



April 2011

IN THIS EDITION

> Commercial Business Updates

- Proton Pump Inhibitor (PPI) Changes Effective
- Value Prescription Drug List Added to Formulary Offerings
- Updates to the Program Requirements
- Colchicine
- Over-the-Counter Allegra®
- D.O Transition
- Have Updated Information?
- Changes in Processor Control Number

> Medicare Updates

- Documentation of Compliance Training for HIPAA and Fraud, Waste and Abuse
- Medicare Part D Proper Prescriber Identification
- Private Fee-for-Service
- Medicare Part D Billing for Hospice Drugs
- Crossover Claims for LTC Pharmacies
- End-Stage Renal Disease (ESRD) – Exclusion of Part D Payment for ESRD-Related Drugs

Commercial Business Updates

Proton Pump Inhibitor (PPI) changes coming in May

CIGNA is implementing an electronic prior authorization process for commercial plans for non-preferred brand PPIs (Nexium®, Aciphex®, Zegerid®, Prilosec®, Prevacid®, Protonix®). The brand Dexilant® and generics omeprazole, lansoprazole and pantoprazole are CIGNA's preferred products and are priced lower than the non-preferred alternatives.

Claims processed for the non-preferred PPI's will receive a hard- edit denial. In order to process the rejected claims for the non-preferred PPI, pharmacies will need to enter an authorization code, which will be communicated via the online system. This code will also need to be entered for each subsequent fill. If a customer presents a prescription for a non-preferred PPI, we ask that you let them know that there are preferred PPI drugs, which are priced lower and can help them to save money. We appreciate your cooperation.

Value Prescription Drug List Added to Formulary Offerings

Effective June 1, 2011, CIGNA will be offering a Value Prescription Drug List in addition to our currently available Prescription Drug Lists (formularies). The Value Prescription Drug List does not cover drugs that have an over-the-counter (OTC) alternative, drugs

Commercial Business Updates – continued

that treat stomach acid conditions and non-sedating antihistamines to treat allergies. In some cases, medications for certain conditions (allergies, heartburn/ulcers, etc) may be equivalent products to OTC medications available. In these cases, the prescription available class alternatives are excluded from coverage. Examples* include allergy medications such as Allegra, Clarinex, Xyzal and any generics, and heartburn medications such as Nexium, Prilosec, Zantac and any generics. (*Examples, not all-inclusive listing).

If customers have questions regarding non-coverage of previously covered drugs or cost changes due to drug-tier shifts, please direct them to the phone number on the back of their ID card.

Updates to the Program Requirements

Material changes to the “Program Requirements Manual” will be communicated 30 days prior to the effective date of such changes and shall be posted on www.CIGNA.com/pharmacists in the “Notices” section.

New language was added in January 2011 in the section labeled *“Investigations by government agencies,”* which can be found under the “Servicing Participants and Service Standards” section.

Colchicine

In December 2010, the U.S. Food and Drug Administration (FDA) issued an announcement about the marketing of unapproved single-ingredient oral colchicine. While your pharmacy shelves may be stocked with the unapproved colchicine, please be aware that effective June 30, 2011, CIGNA will no longer cover unapproved colchicine. However, approved colchicine will continue to be covered. Currently, Colcrys® is the only FDA-approved single-ingredient oral colchicine product available on the U.S. market.

Over-the-Counter Allegra®

Please be advised that Allegra is now available to customers over-the-counter. Beginning in March 2011, CIGNA will no longer cover Allegra or Fexofenadine, of any strength. The following NDCs will be rejected:

00093-7253-01	00093-7252-01	00088-1109-47	00088-1097-20	00088-1113-30
00955-1705-10	00088-1095-47	00093-7251-01	00088-1090-47	00088-1107-47

CIGNA Medicare plans will continue to cover the above NDCs.

D.0 Transition

A reminder to all pharmacies: it is important to certify your pharmacy for NCPDP version D.0 transitioning over from NCPDP version 5.1. **All** pharmacies must complete a one-time certification process during 2011. To initiate the certification process, each pharmacy trading partner entity should contact Argus to request a certification packet and schedule a testing timeframe via the dedicated toll-free number **888.445.5334** or by emailing a request to: PharmacyPOSSupport@argushealth.com.

All pharmacies should have received payer sheets from Argus in mid-March.

Have updated information?

If your pharmacy has a change of address, phone number, fax number etc., it is imperative that you notify NCPDP at **480.447.1000**. Please remember to contact CIGNA if you have a change in pharmacy ownership or NCPDP number. Updates can be faxed to Pharmacy Network Operations at **860.226.3535** or emailed to PharmacyNetworkOperations@cigna.com. Please allow 10 business days for updates to become effective.

Changes in Processor Control Number

Beginning May 2011, CIGNA will transition Processor Control Number (PCN) 05180000 from a two-payment cycle per month to a five-payment cycle per month. The payment cycles will end on the 6th, 12th, 18th, 24th and the last day of the month.

We will notify you when all other CIGNA PCNs complete their transition to five-payment cycles, targeted for the last quarter of 2011.

Medicare Part D Updates

Documentation of Compliance Training for HIPAA and Fraud, Waste and Abuse

As outlined in Chapter 9 of the Medicare Prescription Drug Benefit manual, CMS requires that Medicare Part D sponsors, first-tier entities and related entities receive annual compliance training. Annual compliance training, including HIPAA and Fraud, Waste, and Abuse training, is required for all persons involved in the delivery or administration of the Medicare Part D benefit. You may already have an established Code of Conduct and Compliance program within your organization. However, if you do not, or you would like to supplement your existing training, CIGNA has made its Medicare Compliance Training presentation module available, which can be accessed by going to www.cigna.com/pharmacists. The training is geared towards CIGNA, and if you elect to use it, you should modify the information as appropriate for your organization or 'downstream' entity.

To support CMS compliance with the annual Compliance, HIPAA, and Fraud, Waste and Abuse training, you should maintain a log of employees requiring training, completing training, and the materials utilized in the training. This information must be available upon request from the Sponsor plan or CMS.

During the month of May, CIGNA will be sending attestations (requiring pharmacy signature) stating the pharmacy is in compliance with required compliance training and other compliance-related standards.

Medicare Part D Proper Prescriber Identification

As a reminder, it is important that the proper prescriber information be submitted when billing for Medicare-covered medications. The use of invalid or incorrect prescriber identifiers (i.e., NPI or DEA#) is against CMS policy. Pharmacies found in violation of this policy, when audited, may face a maximum penalty of "100 percent chargeback" on associated claims. CIGNA will begin quarterly network review for invalid and incorrect prescriber identifier(s). Those pharmacies that have been submitting non-conforming identifiers will be required to implement Corrective Actions Plans.

Private Fee-for-Service

In 2011, CIGNA did not renew their Private Fee-for-Service plans. If you have customers with a CIGNA PFFS ID Card, please have them call the number on the back of their ID Card.

Medicare Part D Billing for Hospice Drugs

CMS requires that people covered by Medicare Part D who are under hospice care should make sure medications related to pain relief or terminal illness symptom control are billed to the Medicare hospice program. If, upon submission to the Medicare hospice plan, it is determined that a medication is not covered, the claim may be adjudicated to the individual's Medicare Part D plan for reimbursement.

Crossover Claims for LTC Pharmacies

CIGNA is aware of the current crossover claims issue for Medicare beneficiaries who receive prescription drugs during hospital stays through Medicare Part A, transitioning to coverage by a Part D plan when their Part A coverage stay ends. We are aware that even if \$0 is input for the dispensing fee, CIGNA is still providing dispensing-fee payment. We are currently working on a fix for this and will notify facilities accordingly.

End-Stage Renal Disease (ESRD) – Exclusion of Part D Payment for ESRD-Related Drugs

Since 1/1/2011, CMS has implemented a bundled prospective payment system (PPS) for renal dialysis services provided by an ESRD dialysis facility that includes drugs and biological drugs used in the treatment of ESRD that were formerly reimbursed under Part D. CMS expects that ESRD facilities will appropriately provide renal dialysis services, including ESRD-related prescription drugs, within the bundled prospective payment. However, if a beneficiary should inappropriately be directed to a pharmacy that is not contracted with the dialysis facility, please review the following two criteria:

1. Drugs that will always be considered renal dialysis drugs when furnished to an ESRD patient. (If a customer is not an ESRD patient and is filling a prescription for one of these ESRD-exclusion drugs, a Prior Authorization Code is required.):
 - a. Drugs used to ensure access by removing clots from grafts, for reverse anticoagulation if too much medication is given, and to provide anesthetic for access placement
 - b. Drugs used to stimulate red blood cell production and/or to treat or prevent anemia
 - c. Vancomycin and daptomycin used to treat access-site infections
 - d. Drugs used to prevent/treat bone disease secondary to dialysis
 - e. Drugs used for deficiencies of naturally-occurring substances needed for cellular management (including levocarnitine)

2. Drugs that may be used for ESRD-related purposes, unless the facility indicates on the prescription that the drug is not ESRD-related, in which case, separate payment may be made under Part D:
 - a. Drugs used to prevent or treat nausea and vomiting secondary to dialysis, excluding antiemetics used in conjunction with chemotherapy
 - b. Drugs used to treat infections (may include antibacterial and antifungal drugs)
 - c. Antipruritics, if used to treat itching secondary to dialysis
 - d. Anxiolytics, if used to treat restless leg syndrome, secondary to dialysis
 - e. Drugs/fluids used to treat fluid excess/overload
 - f. Intravenous drugs/fluids used to treat fluid and electrolyte needs
 - g. Drugs used to treat graft-site pain and to treat pain medication overdose

We're Here When You Need Us

Contact us

- > For claims processing or Medicare Part D questions, call CIGNA Pharmacy Help Desk at **1.800.558.9363**
- > For contracting questions, email Pharmacy Operations at pharmacynetworkoperations@cigna.com
- > For additional information, visit us online:
www.CIGNA.com/pharmacists
www.CIGNA.com/sites/cignamedicare/index.html

Online lookup

For better results at www.CIGNA.com/pharmacists, try searching using the following key phrases:

- > Outcome improvement programs
- > Drug coverage positions
- > Error message codes
- > Newsletter archives

Give Us Your Feedback

We would appreciate any input you may have, including how to make this document more useful as a tool to help you serve our customers. Feel free to contact Pharmacy Network Operations via mail, email or fax with your suggestions and comments.

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