

# Pharmacy Update

March 11, 2020

## COVID-19 and Emergency Declaration Override Procedures

As a reminder, CVS Caremark® is dedicated to assisting Providers and Eligible Persons in response to emergencies resulting from natural disasters, severe weather, etc. In the event of a presidential (or other governmental) emergency declaration, CVS Caremark will allow an override code to override the refill-too-soon edit. **This includes situations where Plan Sponsors have elected to allow early refills due to impacts from COVID-19, even in the absence of a formal emergency declaration.** (*Allowances for non-Medicare Part D plans may vary by Plan Sponsor*).

Many Plan Sponsors allow pharmacies to override the refill-too-soon edit by entering the following information:

Field #	NCPDP Segment & Field Name	Required Emergency Information for Processing
420-DK	Submission Clarification Code	13
325-CP	Patient Zip/Postal Zone	<ul style="list-style-type: none"> <li>For natural disasters: The zip/postal code of the address from which the patient was displaced</li> <li>For COVID-19: Patient's home address zip code</li> </ul>

After submission of SCC13, claims may still reject with the following or similar message, and may need to be resubmitted with appropriate days supply:

- **Reject 19: <<Plan Limits Exceeded>>**
- **Reject 7X: <<Disaster Max Days Supply allowed ##>>**

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of-sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.

**This update applies to:**  
All Network Pharmacies

**State(s):**  
National

**Line(s) of Business:**  
All

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk number provided in the claim response or the following if one is not provided:

**Commercial:**  
**1-800-364-6331**

**Med D:**  
**1-866-693-4620**

**Payer Sheets:**  
For additional claim processing information, refer to the CVS Caremark Payer Sheets at [caremark.com/pharminfo](http://caremark.com/pharminfo) > NCPDP Payer Sheets.

Please call the Pharmacy Help Desk if the claim continues to reject. Provider will be connected to the appropriate staff member who can provide an emergency override code per claim for an excessive utilization, or “refill-too-soon” reject. The Pharmacy Help Desk can also provide information regarding the type of medication a beneficiary was taking prior to the emergency and other pertinent information, such as prescribing physician, dosage, quantity, days supply, etc.

Call the Pharmacy Help Desk number provided in the claim response or the number as indicated on the back of member’s ID card.