

Q1 2022 PHARMACY COMMUNICATION



WHAT'S NEW WITH ELIXIR?

Pharmacy Manual Updates: There have been recent updates made to the Elixir Pharmacy Manual. As a reminder, pharmacies are required to regularly check the Pharmacy Manual for updates (located at on our website under “Providers” > “Pharmacy Resources” > “Processing Information”). To ensure you are viewing the most recent version of the Manual remember to cache your browser. To do this, click “control” and “refresh” together and the latest version of the manual will reflect.

Section	Page Number	Content Updated
Reimbursement and Cost Share	12	COVID-19 test kit processing for Commercial members
Vaccines	14-16	New GPI added to Vaccine Program List
Long Term Claim Submission	41-42	LTC claim submission requirements
Puerto Rico COVID-19 Tests	46	Puerto Rico COVID-19 test kit processing information
Virginia - Medicaid Line of Business	46-47	Virginia COVID-19 test kit processing information

Medicare Prescription Drug Coverage and Your Rights (Pharmacy Notice): Included on pages 2-4 of this communication is the updated Pharmacy Notice and Form Instructions (in both English and Spanish) with an expiration date of 2/28/2025. Please review and ensure that your pharmacy is in compliance with the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

Pharmacy Satisfaction Survey: The [2022 Pharmacy Satisfaction Survey](#) is now open and we encourage your participation! It should take no longer than 5 minutes to complete and allows you to provide anonymous and honest feedback. We appreciate your participation in order to improve our services to network pharmacies.



PHARMACY INFORMATION UPDATES

Prescriber Portal: Elixir provides valuable information including direct links to client websites to assist with Prior Authorizations, Coverage Determination Forms, Covered Drug Lists, and Health and Information Resources. These resources are available to pharmacies on our website under “Providers” > “Prescriber Resources”. Please utilize this information as a helpful guide in filling prescriptions, assisting members, and referring prescribers.



VISIT WWW.ELIXIRSOLUTIONS.COM TO VIEW ONLINE PROVIDER RESOURCES

The below resources can be found under the “Providers” tab:

- ✓ Pharmacy Manual
- ✓ Electronic Payment and Remittance Forms
- ✓ Payer Sheets
- ✓ MAC Inquiries
- ✓ Independent Pharmacy Enrollment and Credentialing Information
- ✓ Instructions for obtaining UM criteria and how to use our pharmaceutical management procedures
- ✓ Explanations of limits and quotas
- ✓ Generic substitution, therapeutic interchange, and step-therapy protocols
- ✓ How prescribers can provide information to support an exception request
- ✓ Pharmacy Bulletins and Communications



HELPFUL CONTACTS

- Elixir Pharmacy Help Desk: 1.800.361.4542 care@elixirsolutions.com
- MAC: MAC@elixirsolutions.com
- Pharmacy Accounting/Payment Issues: pharmacyaccountingissues@elixirsolutions.com
- Pharmacy Audit Inquiries: pharmacyaudits@elixirsolutions.com
- Pharmacy Contract Inquiries: pharmacycontracting@elixirsolutions.com
- Provider Enrollment Application Submission/Questions: providerenrollment@elixirsolutions.com
- NCPDP Main Office: 480.734.2870 accessonline.ncdp.org

Privacy & Confidentiality of Information Notice: This communication may contain non-public, confidential, or legally privileged information intended for the sole use of the designated recipients. If you are not the intended recipient, or have received this communication in error, please notify the sender immediately by reply email or by telephone at 800.361.4542, and delete all copies of this communication, including attachments, without reading them or saving them to disk. If you are the intended recipient, you must secure the contents in accordance with all applicable state or federal requirements related to the privacy and confidentiality of information, including the HIPAA Privacy guidelines.

IF YOU DO NOT WISH TO RECEIVE EMAILS from an Elixir company you may send a request to us via fax to 866.250.5178 (toll free) or via email to care@elixirsolutions.com (must state “Email Opt Out” in the subject line) or call 800.361.4542 (toll free) instructing us not to send you further emails. Your request will be deemed valid only if: (1) it contains the address(es) of the email(s) that should not receive an email from us; and (2) you do not subsequently give us permission to send emails to the previously provided email address. You must request that we resume emails to you by contacting us at the telephone number, fax number, or email address listed above. Federal law requires us to comply with your request within 30 days.

Form Instructions

Medicare Prescription Drug Coverage and Your Rights Standardized Pharmacy Notice (CMS-10147)

Each Medicare Part D plan sponsor must arrange with its network pharmacies, including mail order and specialty pharmacies, for the distribution of this notice to Part D enrollees when a prescription cannot be covered (“filled”) under the Medicare Part D benefit at the point of sale (POS). The notice must be provided to the enrollee if the pharmacy receives a transaction response (rejected or paid) indicating the claim is not covered by Part D. See Chapter 18, *Notification by Network Pharmacists*, of the Prescription Drug Benefit Manual for the complete list of rejected claim scenarios where delivery of this notice is not required. The notice instructs enrollees about their right to contact their Part D plan to request a coverage determination, including an exception. This notice fulfills the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

This is a standardized notice, the content of which may not be altered. The notice must be provided in 12 point font. The OMB control number must be displayed in the lower right corner of the notice. The fields for the enrollee’s name and the drug and prescription number are optional and may be populated by the pharmacy.

Heading

Logo not required. Pharmacies may place their logo in the space above the optional fields for the enrollee’s name and the drug and prescription number.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to complete this information collection is estimated to average one (1) minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

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CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Nombre del beneficiario: _____ (opcional)

Número de receta y de medicamento: _____ (opcional)

La cobertura de Medicare de las recetas médicas y sus derechos

Sus derechos si tiene Medicare

Usted **tiene el derecho de solicitar una determinación de cobertura** de su plan Medicare de recetas médicas si está en desacuerdo con la información proporcionada por la farmacia. También tiene **el derecho de solicitar una determinación de cobertura especial conocida como “excepción”** si piensa que:

- Necesita un medicamento que no está en la lista de su plan. A la lista de medicamentos cubiertos se le conoce como “formulario”.
- Una regla de cobertura (como la autorización previa o un límite de cantidad) no debe aplicarse debido a su problema médico; o
- Necesita tomar un medicamento no preferido y usted quiere que su plan lo cubra al precio de un medicamento preferido.

Lo qué necesita hacer

Usted o la persona que le ha recetado el medicamento pueden pedirle al plan una determinación de cobertura, llamando al número gratis que aparece en la parte de atrás de la tarjeta del plan, o visitando el sitio web del plan. Usted o su médico puede pedir una determinación acelerada (24 horas) si su salud pudiera estar en peligro si tiene que esperar 72 horas para obtener la respuesta. Usted tendrá que informarle al plan:

1. El nombre del medicamento que no pudo obtener, la dosis y concentración si lo sabe.
2. El nombre de la farmacia donde intentó obtener el medicamento.
3. La fecha en que intentó obtenerlo.
4. Si solicita una excepción, el médico que lo recetó tiene que enviarle a su plan una declaración explicándole el motivo por el cual usted necesita el medicamento que no está en el formulario, el medicamento no preferido o no se debe aplicar una regla de cobertura a usted.

Su plan Medicare de medicamentos recetados le comunicará su decisión por escrito. Si no aprueban la cobertura, la carta del plan le explicará el motivo y cómo apelar la decisión si no está de acuerdo.

Si desea más información, consulte los materiales del plan o llame al 1-800-MEDICARE.

Declaración sobre la Ley para la Reducción de Trámites De acuerdo con la Ley para la Reducción de Trámites de 1995 (PRA en inglés), las personas no están obligadas a responder una recopilación de información a menos que se exhiba un número de control de la oficina de Gerencia y Presupuesto (OMB en inglés) válido. El número de control OMB válido para esta recopilación de información es 0938-0829. El tiempo necesario para responder esta recopilación de información es de aproximadamente 10 minutos por respuesta, incluido el tiempo para revisar instrucciones, buscar fuentes de datos existentes, reunir los datos necesarios y completar y revisar la recopilación de información. Si tiene preguntas sobre la precisión de los tiempos estimados o sugerencias para mejorar este formulario, escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS no discrimina en sus programas y actividades. Para solicitar esta publicación en un formato alternativo, llame al 1-800-MEDICARE o envíe un correo electrónico a: AltFormat@cms.hhs.gov.