After that time, the Member may use that credit toward future orders or request a refund. If the medication is to be returned to us, the Member’s account balance will be credited once the medication is received back to the Mail Order Pharmacy.
* We issue approved refunds within three (3) business days. The Financial Institution (**Examples:** Bank, HSA, etcetera) will release the funds back into Member’s account according to their guidelines. Due to the Financial Institutions internal processing times, Members may see a delay in the refund.

**Possible return request reasons:**

* Service errors
  + Order placed in error
  + Auto Refill/Renewal canceled but order still shipped
  + Stop Tote requests sent too late to cancel order
  + Member wanted Retail but MD sent to Mail
  + Multiple orders for same prescription
  + Order billed to wrong account
* Non-Conformance (Class 1 Errors)
  + Error in translating the prescription
  + Order/Medication sent to wrong person
  + Switched labels
* Product safety
  + FDA Warning / Product Recalls
  + Damaged Medication, bottle or package (may be covered under [Order Reships (038651)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1d44c6bc-e5ba-4f93-b5ab-0b733ad871d6))
  + Expired medications
  + Notices received about safe disposal of controlled medications
  + Texas now requires all residents to be sent a notice of safe disposal of expired or unused medications with every order that contains a controlled medication.
* Member deceased
* If the specific scenario is not covered in this document, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).
* If mail tag would require contacting Clinical Care, and it is after hours, advise the member to call back during Clinicals business hours.

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| Member Requests to Return Order/Prescription |

**Do not commit to issuing a copay credit or mail tag****.** Senior Team or Clinical Care Services will make the final decision.

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| **Step** | **Action** |
| **1** | Check the CIF to verify if there are any client specific requirements or restrictions on Mail Tags or copay credits.  If the client does not allow mail tags, **do not continue with this process**. Inform the Member that the medication cannot be returned per their plan’s request. |
| **2** | Click on the order number on the **Main Screen**. |
| **3** | Verify the status of the order.   * **Shipped:**  Continue to the next step. * **Ready Label:** Refer to [How to Send a Pharmacy Stop Tote Request (017745)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1232023a-60c7-4441-9013-17ecbd554451). * **Any other status:** Refer to [Cancel Order, Prescription Refill or New Prescription (004761)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c67b914f-1f29-4331-9bf1-d79214260f5f). |
| **4** | Confirm the prescription was not processed through Medicare B.   * If the medication was processed through Medicare B, inform the Member that it is not eligible to be returned. Refer to [CCR - Identifying and Handling Medicare Part B Calls (041474)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31584917-8577-49fc-986a-3a8e789bda71) as needed. |
| **5** | Determine the reason for return.  **Notes:** Inform the Member of the following:   * The prescription label must be returned with the medication. * **The medication must be returned with the return label provided.** If a Member sends back a medication without an approved return label, they will not be reimbursed.   Once the medication is received back to the mail order pharmacy, the Member’s account balance will be credited. Until then, all future fill order costs will be included in the overall balance of the Member’s account. Offer alternatives: [Create Opportunity and Maintenance Choice (MChoice) Transfer (021315)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0a402678-3e98-4204-b4cf-08a5e9d5f68b)  **Select one of the following hyperlinks below to view resolution:**   * [Notice Received Regarding Safe Disposal](#_Notice_Received_Regarding) * [Damaged Medication](#_Damaged_Medication) * [Order/Medication or Literature Shipped to Wrong Person](#_Order/Medication_or_Literature) * [Member Expected Prescription to be Filled At Retail](#_Member_Expected_Prescription) * [Member Received a 30 and 90 Day Supply](#_Member_Received_a) * [Labels on Prescriptions Were Switched](#_Labels_on_Prescriptions) * [Member has Two Active Accounts and Prescription was Filled Under the Incorrect Account](#_Member_has_Two) * [Doctor Errors](#_Doctor_Errors) * [Member Deceased](#_Member_Deceased) * [Non-Conformance – Clinical Error](#_Non-Conformance_–_Clinical) * [Non-Conformance – PBM Error](#_Non-Conformance_–_PBM) * [Copay Too High](#_Copay_Too_High) * [Medication Recall](#_Medication_Recall) * [Expired Medication (004582)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd8f17fd-3045-4599-9d41-8545884bf5fa)   **If the Member’s request is not covered by any of the above scenarios, contact the** [**Senior Team (016311)**](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)**.** |

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| Notice Received Regarding Safe Disposal |

**Do not commit to issuing a copay credit or mail tag.** Senior Team or Clinical Care Services will make the final decision.



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| **Step** | **Action** |
| **1** | Inform the Member that safe disposal information is available on the [FDA’s website](https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines).   * If the Member requests a mailer/bag to return the medication, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to [Clinical Services (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). |

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| Damaged Medication |

Refer to [Order Reships (038651)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1d44c6bc-e5ba-4f93-b5ab-0b733ad871d6).

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| Order/Medication or Literature Shipped to Wrong Person |

If package has been opened and PHI has been disclosed, [transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to [Clinical Care Services (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), Clinical Counseling.

**Result:** Clinical Care Services discusses with the caller and follows the necessary procedures to handle this situation.

If package is still intact and no PHI has been disclosed, ask them to mark package “Return to Sender” and put back in the mail. When package is received we will follow the process for reshipping a returned order refer to [Order Reships (038651)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1d44c6bc-e5ba-4f93-b5ab-0b733ad871d6).

* If the medication is to be returned to us, the Member’s account balance will be credited once the medication is received back to the Mail Order Pharmacy.

If a member declines to mark package “Return to Sender” and requests to be sent a pre-paid return label, contact Senior Team and/or Clinical care to further assist.

* If the medication is to be returned to us, the Member’s account balance will be credited once the medication is received back to the Mail Order Pharmacy.

For literature that was shipped to the wrong person, refer to [HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1).

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| Copay and Refill Refund Letters |

Returning the refund letter is essential to confirm the member’s eligibility and ensure we can process all of their eligible copays and refills. If members do not send the letter back, the refund may be delayed or not issued.

If a member indicates they have lost/misplaced or discarded the letter and is requesting a replacement, follow necessary steps to provide a replacement letter for the member. You may be guided to contact Senior Team and/or Clinical Care to further assist.

For further instructions on the return process once label is received, refer to [Frequently Asked Questions and Answers for Electronic Mail Tags](#_FAQs_for_Electronic).

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| Member Expected Prescription to be Filled At Retail |

This may occur if the prescriber Phone/Faxes/eRX a prescription into our mail service pharmacy instead of the retail pharmacy.

We will not issue a copay credit or mail tag if the Member is going to continue using the medication. Inform the Member that they should keep the medication and continue their therapy. Advise the Member to request a new retail Rx from their prescriber, or have their preferred retail pharmacy reach out to us for a [prescription transfer (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553).

**Icon - Important Information** If the reason was because Member wanted to use a manufacturer coupon at retail, direct them to contact the manufacturer to see if paper claim reimbursement is possible.

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| Member Received a 30- and 90-Day Supply |

**Note:** Applies to mail order only, not Retail POS.

This occurs if the 30-day and 90-day prescriptions were both received by our PBM within a 7 day period. The prescriptions must be a therapeutic duplicate (**Example:** Same drug name, dosage etcetera) except for day supply.

[Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call [Clinical Care Services (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), Clinical Counseling.

**Result:** Clinical Care Services will discuss options with the Member.

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| Labels on Prescriptions Were Switched |

Refer to [Alleged Switched Labels on Medication (004740)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5b036eb-8c22-41ff-8072-db617951abcd).

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| Member has Two Active Accounts and Prescription was Filled Under the Incorrect Account |

Refer to [Copay - Mail Order Reverse and Reprocess Claim (021894)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5d4876c1-e43f-41d8-ba45-0e4a72aee882) to Request a Reverse & Reprocess.

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| Doctor Errors |

The following are types of Doctor errors:

* Member received first fill of a new or renewal prescription, but it was written by the prescriber with the incorrect:
  + Drug
  + Strength
  + Dosage Form (Tablet vs Capsule)
  + Directions
* Member has never taken the medication before and states prescriber sent in a prescription without their knowledge.
  + This only applies to prescriptions sent in via fax, eRx, eFax, or called in.
* Member no longer takes prescription, but the prescriber still sent in the prescription.
  + This only applies to prescriptions sent in via fax, eRx, eFax, or called in.

**The following are excluded from this process:**

* Day supply issues, unless the prescription was translated incorrectly
* Any refill request orders initiated by the Member (refill form sent in by mail or ordered via IVR, SMS/Text, Web, or representative)

**Do not commit to issuing a mail tag.** Contact Clinical to confirm if it was a Prescriber error. If so, contact the Senior Team to make the final decision.



Perform the steps below:

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| **Step** | **Action** |
| **1** | Determine when the order was shipped.  Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. |
| **2** | Contact Clinical and request a Prescription Verification. If clinical confirms it was a Prescriber error after reviewing the prescription, contact Senior Team to place a Mail Tag request.  **Note:** Resolve all other questions, issues, and concerns prior to contacting Clinical. |
| **3** | Provide Clinical with the information the Member states is incorrect:   * Wrong Drug Name * Wrong Drug Form * Wrong Directions * Wrong Strength * Medication the Member does not take |
| **4** | Ask the Clinical representative:  Could a prescriber error have occurred?   * If the representative determines a prescriber error may have occurred, call senior team then **continue to the next step**. * If the representative determines a translation error may have occurred, **Clinical will take over the call**. |
| **5** | Inform the Member that you will discontinue the prescription so that it cannot be ordered in the future and to contact their prescriber in order to obtain a new prescription.  **Result:** Senior Team will determine the next steps for the Member.   * If Senior determines that a return mail tag needs to be sent to the Member, verify how the return label will be sent and follow the appropriate step below: * **Mailed to them:** Verify the Member’s shipping address. * **Emailed to them:** Verify the email address. This does not have to be the Member’s normal email address.   This process is not applicable for Controlled Medications. |

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| Member Deceased |

**Note:** Electronic Mail Tags (E-Tags) **cannot** be sent for Deceased Members, only Postal/Mail tags can be sent.

 For the following clients listed below, we are unable to provide an AME credit:



* FEP
* GEHA
* 3M
* ERS
* Wellcare
* MED D (including SilverScript)
* Wells Fargo – MED B
* Aetna Med-D
* Blue Shield of CA
* Bank of America

 Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for deceased medication returns for these clients.

For all other Commercial plans, when the caller requests to return a **Non Specialty** medication(s) on behalf of a deceased Member, perform the following steps:

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| **Step** | **Action** |
| **1** | Confirm with the caller that the following **criteria**is met:   * Request is only honored if requested within **90**days from Ship Date, counting Ship Date as Day **1**. * The medication cannot be used. Partial returns are not allowed. * **If met**, proceed to **Step 2**. * **If NOT**met, advise caller that the medication is not able to be returned. |
| **2** | Advise the Member that you will discontinue the prescription so it cannot be ordered in the future.  **Note:**  Refer to [Discontinue (Cancel or Stop) Prescription (008895)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a069336-d84a-435d-97be-49eaccd5ab77) if you need guidance on how to discontinue the prescription(s). You are unable to submit RM Tasks for a Stericycle Bag(s).    **Resolve all questions, issues, and concerns prior to** contacting [Clinical Care Services (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) to see if the prescription qualifies for an AME credit.  I’m going to transfer you to a representative who can help you.   * If AME credit is approved, CCS will take over the call. * If AME credit is denied, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |

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| Med D Consent to Ship Errors |

**Medicare only.** For Commercial issues, refer to [Non-Conformance – Clinical Error](#_Non-Conformance_–_Clinical) below.



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| **Step** | **Action** |
| **1** | Review [MED D - Expressed Consent (Ship Consent) (083036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f0adae9-ad4d-4e9c-9707-301d785da1cf) for the list of EGWP clients that have received a waiver.   * If client is on the list, then a return is allowed if the medication is unwanted or needed. * If client is NOT on the list, a return is not allowed. The beneficiary would have received a call to obtain their express consent for shipping the order. |

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| Non-Conformance – Clinical Error |

**Do not commit to issuing a copay credit or mail tag.** Clinical Care Services or the Senior Team will make the final decision. As a general rule, no credits will be issued for returned orders. However, the Senior Team and Supervisors may continue to use their discretion when issuing credits for escalated situations.

The following are Non-Conformance Clinical errors:

* Rx translated in error – wrong drug, strength, dosage, day supply
* Patient profile indicates allergy to specific medication/manufacturer
* Member received Auto Refill or Renewal order (Auto-Refill, Auto-Renewal) but wasn’t expecting it because they are no longer taking the medication **AND** there was an error by our PBM.
  + The Member only qualifies for a return of medications filled through the Auto Refill program if they have made a previous contact with us advising to have the prescription removed from program.

**Notes:**

* Orders placed in error by the Member (IVR, Web, CCR, mail-in Rx) do not qualify for a mail tag or copay credit, unless the prescription or order was filled incorrectly.
* $0 Copay medications are not eligible for mail tags, except in cases of PBM error. Contact [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.

Perform the steps below:

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| **Step** | **Action** |
| **1** | Determine when the order was shipped.  Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. |
| **2** | Review notes, activity screen, high priority comments, order form, and other resources, as applicable, to determine if there is any evidence suggesting the order was filled in error. It is the Member’s responsibility to request to cancel, change, and update prescriptions in the ARP program before the medication ships out. It is the Member’s responsibility to notify CVS Caremark of any address changes.   * If there is evidence of an error made by our PBM (CVS Caremark Non-Conformance), contact [Clinical Care (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) to see if Non-Conformance warrants an AME Credit. |

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| Non-Conformance – PBM Error |

**Do not commit to issuing a copay credit or mail tag.** Clinical Care Services or the Senior Team will make the final decision.



The following are non-conformance – PBM errors:

* **Our PBM Error**-Member alleges they received an order they were told was cancelled
* **Order created in error by pharmacy/ROCC**

**Examples:**

* + Prior PBM Rx refill not initiated by Member
  + IVR Import-Member states they received an automated call but did not elect to refill the prescription, or they hung up
* **Missed Stop See/Comments** to cancel order (verify that Stop See/Comment was placed before Ship Date)
* **Missed Stop See/Comments** to contact Member before filling

**Excluded:** Any orders initiated by the Member (sent by mail or ordered through IVR, Web, SMS/Text, CCR).

Perform the steps below:

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| **Step** | **Action** |
| **1** | Determine when the order was shipped.  Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. |
| **2** | Determine if there has been a DAW, TIP or MPP intervention. If so, refer to [Intervention Changebacks (004594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92f4cbaf-20a3-4f57-a897-7b2f9f1b4f36). |
| **3** | Ask probing questions.   * Did the Member call or notate on the form to give special instructions for the medication(s) in questions? * Did we follow all our protocol in shipping the order (**Examples:** Called Member to notify him or her that the order is being released from future fill)? * Review notes, activity screen, high priority comments, order form, and other resources, as applicable, to determine if there are any evidence suggesting the order was filled in error (**Examples:** Notes / comments indicating to fill from a specific manufacturer, to cancel order or Rx, or to place order on hold). |
| **4** | Determine if the Member is still taking the medication.   * If **YES**, and the Member is concerned about having too much medication on hand, consult with Clinical about the expiration date of medications. * If **YES**, but the Member is concerned about cost, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for possible options. * If **NO**, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |

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| Copay Too High |

Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).

Senior Team will determine if mail tag is needed/warranted.

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| Medication Recall |

Refer to [Medication Recall and Replacement (020095)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=707dbcfd-76e8-4ba4-84cd-5fd01169fa97).

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| Frequently Asked Questions and Answers for Electronic Mail Tags |

Refer to as needed:

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| **Question** | **Answer** |
| **What should I do if I did not receive the E-Tag email?** | The E-Tag email may have been directed to your spam folder. The mail tag will not be sent from CVS Caremark but rather [DONOTREPLY@USPSreturns.com](mailto:DONOTREPLY@USPSreturns.com) merchant returns.  If the Member has checked their email/spam mailbox and has not received the Electronic Mail Tag (E-Tag) email after three (3) business days, **resolve all questions, issues, and concerns prior to** [warm transferring (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) caller to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for a procedural transfer. |
| **How does the E-Tag work?** | Print the shipping label from the email, attach it to the package. Then, place in nearest mailbox, drop it off at the nearest post office, or arrange a pickup with your local post office if available. Once the medication is received back in the Mail Order pharmacy, the Member’s account balance will be credited within five (5) business days. |
| **Can I request a Mail Tag to be sent via mail rather than electronically?** | Yes, however it can take Up to 15 calendar days for it to be mailed to you. |

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| Mail Tag Package Samples |

**Notes:**

* Members **must** return the medications in their original bottles with the prescription labels attached.
* If the medication will not fit in the envelope provided, Members may use their own box and attach the Merchandise Return Label to the box.

**Exception:**  Controlled Substance medications **must** be returned in the bags provided by Stericycle. Members **cannot** use their own packaging for these returns.

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| **Item** | **Image** |
| **Merchandise Return Kit - Receiving Envelope**  **Note:** Only mail tags sent in an order will come in this envelope. If the mail tag is sent via a task in Resolution Manager, they will not be sent in this kit envelope. |  |
| **Merchandise Return Kit - Mailing Envelope** |  |
| **Merchandise Return Label** |  |
| **Merchandise Return Letter** |  |
| **SteriCycle Return label/Bag for Control Substances**  **Reminder:** Controlled Substance medications **must** be returned in the bags provided by Stericycle. Members **cannot** use their own packaging for these returns. |  |
| **Control Substance Merchandise Return Letter** |  |
| **E-Tag** |  |

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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)

[Resolution Manager (RM) Task Types and Uses (029980)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c)

**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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