# NCD: Inhaler/Insulin/DAW9/New to Market Generic/DAW5 Charts

[Inhaler Chart](#_Toc163033797)

[Insulin ASPART Chart](#_Toc163033798)

[Insulin DEGLUDEC Chart](#_Toc163033799)

[Insulin Glargine Chart](#_Toc163033800)

[Insulin NPH Isophane Chart](#_Toc163033801)

[Insulin Lispro Chart](#_Toc163033802)

[DAW9 Chart](#_Toc163033803)

[NEW TO MARKET GENERIC / BRAND OVER GENERIC (BOG)](#_Toc163033804) (08/14/25)

[DAW5 Chart](#_Toc163033805)

**Description:** This job aid is used by Non-Clinical Diverts Pharmacy Technicians as a guide to assist users when resolving PLN ALT conflicts regarding inhaler, insulin, DAW9, New to Market Generic, or DAW5.

|  |
| --- |
| Inhaler Chart |

**\*\*DO NOT fax prescriber for excluded NDC’s if they are listed in LINKS as our preferred NDC.**

Perform the steps below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | Refer to [Inhalers and Inhalant Solutions (061786)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=61ec592a-4b78-46a3-960e-62fc09878a83) when performing quality check to validate the correct Albuterol product was selected initially by RXE:  Rx’s written Generically for ProAir DIGIH and ProAir RESPI are not interchangeable with other Albuterol products. Prescriber outreach is required. | | | |
| **If...** | **Then...** | | |
| Translated correctly | Proceed to **Step 2**. | | |
| Prescribed drug is written for specific albuterol product, but the pack size quantity on the RX does not match the prescribed product pack size, ignore the pack size | Determine the following: | | |
| **If...** | | **Then...** |
| Correct Albuterol product was selected in Prescribed Drug Field | | Proceed to **Step 2** and continue to screen based on the prescribed medication. |
| Albuterol product was selected based on the pack size and not the written drug name  **Example** | | * Resolve with **RF02**. * Select **Maintain Rx**. * Update Prescribed Drug. * Select **Save & Close**. * Select Change Reason Code **15** * Document Note Pad:   Ln) <PLN/PAR>, <drug>, reselected prescribed drug to <drug reselected> to rescreen   * Add annotation:   <PLN/PAR>, <drug>, reselected prescribed drug to <drug reselected> to rescreen  **Note:** Remove the angle brackets <> before pasting into the annotation.   * Copy the order number. * Select **Save & Clear**. * Paste the order number on the Resolve Conflict screen to re-retrieve the order to rescreen if necessary. |
| Not translated correctly | * Resolve with **RF02**. * Select **Maintain Rx**. * Update Prescribed Drug per Product Selection Chart. * Select **Save & Close**. * Select Change Reason Code **111** to assign **incorrect drug field minor**.   **For example:** ProAir (Albuterol (PA)) vs. Ventolin (Albuterol (V)) or other applicable change reason code based on screen.   * Document Note Pad:   Ln) <PLN/PAR>, <drug>, reselected prescribed drug to <drug reselected> to rescreen   * Add annotation:   <PLN/PAR>, <drug>, reselected prescribed drug to <drug reselected> to rescreen  **Note:** Remove the angle brackets <> before pasting into the annotation.   * Select **Save & Clear**. | | |
| **2** | Determine if RX is written for an albuterol product or for Fluticasone Salmeterol/Wixela or Advair: | | | |
| **If...** | **Then...** | | |
| Fluticasone Salmeterol / Wixela or Advair | Refer to [Fluticasone/Salmeterol, Wixela Inhub or Advair Diskus](#InhalerChartFluticasoneSalAndAdvair). | | |
| Albuterol products (brand or generic) | Proceed to **Step 3**. | | |
| **3** | Determine if rejection is on a Refill or New: | | | |
| **If...** | **Then...** | | |
| New | Determine the following: | | |
| **If...** | **Then...** | |
| RX is written for specific brand (not written in generic form) for albuterol products:   * Ventolin * Proair * Proventil | Refer to [ProAir RESPI, ProAir DIGIH, ProAir HFA, Ventolin HFA, Proventil HFA, or Xopenex HFA Brand](#ICProAirHFAVenHFAProvHFA).  **Examples:** | |
| RX is written generically for albuterol with prescribed quantity written in grams  **Example:** Prescribed quantity written in multiples of 6.7, 8.5, or 18 | Refer to [If prescription is written Generically WITH indication of grams as](#ICPresWritGenWITHIndiGrams).  **Example:** | |
| RX is written generically for albuterol with prescribed quantity written in packages  **Example:** Prescribed quantity written as 1, 2, or 3 | Refer to [If prescription is written Generically without any indication of grams as](#ICIfPrescWrittenGenWithoutIndGrams).  **Examples:** | |
| Refill | Contact Prescriber to change the drug to the covered alternative(s) only via LINKS as follows: | | |
| **If...** | **Then...** | |
| eChange option is available | * Contact the Prescriber via eChange as follows:   + Select **eChange**.   + Select option **6-PLN / ALT MED/PLAN DESIGN / QTY CHANGE** as the Change Request Type.   + Select **Clear** to remove drug name and instructions.   + Select **OK**.   + Add alternatives as follows, repeat for all alternatives:     - Search for alternative medication and click on correct medication and strength.     - Click **Select**.     - Enter **90** in the Days Supply field.     - Enter **3** in the Refills field.     - Select **0-SUBSTITUTION PERMISSIBLE** option from drop-down box in the Substitution Code section.     - Leave Instruction field blank.     - Select **Add**.   + Enter the following verbiage in the Comments section:   Please consider a formulary alternative. Please respond with prescription changes.   * + Select **Save & Close**. * Resolve any PLN tagalongs with **RF02.** * Modify Note Pad as follows:   + Add note **Sent via eChange**.   + Add patient name.   + Add alternatives. | |
| eChange option is NOT available | * Fax the prescriber via LINKS. Refer to PLN PAR Screening, Calling, Resolution document; section [Faxing the Prescriber via LINKS (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997), if needed.   + Select **Fax Prescriber**.   + Select the **PAR-FREETXT-FAX** fax template.   + Enter fax verbiage in the **Enter Free Text** section:   Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <drug, str> as an alternative medication <please include drug name, strength, directions, QTY, refills>.  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for Ventolin, Proair, or Proventil as an alternative <please include drug name, strength, directions, QTY, refills>.   * + Click **Choose Fax Variation** under Tasks options and select **New Rx Required**. * Resolve any PLN tagalongs with **RF02**. * Document Note Pad:   Ln) <PLN/PAR>, <Pt name>, <drug name>, AF for albuterol change required | |
| Unable to send via eChange or fax | * Screen to calls as follows:   + Resolve the conflict with **SC** then **MM** for ANYTIME.   + Resolve any PLN tagalongs with **RF02**.   + Document Note Pad:   Ln) <PLN/PAR> to Calls, <reason for sending to calls-e.g., Order is aged / No fax number available>, <Pt name>, <Drug name>, DH if no response  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <drug, str> as an alternative medication <please include drug name, strength, directions, QTY, refills>. | |

**If prescription is written Generically without any indication of grams as:**

* Albuterol
* Albuterol CFC (Discontinued)
* Albuterol CFC Free (Albuterol V, Albuterol PV, and Albuterol PA)
* Albuterol HFA
* Albuterol HFA w/counter

**Note:** Brand ProAir HFA has been discontinued by the MFR in January 2023.

Determine the following:

|  |  |  |
| --- | --- | --- |
| **If Conflict Details indicates** | **And Test Claim Accepts…** | |
| * Brand or Generic of product * Formulary Alternative product * + not covered use XXXX (See example below. Messaging may differ per Client plan)     **Note:** This formulary covers generic for Ventolin, Proair and Proventil EXCEPT NDC 66993001968, 00093317431 (which are generic for Ventolin HFA and Proair HFA). | Proceed as follows for **Conflict Details indicating Brand or Generic for the below product(s)**:  **Notes:**   * Levalbuterol (Brand Xopenex), ProAir DIGIH and ProAir RESPI are **NOT** interchangeable with other Albuterol products. A Prescriber outreach for covered alternates is required. * Test claims in RxClaim should be done for BOTH Brands and Generics unless conflict details box specifies BRAND only.   **REMINDER**: “Disp Qty” must be updated to reflect the specific Grams for the product in the test claim. | |
| **If...** | **Then...** |
| Prescription is written generically with one or more brand name drugs in parenthesis and/or there is an Rx comment on the image that displays:   * May substitute for Coverage   Or   * May substitute for insurance, etc.   **Notes:**   * Grams can be ignored. * Brand ProAir HFA has been discontinued by MFR January 2023. | * Change Prescribed Drug to the lowest copay covered alternate per the conflict details box and the accepted test claim done in RXClaim. * Document Note Pad and Annotate:   Per Plan Design and Test claim, Disp < Proventil HFA (Albuterol PV), Ventolin HFA (Albuterol V), ProAir HFA (Albuterol PA)> |
| Prescription is written generically without brand names listed on the RX and test claim accepts for **ONLY ONE** of the below products:   * Proventil HFA (Albuterol PV) * Ventolin HFA (Albuterol V) * ProAir HFA (Albuterol PA)   **and/or**   * Albuterol Sulfate CFC Free   **Note:** Brand ProAir HFA has been discontinued by the MFR January 2023. | * Change Prescribed Drug to the covered alternate per the conflict details box and the accepted test claim done in RXClaim. * Document Note Pad and Annotate:   Per Plan Design and Test claim, Disp < Proventil HFA (Albuterol PV), Ventolin HFA (Albuterol V), Albuterol PA> |
| Prescription is written generically without brand names listed and test claim accepts for **ONE OR MORE** of the below products:   * Proventil HFA (Albuterol PV) * Ventolin HFA (Albuterol V) * ProAir HFA (Albuterol PA)   **and/or**   * Albuterol Sulfate CFC Free   **Note:** Brand ProAir HFA has been discontinued by the MFR January 2023. | * Change Prescribed Drug **to the lowest copay covered alternate** per the conflict details box and the accepted test claim done in RXClaim. * Document Note Pad and Annotate:   Per Plan Design and Test claim, Disp < Proventil HFA (Albuterol PV), Ventolin HFA (Albuterol V), Albuterol PA> |
| Xopenex (Levalbuterol) **ONLY** | * Contact Prescriber to obtain new RX for covered alternate since Levalbuterol is not interchangeable with Albuterol products. * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to consider Xopenex or Levalbuterol as an alternative  **Example fax verbiage, Reject 70:** Your Patients Benefit Plan does not cover the prescribed medication. Please consider Xopenex or Levalbuterol as an alternative medication <please include drug name, strength, directions, quantity, and refills>.  **Example fax verbiage, Reject 75:** Your Patients Benefit Plan does not cover the prescribed medication. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills> or PA at XXX-XXX-XXXX. |

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**If prescription is written Generically WITH indication of grams as:**

* Albuterol
* Albuterol CFC (Discontinued)
* Albuterol CFC Free

**The following are CFC Free Generic products:**

* Albuterol V
* Albuterol PV
* Albuterol PA
* Albuterol HFA
* Albuterol HFA w/counter

**Notes:**

* If RX has any notes from PBR to dispense what is covered, refer to [If prescription is written Generically without any indication of grams as](#ICIfPrescWrittenGenWithoutIndGrams) to process what is covered, no PBR contact needed.
* Brand ProAir HFA and Proventil HFA have been discontinued by the MFR.

**Figure A: Example**



Determine the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **If Conflict Details indicates…** | **Then…** | | |
| * Brand or Generic of product * Formulary Alternative product * + not covered use XXXX (See example below. Messaging may differ per Client plan)   **Note:** This formulary covers generic for Ventolin, Proair and Proventil EXCEPT NDC 66993001968, 00093317431 (which are generic for Ventolin HFA and Proair HFA). | Determine the following:  **Notes:**   * Levalbuterol (Brand Xopenex), ProAir DIGIH and ProAir RESPI are **NOT** interchangeable with other Albuterol products. A Prescriber outreach for covered alternates is required. * Test claims in RxClaim should be done for BOTH Brands and Generics unless conflict details box specifies BRAND only. | | |
| **If Grams are in multiples of…** | **And Conflict Details indicates Brand or Generic of the below product…** | **Then…** |
| 6.7 gram  (Proventil products) | Proventil HFA  (Albuterol PV) | Change Prescribed Drug to Proventil HFA and annotate. |
| 6.7 gram  (Proventil products) | Ventolin HFA (Albuterol V) or ProAir HFA (Albuterol PA) | * Contact Prescriber.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Proair HFA, or Proventil HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>.   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| 8.5 gram  (ProAir products) | ProAir HFA  (Albuterol PA) | Change Prescribed Drug to Albuterol PA and annotate. |
| 8.5 gram  (ProAir products) | Ventolin HFA (Albuterol V) or Proventil HFA (Albuterol PV) | * Contact Prescriber.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Proair HFA, or Proventil HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| 18 gram  (Ventolin products) | Ventolin HFA  (Albuterol V) | Change Prescribed Drug to Ventolin HFA and annotate. |
| 18 gram  (Ventolin products) | ProAir HFA (Albuterol PA) or Proventil HFA (Albuterol PV) | * Contact Prescriber.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Proair HFA, or Proventil HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| * 6.7 gram * 8.5 gram   **Or**   * 18 gram | Xopenex  (Levalbuterol)  (Xopenex products are 15 grams and are not interchangeable with albuterol products) | * Contact Prescriber.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Proair HFA, or Proventil HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| **If Grams are in exact multiples of a specific Albuterol product and results in a Paid Test Claim for multiple products** | Determine if prescription has a comment allowing for substitution with any Albuterol product or multiple products indicated on Rx and/or has multiple products in parenthesis: | |
| **If...** | **Then...** |
| Rx Comment and/or multiples in parenthesis are available  **Example:**    **Note:** Each albuterol HFA inhaler delivers 200 metered doses regardless of the grams for each product and that is why it would be a 1:1 interchange.  **3 packs of Ventolin/Albuterol (V) = 54 Grams**    **3 packs of Proventil/Albuterol (PV) = 20.1 Grams**    **3 packs of ProAir/Albuterol (PA) = 25.5 Grams** | * Change the Prescribed Drug to the least expensive Albuterol product per test claim. * Enter the quantity based on the number of packages of the written prescription.   **Example using image to the left:**   * Rx is written for Albuterol Sulfate HFA * Rx Qty written as 54 Grams * Numeric Qty in LINKS = Albuterol V (3 packs) * Rx Comment indicates drug change allowed or alternate was in parenthesis on the Rx. * Least expensive Albuterol product = Proventil HFA (6.7 gram packages) * Prescribed drug will be changed to Proventil HFA. * Numeric Qty in LINKS would remain 3 packs * Document Notepad and Annotate:   Prescribed drug changed per PBR Rx Comments and PLN. QTY of alternate adjusted per PBR intent for packages and day supply. |

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**ProAir RESPI, ProAir DIGIH, ProAir HFA, Ventolin HFA, Proventil HFA, or XOPENEX HFA BRAND**

If the prescribed drug is written for a specific **BRAND** albuterol product, but the pack size quantity on the Rx does not match the prescribed product pack size, ignore the pack size, and continue to screen based on the prescribed medication.

**Note:** Levalbuterol (Brand Xopenex), ProAir DIGIH and ProAir RESPI are **NOT** interchangeable with other Albuterol products. A Prescriber outreach for covered alternates is required.

Determine the following:

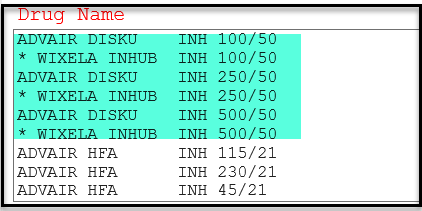
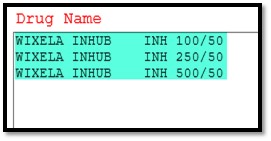
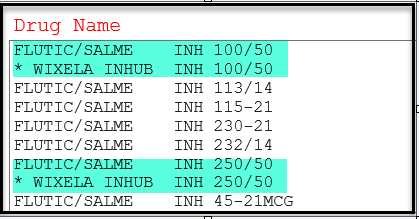
|  |  |  |
| --- | --- | --- |
| **If Rx is written…** | **And Conflict Details indicates…** | **Then…** |
| Generically for Proair **RESPI** or as Brand ProAir RESPI:   * Albuterol Sulfate 108 (90 Base) Inhalation Aerosol POWDER * Albuterol Sulfate Inhalation **POWDER** * Albuterol **AEPB** * Albuterol **BREATH ACTIVATED**   **OR**  Generically for ProAir **DIGIH** or as Brand ProAir DIGIH:   * Albuterol Sulfate Inhalation **POWDER WITH SENSOR** * Albuterol Sulfate Inhalation **POWDER WITH MODULE** * Albuterol Sulfate **BREATH ACTIVATED WITH SENSOR** | Not Covered/Non-Formulary Contact Prescriber with various alternates | * Contact Prescriber to change to <covered alternate> based on message and accepted test claim in RxClaim <Prior Auth fax request not needed, only ask to switch the product>.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary <Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>.  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary <Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| ProAir HFA (May Sub Y) and Dispensed drug is Pro Air HFA | N/A | * Resolve with **RF02**. * Select **Maintain Rx**. * Update Prescribed Drug to Albuterol PA * Select **Save & Close**. * Select Change Reason Code **15**. * Document Note Pad:   Ln) <PLN/PAR>, <drug>, reselected prescribed drug to Albuterol PA to rescreen   * Add annotation:   <PLN/PAR>, <drug>, reselected prescribed drug to <drug reselected> to rescreen  **Note:** Remove the angle brackets <> before pasting into the annotation.   * Select **Save & Clear** |
| ProAir HFA (Albuterol PA) | Ventolin HFA (Albuterol V), Proventil HFA (Albuterol PV), Xopenex HFA Inhaler (Levalbuterol) | * Contact Prescriber to change to <covered alternate> based on message and accepted test claim in RxClaim <Prior Auth fax request not needed, only ask to switch the product>.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>.  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Proventil HFA or Xopenex HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| Ventolin HFA (Albuterol V) | Proventil HFA (Albuterol PV), Xopenex HFA Inhaler (Levalbuterol), ProAir HFA (Albuterol PA) | * Contact Prescriber to change to <covered alternate> based on message and accepted test claim in RxClaim <Prior Auth fax request not needed, only ask to switch the product>.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Proventil, Xopenex HFA or ProAir HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>.   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| Proventil HFA (Albuterol PV) | Ventolin HFA (Albuterol V), Xopenex HFA Inhaler (Levalbuterol), ProAir HFA (Albuterol PA) | * Contact Prescriber to change to <covered alternate> based on message and accepted test claim in RxClaim <Prior Auth fax request not needed, only ask to switch the product>.   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills>  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Ventolin HFA, Xopenex HFA, or ProAir HFA> as an alternate <please include drug name, strength, directions, quantity, and refills>.   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> |
| Xopenex HFA inhaler (Levalbuterol) | Proventil HFA (Albuterol PV), ProAir HFA (Albuterol PA), Ventolin HFA (Albuterol V) | * Contact Prescriber to change to <covered alternate> based on message and accepted test claim in RxClaim or PA if in PA messaging is in conflict details box   **Fax verbiage:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Covered Brand Inhaler Drug Name(s)> as an alternate <please include drug name, strength, directions, quantity, and refills> or PA at XXX-XXX-XXXX  **Example:**  Your Patients Benefit Plan does not cover the prescribed medication. Please consider Formulary Generic for <Proventil HFA, ProAir HFA or Ventolin HFA> as an alternate <please include drug name, strength, directions, quantity, and refills> or PA at XXX-XXX-XXXX   * Document Note Pad:   PLN to AF, drug name, pt name, Contact Prescriber to change to <covered alternate> or PA |

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**Fluticasone/Salmeterol, Wixela Inhub or Advair Diskus**

**Figure B**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If Conflict Details indicates** | **And Test Claim Accepts…** | | | |
| * NDC not covered * Brand of the product * And/or Formulary Alternative product | Proceed as follows for **Conflict Details indicating Brand or Generic for the below product(s)**:  **Notes:**   * **Both Fluticasone Salmeterol AND Advair may substitute at Mail to Wixela when substitution is allowed (DAW0/Y May Sub) because fluticasone salmeterol is considered a branded generic. Fluticasone Salmeterol, Wixela and Advair DISKUS are considered AB rated to each other for the matching strengths.** * Fluticasone Salmeterol INH (113/14, 115-21, 230-21, 45-21) strengths DO NOT substitute to Wixela and are **NOT** considered AB rated to ADVAIR | | | |
| **If…** | **Then…** | | |
| Written **for Advair or Fluticasone Salmeterol** on the RX, substitution allowed, and the Plan rejects Wixela and has Fluticasone Salmeterol as the covered alternate | The Dispensed Drug can be changed to Fluticasone Salmeterol   * Resolve conflict with **RF02**. * Select **Maintain RX**. * Reselect Dispensed Drug as Fluticasone Salmeterol. * Select the **Manufacturer Specified** box. * Select **Save & Close**. * Select DPC Change Reason code 15 - Physician Interpretation / DPC. * Select **Save & Close**. * Document Note Pad and Annotate:   LN) PLN, changed disp drug to Fluticasone Salmeterol | | |
| Written for Fluticasone Salmeterol or Wixela, substitution allowed, and the Plan covers Brand Advair | Test Claim Brand Advair (same strength) alternates: | | |
| **If Test Claim...** | **And** | **Then...** |
| Accepts for Advair same strength  Or  Fluticasone Salmeterol same strength (RX written for Wixela) | RX is New | * Change Prescribed Drug to Advair. * Resolve conflict with **RF02**. * Select **Maintain RX**. * Reselect Prescribed and Dispensed Drug as Brand Advair. * Select **Save & Close**. * Select DPC Change Reason code 15 - Physician Interpretation / DPC. * Select **Save & Close**. * Document Note Pad and Annotate:   LN) PLN, drug name, crx to Brand Advair or Fluticasone Salmeterol per pln design and substitution allowed |
| RX is a Refill | * Document Note Pad and Annotate:   LN) PLN, drug name, rf99 in process to crx to <Brand Advair> or <Fluticasone Salmeterol> per pln design and substitution allowed   * Resolve the conflict with **RF99**. * Select **Save & Close** out of Maintain Intervention / Outcome screen. * Copy the order number. * Select **Save & Clear**. * Paste the order number on the Resolve Conflict screen to re-retrieve the order.   **Note:** A C-script will have formed as result of the RF99.   * Select **Close**. * Copy Note Pad information for C Script. * Select **C-Script**. * PASTE Note Pad information into C-script Annotations section. * Select **Save & Close** out of the C-Script. * Resolve the conflict with **RF02**. * Select **Maintain RX**. * Select Brand Name Advair or Fluticasone Salmeterol based on test claim and lowest member copay in RxClaim in Prescribed and Dispensed Drug field. * Select **Save & Close**.   **Result:** E-script window displays.   * Select **Add Annotation**. * Paste the information that has been copied from the Note Pad in the Annotations section. * Select **Save and Close**. * Select **Create E-Script**. * Select **Close**. * Select DPC Change Reason code 15 - Physician Interpretation / DPC. * Select **Save & Close**. * Select **Save & Clear**. |
| ACCEPTS for Alternate Drugs / Strengths for new and refills not part of the above scenarios | N/A | * Contact the prescriber using fax or e change verbiage below:   Your Patients Benefit plan doesn’t cover <dispensing drug>. Please consider <covered alternates per test claim>. Please respond including drug strength, directions, quantity, and refills.   * Document Note Pad:   Ln#) PLN to AF <drug name, str> not covered. Consider <alts> |
| DENIES | N/A | * Resolve with **SX**. * Document Note Pad with issue.   Ln#) PLN to MF <drug name, str> denies via test claim as not covered AM contacted for alternate   * Send email to the Account Manager   <drug name, str> denies via test claim as not covered, please provide alternates   * [Click Here (055825)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f4658093-76ea-460b-8644-5e1f6b609bc7) to generate email. |
| Written for Fluticasone Salmeterol, MD or PT No, and the Plan covers Brand Advair and/or Wixela | * Contact the prescriber using fax or e change verbiage below:   Your Patients Benefit plan doesn’t cover <dispensing drug rejecting and DAW indicator> Please consider Brand Advair < other alternates if listed in message>. Please respond including drug strength, directions, quantity, and refills.   * Document Note Pad:   Ln#) PLN to AF <drug name, str, DAW1/2> not covered. Consider <alts and DAW0> | | |

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| Insulin ASPART Chart |

The chart below is used when the medication is written for Insulin Aspart. Insulin Aspart is considered a Brand Name. Other Brand name medications associated with Insulin Aspart are Novolog and Fiasp. Fiasp has niacinamide in the ingredients and cannot be interchanged without PBR contact.

**Notes:**

* When substitution allows and the RX image includes both brand and generic drug names, the Prescribed Drug can be updated to the covered product.
* Do not change drug if May Sub is No from MD or from PT as well without contact to prescriber/patient.

**Example:** Member (or Member and Prescriber) wants brand only medication and the Plan only covers the generic or a PA is needed. The MEMBER will need to be contacted for generic approval request and to let them know the brand requires a PA, while the outreach to the doctor is being made. Add to the Patient Call Database for a courtesy call.

* This only applies to new prescriptions. Refills require prescriber contact.

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| **If prescription is written for…** | **Then…** | | | | |
| Insulin Aspart 100 units/ml pens, cartridges or vials and Conflict Message indicates Novolog or Fiasp preferred or Pending Formulary Review  Or  Insulin Aspart 70/30 units/ml pens or vials and Conflict Message indicates Novolog / Fiasp preferred or Pending Formulary Review | Check for history for Novolog or Fiasp: | | | | |
| **If...** | **And Conflict Message Indicates…** | | **Then...** | |
| No history | Novolog    Or  Fiasp  Or  Novolog and Fiasp | | Run a test claim for Novolog and / or Fiasp (pens, cartridges, or vials) per the Conflict Message and according to prescription dosage form: | |
| **If test claim...** | **Then...** |
| Accepted for Novolog | * Change Prescribed Drug to <Novolog> pens, cartridges, or vials per Rx and accepted test claim. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Aspart 100 units/ml changed to <Novolog> per Plan, DAW Y May Sub and WI |
| Accepted for Fiasp Only | * Contact the prescriber for Fiasp. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Aspart 100 units/ml. Please consider <Fiasp str per test claim> as an alternative medication <please include drug name, strength, directions, quantity, and refills> plus call XXX-XXX-XXXX, PA is required.   * Document Note Pad:   PLN to AF, <drug name>, to consider <Fiasp> as Formulary Alternate plus PA req. |
| Denied for Novolog or Fiasp due to PA required | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Aspart 100 units/ml. Please consider <Novolog or Fiasp str per test claim> as an alternative medication <please include drug name, strength, directions, quantity, and refills> plus call XXX-XXX-XXXX, PA is required.   * Document Note Pad:   PLN to AF, <drug name>, to consider <Novolog/Fiasp> as Formulary Alternate plus PA req. |
| History of Novolog | Novolog  Or  Novolog and Fiasp | | * Change Prescribed Drug to **Novolog** and dosage form per most recent shipped history of the same drug, regardless if dispensed at mail or retail. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Aspart 100 units/ml changed to Novolog <dosage form> per **most recent** shipped HX and Plan, DAW Y May Sub and WI | |
| History of Novolog | Fiasp | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   **Note**: Prescriber approval is needed because Novolog and Fiasp are not interchangeable.  Your patient has a history of <Novolog >. Please consider Fiasp, which is covered by their plan. Please include drug name, strength, directions, quantity, and refills   * Document Note Pad:   PLN to AF, Insulin Aspart 100 units/ml, HX of Novolog, consider Fiasp per conflict message as Formulary Alternate | |
| History of Fiasp | Fiasp  Or  Novolog and Fiasp | | * Change Prescribed Drug to **Fiasp** and dosage form per **most recent** shipped history of the same drug, regardless if dispensed at mail or retail. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Aspart 100 units/ml changed to Fiasp <dosage form> per **most recent** shipped HX and Plan, DAW Y May Sub and WI | |
| History of Fiasp | Novolog | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   **Note**: Prescriber approval is needed because Novolog and Fiasp are not interchangeable.  Your patient has a history of Fiasp. Please consider Novolog which is covered by their plan. Please include drug name, strength, directions, quantity, and refills   * Document Note Pad:   PLN to AF, Insulin Aspart 100 units/ml, HX of Fiasp, consider Novolog per conflict message as Formulary Alternate | |
| Insulin Aspart 100 units/ml pens, cartridges or vials and Conflict Message indicates Humalog or other alternate preferred (Non-Novolog)  Or  Insulin Aspart 70/30units/ml, cartridges pens or vials and Conflict Message indicates other alternate (Non-Novolog) | Run a test claim for Humalog (pens, cartridges, or vials) according to prescription dosage form or dosage forms available for Humalog: | | | | |
| **If test claim is…** | | **Then…** | | |
| Accepted | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Aspart. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Humalog as Formulary Alternate | | |
| Denied | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Aspart. Please consider an alternative medication <please include drug name, strength, directions, quantity, and refills> or alternate and <PA required XXX-XXX-XXXX>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or Alternate and PA req | | |
| Insulin Aspart 100 units/ml pens, cartridges or vials and Conflict Message indicates Non-Formulary / NDC Not Covered without alternates and no PA messaging  Or  Insulin Aspart 70/30units/ml pens or vials and Conflict Message indicates Non Formulary/NDC Not Covered without alternates and no PA messaging  **Do Not RTP** | Run a test claim for Novolog and Fiasp (pens, cartridges, or vials) according to prescription dosage form and if dosage form available for the alternate drug | | | | |
| **If test claim is…** | | **Then…** | | |
| Accepted | | * Contact the prescriber to authorize switch to formulary medication. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your Patients Benefit Plan does not cover the prescribed medication. Please consider <drug, str> or other alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate <alternate from conflict message>. | | |
| Denied | | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Aspart <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider a Formulary Alternate. | | |
| Insulin Aspart 100 units/ml or Insulin Aspart 70/30 pens, cartridges or vials and Conflict Message indicates Non-Formulary without suggested alternates and has a PA number    **Do Not RTP** | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover the prescribed medication. Please fax back an alternate <Drug, strength, Directions and Refills> or Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. | | | | |

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| Insulin DEGLUDEC Chart |

The chart below is used when the medication is written for Insulin Degludec. The Brand name medication associated with Insulin Degludec is Tresiba.

**Notes:**

* When substitution allows and the RX image includes both brand and generic drug names, the Prescribed Drug can be updated to the covered product.
* Do not change drug if May Sub is No from MD or from PT as well without contact to prescriber/patient.

**Example:** Member (or Member and Prescriber) wants brand only medication and the Plan only covers the generic or a PA is needed. The MEMBER will need to be contacted for generic approval request and to let them know the brand requires a PA, while the outreach to the doctor is being made. Add to the Patient Call Database for a courtesy call.

* This only applies to new prescriptions. Refills require prescriber contact.

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| **If prescription is written for…** | **Then…** | | |
| Insulin Degludec 100 units/ml pens and Conflict Message indicates Tresiba preferred or Pending Formulary Review  Or  Insulin Degludec 200 units/ml pens and Conflict Message indicates Tresiba preferred or Pending Formulary Review | Run a test claim for Tresiba pens according to prescription dosage form and strength: | | |
| **If test claim is…** | | **Then…** |
| Accepted | | * Change Prescribed Drug to Tresiba pens per Rx dosage form and strength. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Degludec changed to Tresiba per Plan, DAW Y May Sub and WI |
| Denied for Tresiba due to PA required or other dosage form | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Degludec. Please consider Tresiba as an alternative medication <please include drug name, strength, directions, quantity, and refills> plus call XXX-XXX-XXXX, PA is required   * Document Note Pad:   PLN to AF, <drug name>, to consider Tresiba as Formulary Alternate plus PA req. |
| Insulin Degludec 100 units/ml pens and Conflict Message indicates other alternate preferred (Not Tresiba pens)   Or  Insulin Degludec 200 units/ml pens and Conflict Message indicates other alternate preferred (Not Tresiba) | Run a test claim for the alternate medication (pens or vials) according to prescription dosage form or dosage forms available for the alternate medication: | | |
| **If test claim is…** | | **Then…** |
| Accepted | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Degludec pens. Please consider <drug, str> as an alternative medication <please include drug name, strength, dosage form, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider <alternate drug> as Formulary Alternate |
| Denied | | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Degludec pens. Please consider an alternative medication <please include drug name, strength, dosage form, directions, quantity, and refills> or alternate and <PA required XXX-XXX-XXXX>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or Alternate and PA req |
| Insulin Degludec 100 units/ml pens and Conflict Message indicates Non Formulary / NDC Not Covered without alternates and no PA messaging  Or  Insulin Degludec 200 units/ml pens and Conflict Message indicates Non Formulary / NDC Not Covered without alternates and no PA messaging  **Do Not RTP** | Run a test claim for Tresiba (pens or vials) according to prescription dosage form and if dosage form available for the alternate drug | | |
| **If test claim is…** | | **Then…** |
| Accepted | | * Change Prescribed Drug to Tresiba pens per Rx dosage form and strength. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Degludec changed to Tresiba per Plan, DAW Y May Sub and WI |
| Denied | | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Degludec <pens or vials>. Please fax back an alternate <Drug, strength, Directions and Refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider a Formulary Alternate. |
| Insulin Degludec 100 units/ml pens or Insulin Degludec 200 units/ml pens and Conflict Message indicates Non-Formulary without suggested alternates and has a PA number  **Do Not RTP** | Run a test claim for Tresiba pens according to prescription dosage form and strength: | | |
| **If...** | **Then...** | |
| Accepted | * Change Prescribed Drug to Tresiba pens per Rx dosage form and strength. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Degludec changed to Tresiba per Plan, DAW Y May Sub and WI | |
| Denied for Tresiba due to Non Formulary, PA required or other dosage form | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover the prescribed medication without a PA. Please fax back a formulary alternate <Drug, strength, Directions and Refills> or Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. | |

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| Insulin Glargine Chart |

The chart below is used when the medication is written in the GENERIC form Insulin Glargine with no indication of Brand Name on the RX. Brand name medications associated with Insulin Glargine are:

* Lantus
* Basaglar
* Toujeo
* Semglee

**Notes:**

* When substitution allows and the RX image includes both brand and generic drug names, the Prescribed Drug can be updated to the covered product.
* Do not change drug if May Sub is No from MD or from PT as well without contact to prescriber/patient.

**Example:** Member (or Member and Prescriber) wants brand only medication and the Plan only covers the generic or a PA is needed. The MEMBER will need to be contacted for generic approval request and to let them know the brand requires a PA, while the outreach to the doctor is being made. Add to the Patient Call Database for a courtesy call.

* This applies to new prescriptions. Refills require prescriber contact.

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| **If prescription is written for…** | **Then…** | | |
| Insulin Glargine 300 units/ml | TOUJEO should have been selected. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec). | | |
| Insulin Glargine 100units/ml with/without indication of Vials or Pens and no hx | RXE should have contacted the prescriber for dosage form, which is identified by the FRX FRX Missing Drug Name conflict. | | |
| **If...** | **Then...** | |
| Contact was not done | Force to DPC MISC for prescriber contact. | |
| Contact was done and the response resulted in a non-covered drug | Run a test claim for <drugs other than FRX response> <Lantus, Basaglar and/or Semglee> with the dosage form in the response: | |
| **If test claim is…** | **Then…** |
| Accepted | Contact the prescriber to authorize a switch to the formulary medication(s)per the test claim results. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).  Your patients prescription is written for Insulin Glargine. Their current coverage allows for <Approved drug(s) per Test Claim>, may we dispense <Approved Drug(s) per Test Claim> keeping all other prescription information the same? |
| Denied | * Contact the prescriber. Refer to the PLN/PAR Screening, Calling Resolution section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover <Drug Names Denied on test claim> <Insulin Glargine, Basaglar, Lantus or Semglee> <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills> or obtain Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. |
| Insulin Glargine and entered for Basaglar and has history of Basaglar | Run a test claim for Lantus or Semglee (pens or vials) according to prescription dosage form: | | |
| **If test claim is…** | **Then…** | |
| Accepted | Contact the prescriber to authorize a switch to formulary medication(s) per the test claim results. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).  Your patients prescription is written for Insulin Glargine. Patient has been receiving Basaglar per their previous Plan. Their current coverage allows for <Lantus, Semglee>, may we dispense <Lantus, Semglee> keeping all other prescription information the same? | |
| Denied | * Contact the prescriber. Refer to the PLN PAR Screening, Calling Resolution section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover <Drug Names Denied on test claim> <Insulin Glargine, Basaglar, Lantus or Semglee> <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills> or obtain Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. | |
| Insulin Glargine and entered for Lantus and history of Lantus | Run a test claim for Basaglar and Semglee (pens or vials) according to prescription dosage form: | | |
| **If test claim is…** | **Then…** | |
| Accepted | Contact the prescriber to authorize a switch to the formulary medication(s) per the test claim results. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).  Your patients prescription is written for Insulin Glargine. Patient has been receiving Lantus per their previous Plan. Their current coverage allows for <Basaglar / Semglee>, may we dispense <Basaglar / Semglee> keeping all other prescription information the same? | |
| Denied | * Contact the prescriber. Refer to the PLN PAR Screening, Calling Resolution section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover <Drug Names Denied on test claim> <Insulin Glargine, Basaglar, Lantus or Semglee> <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills> or obtain Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. | |
| Insulin Glargine and entered for Lantus or Basaglar and history of Semglee | Run a test claim for Semglee (pens or vials) according to prescription dosage form: | | |
| **If test claim is...** | **Then...** | |
| Accepted and New Prescription | * Change Prescribed Drug to Semglee. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Resolve conflict with **RF02**. * Select **Maintain RX**. * Reselect Prescribed and Dispensed Drug as Brand Semglee. * Select **Save & Close**. * Select DPC Change Reason code 15 - Physician Interpretation/DPC. * Select **Save & Close**. * Document Note Pad and Annotate:   LN) PLN, drug name, crx to Brand <drug name> per pln design | |
| Accepted and Refill prescription | * Contact the prescriber. Refer to the PLN PAR Screening, Calling Resolution section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997). * Your patients prescription is written for Insulin Glargine. Patient has a history of Semglee. Please respond with a new Prescription for Semglee or other alternate. * Document Note Pad: PLN to AF, <drug name>, to consider Semglee or Formulary Alternate or PA at XXX-XXX-XXXX | |
| Denied | * Contact the prescriber. Refer to the PLN PAR Screening, Calling Resolution section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover <Drug Names Denied on test claim> <Insulin Glargine, Basaglar, Lantus or Semglee> <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills> or obtain Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. | |

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| Insulin NPH Isophane Chart |

The chart below is used when the medication is written for Insulin NPH Isophane 100 units/ml pens or vials. Brand name medications associated with Insulin NPH Isophane are:

* Humulin N
* Novolin N

**Notes:**

* When substitution allows and the RX image includes both brand and generic drug names, the Prescribed Drug can be updated to the covered product.
* Do not change drug if May Sub is No from MD or from PT as well without contact to prescriber/patient.

**Example:** Member (or Member and Prescriber) wants brand only medication and the Plan only covers the generic or a PA is needed. The MEMBER will need to be contacted for generic approval request and to let them know the brand requires a PA, while the outreach to the doctor is being made. Add to the Patient Call Database for a courtesy call.

* This only applies to new prescriptions. Refills require prescriber contact.

|  |  |  |
| --- | --- | --- |
| **If prescription is written for…** | **Then…** | |
| Insulin NPH Isophane 100 units/ml pens or vials and Conflict Message indicates Humulin N preferred | Run a test claim for Humulin N (pens or vials) according to prescription dosage form: | |
| **If test claim is…** | **Then…** |
| Accepted | Change Prescribed Drug to Humulin N pens or vials. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. |
| Denied | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin NPH Isophane or Humulin N. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate. |
| Insulin NPH Isophane 100 units/ml pens or vials and Conflict Message indicates Novolin N preferred | Run a test claim for Novolin N (pens or vials) according to prescription dosage form | |
| **If test claim is…** | **Then…** |
| Accepted | Change Prescribed Drug to Novolin N pens or vials. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. |
| Denied | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin NPH Isophane or Novolin N. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate. |
| Insulin NPH Isophane 100 units/ml pens or vials and Conflict Message indicates alternates other than Humulin N or Novolin N | Run a test claim for the Alternates in messaging (pens or vials) according to prescription dosage form | |
| **If test claim is…** | **Then…** |
| Accepted | * Contact the prescriber to authorize switch to formulary medication. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your Patients Benefit Plan does not cover the prescribed medication. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate <alternate from conflict message> |
| Denied | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin NPH Isophane, Humulin N or Novolin N <pens vials>. Please fax back an alternate <drug, strength, Directions and Refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider a Formulary Alternate. |
| Insulin NPH Isophane 100 units / ml pens or vials and Conflict Message indicates Non-Formulary without suggested alternates  Do Not RTP. | Run a test claim for the Brand Humulin N or Novolin N (pens or vials) according to prescription dosage form: | |
| **If...** | **Then...** |
| Accepted | Change Prescribed Drug to the lowest copay covered product (Humulin N or Novolin N pens or vials according to prescription dosage form) and the accepted test claim done in RXClaim. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. |
| Denied | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin NPH Isophane, Humulin N or Novolin N (pens vials). Please fax back an alternate <Drug, strength, Directions and Refills> or Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX. |

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| Insulin Lispro Chart |

The chart below is used when the medication is written for Insulin Lispro 100 units/ml pens or vials. Brand name medications associated with Insulin Lispro are:

* Humalog
* Admelog

**Notes:**

* When substitution allows and the RX image includes both brand and generic drug names, the Prescribed Drug can be updated to the covered product.
* Do not change drug if May Sub is No from MD or from PT as well without contact to prescriber/patient.

**Example:** Member (or Member and Prescriber) wants brand only medication and the Plan only covers the generic or a PA is needed. The MEMBER will need to be contacted for generic approval request and to let them know the brand requires a PA, while the outreach to the doctor is being made. Add to the Patient Call Database for a courtesy call.

* This only applies to new prescriptions. Refills require prescriber contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **If prescription is written for…** | **Then…** | | |
| Insulin Lispro-aabc | Verify correct Insulin Lispro-aabc product was selected before working PLN/PAR Conflict. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec). | | |
| Insulin Lispro 100 units/ml pens or vials and Conflict Message indicates Humalog preferred | Run a test claim for Humalog (pens or vials) according to prescription dosage form: | | |
| **If test claim is…** | **Then…** | |
| Accepted | * Change Prescribed Drug to Humalog pens or vials. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. * Document Note Pad and Annotate RX:   PLN, Insulin Lispro 100 units/ml changed to <Humalog/Admelog> per Plan, DAW Y May Sub and WI | |
| Denied | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Lispro or Humalog. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate. | |
| Insulin Lispro 100 units/ml pens or vials and Conflict Message indicates Admelog preferred | Run a test claim for Admelog (pens or vials) according to prescription dosage form | | |
| **If test claim is…** | **Then…** | |
| Accepted | Change Prescribed Drug to Admelog pens or vials. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. | |
| Denied | * Contact the prescriber for alternate. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Lispro or Admelog. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate. | |
| Insulin Lispro 100 units/ml pens or vials and Conflict Message indicates alternates other than Humalog or Admelog | Run a test claim for the Alternates in messaging (pens or vials) according to prescription dosage form: | | |
| **If test claim is…** | **Then…** | |
| Accepted | * Contact the prescriber to authorize switch to formulary medication. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your Patients Benefit Plan does not cover the prescribed medication. Please consider <drug, str> as an alternative medication <please include drug name, strength, directions, quantity, and refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate <alternate from conflict message> | |
| Denied | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Lispro, Humalog or Admelog <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills>   * Document Note Pad:   PLN to AF, <drug name>, to consider a Formulary Alternate. | |
| Insulin Lispro 100 units/ml pens or vials and Conflict Message indicates Non-Formulary without suggested alternates  Do Not RTP  **Note:** This can also be followed if Rx is written for Brand Humalog or Admelog | Run a test claim for the Brand Humalog or Admelog (pens or vials) according to prescription dosage form: | | |
| **If...** | | **Then...** |
| Accepted | | Change Prescribed Drug to the lowest copay covered product (Humalog or Admelog pens or vials according to prescription dosage form) and the accepted test claim done in RXClaim. Refer to [Insulin (057026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=19c939e6-7aa2-4622-a29a-8f7a21e89fec) for expiration. |
| Denied | | * Contact the prescriber. Refer to PLN PAR Screening, Calling, Resolution; section: [Contacting the Prescriber (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997).   Your patients prescription plan does not cover Insulin Lispro, Humalog or Admelog <pens vials>. Please fax back an alternate <Drug, strength, Directions and Refills> or Prior Auth at XXX-XXX-XXX   * Document Note Pad:   PLN to AF, <drug name>, to consider Formulary Alternate or PA at XXX-XXX-XXXX |

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| DAW9 Chart |

The charts below is used when the medication is written for Drugs that require Brand to be dispensed with DAW9.

**Exception:** Medicare D plans do NOT use DAW9, however they may have a Brand over Generic (BOG) program. The Medicare D BOG programs may be similar to the Commercial and Medicaid DAW 9 drug list. Refer to PLN ALT Conflict Queue; section NDC Not Covered / NOT ON FORMULARY-ALT AVAILABLE / PLN MBR SPECIFIC DRUG NOT CVRD; sub-section: NON-Formulary Drug, Contact Prescriber – **Rx is written for Brand or Generic with Y May Sub and the Generic is rejecting for Brand Only Covered/Must use Brand/Resubmit for Brand** – [Step 2 (018625)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4f278d87-0928-42ca-801d-050fa5c27b0c) to continue processing the Brand per PLN.

Determine if Reject 606 did not form with DAW 9 in messaging:

| **If…** | **Then…** |
| --- | --- |
| Reject 606 is presented in RxClaim / Change Dispense Drug to Brand conflict | Proceed to PLN ALT Conflict Queue; section: [Change Dispensed Drug to Brand (018625)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4f278d87-0928-42ca-801d-050fa5c27b0c) for appropriate steps. |
| Reject 606 is missing and Client is **Commercial (Not Med D)** with messaging to submit DAW 9 | * Resolve with **SX**.   **Note:** Do not use RF109 if the Change Dispensed Drug to Brand conflict is not forming.   * Document Note Pad:   PLN, (Disp Drug Name), Emailed AM <AM Name> for plan setup issue.   * Send email to Account Manager for Plan Set Up Issue. [Click Here (065874)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=84dd017e-f2c4-444d-886d-62c3fd2cbacf) to email the Account Manager **and include a screen shot of the rejected claim in RxClaim**\* |
| Reject 606 is missing and Client is **Medicare (Med D) or Medicaid** with messaging to submit DAW 9  **Notes:**   * Medicare is also the same as MAPD, EGWP. * This process is not to be followed for Commercial Plans. | * Resolve with **SX**. * Document Note Pad:   PLN, (Disp Drug Name), Emailed AM <AM Name> for plan setup issue.   * Send email to Account Manager for Plan Set up Issue. [Click Here (065873)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1926728d-dccf-49f5-b293-a969ef1868c5) to email the account manager **and include a screen shot of the rejected claim in RxClaim**. |

Below is the **current CVS Health Commercial Opt-In formulary DAW9 drug list**. This list can change as formularies change and is not inclusive of Custom Client formularies.

| **LINKS Brand Drug Name** | **GPI Name** | **LINKS Generic Drug Name linked to the Brand Product listed in Column A**  **(Targeted Generic Drug for R606 Messaging)** | **Formulary Brand Drug Associated with DAW9**  **(Identified Product in R606 Messaging)** |
| --- | --- | --- | --- |
| BREO ELLIPTA 100-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT (FLUTIC/VILAN INH 100-25) | FLUTIC/VILAN INH 100-25 | BREO ELLIPTA 100-25 |
| BREO ELLIPTA 200-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT (FLUTIC/VILAN INH 200-25) | FLUTIC/VILAN INH 200-25 | BREO ELLIPTA 200-25 |
| DUEXIS TAB 800-26.6 | IBUPROFEN-FAMOTIDINE TAB 800-26.6 MG | IBU/FAMOT TAB 800-26.6 | DUEXIS TAB 800-26.6 |
| FARXIGA TAB 5MG | DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT) | DAPAGLIFLOZI TAB 5MG | FARXIGA TAB 5MG |
| FARXIGA TAB 10MG | DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT) | DAPAGLIFLOZI TAB 10MG | FARXIGA TAB 10MG |
| MITIGARE 0.6MG | COLCHICINE CAP 0.6MG | COLCHICINE CAP 0.6MG | MITIGARE 0.6MG |
| ORACEA CAP 40MG | DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG | DOXYCYC MONO CAP 40MG DR | ORACEA CAP 40MG |
| RESTASIS (30) EMU 0.05% | CYCLOSPORINE (OPHTH) EMULSION 0.05% | CYCLOSPO (30) EMU 0.05% OP | RESTASIS (30) EMU 0.05% |
| RESTASIS MUL EMU 0.05% OP | CYCLOSPORINE (OPHTH) EMULSION 0.05% | NOT LINKED TO A GENERIC AT THIS TIME | RESTASIS MUL EMU 0.05% OP |
| SOOLANTRA CRE 1% | IVERMECTIN CREAM 1% | IVERMECTIN CRE 1% | SOOLANTRA CRE 1% |
| SPIRIVA HANDIHALER CAP 18MCG | TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV) | TIOTROPIUM BROMIDE CAP 18MCG | SPIRIVA HHLR CAP 18MCG |
| UCERIS TAB 9MG | BUDESONIDE TAB ER 24HR 9MG | BUDESONIDE TAB ER 9MG | UCERIS TAB 9MG |
| VAGIFEM VAG VTB 10MCG | ESTRADIOL VAGINAL TAB 10MCG | ESTRADIOLVAG VTB 10MCG | VAGIFEM VAG VTB 10MCG |
| YUVAFEMVAG VTB 10MCG | ESTRADIOL VAGINAL TAB 10MCG | ESTRADIOLVAG VTB 10MCG | VAGIFEM VAG VTB 10MCG |
| XARELTO TAB 2.5MG | RIVAROXABAN TAB 2.5 MG | RIVAROXABAN TAB 2.5MG | RIVAROXABAN TAB 2.5MG |
| XIGDUO XR TAB 5-1000MG | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG | DAPAGLIF-MET TAB 5-1000MG | XIGDUO XR TAB 5-1000MG |
| XIGDUO XR TAB 10-1000MG | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG | DAPAGLIF-MET TAB 10-1000 | XIGDUO XR TAB 10-1000MG |

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| NEW TO MARKET GENERIC / BRAND OVER GENERIC (BOG) |

This section should be referenced when Reject 70 is sent on the generic medication with messaging to dispense Brand Name, generic is rejecting and a test claim for Brand Name with DAW 0 pays or when Brand DAW0 rejects expecting Generic to be dispensed.

* Rejections for generics can occur at any time when a new generic is released to the market and hasn’t been added to the plans formulary (New to Market Generic).
* Plans decide to exclude the generic from formulary and only cover brand (Brand Over Generic - BOG) without Reject 606 / DAW9 coding. This is typically seen with Medicare D plans.
* Rejections may occur on a Brand, May Sub indicator is Y (DAW0), when the plans require generic substitution.
* Generic substitution will not occur when the LINKS MOA Table (visible in Drug Sub Tab at the top of the Resolve Conflict Screen) does not have the new generic linked to the Brand Drug.

Before following the steps below, run a test claim on the dispensing generic medication with today’s date to verify if it will pay.

If new Generic Release, then identify:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If Rx is written and entered as…** | **Then…** | | | | |
| Generic and DAW allows Substitution | Brand can be keyed in the Prescribed Drug Field when the Mock test claim for Brand DAW0 accepts. See notes below.  **Example:** Prescriber writes for Esomeprazole Y May Sub and the plan **only** covers Brand. Prescribed drug can be changed to Brand Drug Y May Sub.  **Notes:** This can only be done on plans with **Brand Only** Drugs.   * If the Mock Test Claim for Generic NDC Accepts, that means the generic is covered and the prescribed drug should remain as the generic. * If the Mock Test Claim for Brand NDC – Y May Sub/PSC 0 (found in Drug Sub tab in LINKS) Accepts, that means the brand is covered and will process.   Proceed with the following steps:   * Resolve PLN conflict with **RF02**. * Maintain Rx. * Change the **PRESCRIBED** Drug to the brand via the chart below. * Document Note Pad and Annotate: * Ln) PLN, Pt name, drug name, changed prescribed drug to brand per Plan and May Sub Y * Select **Save & Clear**. | | | | |
| Brand but the plan expects Generic to process | Determine if the generic is linked to the brand by performing a search on MOA table via Drug Sub tab. LINKS should substitute to Generic when the generic is linked to the Brand in the MOA Table. | | | | |
| **If...** | **And…** | **Then...** | | |
| MOA table shows the generic is linked to the brand | New RX | * Resolve with **RF02**. * Maintain Rx. * Change the **PRESCRIBED** Drug to the brand via the chart below. * Document Note Pad and Annotate:   Ln) PLN, Pt name, drug name, changed prescribed drug to brand per Plan   * Copy Order # * Select **Save & Clear**. * Retrieve Order. | | |
| **If...** | **Then...** | |
| Dispense Drug shows Generic | Proceed to next order. | |
| Dispense Drug stays as Brand | * Resolve with **SX** * Document Notepad:   LN) PLN, pt name, drug name, SX to email AM for Research Request for Mail Shell Plan Set up   * Send email to Account Manager for Plan Set up Issue. [Click Here (065875)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c425865a-87e3-49d1-b2c4-c5980e25e0cc) to email the account manager **and include a screen shot of the rejected claim in RxClaim**. | |
| Refill RX | * Resolve conflict line with **RF99**. * Select **Save & Close**. * Document Note Pad:   LN), PLN, <Prescribed Drug>, RF99 in process to change prescribed to brand <Brand Name> per RX and substitution allowed   * Copy the Order Number. * Select **Save & Close**. * Paste the order number on the Resolve Conflict screen to re-retrieve the order.   **Note:** A C-script will have formed as result of the RF99.   * Select **Close**. * Copy Note Pad information for C-Script. * Select **C-Script**. * PASTE Note Pad information into C-Script Annotations section. * Select **Save & Close** out of the C-Script. * Resolve with **RF17**. * Change the **PRESCRIBED** and **DISPENSED** Drug to brand based on Prescribed Drug. * Select **Create E-Script**. * Select **Close**. * Select DPC Change Reason code **15**. * Select **Save & Close**. * Document Note Pad:   Ln) PLN, Pt name, <Prescribed Drug>, change prescribed to brand <Brand Name> per RX and substitution allowed   * Copy order number. * Select **Save & Close**. * Paste order number and press Tab to re-retrieve the order. | | |
| **If...** | | **Then...** |
| Dispense Drug shows Generic | | Proceed to next order. |
| Dispense Drug stays as Brand | | * Resolve with **SX** * Document Notepad:   LN) PLN, pt name, drug name, SX to email AM for Research Request for Mail Shell Plan Set up   * Send email to Account Manager for Plan Set up Issue. [Click Here (065875)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c425865a-87e3-49d1-b2c4-c5980e25e0cc) to email the account manager **and include a screen shot of the rejected claim in RxClaim**. |
| the generic is still not linked to the Brand in the MOA table | n\a | * Resolve PLN Conflict with **SX**. DO NOT RTP. * Email WB PLN. * Document Note Pad:   LN) PLN, PT name, Drug name, emailed WB PLN GX Drug is not linked to Brand on MOA Table | | |
| Brand with Y May Sub and the New Generic is rejecting for Brand Only Covered  **Note:** Refer to the [Common BOG Drug List](#CommonBOGDrugList) below. | * Resolve conflicts with **RF02**. * Maintain Rx. * Change Dispensed Drug to Brand. * Contact Account Manager using the templates below for Plan Set Up Issue. * Document Note Pad:   LN) PLN, pt name, drug name, changed DISP drug to Brand and email AM to review plan set up issue  **Notes**:   * If the dispensed drug flips back to generic after pulling the order back up, SX the line and update the Note Pad in addition to contacting the Account Manager. * Do not email Client or Client group mailboxes for Plan Set Up Issues. If the Account Management team or Account Manager email does not have CVSHealth.com or Caremark.com, email the order to your home site Lead mailbox.   Use the links below for the appropriate Account Manager form:   * [Click Here for Commercial Clients (049783)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=68ca047d-8ad6-4830-a1cb-f6929d81fa1b) * [Click Here for Medicare and Medicaid Clients (050007)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6e8fb990-17c1-4816-8e1f-c45c9ab6f328) * If Nintex client, refer to PLN PAR Screening, Calling Resolution; section: [Contacting the Account Manager (078210)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b0289a-38eb-4fef-b3eb-192c7abb5997) | | | | |
| Brand with Y May Sub and the Generic is rejecting for Brand Only Covered with messaging **FDA Not Listed** | Refer to PLN ALT Conflict Queue section [Discontinued NDC Number (018625)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4f278d87-0928-42ca-801d-050fa5c27b0c). | | | | |

Below is the most common medication names for the CVS Health Medicare D Opt-In formulary, frequently referred to as Brand Over Generic (BOG) drug list.

This drug list can change as the Medicare D Opt-In formulary changes. The list below may not apply to any Custom Medicare D formularies, Opt-out Medicare D formularies, SilverScript x9110 or other Aetna Medicare D plans.

****(08/14/25)

|  |  |  |  |
| --- | --- | --- | --- |
| **LINKS Brand Drug Name** | **GPI Name** | **LINKS Generic Drug Name linked to the Brand Product listed in Column A (Targeted Generic Drug for BOG Messaging)** | **Formulary Brand Drug Associated with BOG (Identified Product in BOG Messaging)** |
| ADVAIR HFA INH 45/21 | FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT | FLUTIC/SALME INH 45-21MCG | ADVAIR HFA INH 45/21 |
| ADVAIR HFA INH 115/21 | FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT | FLUTIC/SALME INH 115-21 | ADVAIR HFA INH 115/21 |
| ADVAIR HFA INH 230/21 | FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT | FLUTIC/SALME INH 230-21 | ADVAIR HFA INH 230/21 |
| BREO ELLIPTA INH 50-25MCG | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT |  | BREO ELLIPTA INH 50-25MCG |
| BREO ELLIPTA INH 100-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT | FLUTIC/VILAN INH 100-25 | BREO ELLIPTA INH 100-25 |
| BREO ELLIPTA INH 200-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT | FLUTIC/VILAN INH 200-25 | BREO ELLIPTA INH 200-25 |
| COMBIGAN SOL 0.2/0.5% | BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5% | BRIMO/TIMOLO SOL 0.2/0.5% | COMBIGAN SOL 0.2/0.5% |
| ENTRESTO TAB 24-26MG | SACUBITRIL-VALSARTAN TAB 24-26 MG | SACUB/VALSAR 24-26MG TAB | ENTRESTO TAB 24-26MG |
| ENTRESTO TAB 49-51MG | SACUBITRIL-VALSARTAN TAB 49-51 MG | SACUB/VALSAR 49-51MG TAB | ENTRESTO TAB 49-51MG |
| ENTRESTO TAB 97-103MG | SACUBITRIL-VALSARTAN TAB 97-103 MG | SACUB/VALSAR 97-103MG TAB | ENTRESTO TAB 97-103MG |
| FARXIGA TAB 5MG | DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT) | DAPAGLIFLOZI TAB 5MG | FARXIGA TAB 5MG |
| FARXIGA TAB 10MG | DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT) | DAPAGLIFLOZI TAB 10MG | FARXIGA TAB 10MG |
| MYRBETRIQ TAB 25MG | MIRABEGRON TAB ER 24 HR 25 MG | MIRABEGRON TAB 25MG ER | MYRBETRIQ TAB 25MG |
| MYRBETRIQ TAB 50MG | MIRABEGRON TAB ER 24 HR 50 MG | MIRABEGRON TAB 50MG ER | MYRBETRIQ TAB 50MG |
| RESTASIS EMU 0.05% | CYCLOSPORINE (OPHTH) EMULSION 0.05% | CYCLOSPORINE EMU 0.05% OP | RESTASIS EMU 0.05% |
| RESTASIS MUL EMU 0.05% | CYCLOSPORINE (OPHTH) EMULSION 0.05% |  | RESTASIS MUL EMU 0.05% |
| VASCEPA CAP 0.5GM | ICOSAPENT ETHYL CAP 0.5 GM | ICOSAPENT CAP 0.5GM | VASCEPA CAP 0.5GM |
| VASCEPA CAP 1GM | ICOSAPENT ETHYL CAP 1 GM | ICOSAPENT CAP 1GM | VASCEPA CAP 1GM |
| XIGDUO XR TAB 2.5-1000 | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 2.5-1000 MG |  | XIGDUO XR TAB 2.5-1000 |
| XIGDUO XR TAB 5-500MG | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-500 MG |  | XIGDUO XR TAB 5-500MG |
| XIGDUO XR TAB 5-1000MG | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG | DAPAGLIF-MET TAB 5-1000MG | XIGDUO XR TAB 5-1000MG |
| XIGDUO XR TAB 10-500MG | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-500 MG |  | XIGDUO XR TAB 10-500MG |
| XIGDUO XR TAB 10-1000 | DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG | DAPAGLIF-MET TAB 10-1000 | XIGDUO XR TAB 10-1000 |

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|  |
| --- |
| DAW5 Chart |

Follow the appropriate procedures below:

* [Processing order in the Open Queue](#DAW5ProcessingOrderOpenQueue)
* [Processing an order in the AF Queue](#DAW5ProcessingOrderAFQueue)
* [DAW5 Drug List](#DAW5DrugList)

**Processing order in the Open Queue**

The chart below is used when the medication is written for brand or generic Synthroid product:

|  |  |  |
| --- | --- | --- |
| **If Rx is written as…** | **Then…** | |
| Written for Brand or Generic, DAW allows Substitution and dispensing drug is rejecting for Synthroid DAW5 | * Resolve conflicts with **SX**. * Email your home site Leads box to reach out to the AM for DAW5 set up issue and to also route the RX to NIS to dispense generic Synthroid. * Document NotePad:   LN) PLN to Leads, pt name, drug name, email AM to review plan set up issue and then route to NIS for generic. | |
| Entered for Generic and DAW allows Substitution | Test Claim **Brand NCD** with **DAW5** in RxClaim by updating the PSC code in the Test Claim to **5** (DAW5 = PSC5): | |
| **If test claim...** | **Then...** |
| Accepts | Brand can be keyed in the Prescribed Drug Field keeping the DAW to Y May Sub.    **Note:** If the Dispensed Drug changes to Generic after updating the Prescribed Drug Field, then SX the line, email PLN Supervisor(s) and update the Note Pad in addition to contacting the Account Manager. |
| Denies | Fax prescriber for alternate or message provided in rejection message. |
| Brand and DAW is MD No | Test Claim Brand NCD with DAW5 in RxClaim by updating the PSC code in the Test Claim to **5**. | |
| **If test claim...** | **Then...** |
| Accepts | Fax the Prescriber:  Your patients benefit plan allows for Brand <DRUG> with Generic copay. May we update the DAW to **0** to allow the plan to process the Brand at Generic pricing? |
| Denies | Fax prescriber for alternate or message provided in rejection message. |

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**Processing an order in the AF Queue**

Perform the steps below:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action…** | |
| **1** | Review Conflict and note pad to verify conflict was screened correctly. Refer to [Processing an order in the Open Queue](#DAW5ProcessingOrderOpenQueue). | |
| **If order was…** | **Then…** |
| Screened correctly | Proceed to **Step 2**. |
| Screened incorrectly | Rescreen conflict. Refer to [Processing an order in the Open Queue](#DAW5ProcessingOrderOpenQueue). |
| **2** | Resolve with DH. Refer to the [Resolving a Conflict by Placing Rx on Hold Indefinitely, Hold Until, DPR Hold or RTP (005674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9f65dbc8-17bb-4081-963b-f6753fc554ea). | |
| **3** | Document Note Pad:  Ln) <PLN/PAR>, DPR Hold, <Patient name>, <Drug name>, no response for <Plan Requirements> | |
| **4** | Add Prescription level comment:  DPR Hold, <Patient name>, <Drug name>, no response for <Plan Requirements> | |

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**DAW5 Drug List**

**Current Mail (QL Shell) DAW5 Drug List**

DAW 5 is a Client Opt In program that allows CVS Caremark to dispense Brand at generic co-pay. This is indicated when the dispensing drug has a period “.” after the brand drug name. **Example**: Synthroid.

|  |
| --- |
| SYNTHROID TAB 0.025MG |
| SYNTHROID TAB 0.05MG |
| SYNTHROID TAB 0.075MG |
| SYNTHROID TAB 0.088MG |
| SYNTHROID TAB 0.112MG |
| SYNTHROID TAB 0.125MG |
| SYNTHROID TAB 0.137MG |
| SYNTHROID TAB 0.15MG |
| SYNTHROID TAB 0.175MG |
| SYNTHROID TAB 0.1MG |
| SYNTHROID TAB 0.2MG |
| SYNTHROID TAB 0.3MG |

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