

# PHARMACY NEWSLETTER

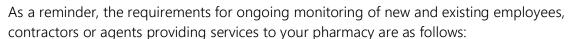
### PHARMACY SERVICES | WINTER 2023 | ISSUE #56



### **FWA ATTESTATION AUDITS\***

Pharmacies sign annual FWA attestations agreeing to administer an effective compliance and FWA program per CMS requirements, along with engaging in due diligence measures to monitor compliance. Completion of this attestation is a condition of a pharmacy's participation in the Navitus network. Additionally, Navitus performs annual audits to ensure participating network pharmacies, vendors and subcontractors comply with the applicable laws, regulations and guidance set forth by CMS. If your pharmacy is selected for one of these audits, you will be asked to furnish proof of items attested to on the FWA attestation such as training records or exclusion monitoring.

### **EXCLUSION MONITORING\***



- Participating Pharmacy has and will continue to review the Office of Inspector General List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA)
  System for Awards Management (SAM) exclusion list
- No Participating Pharmacy nor an employee, contractor, or agent providing services directly or indirectly ("Covered Individual"), and no Participating Pharmacy, can be excluded from participation in government funded health care programs.
- Participating Pharmacy should be subscribed to the OIG LISTSERV via the OIG website or via a third-party exclusion-screening provider to receive immediate notice of updates to the LEIE.
- If any such Participating Pharmacy and/or Covered Individual appear on either the LEIE or GSA SAM list, Participating Pharmacy or Pharmacy Services Administration Organization (PSAO), on behalf of Pharmacy, you must promptly remove that Covered Individual from the performance of services in support of healthcare programs, including but not limited to Medicare Part D services.
- CMS requires OIG and GSA/SAM exclusion screenings to be performed upon hire AND monthly thereafter.



Navitus processes Texas Medicaid pharmacy prior authorizations (PAs) for:

- Community First Health Plans
- Community Health Choice
- Cook Children's Health Plan







- Dell Children's Health Plan Seton Health Plan
- Driscoll Health Plan
- Fl Paso Health
- FirstCare Health Plans
- Parkland Community Health Plan
- Scott and White Health Plan
- Texas Children's Health Plan

Medications that require PA for these plans will undergo an automated review to determine if the PA criteria are met.

- If all criteria are met, the claim will be approved and paid, and the pharmacy will continue with the dispensing process.
- If the automated review determines that not all criteria are met, the claim will reject and the pharmacy will receive a message indicating that the drug requires prior authorization. The pharmacy should then contact the prescriber to initiate the PA process. HHSC requires that a 72-hour emergency supply of a prescribed drug be provided only in cases where the following criteria are all met:
  - 1. PA is required and
  - 2. The provider is not available to submit the PA request or if a response to the PA request is not given within 24 hours after receipt and
  - 3. The medication is needed immediately based on pharmacist's professional judgement. Whereas the member may experience a detrimental change in health status if not received.

This requirement applies to non-preferred drugs on the Preferred Drug List (PDL) and/or any drugs subject to a clinical PA. This procedure should not be used for routine and continuous overrides, to circumvent step therapy requirements or for nonemergency medications. This override can be used more than once only if the provider remains unavailable to submit the PA request and reasonable good faith efforts have been made to contact the prescribing prescriber. Pharmacists should assist their patients by notifying and following up with the prescriber for such PA requests. Navitus recommends documenting the attempts to obtain the PA in the member file or on the order itself.

Pharmacists should use their clinical discretion in determining when an emergency supply should be dispensed prior to the PA request. A 72-hour emergency supply (801 Override) is warranted when a medication is needed immediately, without delay (e.g., antibiotics, asthma, etc.). Medications that do not meet the 72-hour emergency supply may include those that do not have an immediate impact (e.g., acne, hepatitis C, and cholesterol treatments). For medications such as Vigamox, where neither the brand nor generic product are covered, the pharmacy should dispense the more cost-effective option when entering the override. Pharmacies may download the 72-hour emergency override instructions from the "download" page at https://www.txvendordrug.com/resources/downloads.





# TEXAS MEDICAID COORDINATION OF BENEFITS REQUIREMENTS\*



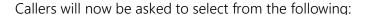
Processing of primary insurance is required by your enrollment with Texas Medicaid and your contract with Navitus. When Navitus rejects a primary claim with reject 41 – submit bill to other payer, the pharmacy must bill the primary payer using the COB information returned in the response from Navitus. Claims denied by the primary insurance should be submitted to Navitus with the NCPDP standard reject code identified on the COB segment, with other coverage code of 3. Claims paid by the primary insurance should be submitted to Navitus using the COB segment with the plan paid amount in the drug benefit field, with other coverage code of 2. If the primary insurance does not deny the claim, however, does not contribute dollars to the claim use other coverage code of 4 with zero dollars in the drug benefit field of the COB segment. It is important for the pharmacy to use the correct other coverage code and other payment amount. If they do not correlate, Navitus will reject the claim. When pharmacies are filling a prescription for a member and there is a coordination of benefits/Other Insurance discrepancy or issue, the pharmacy should proceed with filling a Medicaid covered prescription. Pharmacy should contact their software help desk with issues prior to contacting Navitus.



#### CHANGES TO THE TEXAS MEDICAID TOLL FREE LINE\*

Effective December 1, 2022, the Texas Medicaid Toll Free Line will now offer selections to identify the Managed Care Organization (MCO) associated with the reason for the call placed to the toll free line at 877.908.6023. For pharmacies, press 2.





| Community First                | Please press 1 |
|--------------------------------|----------------|
| Community Health Choice        | Please press 2 |
| Cook Children's                | Please press 3 |
| Dell Children's                | Please press 4 |
| Driscoll                       | Please press 5 |
| El Paso Health                 | Please press 6 |
| FirstCare                      | Please press 7 |
| Parkland Community Health Plan | Please press 8 |
| Scott and White                | Please press 9 |
| Texas Children's               | Please press * |





# **NEW CLIENTS**

| ACCOUNT   | DOMICILED  | Go-Live<br>Date | PCNPOC | BIN/IIN | RxGroup         |
|---|------------|-----------------|--------|---------|-----------------|
| USEMCO  | Wisconsin  | 11/1/2022       | NVT    | 610602  | USE             |
| 3 Rivers Telephone<br>Cooperative Inc.              | Montana    | 1/1/2023        | NVT    | 610602  | TRT             |
| 7-Eleven, Inc.                                      | Texas      | 1/1/2023        | NVT    | 610602  | ELE             |
| Academy Mortgage<br>Corporation                     | Utah       | 1/1/2023        | NVT    | 610602  | AMO             |
| Ajinomoto Foods                                     | California | 1/1/2023        | CWHS   | 016127  | AJI             |
| ArrayRx   | Oregon     | 1/1/2023        | NVT    | 610602  | COFAV           |
| ArrayRx   | Oregon     | 1/1/2023        | NVT    | 610602  | CROOK           |
| ArrayRx   | Oregon     | 1/1/2023        | WADO   | 610602  | WPDP18664004293 |
| Baptist Health                                      | Arkansas   | 1/1/2023        | ICS    | 022022  | ВРТ             |
| Baxter Health                                       | Arkansas   | 1/1/2023        | NVT    | 610602  | BRM             |
| Belmark inc   | Wisconsin  | 1/1/2023        | CWHS   | 016127  | ВМК             |
| Bettcher Industries,<br>Inc.                        | Ohio       | 1/1/2023        | ICS    | 022022  | E0119           |
| Carmel Central<br>School District                   | New York   | 1/1/2023        | NVT    | 610602  | CAD             |
| Carmel Central<br>School District                   | New York   | 1/1/2023        | EGWP   | 610602  | Varies          |
| Christian Care<br>Ministry (CCE) -<br>Employee Plan | Florida    | 1/1/2023        | NVT    | 610602  | CCE             |
| Coffey<br>Communications                            | Washington | 1/1/2023        | CWHS   | 016127  | COF             |
| Confie Holding II Co                                | California | 1/1/2023        | NVT    | 610602  | CFSA            |
| Continental Battery<br>Systems                      | Texas      | 1/1/2023        | CWHS   | 016127  | CNB             |











| Crafty Apes, LLC                       | California        | 1/1/2023 | ICS  | 022022 | CAL      |
|--|-------------------|----------|------|--------|----------|
| Dahl Automotive                        | Wisconsin         | 1/1/2023 | NVT  | 610602 | DLA      |
| Dakota County                          | Minnesota         | 1/1/2023 | NVT  | 610602 | DACA     |
| Dean Health Plan<br>Employee Plan      | Wisconsin         | 1/1/2023 | DHE  | 610602 | DHE      |
| Delta Systems Inc.                     | Ohio              | 1/1/2023 | NVT  | 610602 | DSIA     |
| Elliott Aviation                       | Illinois          | 1/1/2023 | CWHS | 016127 | EAI      |
| Entrata                                | Utah              | 1/1/2023 | NVT  | 610602 | ENR, ENT |
| Everi Payments                         | Nevada            | 1/1/2023 | CWHS | 016127 | EVP      |
| First Internet Bank                    | Indiana           | 1/1/2023 | ICS  | 022022 | E0122    |
| Flaherty & Collins Inc                 | Indiana           | 1/1/2023 | ICS  | 022022 | E0118    |
| Flexible Technologies<br>Inc           | South<br>Carolina | 1/1/2023 | ICS  | 022022 | E0124    |
| GLT Companies                          | Ohio              | 1/1/2023 | NVT  | 610602 | GLTA     |
| Goshen Community<br>Schools            | Indiana           | 1/1/2023 | NVT  | 610602 | GCSA     |
| Hadco Construction<br>(ERx)            | Utah              | 1/1/2023 | ICS  | 022022 | E0125    |
| KCG Inc                                | Kansas            | 1/1/2023 | ICS  | 022022 | E0113    |
| Kentucky Rural<br>Electric Cooperative | Kentucky          | 1/1/2023 | NVT  | 610602 | KYRA     |
| Kewaunee County                        | Wisconsin         | 1/1/2023 | ICS  | 022022 | KWC      |
| L.A. Care                              | California        | 1/1/2023 | NVTD | 610602 | Varies   |
| Lazer Spot Inc.                        | Georgia           | 1/1/2023 | NVT  | 610602 | LAZA     |
| Macco's Floor<br>Covering              | Wisconsin         | 1/1/2023 | CWHS | 016127 | MFC      |
| Manna                                  | California        | 1/1/2023 | CWHS | 016127 | MAN      |
| Masters Gallery<br>Foods               | Wisconsin         | 1/1/2023 | NVT  | 610602 | MGFA     |

















| TUTCO Inc                  | Tennessee  | 1/1/2023 | ICS  | 022022 | E0123  |
|----------------------------|------------|----------|------|--------|--------|
| U.A. Local No. 393         | California | 1/1/2023 | EGWP | 610602 | UAL801 |
| University of Indianapolis | Indiana    | 1/1/2023 | ICS  | 022022 | E0112  |
| Wilson Electric            | Arizona    | 1/1/2023 | ICS  | 022022 | E0116  |
| Woodgrain                  | Idaho      | 1/1/2023 | NVT  | 610602 | WMIA   |



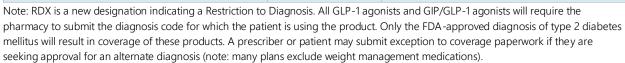
# **FORMULARY UPDATES**

Formulary changes reflect most clients utilizing the Navitus Select Formulary. Client-specific plan formularies may vary.



| DRUG   | TIER           | REQUIRED EDITS                                     |
|--|----------------|--|
| Radicava ORS Starter Kit (edaravone)                           | 2 or Specialty | PA, MSP, QL (70 mL/28 day for the first fill only) |
| Radicava ORS (edaravone)                                       | 2 or Specialty |  |
| Camzyos (mavacamten)   | 2 or Specialty | PA, MSP, QL (4 capsules per day)                   |
| Ztalmy (ganaxolone)  | 2 or Specialty | PA, MSP, QL (2 tablets per day)                    |
| Vtama (tapinarof)  | Not Covered    |  |
| Voquezna Dual Pak<br>(vonoprazan/amoxicillin)                  | Not Covered    |  |
| Voquezna Triple Pak<br>(vonoprazan/amoxicillin/clarithromycin) | Not Covered    |  |









### PATIENT RESIDENCE CODES



Patient Residence Codes (PRC) are used to indicate where the member lives. Common PRCs for retail, LTC, mail order and specialty pharmacies include:

- 1 Home
- 2 Skilled Nursing Facility
- 3 Nursing Facility
- 4 Assisted Living Facility

It is important to submit the correct Patient Residence Code (PRC) especially for Medicare Part D members to ensure proper coverage. It is the pharmacies responsibility to verify or determine the member residence prior to billing. An Incorrect PRC may trigger an inappropriate Medicare transition. Navitus monitors the use and accuracy of these codes and will solicit the pharmacy to verify and provide supporting documentation for a change from one PRC to another, as appropriate. Incorrect code billing may result in claim recoveries or other corrective action.





### BILLING OMNIPOD® KITS

For members that use an Omnipod®, it is common to see prescribers direct patients to change the pod every 48-72 hours, depending on insulin usage.

As seen below, each starter kit comes with 11 pods for usage.

| Product Description                         | NDC<br>Number     | Package<br>Contents       | Quantity | Refills                        | Dosing/Rx SIG<br>Instructions   |
|---|-------------------|---------------------------|----------|--------------------------------|---|
| Omnipod 5 G6 Intro Kit<br>(Gen 5)           | 08508-<br>3000-01 | Controller<br>and 11 Pods | 1        | None                           | Change Pod every 72 or<br>48 Hours* (Based on total<br>daily insulin usage) |
| Omnipod 5 G6 Pods<br>(Gen 5) Refill 5-Pack) | 08508-<br>3000-21 | 5 Pods per<br>box         | 2 boxes  | One year<br>(Monthly<br>fills) | Change Pod every 72 or<br>48 Hours* (Based on total<br>daily insulin usage) |



| Product Description                        | NDC<br>Number     | Package<br>Contents | Quantity | Refills                        | Dosing/Rx SIG<br>Instructions   |
|--|-------------------|---------------------|----------|--------------------------------|---|
| Omnipod DASH Intro Kit<br>(Gen 4)          | 08508-<br>2000-32 | PDM and<br>11 Pods  | 1        | None                           | Change Pod every 72 or 48<br>Hours* (Based on total<br>daily insulin usage) |
| Omnipod DASH Pods<br>(Gen 4) Refill 5-Pack | 08508-<br>2000-05 | 5 Pods per<br>box   | 2 boxes  | One year<br>(Monthly<br>fills) | Change Pod every 72 or 48<br>Hours* (Based on total<br>daily insulin usage) |





These kits contain 1 controller and 11 pods as a starting therapy. Subsequent fills should be billed using the refill packs. There is no need to provide a new controller with each fill. More information can be found at: A simplified way to prescribe Omnipod® | Omnipod

Each pod should be changed every 48-72 hours depending on the amount of daily insulin usage. Prescriber directions for use should include units of insulin dosing along with frequency of pod change. If patient changes their pod every 48 hours, the days' supply would be 22 days, subsequently, if the patient is changing their pod every 72 hours, the days' supply would be 33 days. Pharmacies need to verify directions for use to determine the correct days' supply to avoid any potential audit.



Asterisked (\*) articles are applicable to Texas Medicaid plans, and where not specified as such, will also apply to all plans.

### PHARMACY HEALTH DESK PHONE NUMBERS

| MEMBER/POLICYHOLDER      | PHONE          |
|--------------------------|----------------|
| Navitus Commercial       | 1.844.268.9789 |
| Navitus MedicareRx (PDP) | 1.866.270.3877 |
| Discount Card Programs   | 1.866.809.9382 |
| Texas Medicaid/CHIP      | 1.877.908.6023 |



Please refer to the member/policyholder's ID card for the appropriate Pharmacy Help Desk phone number. If the ID card is not available, refer to the Call Centers provided below. Please note that not all Call Centers have 24-hour availability.



| PROVIDER SERVICES  |   |  |  |
|--------------------|---|--|--|
| Contract/Questions | 1.608.298.5775 (Phone)   1.608.298.5875 (Fax) providerrelations@navitus.com |  |  |
| Credentialing      | 1.608.298.5776 (Phone)   1.608.298.5876 (Fax) credentials@navitus.com       |  |  |
| Payments           | 1.608.298.5777 (Phone)   1.608.298.5877 (Fax) remittanceinquiry@navitus.com |  |  |
| Pricing Research   | 1.608.298.5778 (Phone)   1.608.298.5878 (Fax) pricingresearch@navitus.com   |  |  |









# QUESTIONS OR COMMENTS?

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