



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*

As a reminder, the requirements for ongoing monitoring of new and existing employees, contractors or agents providing services to your pharmacy are as follows:

- 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.



TEXAS MEDICAID PRIOR AUTHORIZATION (PA) PROCESS AND DISPENSING 72-HOUR EMERGENCY FILLS*

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
- El 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.

This change will provide more accurate reporting of metrics for call statistics.

Callers will now be asked to select from the following:



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	STATE DOMICILED	Go-Live Date	PCNPOC	BIN/IIN	RxGroup
USEMCO	Wisconsin	11/1/2022	NVT	610602	USE
3 Rivers Telephone Cooperative Inc.	Montana	1/1/2023	NVT	610602	TRT
7-Eleven, Inc.	Texas	1/1/2023	NVT	610602	ELE
Academy Mortgage 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	BPT
Baxter Health	Arkansas	1/1/2023	NVT	610602	BRM
Belmark inc	Wisconsin	1/1/2023	CWHS	016127	BMK
Bettcher Industries, Inc.	Ohio	1/1/2023	ICS	022022	E0119
Carmel Central School District	New York	1/1/2023	NVT	610602	CAD
Carmel Central School District	New York	1/1/2023	EGWP	610602	Varies
Christian Care Ministry (CCE) - Employee Plan	Florida	1/1/2023	NVT	610602	CCE
Coffey Communications	Washington	1/1/2023	CWHS	016127	COF
Confie Holding II Co	California	1/1/2023	NVT	610602	CFSA
Continental Battery 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 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 Inc	South Carolina	1/1/2023	ICS	022022	E0124
GLT Companies	Ohio	1/1/2023	NVT	610602	GLTA
Goshen Community Schools	Indiana	1/1/2023	NVT	610602	GCSA
Hadco Construction (ERx)	Utah	1/1/2023	ICS	022022	E0125
KCG Inc	Kansas	1/1/2023	ICS	022022	E0113
Kentucky Rural 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 Covering	Wisconsin	1/1/2023	CWHS	016127	MFC
Manna	California	1/1/2023	CWHS	016127	MAN
Masters Gallery Foods	Wisconsin	1/1/2023	NVT	610602	MGFA





Memorial Hermann Health Plan (Memorial Health Plan)	Texas	1/1/2023	NVT	610602	MJC, MNA
Metromont	South Carolina	1/1/2023	ICS	022022	E0043A
Moda Health	Oregon	1/1/2023	NVT	610602	MDHP
Mountain Health Network	West Virginia	1/1/2023	NVT	610602	MTN, STM
MRC Global Inc.	Texas	1/1/2023	ICS	022022	MGL
Orange-Ulster School Districts Health Plan	New York	1/1/2023	EGWP	610602	Varies
Productive Living Systems	Wisconsin	1/1/2023	NVT	610602	PLS
Purdue Federal Credit Union	Indiana	1/1/2023	ICS	022022	E0121
Radio Systems Corporation	Tennessee	1/1/2023	ICS	022022	E0120
Scientific Games, LLC	Georgia	1/1/2023	ICS	022022	SGC
Shoestring Valley Holdings	Oregon	1/1/2023	ICS	022022	AND
State of Wisconsin - Employee Trust Funds	Wisconsin	1/1/2023	ETF	610602	ETF
State of Wisconsin - Employee Trust Funds	Wisconsin	1/1/2023	EGWP	610602	Varies
Sun River Health, Inc.	New York	1/1/2023	NVT	610602	HRHA
Telligen	Iowa	1/1/2023	ICS	022022	E0114
The Schroer Group, Inc.	Ohio	1/1/2023	ICS	022022	E0115, E0126
The University of Kansas Health System	Kansas	1/1/2023	ICS	022022	UKH






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 (vonoprazan/amoxicillin)	Not Covered	
Voquezna Triple Pak (vonoprazan/amoxicillin/clarithromycin)	Not Covered	

Note: RDX is a new designation indicating a Restriction to Diagnosis. All GLP-1 agonists and GIP/GLP-1 agonists will require the pharmacy to submit the diagnosis code for which the patient is using the product. Only the FDA-approved diagnosis of type 2 diabetes mellitus will result in coverage of these products. A prescriber or patient may submit exception to coverage paperwork if they are seeking approval for an alternate diagnosis (note: many plans exclude weight management medications).

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

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

DIVISIONS

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



PROVIDER SERVICES AUDIT & COMPLIANCE



Audit	1.920.221.4100 (Phone) 1.866.595.0531 (Fax) auditing@navitus.com
Detailed FDR Information	www.navitus.com/Misc-Pages/Vendor-FDR/Vendor-FDR-Introduction.aspx
FDR Blog with Quick Tips	www.navitus.com/Utility/news-events/blogs/Vendor-FDR.aspx
Reporting	1.855.673.6503 (Phone) fdr@navitus.com

QUESTIONS OR COMMENTS?

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