



PHARMACY PROVIDER MANUAL

2024



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About Prescriptive

We are redefining pharmacy benefits to make medications more accessible, affordable, and personal. We believe that by partnering with like-minded organizations, together we can enable better health and great experiences for patients and providers, while significantly reducing drug costs.

We are committed to helping our customers by providing them with great prescription benefits and pharmacy services that improve their health and well-being, along with significant savings over today's traditional benefit and discount programs. Our pharmacy benefit solutions are optimized for value and tailored to their individual needs. To achieve this, we provide our clients with:

- **Control.** Our clients are in control. They have complete transparency into their plan's true costs, with analytics and actionable insights into plan performance.
- **Savings.** Our clients enjoy direct 100% pricing and rebate pass through to realize significant savings on their members prescription medication, without having to impose unreasonable expenses, payment contingencies, or transaction fees on our pharmacy partners.
- **Great Experiences.** We're engaging members with digital consumer experiences that allows them to buy their medications the same way they buy everything else in their lives – fast and simple, with the best, most affordable choices available at their fingertips. Engaged and empowered members make better, more affordable choices that improve their health and well-being.

We believe our network of participating pharmacies are our best partners in delivering on this new vision for prescription benefits. As such, we're here to provide you with opportunities and resources that help you deliver your unique value as a provider of quality healthcare services to our members.

By eliminating barriers to direct client and patient engagement, reducing unnecessary costs and fees, and aligning our interests around quality services at an affordable price, we help our participating pharmacy partners deliver the best and most affordable care for our members.

How to Contact Us

Online Support

The fastest, most efficient way to get help or a decision related to a member's benefit plan is to submit the appropriate request online using our secure portal for providers. The resources available through the provider portal are fully integrated into our prescription benefit platform for clients, members, and providers, and deliver the most current information and access to our team of experts ready to help you.

Provider Portal: <https://www.prescriptive.com/pharmacy/>

IMPORTANT: *Do not send members' personal or protected health information to Prescriptive via unencrypted email.*

Pharmacy & Member Help Desk

Provides support for all plan benefit inquiries on behalf of members.

Hours of Operation	Contact
24 x 7 x 365	206-686-9016

Pharmacy Relations

Provides support for participating pharmacies related to contracts, reimbursements, pricing, credentialing, and all other pharmacy-related inquiries.

Hours of Operation	Contact
Monday – Friday 8:00am PT– 5:00pm PT	pharmacyrelations@prescriptive.com 512-851-1853

Prior Authorization

For information regarding coverage limitations, utilization management requirements, or to submit a request for precertification or prior authorization, please access the online PA Request Form at [Prior Authorization Request Form \(prescriptive.io\)](#)

EMERGENCY PRIOR AUTHORIZATION: Please see [this section](#) for information on emergency prior authorization protocol.

Fraud, Waste and Abuse

To report suspected fraud waste or abuse. For more information about Fraud, Waste and Abuse please review [this section](#) of this manual.

Hours of Operation	Contact
Monday – Friday 8:00am PT – 5:00pm PT	reportfraud@prescriptive.com 206-800-2133

Appeals, Grievances and Disputes

Participating Pharmacy Appeals and Disputes

To initiate an appeal, grievance, or dispute, please complete the online form located at:

[Pharmacy-Appeals-and-Grievances.pdf prescriptive.com](#)

Member Appeals and Grievances

For members who would like to report an issue or grievance, please direct them to the Member Support phone number on the back of their member ID card, or to the online grievance form located on their member portal located at:

[Member-Appeals-Request-Form.pdf \(prescriptive.com\)](#)

Privacy

We treat member privacy issues with the highest level of importance and have a shared commitment to protecting members' privacy and personal information. If you know of or suspect any potential privacy issues or breach of personal member information, it must be reported immediately to:

privacy@prescriptive.com

Mailing Address

If you would like to contact us for any other reason or provide us with feedback, please contact us at (preferred):

info@prescriptive.com

Or via mail at:

Prescriptive Health, Inc.
PO Box 403
Redmond, WA 98073

About This Manual

This Pharmacy Provider Manual is intended to provide our pharmacy partners information and resources needed to provide the best possible service to plan sponsors and members based on their Prescriptive drug benefit plan. Unlike many other benefit administrators, this manual **is not part of or intended to provide details regarding our respective contractual obligations** under Prescriptive's Participating Pharmacy Agreement. Therefore, Participating Pharmacies must be familiar with and **look to your written agreement with Prescriptive, and implement the necessary policies and procedures, to ensure compliance** with the terms of the agreement. The contents of this manual do not modify the terms of your Prescriptive Participating Pharmacy Agreement, and in the event of any conflicts between them, the terms of your agreement control.

Prescriptive may need to make changes to this manual from time to time. Please ensure you're working from the most recently published version. The information in this manual and the resources it provides do not address all circumstances and are not intended to inform, influence, or replace your sound clinical judgement.

We welcome your feedback on how we can improve this manual to help you. Please send your comments and suggestions to pharmacyrelations@prescriptive.com.

Partnering with Provider Pharmacies

Contracting – Becoming a Prescriptive Participating Pharmacy

We strive to partner with innovative pharmacies looking for new ways to deliver the best quality products and services to our prescription benefit clients and their members. Moreover, we're looking for new ways to partner with our Participating Pharmacies to make them more effective and successful.

To join the Prescriptive Network, please contact our Pharmacy Relations team at pharmacyrelations@prescriptive.com to initiate our Participating Pharmacy Agreement and credentialing process.

Prescriptive AI Pricing – A cash pricing engine powered by intelligent technology.

Optimize your pharmacy's profitability with Prescriptive AI Pricing. Our team of AI scientists will analyze your claims data to look for opportunities based on proprietary competitive information, pharmacy location, the drug itself, and much more. You get enhanced analytics and a profitable system for cash pricing at your pharmacy based on our predictive model.

To learn more about Prescriptive AI Pricing, visit

<https://prescriptive.com/who-we-serve/pharmacy/>

To Enroll in Prescriptive AI Pricing , visit

<https://prescriptive.com/who-we-serve/pharmacy/#form>

Rights & Responsibilities

Verifying Member Eligibility

Members are provided with a physical or electronic ID card to facilitate eligibility verification. Participating pharmacies must require a member to provide their member ID card and verify **both** the **identity** and **eligibility** of individuals before fulfilling prescription orders and submitting reimbursement claims. If a member is unable to provide their ID card, please contact the **Pharmacy Help Desk** to verify eligibility.

Member eligibility is verified via the online claims system or, when necessary, by contacting the **Pharmacy Help Desk**. The membership ID card does not guarantee coverage, but provides the

information needed by a Participating Pharmacy to request eligibility verification via the online claims system.

Member Signature Logs

Participating Pharmacy shall maintain and make available to Prescriptive upon request a record of Members' acknowledgement of receipt of Covered Pharmacy Services. Such records must contain, at a minimum, the prescription number, the date the Covered Pharmacy Service was delivered to the Member or the Member's representative, the signature of the Member or the Member's representative to whom the prescription for a Covered Pharmacy Service was delivered, and authorization for the release of the information to Prescriptive and/or Plan.

Member Cost-Sharing – Copayments, Coinsurance and Deductibles

Prescriptive will communicate via the online claims system the portion of eligible cost for products and services that are to be paid by the member. Participating Pharmacies must collect the full member cost-sharing amount in accordance with their Prescriptive agreement. Cost-sharing amounts are not payable by Prescriptive or Prescriptive's clients.

Member Hold Harmless

The Prescriptive Participating Pharmacy Agreement provides that a member must never be required to pay any amount other than the cost-sharing amount in the form of a deductible, co-pay or coinsurance, or pay the full reimbursement amount and submit a manual claim.

Controlled Substances and DEA Number

Participating Pharmacies must verify before dispensing and filing claims for controlled substances that the prescriber is (1) properly licensed and authorized to prescribe controlled substances in their jurisdiction, and (2) registered with the DEA or exempted from such registration.

Claims submitted for controlled substances without a DEA number, or where the DEA number does not have the appropriate prescribing authority, will be rejected.

Notice of Provider Changes

Prescriptive maintains current and accurate Participating Pharmacy information via NCPDP. It is important that Participating Pharmacies update NCPDP of any changes in pharmacy information as soon as possible.

All documentation, communications, and notices related to or required under the Prescriptive

agreement must be sent via email to pharmacyrelations@prescriptive.com.

Appeals, Grievances and Disputed Claims

Our goal is to respond to and address your concerns as quickly as possible. All credentialing, pricing, claim, audit, and contracting-related appeals and grievances must be submitted via email to pharmacyrelations@prescriptive.com.

Once we receive your request, we will research your case and conduct an internal review. If your appeal includes any clinical considerations, our appeals team will include an appropriate licensed clinician. You will receive a written electronic communication summarizing the outcome of our investigation within thirty days or timeframe as required by law. If you find the outcome of our investigation unacceptable, you may exercise your rights under the agreement. The terms of our agreement outline and provide Participating Pharmacies notice of their rights in such cases.

Questions or assistance with the appeals process should be directed to pharmacyrelations@prescriptive.com.

Tennessee Initial Reimbursement Appeal Process

The initial appeal process is available for all prescription drugs or devices in Tennessee for which a pharmacy alleges it did not receive its actual cost. To access the Tennessee Standard Reimbursement Appeal Form, go to [Tennessee-Pharmacy-Reimbursement-Appeal-Form.pdf \(prescriptive.com\)](#). For questions about an appeal, email pharmacyrelations@prescriptive.com or contact the Pharmacy Helpdesk at 512-851-1853.

Credentialing & Recredentialing

Credentialing requirements are ongoing and may vary depending on the specific programs, plans, and networks that pharmacies may be applying to or participating in. Additionally, credentialing requirements may change to maintain compliance with applicable state and federal requirements. Our Pharmacy Relations team is available to help you understand and meet the appropriate credentialing requirements as efficiently as possible.

The requirements for credentialing include, but are not limited to, the following:

- Completing the relevant credentialing application and providing the required documentation, including current or updated supporting documentation as requested.
- Maintaining current credentialing information and documentation within NCPDP
- Compliance with all applicable state and federal licensing requirements and standards of operation, including those applicable to controlled substances.

- Providing notice of any action by a government agency, licensing body, Board of Pharmacy, or law enforcement agency that could result in Participating Pharmacy's or its personnel's licensure or permits being in jeopardy of suspension or revocation, disciplinary action, subpoena of records, computer systems, or property related to the delivery of services under a Prescriptive agreement.
- Maintaining minimum liability insurance in accordance with the Participating Pharmacy Agreement
- Ensuring Participating Pharmacy and its personnel are not excluded, at any time, from federal or state programs through either the OIG's U.S. Department of Health and Human Services List of Excluded Individuals/Entities (LEIE), or the GSA's System for Award Management Excluded Parties Listing System (EPLS)
- Ensuring the Pharmacist in Charge maintains the appropriate state and federal licenses, minimum insurance levels as required by state regulations, with no restrictions, limitations, or sanctions within the past three years.
- Recredentialing may occur at any time upon receipt of information that suggests a material issue related to the quality of service, member grievances, fraud, waste or abuse, or compliance with regulatory or contractual obligations. In any event, recredentialing will occur no less frequently than every three years or as required by law.

Prior to acceptance of enrollment and at any time thereafter, a copy of liability insurance, state pharmacy licensure, DEA registration and federal tax ID must be provided and verified.

Prescriptive may independently verify and request copies of supporting documentation via any state or federal agency, or any industry standard certification or verification body such as NPPES, OIG, or EPLS validations.

Credentialing requirements apply to Participating Pharmacies contracted directly or through PSAOs. Individual pharmacy locations contracted indirectly under an agreement with a PSAO may be excluded from specific plans.

All adverse credentialing decisions may be appealed via our standard [appeals process](#).

Compliance

It is the responsibility of Participating Pharmacies to develop and implement the necessary policies and procedures required to maintain compliance with applicable rules and regulations. Training and education of all personnel should be a key component of such policies and procedures, and should address matters related to HIPAA compliance, fraud, waste, and abuse (FWA), false claims and anti-kickback laws.

Prescriptive takes compliance issues very seriously and will investigate, as appropriate, any concerns or issues you might have. We have a strict no-retaliation policy, and your inquiry can remain anonymous.

Hours of Operation	Contact
Monday – Friday 8:00am PT – 5:00pm PT	reportfraud@prescriptive.com 206-800-2133

Fraud, Waste, and Abuse (FWA)

Fraud, waste, and abuse are significant contributors to the overall cost of healthcare. Additionally, there may be legal or contractual obligations and consequences that require reporting and investigation of potential fraud, waste, and abuse. It is a Participating Pharmacy’s responsibility to ensure they comply with all legal and regulatory compliance requirements, including requiring appropriate training, implementation of required policies and procedures addressing record-keeping, reporting, and investigations.

If you suspect any of the activities below, or similar, please contact Prescriptive’s Fraud, Waste, and Abuse hotline. We will actively investigate any reports made by Participating Pharmacy personnel. You will not be required to provide your identity and all information will be kept confidential. We have a strict non-retaliation policy to protect any individual who initiates a report.

Examples of activities that should be reported include:

- Providers seeking or receiving payment for services that have not been performed.
- Providers receiving compensation for writing prescriptions for inappropriate or unnecessary medications, or to induce a prescription for a specific product over another.
- A patient using or allowing the use of someone else’s identity or insurance ID and information to receive or pay for services.

- A member obtaining products or services under one’s benefit plan to give or sell these products or services to someone else.
- A member falsely reporting the loss or theft of a prescription or drugs.
- A member withholding or providing false information to qualify for and obtain benefits.
- A Participating Pharmacy dispensing one drug and filing a claim for payment for another(e.g., dispensing a generic drug and submitting a claim for a brand drug)
- A Participating Pharmacy filing a claim for a brand drug with a prescription written Dispense as Written when not required by the prescriber.
- A Participating Pharmacy filing a claim with multiple payers for the same prescription or filing a claim for a non-existent prescription.
- A Participating Pharmacy purposely altering standard procedures or plan policies, splitting prescriptions, reporting inaccurate Days’ Supply, etc. to maximize claims, dispensing fees or avoid Prior Authorization requirements.
- Forging or altering prescriptions.

Audit Program

Prescriptive and our Participating Pharmacies have an obligation to ensure compliance with plan guidelines, policies, and contractual obligations. To maintain the quality and integrity of plan services, Prescriptive may audit claims submitted by a Participating Pharmacy, including, but not limited to, supporting documentation such as employee records, prescription records, inventory records, and signature logs. The purpose of an audit is to:

1. Validate the accuracy of, and address any errors in, paid claims;
2. Ensure contractual and regulatory compliance; and
3. Detect and prevent fraud, waste, and abuse.

Participating Pharmacies subject to audit will be provided notice, **except in the case of suspected fraud**. All audits will be performed in accordance with contractual and regulatory requirements.

All decisions and conclusions resulting from an audit may be appealed via our standard appeals process as outlined in the agreement.

Benefit Plans

Formulary

Prescriptive’s clients utilize formularies to define their covered prescription drug benefit program and help manage cost. Formularies vary by benefit plan and may change. Participating Pharmacies are encouraged to use our website at <https://prescriptive.com/resources/> for current information on a member’s plan formulary.

Participating Pharmacies should contact the prescriber to see if a prescribed non-formulary drug may be changed to a clinically appropriate covered formulary drug.

Standard Exclusions

While specific formularies will vary by plan, the following is a non-exhaustive list of standard exclusions which are drugs that are typically not covered.

- Drugs and medications not approved by the Food and Drug Administration (FDA)
- Drugs and medicines that may be lawfully obtained over the counter (OTC) without a prescription. OTC drugs are usually excluded even if prescribed by a practitioner unless otherwise stated in the member's plan. These may include but are not limited to: nonprescription drugs and vitamins, food and dietary supplements, herbal or naturopathic medicines, and nutritional and dietary supplements (for example, infant formulas or protein supplements). This exclusion does not apply to emergency contraceptive methods (such as "Plan B").
- Over-the-counter contraceptive methods and supplies (for example, jellies, creams, foams, condoms, or devices) without a prescription even if used in conjunction with covered equipment or supplies.
- Drugs for the purpose of cosmetic use (for example, promote or stimulate hair growth, stop hair loss, or prevent wrinkles).
- Growth hormone for the diagnosis of idiopathic short stature (ISS), familial short stature (FSS), or constitutional short stature (CSS).
- Drugs for experimental or investigative use.
- Any prescription refilled too soon or more than the number of refills specified by the prescribing provider.
- Replacement of lost or stolen medication.
- Drugs used for impotence.
- Devices and appliances, support garments, and non-medical supplies.
- Charges for prescription drugs when obtained through an unauthorized pharmacy or provider when a restriction of the prescription drug benefit is in place.

Mail Order Pharmacy

Pharmacies seeking to provide mail order services to plan members must agree to specific terms and conditions under an addendum to the Prescriptive Participating Pharmacy Agreement. Additional credentialing requirements also apply to mail order pharmacies.

Members seeking assistance with mail order services can contact our mailorder help desk at the following:

Hours of Operation	Contact
Monday – Friday 5:00am PT – 5:00pm PT Saturday - Sunday 5:00am PT - 2:00pm PT	1-800-2-REFILL (273-3455)

Specialty Pharmacy

Depending on plan design, certain medications that require clinical management/monitoring services may require the use of specific specialty pharmacy providers. If a prescription is required to be directed to one of Prescriptive’s contracted specialty pharmacies, claims for these medications from any other Participating Pharmacy will be rejected by the online claims system.

The list specialty medications may vary by plan. The standard list of drugs subject to Prescriptive’s specialty pharmacy guidelines can be found at

<https://prescriptive.com/resources/>.

Prescriptions for specialty medications should be sent to one of Prescriptive’s contracted specialty pharmacies, which can be found at <https://prescriptive.com/resources/>.

Pharmacies and members seeking assistance with specialty services can contact our pharmacy help desk at the following:

Hours of Operation	Contact
Monday – Friday 5:00am PT – 5:00pm PT	support@prescriptive.com 206-413-9371

Compounding

While specific member plans may vary, compounds are generally authorized when:

1. the main active ingredient is a covered federal legend drug,
2. the compound is not available as an FDA approved product that is already commercially available, and
3. it is medically necessary.

A prescription will not be approved as a compound if the ingredient(s) added to the main active ingredient include only water, alcohol, sodium chloride solutions, or any other diluent.

For most plans, compounds will require prior authorization. For information on obtaining prior authorization, please see [this section](#) of the manual.

Claims for compound drugs must be submitted in accordance with NCPDP standards and the Prescriptive D.0 Payer Specification Sheet. The following practices when submitting claims for compound prescriptions will be considered a breach of contractual terms and subject to fraud, waste, and abuse investigation.

- Submitting claims in a manner designed to avoid further review or authorization requirements.
- Adding active ingredients to a compound that were not part of the prescription.
- Billing for a full package when only a partial amount was dispensed.
- Billing for any NDC other than what was included in the compound.
- Billing for any dosage form other than what was included in the compound.
- Seeking changes to a prescription for the purpose of avoiding further review or authorization requirements.

Claims

General

Online Claims System

Whenever possible, Participating Pharmacies must utilize Prescriptive's online claims system to verify eligibility and submit claims. It is also critical that claims be submitted with complete and accurate information and coding in accordance with NCPDP standards to ensure proper coverage, payment, and application of clinical and cost sharing programs.

Please contact the **Pharmacy Help Desk** if a claim cannot be submitted successfully via the online claim system. Claims that must be submitted manually should use the Universal Claim Form available at <https://online.ncpdp.org>.

Timing of Claim Submission

All claims should be submitted at the time of dispensing, but in no event any later than seven days following dispensing, or as otherwise required by law or contract.

Unclaimed Prescriptions

Prescriptions not received by a member must be reversed within 10 days of claim submission or timeframe specified in the agreement. Otherwise, such claims may be considered claims for which no prescription or dispensing occurred and will be subject to fraud, waste, and abuse policies.

Adjustments and Reversals

If a claim needs to be adjusted, the pharmacy must first reverse the paid claim that was previously submitted electronically. Reversals must be made within 14 days of submission. If the claim is too old to be reversed or resubmitted, the pharmacy may need to contact the Prescriptive Help Desk for approval.

Required Claim Data and Format

Please refer to the Prescriptive Health D.0 Payer Specification Sheet for electronic claims data requirements. All claims must be submitted in compliance with NCPDP standards and the D.0 Payer Specification Sheet to be eligible for payment.

Download the most current Prescriptive Payer Specification Sheet at

<https://prescriptive.com/resources/>

Coordination of Benefits

Coordination of Benefits (COB) is administered on a plan-specific basis and in accordance with applicable rules and regulations. Proper COB processing requires that Participating Pharmacies verify with members alternative primary or secondary benefit plan, as well as pay special attention to relevant online claim system messaging. Please refer to the applicable payer sheet for COB processing information.

Procedures for Rejected Claims

Precertification Required (Prior Authorization and Emergency Prior Authorization)

Please do not advise members that a specific drug is “not covered” under their plan, as all drug

coverage decisions are based on medical necessity. However, some plan designs provide that certain prescription orders or drugs require either a plan override or clinical review to verify medical necessity before payment authorization.

Plan Overrides

The following plan overrides may be approved by contacting our [Pharmacy Help Desk](#):

- Vacation supply
- Refill too soon due to error in previous prescription
- Refill too soon for school supply
- Refill too soon for dosage increase
- Emergency Fill

Prior Authorization

The following claim reject codes require prior authorization.

- **Step Therapy Required** (Reject Code 75) – Certain products may require use of a prerequisite drug to promote alternatives that are safe and cost-effective. If there is no record of dispensing the prerequisite drug, the online claim system will reject the claim. Exceptions to Step Therapy based on medical necessity require prior authorization.
- **Prior Authorization Required** (Reject Code 75) - Restricted formulary drugs that require clinical review prior to payment authorization.
- **Product/Service Not Covered – Plan/Benefit Exclusion** (Reject Code 70) – For a list of standard plan exclusions please see [this section](#). Exceptions to plan exclusions based on medical necessity require prior authorization.
- **Quantity Limits** (Reject Code 76) – Quantity limits may be required to prevent excessive dosage amounts or extended periods of therapy without clinical justification to ensure safe use. Exceptions to quantity limits based on medical necessity require prior authorization.

Before initiating a prior authorization request, Participating Pharmacies should determine if a prerequisite drug, or alternative covered product not requiring prior authorization is appropriate and can be dispensed. Please contact the prescriber to facilitate making such a determination and obtaining a new prescription order when appropriate.

Claims rejected for prior authorization that require review must be initiated via the online form at

[Prior Authorization Request Form \(prescriptive.io\)](#)

NOTE: Please advise members that they may contact the [Member Help Desk](#) at any time for help with coverage questions or issues, or to submit an appeal for an adverse prior authorization decision via the online member portal.

Emergency Fills

Emergency fills are for those circumstances where a patient presents at a pharmacy with an “Immediate Therapeutic Need” for a prescribed medication that requires a pre-authorization due to formulary or other utilization management restrictions, but where there is no immediate ability to reasonably secure such authorization. Immediate Therapeutic Needs are those where the passage of time required for any authorization review, without treatment, would result in imminent emergency care, hospital admission OR might seriously jeopardize the life or health of the patient or others in contact with the patient.

In such circumstances, a 7-day supply of a prescribed medication that is appropriate for the member’s Immediate Therapeutic Needs should be dispensed without delay to allow for the processing of an appropriate prior-authorization request. Claims for 7-day emergencyfills will be paid provided the following procedures are followed:

- The dispensing pharmacist must use her/her professional judgment to determine in good faith that there is an immediate need every time there is an emergency override.
- The drug for which an emergency fill is submitted must be on Prescriptive’s Emergency Fill Medication List available at <https://www.prescriptive.com/resources/>
- The Participating Pharmacy must make reasonable and best efforts to contact the prescriber to complete the standard prior authorization process as soon as practical following the emergency dispensing and for any subsequent dispensing.
- Emergency supplies must be dispensed using the lesser of a 7-day supply or the smallest commercially available package size.
- Contact for override if applicable [Pharmacy & Member Help Desk](#)

Pharmacy Payments

Prescriptive will process payments for eligible approved claims on behalf of applicable client(s) in accordance with the terms of the Prescriptive Participating Pharmacy Agreement in effect at the time of claim approval.

Payment Cycles

Payment timing is provided in the Prescriptive Participating Pharmacy Agreement. All questions or inquiries regarding pharmacy payments should be directed to **Pharmacy Relations**.

Electronic Payment and Electronic Remittance Advice (ERA) 835

Prescriptive produces and makes available ERA 835 remittance advice for all Participating Pharmacies. Additionally, electronic payment of claims is the preferred method of payment.

Please complete the Electronic Payment Enrollment form available at

[EFT-ACH.pdf \(prescriptive.com\)](#)