# **Rejections for GLP1 Vendors and Weight Management for Point Solutions Management**

[Process](#_Toc195539290)

[Scenario Guide](#_Toc195539291)

[Related Documents](#_Toc195539292)

**Description:** Some clients allow 3rd party health and wellness vendor products and services to be available to their members through their Caremark benefit. Provides the steps needed to receive and educate on calls regarding GLP1 claims and rejections for these clients that utilize this benefit.

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| **Process** |

 Refer to the CIF to determine clients’ specifics regarding Weight Management Programs and GLP 1 vendors for Point Solutions Management.

**Note:** Program Enrollment or using a vendor prescriber has no impact on plan’s deductible or copay structure for the medication.

Perform the steps below:

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| **Step** | **Action** | |
| **1** | From the Claims tab on the Claims Landing Page, identify the claim in question and click on the **reject code** of the claim.  A screenshot of a computer  AI-generated content may be incorrect.  **Result:** Messaging for Rx # pop-up displays.  **Read to the caller:**   I see that a claim for your GLP-1 medication was submitted but rejected. I’d like to help you with the next steps. Can you share what your healthcare provider prescribed this medication for? I want to ensure we address your needs appropriately. | |
| **2** | Review the **Additional Messaging** section of the pop-up.  **Notes:**   * When the following additional messages are received, it is due to a benefit design that the client has put into place that requires the member to take specific actions. * The Additional Messaging description can vary based on client and vendor.   The following reject codes can be applicable:   Any other claim reject codes should be responded to through normal course of business per their plan design. | |
| **If reject…** | **Then…** |
| **75** | * Confirm with the caller if they are using the medication for weight loss or for other purposes.   **Note:** If used for purposes other than weight loss, caller would follow standard PA process per their plan design. Refer to [Compass – Prior Authorization, Exceptions, Appeals Guide (063978).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)   * If being used for weight loss, the callerwould need to contact vendor to enroll or get a vendor network prescriber.   A screenshot of a computer  AI-generated content may be incorrect. |
| **71** | * If an existing PA is on file for the medication, unless the caller is using a vendor prescriber, the claim will reject. (Reject 71). Refer to [Scenario Guide](#_Scenario_Guide) for more information. * Per the **Additional Message** highlighted below, a vendor network prescriber would be required.   A screenshot of a computer  AI-generated content may be incorrect. |
| **70** | * For a member’s AOMs (anti-obesity medication) to pay under the covered benefit, the patient must be engaged in vendor’s lifestyle program. Members who do not meet the requirement and attempt to fill an AOM will experience a reject at the pharmacy for **Reject 70, Product/Service Not Covered**. There will be a reject message at the pharmacy directing the member to call the vendor. * Members may call Caremark Customer Care inquiring about the rejection at the pharmacy. Review the **Additional Message** highlighted below, the medication may be covered the member is engaged in the vendor’s lifestyle program.   A screenshot of a computer  AI-generated content may be incorrect. |
| **3** | Your plan sponsor has implemented a program where patients taking these medications for weight loss must work with a vendor in order to have the medication filled. I am unable to process the medication at this time, and you’ll need to connect with <Vendor Name> (found in the additional messaging in the rejected claim or the CIF). I have a phone number for them here, can I provide the number?  **Note:** Phone Number, varies by vendor.   If the caller request to be transferred to the vendor, warm transfer the caller to the phone number listed in the rejection. | |

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| **Scenario Guide** |

 Refer to the CIF to determine clients’ specifics regarding Weight Management Programs and GLP 1 vendors.

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| **Scenario** | **Action** | |
| Member states, “I was told that I need to participate in the program. I don’t want to participate.” | I understand you are hesitant to participate in the program. Based on your plan design, in order to maximize your benefit, program engagement is necessary and requires contact with your plan’s vendor. | |
| Patient is unable to get the medication and advises they are not taking it for weight loss. There is an approved Prior Authorization (PA) on file | I’m sorry to hear about the problem filling your prescription. Your plan sponsor has implemented a program where these types of medications require an additional review before they pay.  Based on the responses on your Prior Authorization, I would expect that this claim should re-processed and payed in a couple of days. You may wish to contact your pharmacy in the next 48 hours. Is there anything else I can do to help you today?   * If the member has not received their prescription after 72 hours, complete the following to escalate the case:  1. Confirm in the CIF that the client is part of Point Solutions Management before submitting the following Support Task. 2. Submit an Account Executive Consideration Support Task. Refer to [Compass - Create a Support Task (050031).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) | |
| Patient is unable to get medication and the last claim for the medication was paid | I’m sorry to hear about the problem filling your prescription. I’m seeing that you have a paid claim for this medication on <date>. Have you been able to obtain that medication from the pharmacy?  If not, I can provide you the contact information for the pharmacy to receive that medication. Otherwise, I don’t see anything else in your account that would prohibit you from receiving the medication.  **CCR:** Provide the patient the information where the medication is being filled. | |
| Patient is unable to get the medication and the last claim for the medication was rejected | I’m seeing a claim was submitted and rejected. I can help provide more information on your next steps. Can I ask what you were prescribed this medication for? | |
| **If patient is taking the medication for…** | **Then…** |
| Weight loss and there is not an approved PA on file | Follow standard PA process per their plan design. Refer to [Compass – Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). |
| Weight loss | Refer to the [Process](#_Process) section. |
| CIF Indicates client has an Open Network | * Educate the patient that they are not required to use a vendor network prescriber for the GLP 1 medications. * Patient would be required to enroll in the vendors program.   Refer to CIF for more information. | |

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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)

**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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