

Prime Perspective provides information and updates about Prime services.

June 2026: Issue 95

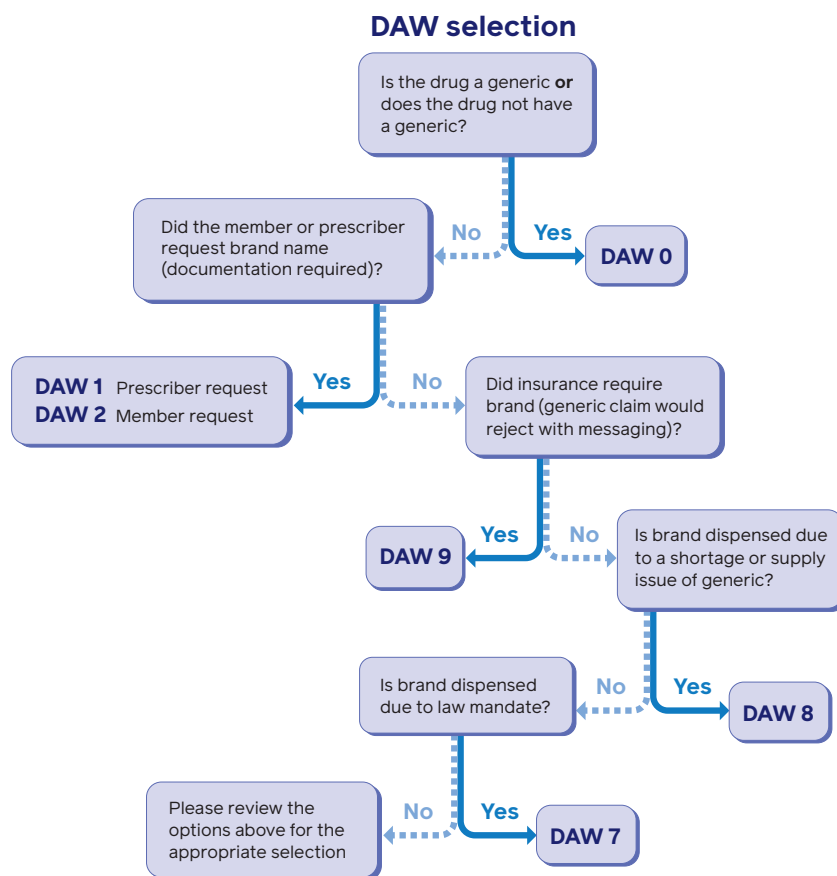
Inside

- Fraud, waste and abuse (FWA) updates 1
- Medicare & Medicaid news 2
- Florida news 3
- Medicare Drug Coverage and Your Rights notice 4
- Prime news 5
- How to reach Prime 5

Fraud, waste and abuse (FWA) updates

Dispense as Written (DAW) code selection

Prime Therapeutics (Prime) continues to see inappropriate DAW code selections. Below, we have provided a guide to help you select the appropriate DAW code. Choosing the correct DAW code helps control costs and keeps your Pharmacy compliant with the standards set by the National Council for Prescription Drug Programs (NCPDP). Please refer to this decision tree each time you apply a DAW code to a claim.



These are DAW codes that are uncommon for use and will reject at point of sale. Pharmacies should review the table above to identify the appropriate code to use.

- DAW 3** Pharmicists selected product (do not use if prescriber authorized multiple products based on coverage)
- DAW 4** Generic not in stock (not due to any other reasons on this chart)
- DAW 5** Brand name dispensed as generic (note that reimbursement is for generic)
- DAW 6** Other (not used at Prime)

If Pharmacy is not able to identify the appropriate code to use, please contact the Prime help desk for support.

Correct submission of specific ophthalmic products

Prime's Provider Manual provides guidance on appropriate calculations for the days' supply of ophthalmic products. The appropriate quantity and days' supply of most commercially available eye drops are based on an average of 15 drops/mL for solution and 12 drops/mL for suspension. There are, however, some products where manufacturer-supplied data indicates otherwise. A few examples are listed in the chart below. Note: This is NOT an exhaustive list, but it does contain some of the most common exceptions to the traditional drops per milliliter.

Product name	Guidance
Eysuvis (0.25% drop)	1 mL = 27 drops
latanoprost (0.005% solution)	1 mL = 30 drops
Miebo (1.3 g/mL drop)	1 mL = 90 drops
Vyzulta (0.024% solution)	1 mL = 33 drops
Zirgan (0.15% gel)	5 g = 135 drops

Appropriate billing of starter kits and maintenance doses

There are several drugs and devices commercially available that are formulated as starter kits or loading doses and maintenance kits/doses. Starter kits for devices such as tubeless insulin pumps typically contain the controller device that will interface with the insulin-delivery device, a certain number of insulin-delivery devices, charging cables and other ancillary supplies needed to initiate pump therapy. Pharmacies within Prime's Pharmacy Network are expected to minimize waste whenever possible. Per the Provider Manual's "Unacceptable Billing Practices" section, when a starter kit is dispensed with insulin-delivery devices, the expectation is that the Pharmacy will not concomitantly bill a maintenance supply of the same insulin-delivery devices. Traditional utilization thresholds would apply to determine when the maintenance supply should be billed. For example, if a starter kit is dispensed with a 30-day supply of insulin-delivery devices and the plan utilization threshold is 70%, then the maintenance kit should be billed on Day 21 or later after the initial fill.

Pharmacy audit information

Please visit [PrimeTherapeutics.com/Providers-and-Physicians](https://www.primetherapeutics.com/providers-and-physicians) for more information regarding pharmacy audits, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines.

Medicare & Medicaid news

Members enrolled with Blue Cross and Blue Shield (BCBS) of Illinois, Montana, New Mexico, Oklahoma and Texas may be able to save time by choosing a 90-day prescription supply instead of a 30-day fill. For many long-term medications, our plans cover a 90-day supply when prescriptions are filled at a preferred Pharmacy. This allows members to get more medication per fill while making the most of their pharmacy benefits.

Filling a 90-day supply can make medication management simpler and more convenient. Fewer trips to the Pharmacy can help reduce missed doses and support better adherence for chronic conditions. Members are encouraged to talk with their doctor or pharmacist about whether a 90-day prescription with refills is appropriate and how to take advantage of this benefit through their BCBS plan.

Medicare E1 Eligibility Query

A Medicare E1 Eligibility Query is a real-time transaction submitted by a Pharmacy to RelayHealth, the transaction facilitator contracted by the Centers for Medicare & Medicaid Services (CMS) to house Medicare eligibility information and respond to transaction requests. An E1 helps determine a member's Medicare Part D coverage and payer order if the member has insurance through more than one benefit plan.

Pharmacies generally submit E1s when members do not have their Medicare Part D identification card. Pharmacies should not submit an E1 for pharmaceutical manufacturer copay assistance coupon programs.

You can visit [Medifacd.McKesson.com/E1/](https://www.medicare.mckesson.com/E1/) for additional information on E1 transactions.

CMS standardized pharmacy notice

CMS requires all Medicare Part D benefit plan sponsors to use a single uniform exceptions and appeals process, with respect to the determination of prescription drug coverage for a member under the plan. Medicare Part D claims will be rejected when a claim cannot be covered under the Medicare Part D benefit plan at the POS.

- *Example:* Pharmacy POS reject code message:
NCPDP Reject Code 569

Pharmacies are required to provide members with the CMS Notice of Medicare Prescription Drug Coverage and Your Rights when they receive NCPDP Reject Code 569. The CMS notice is posted on Prime's website at **[PrimeTherapeutics.com/Additional-Resources](https://www.primetherapeutics.com/additional-resources)**.

Home infusion Pharmacies receiving the NCPDP Reject Code 569 must distribute the CMS notice to the member either electronically, by fax, in person or by first-class mail within 72 hours of receiving the claim rejection.

Long-term care (LTC) Pharmacies receiving the NCPDP Reject Code 569 must contact the prescribing provider or LTC facility to resolve the rejected claim and ensure the member receives their medication or an appropriate substitute. If the Pharmacy must distribute the CMS notice, they must fax or deliver the notice to the member, the member's representative, the prescribing provider or the LTC facility within 72 hours of receiving the claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights is included on Page 4.

National Plan and Provider Enumeration System (NPPES) updates

To ensure pharmacy directory accuracy, the NPPES now allows Pharmacies to certify their National Provider Identifier (NPI) data. Please submit any changes to your Pharmacy's demographic information — including pharmacy name, address, specialty and telephone number — as soon as you are aware of these changes.

Florida news

Florida Blue utilization management program

We will post to **[PrimeTherapeutics.com/Resources](https://www.primetherapeutics.com/resources)** any utilization management (UM) program updates for the upcoming quarter, when available.

Enrollee name: _____ (optional)

Drug and prescription number: _____ (optional)

Medicare Drug Coverage and Your Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a nonpreferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or you can go to your plan’s website. You can ask for 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:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or nonpreferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call **1.800.MEDICARE (1.800.633.4227)** for more information about how to ask for a coverage determination. TTY users can call **1.877.486.2048**. For help contacting your plan, call **1.800.MEDICARE**.

To get this form in an accessible format (like large print, Braille or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit **Medicare.gov/About-Us/Accessibility-Nondiscrimination-Notice**, or call **1.800.MEDICARE (1.800.633.4227)** for more information. TTY users can call **1.877.486.2048**.

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. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at §423.128(b)(7)(iii). 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.

Prime news

Pharmacy licensure

Pharmacies must maintain active and unrestricted licensure, registrations and permits, as required by applicable state and federal regulations.

Pharmacies should visit **PrimeTherapeutics.com** and navigate to “Pharmacy + Provider Resources” for the most current instructions.

Credentialing requirements may change over time; Pharmacies are encouraged to reference the website for the latest guidance.

Annual attestation requirement

The annual FWA attestation form is part of your Pharmacy NCPDP profile. Please complete the form via the NCPDP website. For your convenience, you can go to **PrimeTherapeutics.com/Compliance-Training1** to find instructions for completing the NCPDP form. Pharmacies are also required to complete the offshoring attestation when applicable. Failure to attest to the annual general compliance, FWA training and offshoring may result in termination of participation in one or more networks or termination of the agreement.

Provider Manual update

You can visit **PrimeTherapeutics.com/Provider-Manual** to find a new version of Prime's Provider Manual with an effective date of July 1, 2026, available for review.

Maximum allowable cost (MAC) list updates

If a Pharmacy would like access to Prime's MAC lists, weekly MAC changes, the sources used to determine MAC pricing and the appeals process, please refer to Prime's website for registration instructions. After network participation is verified, the Pharmacy will receive a secure username and password via email.

How to reach Prime

As a service to Pharmacies, Prime publishes Prime Perspective to provide important information regarding claims processing. Prime values your opinion and participation in our network. If you have comments or questions, please contact us.

- Pharmacy contact center: **800.821.4795**
(24 hours a day, 7 days a week)

- Email: **ProviderRelations@PrimeTherapeutics.com**
- Mail: 2900 Ames Crossing Road,
Suite 200,
Eagan, MN 55121

Where do I find formularies?

For commercial formularies, access either the BCBS plan website or **PrimeTherapeutics.com/Commercial-Formularies**.

For Medicare Part D formularies, access **PrimeTherapeutics.com/Formularies-Med-D**.

Keep your pharmacy information current

Prime uses the NCPDP database to obtain key pharmacy demographic information. To update your pharmacy information, go to **NCPDP.org** and click on “Pharmacy Login” at the top right.

Report compliance, privacy or FWA concerns

Prime offers the following hotlines to report compliance, privacy and FWA concerns.

Compliance

Report suspected compliance concerns.

- Phone: **612.777.5523**
- Email: **Compliance@PrimeTherapeutics.com**

Privacy

Report privacy concerns or potential protected health information (PHI) disclosures to Prime via:

- Privacy Hotline: **888.849.7840**
- Email: **Privacy@PrimeTherapeutics.com**

FWA

If you suspect FWA by a covered person, prescribing provider, Pharmacy or anyone else, notify Prime via:

- Phone: **800.731.3269**
- Email: **FraudTipHotline@PrimeTherapeutics.com**

Anonymous reporting

Report a compliance concern or suspected FWA anonymously via:

- Phone: **800.474.8651**
- Email: **Reports@Lighthouse-Services.com**
- Third party vendor's website:
Lighthouse-Services.com/Prime