



Pharmacy Provider Training

Texas Managed Care Medicaid

STAR and CHIP Programs



ANTI-TRUST STATEMENT



The association or any committee, section, chapter or activity of the Pharmacy Panel shall not be used for the purpose of bringing about or attempting to bring about any understanding or agreement, written or oral, formal or informal, expressed or implied, among two or more members or other competitors with regard to prices or terms and conditions of contracts for services or products. Therefore, discussions and exchanges of information about such topics will not be permitted during the Pharmacy Panel meeting or other activities.

- There will be no discussions discouraging or withholding support or services from, or encouraging exclusive dealing with any suppliers or purchasers of products or services, any actual or potential competitor or group of actual potential competitors, or any private or governmental entity.
- There will be no discussions about restricting, limiting, prohibiting, or sanctioning advertising or solicitation that is not false, misleading, deceptive or directly competitive with pharmacy products or services.
- There will be no discussions about discouraging entry into or competition in any segment of the marketplace.

ABOUT NAVITUS



Navitus Health Solutions is a 100 percent pass-through pharmacy benefit company committed to lowering drug costs, improving health and providing superior customer service in a manner that instills trust and confidence.

Our Mission

Navitus Health Solutions LLC is a pharmacy benefit company committed to lowering drug costs, improving health and providing superior customer service in a manner that instills trust and confidence.

Lowering Drug Costs

Through Navitus' completely transparent business model, all hidden costs associated with the purchase of prescription drugs are eliminated. We negotiate discounts and rebates with drug manufacturers and contract with pharmacies on behalf of plan sponsors--enabling us to pass 100 percent of savings onto our plan sponsors.

Improving Health

In addition, by ensuring formulary development and quality improvement decisions are reviewed and approved by prescribers and pharmacists, Navitus provides the highest quality pharmaceutical care to our members.

Superior Customer Service

At Navitus, we offer a wide variety of pharmacy benefit management services, including benefit design and consulting, formulary management, pharmacy network management and clinical programs. All efforts are developed and implemented with our members' best interests in mind.

ABOUT NAVITUS



- **Managed care roots**
 - Owned by Dean Health Plan (Madison, Wisconsin)
 - Separate Senior Management & Board of Directors
- **Deep government programs experience**
 - Managed Medicaid since 2003
 - Medicare since 2006 program inception
 - Strong CMS relationship and regulatory compliance
- **We *Share A Clear View***
 - Texas Managed Care Medicaid health plans benefit from a high touch, proactive account management team
 - True partnership with aligned incentives
 - Full pass-through, transparent model free of conflict of interest, shareholder influence and third-party control



TEXAS MANAGED MEDICAID



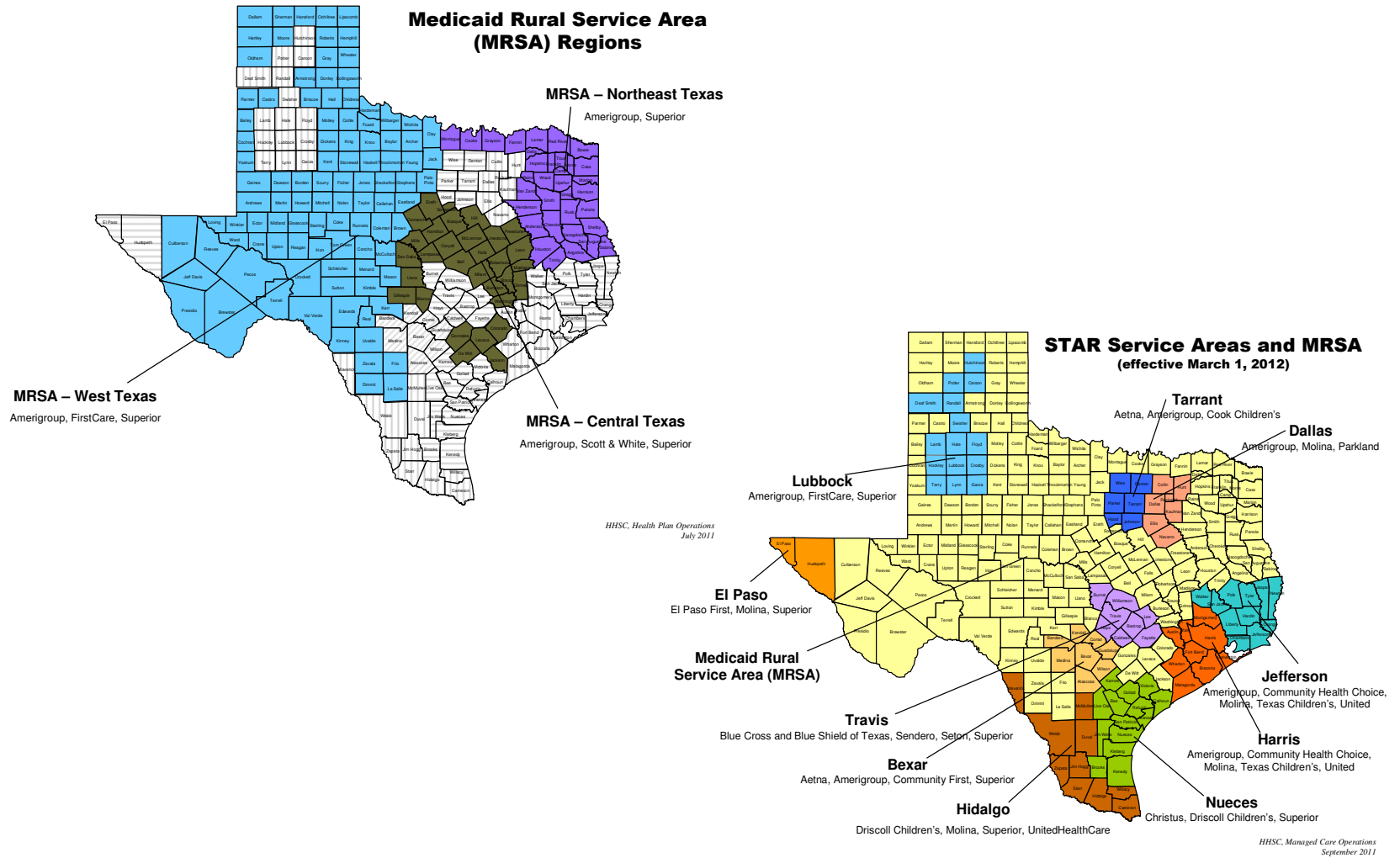
Authorized Texas MCO Plans Serviced by Navitus

MCO Plan	Service Area	MCO Plan	Service Area
Community First Health Plans	Bexar Service Area	Driscoll Children's Health Plan	Hidalgo Service Area Nueces Service Area
Parkland HEALTHfirst	Dallas Service Area	FirstCare	Lubbock Service Area MRSA West Texas
El Paso First Premier	El Paso Service Area	Cook Children's Health Plan	Tarrant Service Area
Community Health Choice	Harris Service Area Jefferson Service Area	Sendero Health Plan	Travis Service Area
Texas Children's Health Plan	Harris Service Area Jefferson Service Area	Seton Health Plan	Travis Service Area

Navitus MCO clients are authorized to provide STAR and/or CHIP services within respective Texas service areas

Beginning March 1, 2012, the Texas Health and Human Services Commission (HHSC) is implementing changes to the delivery of Medicaid and the Children's Health Insurance Program (CHIP) pharmacy services

TEXAS MANAGED MEDICAID



PHARMACY RIGHTS



- To be treated with respect and dignity
- To receive prompt and courteous responses to inquiries directed to Navitus
- To receive timely communications from Navitus on items affecting pharmacy services
- To expect reimbursement in a timely fashion for covered drug products and services
- To express a complaint and receive a response within a reasonable amount of time
- To expect confidentiality of business and credentialing documents

PHARMACY RESPONSIBILITIES



- Comply with laws and provide services in a manner compliant with the highest standards.
- Maintain the confidentiality of Members in accordance with HIPAA privacy laws.
- Maintain facility and equipment in first-class condition.
- Provide annual training for staff to mitigate fraud, waste and abuse.
- Maintain all materials relating to pricing, contracts, programs, services and business practices of Navitus as proprietary and confidential.
- Maintain and enforce comprehensive policies and procedures for operation.
- Do not discriminate Members.
- Fill prescriptions according to the Prescriber's directions.
- Assure the authenticity of the Prescription Drug Order.
- Seek to prevent Prescription Drug Orders from being filled by multiple pharmacies.
- Ensure reasonable verification of the identity of the patient, prescriber and if appropriate, caregiver.
- Dispense preferred formulary products for non-preferred products, wherever possible.
- Take appropriate action regarding suspected adverse drug reactions and errors.
- Maintain prescription error prevention measures and maintain an incident record of all actual and potential injuries due to dispensing errors.

PHARMACY RESPONSIBILITIES

Part 2



- Assure that medications and devices are maintained within appropriate temperature, light, and humidity standards during storage and shipment.
- Obtain and maintain patient medication profiles.
- Provide instructions to the patient on storage, dosing, side effects, potential interactions and use of medication dispensed in accordance with professional practice guidelines.
- A dispensing pharmacist is under no obligation to dispense a prescription which, in his/her professional opinion, should not be dispensed.
- Maintain complete records for a minimum of ten years from the date of service.
- Collect from each Member the applicable copayment or coinsurance.
- Submit claims electronically, at the point-of-sale, only for the patient for whom the prescription was written by the Prescriber.
- Utilize accurate National Provider Identifier (NPI) in the correct NCPDP data field.
- Reverse claims for product returned to stock within 14 days of the original service date
- Always maintain credentials, and provide credentials to Navitus on a periodic basis as requested.
- Notify Navitus within five days of any status change in Pharmacy or Pharmacist license.
- Notify NCPDP of all changes regarding demographic changes, opening or closing of a pharmacy, and changes in location in a timely manner.

NAVITUS RESPONSIBILITIES



Navitus Texas Provider Hotline (Pharmacy) 1-877-908-6023

We strive to resolve each call correctly, completely and professionally the first time. Our relentless pursuit of superior customer service is what sets us apart.

Our Customer Care Commitment to our Network Pharmacies:

- We will be **responsive** to our customer's needs.
- We will be **respectful** of our customers at all times.
- We will be **realistic** about what we can or cannot do.
- We will **resolve** our customer's issues in a timely fashion.
- We will take personal **responsibility** for our customer relationships.

NAVITUS TEXAS PROVIDER HOTLINE



Navitus Texas Provider Hotline (Pharmacy) can assist you with the following items and is available 24 hours:

- Member plan, group and benefits information
- Member eligibility
- Formulary inquiries
- Prior authorization processes
- Claims processing issues
- Billing / payment inquiries
- Dispute and appeals process
- Participation status inquiries
- General inquiries

PHARMACY PROVIDER RELATIONS



Navitus Provider Relations can assist you with:

- Network participation
- Network access reports
- Contract questions
- Pharmacy credential review
- Reimbursements and remittances
- Maximum Allowable Cost list
- Network system setup
- Pharmacy performance analysis and reporting
- Pharmacy Communications

Pharmacy Provider Relations/Contracts: 608-729-1577

E-mail: providerrelations@navitus.com

Fax: 920-735-5351

HOW TO ACCESS THE PHARMACY PORTAL



- To access the Provider Portal go to www.navitus.com >Providers>Pharmacies login.
- You will need to enter your NCPDP and NPI numbers to access.

WHAT IS LOCATED IN PHARMACY PROVIDER PORTAL?



- Formularies*
- Network Bulletins
- Newsletters
- Payer Sheets
- Pharmacy Handbook
- Pharmacy Advisory Panel
- Prior Authorization Forms
- P&T Committee*
- 835 Request Form

*determined by HHSC or vendor drug program

ELECTRONIC CLAIMS SUBMISSION



- Navitus requires NCPDP version D.0 per HHSC Vendor Drug Program requirement.
 - Effective January 1, 2012
 - Version D.0 (and 5.1) Payer Sheets are available on the pharmacy provider portal
 - Review Payer Sheet for all mandatory and required when fields
- Key required fields to enter on a claim
 - BIN 610602
 - Processor Control Number (*PCN*) *Per ID Card*
 - Member ID (enter what is on ID card) *Per ID Card*
 - RxGroup (RXGRP) *Per ID Card*
 - Date of Birth Required
 - Gender Required
 - U&C Required

PAYMENT & REMITTANCE ADVICE



Navitus utilizes a weekly payment cycle for Texas Managed Medicaid pharmacy payments

Navitus offers a variety of methods for receiving a payment and remittance advice.

- Paper check/paper remittance [weekly (note, commercial is bi-monthly)].
- Electronic Funds Transfer (EFT)/835 Electronic Remittance Advice (weekly)
- Paper check/835 Electronic Remittance Advice (weekly)

If you would like to receive payments via EFT or 835 Electronic Remittance Advice visit www.navitus.com>providers>pharmacies login and complete the forms and fax back to the Pharmacy Network Department at (920)735-5351

NOTE: Claims must be submitted within 95 days of date of service

PRICING INQUIRIES



- Navitus receives and updates its drug information system files from Medi-Span weekly.
- MAC pricing issues – If you experience negative reimbursement for a drug on the MAC list, please complete and fax us a MAC Override Request Form, located [www.navitus.com>providers>pharmacies](http://www.navitus.com/providers/pharmacies) log-in. The NDC in question must be on the Preferred Drug List to be eligible for consideration. Be sure to provide proof of acquisition price (copy from your wholesaler).

COMPOUND CLAIMS



- A compound consists of two or more ingredients, one of which must be a formulary Federal Legend Drug that is weighed, measured, prepared, or mixed according to the prescription order.
- For Navitus to cover a compound, all active ingredients must be covered on the patient's formulary. In general, drugs used in a compound follow the member's formulary as if each drug components were being dispensed individually. The Payer must include Compound Drugs as a covered benefit for the Member for Navitus to allow reimbursement.
- Any compounded prescription ingredient that is not approved by the FDA (e.g. Estriol) is considered a non-covered product and will not be eligible for reimbursement.

PROCESSING COMPOUND CLAIM



- Navitus uses a combination of the claims, compound and DUR segment to fully adjudicate a compound prescription. Use the Compound Code of 02 (NCPDP field 406-D6 located in Claim Segment on payer sheet) when submitting compound claims
- The claim must include an NDC for each ingredient within the Compound Prescription with a minimum of 2 NDCs and a maximum of 25 NDCs (NCPDP field 447-EC located in Compound Segment).
- The claim must include a qualifier of "03" (NDC) to be populated in NCPDP field 448-RE followed by NCPDP field 489-TE (NDC's).
- If an NDC for a non-covered drug is submitted, the claim will be denied.
- If the pharmacy will accept non-payment for the ingredient, submit an "8" in the Clarification Code Field (420-DK located on the D.0 Claim Segment Field)
- This will allow the claim to pay and the pharmacy will be reimbursed for all drugs except the rejected medication with Clarification Code of 8.
- For many Navitus payers, compounds with a cost exceeding \$200 must receive an approved prior authorization from Navitus for coverage to be considered. Forms are available on www.navitus.com.
- If a compound includes a drug that requires prior authorization under the member's plan, the prior authorization must be approved before the compound is submitted.
- Compound Claims forms are available at www.navitus.com and in the Appendix of this document.

Submit the minutes spent compounding the prescription for reimbursement. The minutes listed are to be populated within NCPDP D.0 Field 474-8E (level of effort- DUR segment).

Minutes Spent Reimbursement Amount

1 – 5 minutes	=	\$10.00
6 – 15 minutes	=	\$15.00
16 – 30 minutes	=	\$20.00
31+ minutes	=	\$25.00

COORDINATION OF BENEFITS



- Medicaid is the payer of last resort
 - Managed Medicaid will also be payer of last resort
- Members with other coverage
 - Submit claims to other coverage payer first
 - Managed Medicaid will reimburse remaining amount subject to formulary and other edits, and maximum reimbursement according to contract
- Submit claims using the NCPDP COB segment process

BILLING MEMBERS



- Providers are prohibited from billing or collecting any amount from a Medicaid STAR Member for Health Care Services.
- CHIP Members may have copayments. Navitus will return the copayment amount, if any, in the NCPDP claim response.
- The amount paid by the Member for each Covered Product shall be equal to the lesser of: (a) the Usual and Customary Price; (b) the Calculated Price; or (c) the applicable Coinsurance, Copayment or Deductible.
- Participating Pharmacy shall collect such amount from the Member and accept such payment as payment-in-full with no further reimbursement due from Member for such claim.
- In no event shall the Member's Coinsurance or Copayment exceed the Calculated Price or Usual and Customary Price.
- Participating Pharmacy shall not charge or take other recourse against Members, their family members, or their representatives for any claims denied or reduced because of Participating Pharmacy's failure to comply with any applicable Law.
- Federal and state laws provide severe penalties for any provider who attempts to bill or collect any payment from a Medicaid recipient for a Covered Service.

FRAUD, WASTE AND ABUSE



- Federal law requires all providers and other entities that receive or make annual Medicaid payments of \$5 million or more to educate their employees, contractors and agents about fraud and false claims laws and the whistleblower protections available under those laws.
- The HHSC Office of Inspector General (OIG) investigates waste, abuse, and fraud in all Health and Human Services agencies in the State of Texas. To report waste, abuse or fraud please call 800 - 436 - 6184 or visit the HHSC OIG website at <https://oig.hhsc.state.tx.us/>.

**Call 877-908-6023 to report
fraud, waste and abuse activity to Navitus.
Your inquiry is confidential and the report will be investigated.**

FRAUD, WASTE AND ABUSE



Definitions

- **Error** – Billing and information submitted incorrectly that resulted in an over or underpayment, data entry errors that cause an alteration in the payment of the claim.
- **Waste** – Practices that spend carelessly and/or allow inefficient use of resources, items or services (1 TAC §371.1601 (57)). *Rebilling before 30 days from the last claim submission date is considered waste and is subject to SIU investigation and sanction.*
- **Abuse** – Practices that are inconsistent with sound fiscal, business or medical practices and that result in unnecessary program cost or in reimbursement for services that are not medically necessary; do not meet professionally recognized standards for health care; or do not meet standards required by contract, statute, regulation, previously sent interpretations of any of the items listed, or authorized governmental explanations of any of the foregoing (1 TAC §371.1601 (1)).
- **Fraud** – Any act that constitutes fraud under applicable Federal or State law, including any intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to that person or some other person (1 TAC §371.1601 (16)).

FRAUD, WASTE AND ABUSE



Examples of Fraudulent Activities

- **Inappropriate billing practices**: Billing for non-existent prescriptions, billing for brand when generics are dispensed, and “shorting” fills of prescriptions.
- **Dispensing expired prescription drugs**: Dispensing drugs after their expiration date, or not stored or handled in accordance with FDA requirements.
- **Prescription refill errors**: Pharmacist provides incorrect number of refills prescribed or too few pills per bottle.
- **“Bait and Switch” pricing**: Beneficiary is led to believe that a drug will cost one price but at the point of sale the beneficiary is charged a higher amount.

DRUG SEEKER PROCESS



Signals/Indications

- Unusual behavior and/or appearance while awaiting filling of prescriptions
- Demonstrates unusual knowledge of specific controlled substances and their mechanisms
- Erratic purchase patterns – doctor shopping, pharmacy shopping, etc.
- Physical signs of usage – tracks, scars, unusual markings, etc.

Pharmacy Shopper/Drug Seeker Defense Strategies:

- Claims processing system edits – refill too soon, duplicate therapy, etc.
- Point-of-sale action by pharmacy staff
- Referrals to law enforcement

PHARMACY PROGRAM COMPLAINTS



- **Member complaint of pharmacy program**
 - Direct member to the respective Managed Care plan contact information on ID card.
- **Member complaint of specific pharmacy provider**
 - Contact Navitus Provider Relations to facilitate resolution at 608-729-1577.
 - Participating Pharmacy is required to cooperate with Navitus, Payers and/or any state or federal entity to resolve complaints by Members.
 - The Participating Pharmacy must make a reasonable effort in a timely manner to rectify the situation that leads to the complaint from an Member.
 - The Participating Pharmacy must maintain written records of events and actions surrounding each complaint.

PHARMACY COMPLAINTS REGARDING NAVITUS PROGRAMS



Call Navitus Texas Provider Hotline (Pharmacy) or Provider Relations Help Desk at 608-729-1577

- All complaints received by Navitus, whether verbal or in written form, shall be responded to in written form.
- Resolution of all complaints shall be completed within thirty (30) days of initial receipt.
- Medicaid managed care providers must exhaust the complaints or grievance process with their managed care health plan and/or PBM before filing a complaint with HHSC. If after completing this process, the provider believes they did not receive full due process from the respective managed care health plan, they may file a complaint or inquiry at HPM_complaints@hhsc.state.tx.us or:

Texas Health and Human Services Commission
Provider Complaints
Health Plan Operations, H-320
PO Box 85200
Austin, Texas 78708

PHARMACY COMPLAINTS REGARDING NAVITUS PROGRAMS



Pharmacy complaint regarding reimbursement:

Navitus allows pharmacies to request review of reimbursement if you experience negative reimbursement for a drug on our MAC list.

- Please complete and fax a MAC Override Request Form for our review.
- Form is located at www.navitus.com>providers>pharmacies log-in (be sure to enter your NPI/NCPDP).
- The NDC in question must be purchased from your primary wholesaler to be eligible for consideration.
- All relevant information must be provided, including a copy of your wholesaler invoice that lists the net acquisition cost of the product, including any wholesaler rebates associated with purchasing of the drug.
- Please note that Navitus does NOT guarantee that all claims produce a positive margin.
 - Navitus will evaluate information provided.
 - Navitus is not obligated to adjust any claim or make changes to the pharmacy reimbursement or the MAC list.
- If the drug claim is approved for adjusted pricing, you can reprocess within 10 business days.

E-PRESCRIBING



Navitus supports e-prescribing for Medicaid

- Navitus provides point of care information available through Surescripts.
 - Eligibility confirmation
 - Daily updates to eligibility facilitator
 - Medication history
 - Formulary and PDL benefit confirmation
 - Formulary “alternative” drug list
 - Formulary lists will be updated no less frequently than weekly
- Navitus expects pharmacies to have ability to accept e-prescriptions and facilitate refills with prescribers.

STAR COVERED BENEFITS



STAR Managed Care Medicaid Program

- There are no copays for the Medicaid program.
- The program allows up to 34 day supply.
 - The Managed Care Plans may allow up to 90 days supply of certain maintenance medications.
- The Managed Care pharmacy program allows an unlimited number of prescriptions to be dispensed each month.
- All Plans must follow the Vendor Drug Program Medicaid formulary and Preferred Drug List (PDL).
- Covered Drugs may be obtained at retail or mail providers.
 - Specialty pharmaceuticals, as defined by HHSC, will be obtained from specialty pharmacy providers.

TEXAS CHIP COVERED BENEFITS



CHIP Medicaid Program

- Copays range from \$0 to \$35 depending on the drug and CHIP member income level.
- The program allows up to 34 day supply.
 - The Managed Care Plans may allow up to 90 days supply of certain maintenance medications.
- The Managed Care pharmacy program allows an unlimited number of prescriptions to be dispensed each month.
- All Plans must follow the Vendor Drug Program Medicaid formulary and Preferred Drug List (PDL).
- Covered Drugs may be obtained at retail or mail providers.
 - Specialty pharmaceuticals, as defined by HHSC, will be obtained from specialty pharmacy providers.

TEXAS MEDICAID FORMULARY



The Texas Drug Formulary covers more than 32,000 line items of drugs including single-source and multi-source (generic) products. The Vendor Drug Program only reimburses pharmacy providers for outpatient prescription drugs.

- The formulary will continue to be developed by HHSC Vendor Drug after March 1, 2012
- STAR and CHIP have separate formularies
- Formularies can be found using the following resources:
 - HHSC Vendor Drug website – www.txvendordrug.com
 - Epocrates - <http://www.epocrates.com/>

PRIOR AUTHORIZATIONS



- Navitus receives and processes pharmacy prior authorizations for our contracted Texas Managed Medicaid MCO members.
- The formulary, prior authorization criteria and length of the prior authorization approval are determined by HHSC.
- Information regarding the formulary and the specific prior authorization criteria can be found at the Vendor Drug website, Epocrates, and Surescripts certified vendors for e-prescribing.

PRIOR AUTHORIZATIONS: PRESCRIBERS



- Prescribers can access prior authorization forms online via www.navitus.com under the “Providers” section or have them faxed by Customer Care to the prescribers office.
- Prescribers will need their NPI and State to access the portal.
- Completed forms can be faxed 24/7 to Navitus at 920-735-5312. Prescribers can also call Navitus Customer Care at 877-908-6023 > prescriber option and speak with the Prior Authorization department between 8 a.m.-5 p.m. M-F Central Time to submit a PA request over the phone.
- Decisions regarding prior authorizations will be made within 24 hours from the time Navitus receives the PA request.
- The provider will be notified by fax of the outcome or verbally, if an approval can be established during a phone request.

PRIOR AUTHORIZATIONS: PHARMACIES



- Medications that require prior authorization will undergo an automated review to determine if the criteria are met.
- If the automated review determines that all the criteria are not met, the claim will be rejected and the pharmacy will receive a message indicating that the drug requires prior authorization.
- When a Prior Authorization is required and the provider is not available to submit the PA request, pharmacies are to dispense a 72-hour supply subject to pharmacist professional judgment
- The following message will be returned to pharmacies on all electronically submitted claims that rejects because the prior authorization criteria have not been met:

“Prescriber should call [insert hotline or call center name and number] or pharmacist should submit 72 hour Emergency Rx if prescriber not available.”

72 HOUR EMERGENCY OVERRIDE



The 72-hour emergency supply should be dispensed any time a prior authorization is not available and a prescription must be filled.

If the prescribing provider cannot be reached or is unable to request a prior authorization, the pharmacy should submit an emergency 72 - hour prescription.

This procedure should not be used for routine and continuous overrides.

For a 72 - hr emergency prescription, pharmacies should submit the following information:

- “8” in “Prior Authorization Type Code” (Field 461 - EU).
- “8Ø1” in “Prior Authorization Number Submitted” (Field 462 - EV).
- “3” in “Days Supply” (Field 4Ø5 - D5, in the Claim segment of the billing transaction).
- The quantity submitted in “Quantity Dispensed” (Field 442 - E7) should not exceed the quantity necessary for a three - day supply according to the directions for administration given by the prescriber. If the medication is a dosage form that prevents a three - day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three - day supply, and enter the full quantity dispensed.

DURABLE MEDICAL EQUIPMENT



- Certain Disposable Medical Supplies (DMS) will be payable under the pharmacy benefit.
 - Some examples include Compression Stockings, Ketostix, Aerochambers, Peak Flow Meters and Diabetes Testing Supplies.
- Navitus will respond with a paid claim response if the DMS product is covered.
- Submit claims for DMS in same manner as a traditional pharmaceutical drug claim.
- Many Durable Medical Equipment (DME) are covered under the medical benefit.
- Pharmacies are encouraged to enter into a contract directly with MCO plans for DME covered benefits.
- Pharmacies may be required to be accredited for DME services to participate.

SPECIALTY MEDICATIONS- NAVITUS GENERAL DEFINITION



Navitus defines a specialty drug as a **subset of medications that have some or all of the following characteristics:**

- Expensive with high medical cost potential.
- Produced through biotechnology mechanism.
- Often administered by injection.
- Associated with complex clinical management.
- Require close patient monitoring.
- Distributed through specialty pharmacy network.

SPECIALTY PRODUCTS AND A PREFERRED PHARMACY NETWORK



In line with the specialty definition provided by Texas HHSC, Navitus intends to institute preferred specialty pharmacy networks for each affiliated health plan in order to:

- Ensure a high degree of clinical oversight for these complex disease states.
- Further clinical and operational collaboration between participating pharmacies and prescribers.

Each Texas MCO will incorporate a specialty pharmacy network to provide specialty pharmacy services.

Claims for specialty pharmacy products that are required to be fulfilled from a specialty pharmacy will reject at point of sale from retail pharmacies.

At this point in time, a firm grasp on the scope of which pharmacies may participate and the associated requirements for participation are undetermined.

CLINICAL EDITS



Navitus will implement upon start of the MCO program similar clinical edits as required by the Texas Vendor Drug program.

Actiq Lozenges

Alina

Altabax

Anticonvulsant agent (Gabapentin)

Antisychotics*

Antiemetics / 5HT3 Receptor Antagonists & Aprepitant

Anxiolytics and sedative hypnotics

Byetta

Carisoprodol overuse

COX-2 Inhibitors

Cyclobenzaprine

Drug Regimen Optimization

Duplicate Therapy

Duragesic (Fentanyl) Transdermal

Fentora

Fosrenol

Growth hormone products

Increlex

Januvia

Opioid Overutilization

Oxycontin (Narcotic Analgesic)

Promethazine Utilization, Age <2*

Propylthiouracil

Quetiapine (Seroquel)

Revatio

Symlin

Synagis

Thiazolidinediones

Topical Immunomodulators

Xifaxan

Xyrem

*indicates mandatory edit

IMPORTANT PHONE NUMBERS



- Navitus Texas Provider Hotline: 877-908-6023 (toll-free)
- Prior Authorization: 877-908-6023 (toll-free)
- Pharmacy Network (request a contract, 835 setup, remits issues): 608-729-1577 or email at providerrelations@navitus.com
- Fraud, Waste, and Abuse: 877-908-6023
- Respective Plans' Member Services Number: refer to Member ID card

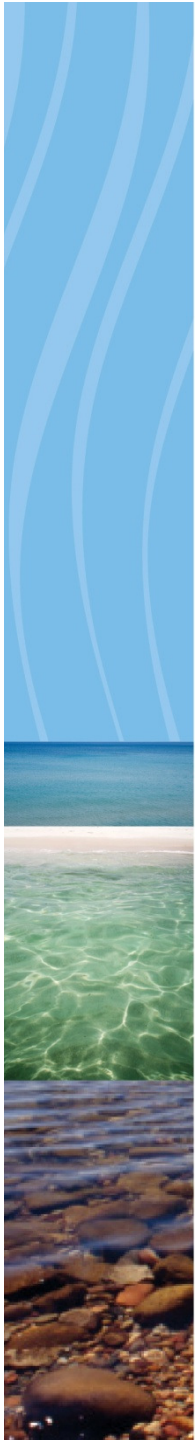
COMMUNICATION MECHANISMS



NETWORK COMMUNICATIONS MECHANISMS

Navitus makes every effort to keep pharmacies informed and up-to-date on the latest operational information, procedures and requirements for Navitus. Information is communicated on a regular basis through the following formats:

	Fax	Email	Website	Navitus Network Department	Navitus Pharmacy Help Desk
Network Updates (Payer sheets, new clients, etc.)	X	X	X		
Changes in fee schedule	X	X	X		
Changes in contracting provisions	X	X		X	
How to obtain benefit, eligibility, formulary, and appeals information			X	X	X
Assistance regarding network issues				X	
Pharmacy Handbook		X	X		X



Share a Clear View

High-Touch Service

Lowest Net Drug Costs

Improved Member Health

