



June 2010

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Commercial Business Update

Diabetic test strip changes effective 8/6/2010

For CIGNA's commercial plans, the preferred diabetic test strips are those manufactured by LifeScan (OneTouch) and Roche (Accu-Chek). Effective 8/6/2010, CIGNA will require an authorization code to process claims for test strips for manufacturers other than Roche or Lifescan. Claims processed for the non-preferred test strips will receive a hard edit denial with the following message:

FREE PREF MTR 1-800-835-7937 #3 PAC0810

In order to process the rejected claims for non-preferred test strips, pharmacies will need to enter **authorization code 0810**. This code will also need to be entered for each subsequent fill. If a customer presents a prescription for a test strip other than those manufactured by Lifescan OneTouch or Roche Accu-Chek, CIGNA asks that you let them know that they are eligible to receive a Free Lifescan or Roche meter by calling 1-800-835-7937, option 3. The new meter will be sent directly to the customer's home address.

DAW Codes

Accurate indication of Dispense as Written (DAW) codes is essential for proper pharmacy reimbursement and copayment assignment. Please use the following DAW codes when transmitting claims:

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DAW 0

Use when dispensing all generic, and single-source brand drugs when neither the patient nor the prescriber makes a choice. Please note that if a multi-source brand drug is dispensed that has a generic equivalent, pharmacy reimbursement will be affected if the claim is transmitted with a DAW 0. There must be a DAW indication of prescriber or patient choice.

DAW 1

Use when the prescriber indicates the brand name equivalent to a multi-source drug.

DAW 2

Use when the patient chooses the multi-source brand product when the generic equivalent is available.

Great-West Prescription Drug List – Preferred Drug List Changes

Performance Formulary – Choice Formulary*			
BRAND ADDITIONS			
Citranatal 90 DHA Citranatal B Calm Duet DHA Complete	Manatal-F Maxalt, Maxalt MLT Multaq	Onglyza Prenexa Requip XL	Toviaz Videx EC Zyprexa Relprev
BRANDS WITH GENERICS			
Allegra D 60-120mg Alphagan-P 0.15% Carnitor 330mg Cozaar Cynaocobalamin vial Depakote Sprinkle 125mg Depakote ER	Desquam X 5% & 10% Dilantin 100mg Dilantin-125 Dolorex Forte 5/500mg Dovonex Hyzaar Locoid	Lofibra 160mg Lopressor HCT Loprox Lotrel Metro Lotion 0.75% Niferex-150 Forte Rebetol Rosanil	Roxicodone 30mg Salex Symax Duotab Tegretol XR Topamax Valtrex Zerit
BRAND DELETIONS			
ACD-A Adrenalick Cortisporin TC	Dilantin 30mg Dilantin 50 mg chewable Halflytely-Biscodyl	Prepidil Prostin E2 Suppository	Ranexa Rythmol SR
Advantage Formulary			
BRANDS WITH GENERICS			
Tegretol XR	Topamax	Dolorex Forte	
BRAND DELETIONS			
Raptiva (manufacturer discontinued)			
GENERIC ADDITIONS			
Sumatriptan Losartan	Losartan-HCT Valcyclovir		

Brand Additions are drugs moving from non-preferred (3rd tier) copay status and will now be covered at the preferred (2nd tier) copay.

Brands with Generics are drugs that have generic equivalents/alternatives and will now be covered at the non-preferred (3rd tier) copay.

Brand Deletions are drugs moving from preferred (2nd tier) copay status and will now be covered at the non-preferred (3rd tier) copay.

* Effective July 1, 2009, the Choice Formulary List was merged with the Performance Formulary List.

Medicare Part D Update:

Medicare Part D Supplement to Program Requirements Manual is available at www.cigna.com/pharmacists or http://www.cigna.com/customer_care/healthcare_professional/pharmacy/index.html?redir=/pharmacists. The following sections were either added or modified from previous version; however, we encourage you to review the entire document for all the updates.

Product Offerings and Standard Benefit Exclusions

We have different Prescription Drug Lists (formularies) depending upon the Plan the beneficiary has chosen to enroll in.

IPDP: There are 3 which an individual can enroll in; each of the three plans is linked to a different Prescription Drug List (Formulary).

IPFFS-MAPD: There is one Prescription Drug List (Formulary) and it is identical to the Prescription Drug List (Formulary) for IPDP-Plan One.

ERPDP and ERPFSS-MAPD: While there is a core Prescription Drug List (Formulary) for Employer Groups, it can vary based on client; for example, many clients buy-up the Standard Part D exclusions and offer them to their retirees.

Part B Claims for CIGNA Medicare Part D PFFS Customers:

Currently CIGNA is unable to process Part B-covered medications and supplies for Private Fee for Service (PFFS) customers at point of service. We are working on enhancements to our system to allow this to occur in the future.

In the meantime, customers can either contact CIGNA Home Delivery Pharmacy at 800.285.4812 to process these claims; or pay out of pocket and submit a direct member reimbursement form to CIGNA Medical to the address on the back of their Pharmacy Id Card. CIGNA will also be enhancing our return message to the pharmacy directing them that the medication is covered under Part B and paid under the medical benefit.

Please contact CIGNA's PFFS customer service number (800.577.9410) with any questions or concerns.

Medication Therapy Management Program: Employer and Individual

The Medication Therapy Management Program (MTMP) is part of CIGNA HealthCare's Medicare Part D Prescription Drug program. MTMP is a voluntary program designed to help high-risk beneficiaries effectively manage their prescription drug benefits. Beneficiaries identified for the program take multiple prescription drugs, have chronic illnesses, and are expected to spend a significant amount of money on medications each year. The individual beneficiary, although enrolled automatically if they qualify, may opt-out of participation in the program if he/she so chooses.

CIGNA HealthCare has a team of pharmacists who may communicate with MTMP eligible beneficiaries to help them understand their chronic conditions and the prescriptions they take. The pharmacists may also perform either comprehensive and/or targeted medication reviews for program beneficiaries. Furthermore, this program will also alert prescribing physicians about potential medication and safety issues identified.

Medicare Part D Sanctioned Provider Denial Error Code

Effective January 21, 2010 the "sanctioned provider" was reinstated for Medicare Part D claims with a denial error code "261 Prescriber currently sanctioned." The denial is due to the prescriber being identified as excluded from participation in Medicare, Medicaid and all Federal health care programs by the Office of Inspector General. The Center for Medicare and Medicaid Services requires that Part D plans prevent payment for any claims for sanctioned prescribers.

Please contact the affected provider to make them aware of the denial. If necessary, advise patients to obtain a new prescription from a different provider; or ask them to provide the name of an alternate provider to contact to obtain an authorization for that prescription.

Prescribers and pharmacies can find more information regarding sanctioned providers at:

Online: <http://oig.hhs.gov/fraud/exclusions.asp>

Email: sanction@oig.hhs.gov

Phone: 410.281.3060

Compliance with Medicare Requirements

Pharmacy agrees to provide to CIGNA all information and data related to Pharmacy's provision of services under the Agreement and the Medicare Part D Addendum as such services pertain to Medicare Part D, required for CIGNA's compliance with audits conducted by CMS or its designees, including but not limited to information and data on prescription drugs claims, utilization, and medication therapy management ("CMS Audit Data"). Pharmacy shall provide CIGNA with CMS Audit Data promptly upon written request from CIGNA, or within such time frames as are necessary for CIGNA to meet CMS audit deadlines as communicated to Pharmacy by CIGNA. Pharmacy shall provide CMS Audit Data in the form and format required by CMS or its designee. Pharmacy acknowledges and agrees that if it is unable to fully comply with CIGNA's requests for CMS Audit Data, whether willfully or inadvertently, that results in incomplete or missing information or data, Pharmacy shall indemnify and hold CIGNA harmless from and against any and all recoveries, fines and penalties assessed by CMS against CIGNA (including possible extrapolated recoveries) as a result of such incomplete or missing information or data.

Medicare Part D Formulary Changes Effective 8/1/10

Cozaar and Hyzaar will move from Preferred Brand (PB) to Non-Preferred Brand (NPB) tier. All affected beneficiaries currently using Cozaar or Hyzaar will be notified via the Explanation of Benefits (EOBs) that will be mailed out later this month.

Reminders

CIGNA HEALTHCARE NOW HAS MULTIPLE BINs AND PCNs – Please refer to member ID card

CIGNA HealthCare logo is displayed on all CIGNA HealthCare customer ID cards. To avoid rejects in prescription claim processing, please be sure to look for and submit claims under the appropriate IIN/BIN and PCN/Control numbers as indicated on the patient's ID card.

Commercial business BIN or IIN (International Identification Number) 600428

PCN 05180000 – Core Great-West Healthcare Business – Help desk phone number 1.800.351.9170

PCN 05190000 – Third Party Administrator business – Help desk phone number 1.800.325.1404

PCN 00600000 – CIGNA HealthCare Business – Help desk phone number 1-800-CIGNA24

PCN 02160000 – CIGNA International Business – Help desk phone number 1-800-CIGNA24

Medicare Part D BIN 012353

PCN 03490000 – CIGNA Medicare Rx (PDP) Program – Help desk phone number 1.800.558.9363

PCN 05000000 – CIGNA Medicare Access Plus Rx (PFFS) – Help desk phone number 1.800.558.9363

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.

CIGNA Pharmacy Management
900 Cottage Grove Road – B5PHR
Hartford, CT 06152

Fax: 1.860.226.3535

Email: PharmacyNetworkOperations@CIGNA.com

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