A Guide to Pharmacy Rejections
Created to provide you with the tools and information needed to address pharmacy callbacks or faxbacks

START HERE
CALL THE PHARMACY (or take the call from the pharmacy)
As a member of the office staff, you often have to handle pharmacy conversations. Start here to help patients access the medication they are prescribed.

FIND OUT
What is the issue with the prescription?

- **COVERAGE**
- **COST**
- **AVAILABILITY**

FIND OUT
Did you run the patient’s insurance?

- NO
  - Can you run the patient’s insurance?

- YES
  - What is the patient’s copay?

FIND OUT
What is the rejection code? (see page 2)

- Example rejection code: 75: Prior authorization required
- Example rejection code: 70: Product/service not covered

IF THE COST IS STILL HIGH, VERIFY THE CAUSE

- Did the patient meet their deductible?
- Does the patient have coinsurance?

Contact the pharmacy or manufacturer to find out other patient support options

- Prompt pharmacy to call the patient’s plan for an override, if necessary
- Address rejection reason

- FIND OUT
  - 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 by a specific retailer?

FIND OUT
What is the rejection code? (see page 2)

- Example rejection code: 79: Refill too soon
- Other rejection code
Common Rejection Codes
The codes below can help you determine which steps to take so the patient can get their medication.

### Coverage

<table>
<thead>
<tr>
<th>CODE</th>
<th>REASON/MESSAGE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>Patient not covered</td>
<td>This patient may not have Rx benefits. The patient should call their plan.</td>
</tr>
<tr>
<td>68/69</td>
<td>Filed after coverage terminated or expired</td>
<td>The patient’s benefits have expired or are no longer active. The patient should call their plan.</td>
</tr>
<tr>
<td>70</td>
<td>Product/service not covered</td>
<td>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.</td>
</tr>
<tr>
<td>MR</td>
<td>Product not on formulary</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>Prior authorization required</td>
<td>A prior authorization must be submitted for the plan to cover the medical prescribed.</td>
</tr>
</tbody>
</table>

### Availability

<table>
<thead>
<tr>
<th>CODE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Plan limitations exceeded</td>
<td>The prescription’s days’ supply or quantity limit must be addressed before the plan can cover the medication.</td>
</tr>
<tr>
<td>79</td>
<td>Refill too soon</td>
<td>The patient is not yet due for a refill according to the data 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.</td>
</tr>
<tr>
<td>88</td>
<td>DUR reject error</td>
<td>DUR is a comprehensive review of medication usage addressed by the pharmacist. Possibilities may include duplicate therapy, overuse, drug-drug interaction, drug-age interaction, drug-gender interaction, and drug-pregnancy interaction.</td>
</tr>
</tbody>
</table>

DUR=drug utilization review; NDC=national drug code.