



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

YES

FIND OUT

Can you run the patient's insurance?

NO

YES

FIND OUT

Can you run the patient's insurance?

FIND OUT

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

Complete prior authorization

Call patient health plan

FIND OUT

- 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)

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

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

Prompt pharmacy to call the patient's plan for an override, if necessary

Address rejection reason

Common Rejection Codes

The codes below can help you determine which steps to take so the patient can get their medication.



Coverage

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68/69	Filed after coverage terminated or expired	The patient's benefits have expired or are no longer active.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



Availability

CODE	REASON/MESSAGE	DESCRIPTION
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 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.
88	DUR reject error	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.

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