# Compass - Requests for 30 Day Supplies for Maintenance Choice Medications

[Process](#_Toc169092256)

[Anti-Psychotic and Anti-Depressants](#_Toc169092257)

[Related Documents](#_Toc169092258)

**Description:** Outlines what to do if a member does not want, or doctor's office advises they will not write, a prescription for a 90-day supply.

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| Process |

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Advise the caller of the plan design. Refer to [Compass - Handling Maintenance Choice Calls (062836)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2caace6e-39db-4411-9813-86cc2997a67d). | |
| **2** | Refer to the chart below for the caller’s response. | |
| **If the caller...** | **Then...** |
| Agrees to have the prescription changed to a 90-day supply | Continue the call as normal. |
| Refuses to have the prescription changed to a 90-day supply | Move to the next step. |
| **3** | Depending on the member’s plan, they may be allowed to continue filling at a 30-day supply. Review the Client Program Offerings (found under the **Client Program Offering** hyperlink in the **Quick Actions** panel on the Claims Landing Page) below:   * If plan does not allow filling for a 30-day supply, member refuses to have the prescription changed to a 90-day supply, **AND** the medication is an anti-psychotic or anti-depressant, refer to [Anti-Psychotic and Anti-Depressants](#_Parent_SOP). | |
| **Program Offering** | **Description** |
| Maintenance Choice Incentivized | Copays are increased after a certain number of 30-day supply fills at a retail pharmacy. **This program does not block 30 Day refills, but rather increases the copays**. |
| Maintenance Choice Mandatory | If the member continues to fill 30-day supplies, they will not be covered by the plan. |
| Maintenance Choice Opt Out | Opt Out allows the member to continue filling prescriptions at other retail pharmacies at the plan’s designated retail copay and day supply.  Navigate to the Prescription Details screen by clicking on the Prescription Number hyperlink from the Claims table, then click the **MChoice Drug Opt Out** button. Refer to [Compass - Maintenance Choice (MChoice) Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782).  **Note:**  For all drugs opt out go to the **Override/PA History** hyperlink. |
| Plan Benefit Override and Exceptions | Look into Override allowed Per CIF: Retail Fill Limit/Allowed Fill/Annual Fill Limit (AFL) Transition Plan 1x 30DS.  Review CIF for Exceptions, if not mentioned, advise the caller to file an [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). |

[Top of the Document](#_top)

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| Anti-Psychotic and Anti-Depressants |

For medications where the GPI starts with GPI 58 or GPI 59, and the member or doctor's office has indicated that they do not wish the member to have a full 90-days’ supply due to safety reasons, perform the steps below:

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| **Step** | **Action** | | |
| **1** | Click on the **name of the medication** and view the Drug Details screen to verify the medication in question (GPI starts with a 58 or 59). | | |
| **2** | Ask the caller why the medication cannot be prescribed as a 90-day supply. | | |
| **If the caller advises...** | **Then...** | |
| One of the following reasons:   * Member is in a nursing home or skilled residence facility. * Dosing is constantly being changed. * Safety concern for the member to have a high quantity of medication on hand. * Medication is being used to treat an acute condition. | Follow the steps below. | |
| **Step** | **Action** |
| **1** | Review the CIF to see if the client allows exceptions.   * If the client allows exceptions or CIF does not mention exceptions, continue to the next step. * If the client or CIF does not allow an exception, advise the caller to file an [appeal (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). |
| **2** | Send a Support Task as follows:   * **Task Category:** Fulfillment * **Task Type:**  Appeals Letter * **Notes:** Exception form needed Maintenance Choice Opt Out, prescriber’s name, prescriber’s fax number, name of the medication, and other information to assist their peers for history and tracking purposes. An exception form will be sent to the prescriber if this information is included. |
| A reason not listed above | Advise the caller that they will have to follow the plan design. | |

[Top of the Document](#_top)

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| Related Documents |

[Compass - Handling Maintenance Choice Calls (062836)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2caace6e-39db-4411-9813-86cc2997a67d)

[Compass - Maintenance Choice (MChoice) Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782)

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

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

[Top of the Document](#_top)

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