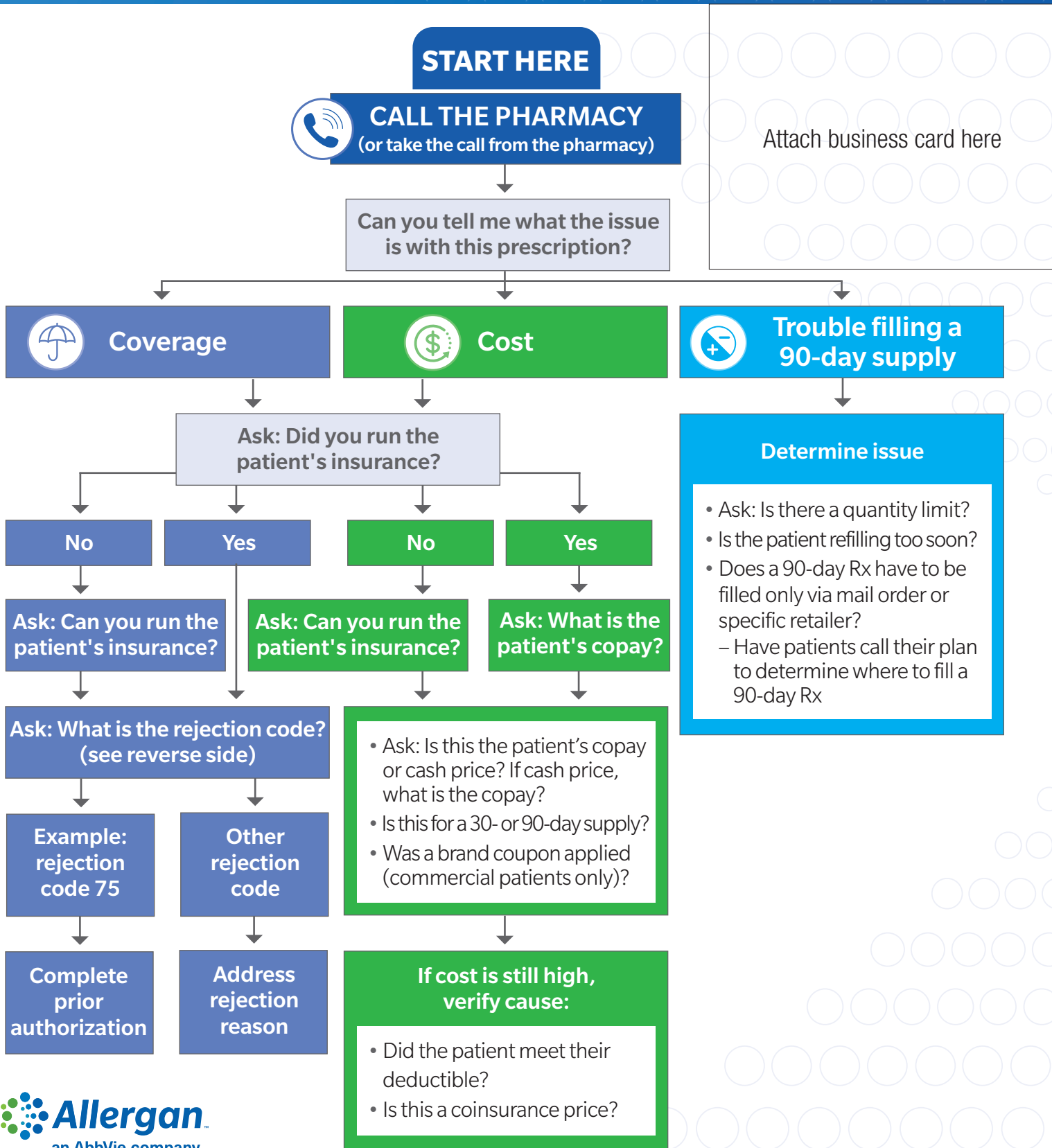# PHARMACY CALLBACK
# HELP GUIDE

To ensure patients get the medication their doctor prescribed, this guide is intended to provide office staff with tools to address pharmacy callbacks or faxbacks.

**START HERE**

📞 **CALL THE PHARMACY**
(or take the call from the pharmacy)

Attach business card here

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**Can you tell me what the issue is with this prescription?**

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### ☂ Coverage

### 💲 Cost

### Trouble filling a 90-day supply

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**Coverage branch:**

**Ask: Did you run the patient's insurance?**

- **No** → **Ask: Can you run the patient's insurance?**
- **Yes**

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**Ask: What is the rejection code?** (see reverse side)

- **Example: rejection code 75** → **Complete prior authorization**
- **Other rejection code** → **Address rejection reason**

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**Cost branch:**

- **No** → **Ask: Can you run the patient's insurance?**
- **Yes** → **Ask: What is the patient's copay?**

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- Ask: Is this the patient's copay or cash price? If cash price, what is the copay?
- Is this for a 30- or 90-day supply?
- Was a brand coupon applied (commercial patients only)?

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**If cost is still high, verify cause:**

- Did the patient meet their deductible?
- Is this a coinsurance price?

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**Trouble filling a 90-day supply branch:**

**Determine issue**

- Ask: Is there a quantity limit?
- Is the patient refilling too soon?
- Does a 90-day Rx have to be filled only via mail order or specific retailer?
  – Have patients call their plan to determine where to fill a 90-day Rx

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**Allergan**
an AbbVie company

# Most Common Rejection Codes

The table below offers information on rejection codes for pharmacy prescriptions and can help you understand the next step to take to ensure the patient gets the medication their doctor prescribed.

| Code | Reason/Message | Translation |
|------|----------------|-------------|
| 65 | **Patient Not Covered** | The patient may not have Rx benefits. The patient should call their plan. |
| 70<br>MR | **Product/Service Not Covered**<br><br>**Product Not on Formulary** | NDC or prescribed product is not covered under the patient's plan. Alternative would be required unless plan confirms ability of prior authorization or medical exception. |
| 68/69 | **Filled After Coverage Terminated or Expired** | The patient's benefits have expired or are no longer active. The patient should call their plan. |
| 75 | **Prior Authorization Required** | A prior authorization must be submitted for the plan to cover the medication prescribed. |
| 76 | **Plan Limitations Exceeded** | The prescription's days' supply or quantity limit must be addressed before the plan can cover the medication. |
| 79 | **Refill Too Soon** | The patient is not yet due for a refill according to the date on which a previous prescription was filled. If the patient is out of medication, the pharmacy should call the patient's plan for an override. |
| 88 | **DUR Reject Error** | Drug Utilization Review—comprehensive review of medication usage addressed by the pharmacist. Possibilities may include duplicate therapy, overuse, drug-drug, drug-age, drug-gender, and drug-pregnancy. |