prescryptive™

PHARMACY PROVIDER MANUAL

2026

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About Prescryptive

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 are 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 are 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

For pharmacy network or billing questions: **pharmacyrelations@prescryptive.com**

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

Member Help Desk

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

Pharmacy Help Desk

Hours of Operation	Email
Monday – Friday 5:00am PT– 7:00pm PT	pharmacyrelations@prescryptive.com

Plan	BIN	PCN	Contact
Advantage Solutions Pharmacy Benefits	028777	PHX	360-802-8944
Invenergy Pharmacy Benefits	028785	PHX	360-802-8944
Fidelity Information Services Pharmacy Benefits	028793	PHX	360-802-8944
DEKA Pharmacy Benefits	028802	PHX	360-802-8944
Allstate Pharmacy Benefits	027969	PHX	360-802-8944
Prescryptive Health	025953	PHX	512-851-1853
Prescryptive	610749	PH	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 **https://www.prescryptive.com/prescriber/**.

> **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.

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

For more information about Fraud, Waste and Abuse please review **this section** of this manual.

Appeals, Grievances and Disputes

Participating Pharmacy Appeals and Disputes

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

https:/www.prescryptive.com/pharmacy/

Member Appeals and Grievances

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

https://www.prescryptive.com/member/

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@prescryptive.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@prescryptive.com

Or via mail at:

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

About This Manual

This Pharmacy Provider Manual is intended to provide our pharmacy partners with information and resources needed to provide the best possible service to plan sponsors and members based on their Prescryptive 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 Prescryptive's Participating Pharmacy Agreement. Therefore, Participating Pharmacies must be familiar with and **look to your written agreement with Prescryptive, 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 Prescryptive Participating Pharmacy Agreement, and in the event of any conflicts between them, the terms of your agreement control.

Prescryptive may need to update this manual from time to time. Please ensure you are working from the most recently published version. The information in this manual and the resources it provides and refers to 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@prescryptive.com**.

Partnering with Provider Pharmacies

Contracting — Becoming a Prescryptive 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 are looking for new ways to partner with our Participating Pharmacies to make them more effective and successful.

Please contact our Pharmacy Relationship team at **pharmacyrelations@prescryptive.com** to initiate our Participating Pharmacy Agreement and credentialing process.

All pharmacies must be cleared from any state or federal mandated exclusions and have anactive DEA and NPI number.

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 Pharmacies have agreed under their Prescryptive agreement to maintain member signature logs, physical or electronic, for all prescriptions, advising members that their signature acknowledges receipt of a prescription drug and releasing any and all information supporting the claim for that prescription. Member signature logs must contain the prescription number, date of receipt by the member or their authorized representative, and the signature of the member or their authorized representative.

Member Cost-Sharing — Copayments, Coinsurance and Deductibles

Prescryptive will communicate via the online claims system the portion of eligible cost for

products and services that is to be paid by the member. Participating Pharmacies must collect the full member cost-sharing amount in accordance with their Prescryptive agreement. Cost-sharing amounts are not payable by Prescryptive or Prescryptive's clients.

Member Hold Harmless

The Prescryptive 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 numberdoes not have the appropriate prescribing authority, will be rejected.

Notice of Provider Changes

Prescryptive 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 Prescryptive agreement must be sent via email to **pharmacyrelations@prescryptive.com**.

Appeals, Grievances and Disputed Claims

Our goal is to respond to and address your concerns as quickly as possible. Most issues can be resolved quickly by first contacting our Pharmacy Relationship team via email at **pharmacyrelations@prescryptive.com**.

If our Pharmacy Relations team cannot address your concerns to your satisfaction, you may submit an appeal online. All credentialing, pricing, claim, audit, and contracting-related appeals and grievances must be submitted online via our website at **https:/www.prescryptive.com/pharmacy/**.

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 as timeframe as required by law. If you then

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 with notice of their rights in such cases.

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

Please direct members to the information included in their denial letter for information explaining and assisting them with their appeal rights.

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 **Pharmacy Resources - Prescryptive Health**. For questions about an appeal, email **pharmacyrelations@prescryptive.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 supporting documentation, including providing current or updated supporting documentation as requested.
- Maintaining current credentialing information and documentation with NCPDP
- Maintaining good standing 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 Prescryptive 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, and 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 certification and federal tax ID must be provided and verified.

Prescryptive 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.

Prescryptive takes compliance issues very seriously, and will answer any questions or 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@prescryptive.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 investigating potential fraud, waste, and abuse. It is Participating Pharmacy's responsibility to ensure they comply with all legal and regulatory compliance requirements including requiring appropriate training, implementing required policies and procedures, record-keeping, reporting, and investigations.

If you suspect any of the activities below, or similar, please contact Prescryptive's Fraud, Waste and Abuse hotline. We will actively investigate any reports by our Participating Pharmacies. You will not be required to provide your identity, and all information will be kept confidential. We also have a strict non-retaliation policy to protect anyone 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 in order 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 and filing a claim for a brand)
- 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

Prescryptive 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, Prescryptive may audit any claims submitted by a Participating Pharmacy, including any supporting records and 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***, and all audits will be performed in accordance with contractual and regulatory requirements.

All decisions and conclusions resulting from an audit may be appealed via the **standard appeals process**.

Benefit Plans

Formulary

Prescryptive's clients utilize formularies to define their covered prescription drug benefit program and to manage costs. Formularies vary by benefit plan and may change. Participating Pharmacies are encouraged to refer to our website at **https://www.prescryptive.com/pharmacy/** 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 not typically covered drugs.

- 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 typically excluded even if prescribed by a practitioner unlessotherwise 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
- Drugs used for cosmetic weight loss or weight management.
- 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 specificterms and condition under an addendum to the Prescryptive Participating Pharmacy Agreement. Additional credentialing requirements also apply to mail order pharmacies. Members seeking assistance with mail order services can contact our mail order help desk at the following:

Hours of Operation	Contact
Monday – Friday 5:00am PT – 7:00pm PT	Pharmacyrelations@prescryptive.com (512) 851-1853

Specialty Pharmacy

Depending on plan design, certain more expensive medications and those 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 Prescryptive's contracted specialty pharmacies, claims for these medications from any other Participating Pharmacy will be rejected by the online claims system.

The list of specialty medications may vary by plan. The standard list of drugs subject to Prescryptive's specialty pharmacy guidelines can be found at **https://www.prescryptive.com/pharmacy**.

Prescriptions for specialty medications should be sent to one of Prescryptive's contracted specialty pharmacies, which can be found at **https://www.prescryptive.com/pharmacy**.

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

Hours of Operation	Contact
Monday – Friday 5:00am PT – 7:00pm PT	Pharmacyrelations@prescryptive.com (512) 851-1853

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 commerciallyavailable, 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 Prescryptive 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 Prescryptive'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 in order 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 14 days of claim submission. Otherwise, such claims may be considered claims for which no prescription or dispensing

occurred may 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 Prescryptive Help Desk for approval.

Required Claim Data and Format

Please refer to the Prescryptive 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 Prescryptive Payer Specification Sheet at **https://www.prescryptive.com/pharmacy**.

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.

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.

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 in order 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 MR or 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 imposed 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 as appropriate, 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 requiring review must be initiated via the online form at **https://www.prescryptive.com/prescriber.**

NOTE: *Please advise members that they may contact the **Member Help Desk** at any timefor 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 in order to allow for the processing of an appropriate prior-authorization request. Claims for 7-day emergency

fills 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 Prescryptive's Emergency Fill Medication List available at **https://www.prescryptive.com/pharmacy**.
- The Participating Pharmacy must make reasonable and best efforts to contact the prescriber to complete the standard prior authorization process as soon as practicable 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.
- The claim submitted for each emergency supply must include the following:
    - Prior Authorization Type Code (Field 461-EU) = "8"
    - Prior Authorization Number Submitted must equal that which is returned in the original reject message or obtained from Pharmacy Services.
    - Days' Supply (Field 405-D5) = "7"

Pharmacy Payments

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

Payment Cycles

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

Electronic Payment and Electronic Remittance Advice (ERA) 835

Prescryptive 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 **https://www.prescryptive.com/pharmacy**.