PRIME THERAPEUTICS®

Prime Perspective

Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

December 2023: Issue 90

INSIDE

Fraud, Waste and Abuse (FWA) updates

Claim Submissions:

General reminder to follow the guidelines below when submitting claims:

- Select the smallest commercially available package size to address the prescription requirements.
- Because plan benefits may have specialty drug limitations, ensure claims are submitted with the number of days the prescription will last and do not exceed the plan benefit.
- Monitor for early refills for drugs with cyclic dosing where the days' supply exceeds the plan benefit.
- Monitor for early refills based on direction for use, DUR messaging provided to Pharmacy, and accurate dispense date.

Return to stock: Unclaimed prescriptions:

Pharmacies are required to reverse any claim for a Prescription Drug Service that is not delivered to or received by the Covered Person within 14 days of submission, unless a shorter time period is required by law or individual company policy. Claims not reversed within 14 days for Prescription Drug Services that are not received by the Covered Person may be subject to audit and investigation. This includes claims that were billed in a previous benefit year that may have a different copay once the new benefit year begins.

Biosimilars

Biologic products are used to diagnose, prevent, treat, and cure diseases and medical conditions. Most are used to treat a range of conditions, including cancers and rare diseases. They may be produced from living organisms or contain components of living organisms.

There are many types of biological products approved for use in the United States, including:

- Therapeutic proteins (such as filgrastim)
- Monoclonal antibodies (such as adalimumab)
- Vaccines (such as those for influenza and tetanus)

A biosimilar product is manufactured to work like its reference biologic. (The original FDA-approved biologic is often called a "reference product".) A biosimilar has no clinically meaningful differences from the reference product. In other words, it is FDA-approved to be just as safe and as effective as the original biologic.[1] When it comes to biosimilars and generics, they are both alternative versions of brand-name drugs. They can be manufactured after the brand-name drugs' patents have expired. A generic has the same active ingredients as its brand-name counterpart.

continued

An FDA approval of a generic means the generic manufacturer has shown, with clinical studies, that the generic performs the same way in the human body as the brand-name drug. The generic drug is equivalent to the brand-name drug in dosage, form, safety, strength, route of administration, quality and performance.[2]

Unlike a generic, a biosimilar will not be identical to its reference product; however, it will provide similar health outcomes for patients. Prescribers and patients should have no concerns about using biosimilar products compared to their reference products. Biosimilars have a separate approval process and are required to provide the FDA with different documentation than generic drugs. Once approved by the FDA, biosimilars and their biologic reference products have been shown to have no clinically meaningful differences in dosage, form, safety, strength, route of administration, purity, or potency.[3]

An interchangeable biosimilar product has a higher bar to meet. In addition to satisfying biosimilar requirements, the manufacturer of an interchangeable biosimilar must demonstrate that its product would produce the same clinical result as the reference product in any given patient. It also must demonstrate that switching between the interchangeable and reference product in a single patient would not increase the risk of safety issues or diminished efficacy, when compared with using the reference biologic product alone.[4] An interchangeable biosimilar may be substituted at the pharmacy for the reference product without the intervention of the prescribing health care provider when allowed by state law— much like how generic drugs are routinely substituted for brand-name drugs. As of August 2023, four biosimilars have been granted interchangeable status by the FDA, with more seeking approval.

References:

1. *Biosimilar and Interchangeable Products*. 10-17-17. US FDA. Fda.gov. https://www.fda.gov/media/151094/download#:~:text=Interchangeable%20Biosimilars,-%E2%80%A2&text=An%20interchangeable%20biosimilar%20may%20be,substituted%20for%20brand-name%20drugs.&text=Not%20all%20biosimilars%20are%20interchangeable.
2. *Overview and basics*. (2023, April 21). U.S. Food and Drug Administration. https://www.fda.gov/drugs/generic-drugs/overview-basics
3. *Abbreviated new drug application (ANDA). Generics*. (2022, December 16). U.S. Food and Drug Administration. https://www.fda.gov/drugs/types-applications/abbreviated-new-drug-application-anda.

Appropriate selection of dispense as written codes

The Prime Therapeutics Special Investigations Unit has identified multiple pharmacies selecting inappropriate dispense as written (DAW) codes at the point of sale. Accurate claims adjudication is dependent upon pharmacies selecting and submitting claims in accordance with NCPDP specifications. The following table lists the DAW codes and when each should be selected when adjudicating a claim:

0 = No product selection indicated	**5 = Substitution allowed - brand drug dispensed as generic**
1 = Substitution not allowed by prescriber	**6 = Override**
2 = Substitution allowed - patient requested that brand product be dispensed	**7 = Substitution not allowed - brand drug mandated by law**
3 = Substitution allowed - pharmacist selected product dispensed	**8 = Substitution allowed - generic drug not available in marketplace**
4 = Substitution allowed - generic drug not in stock	**9 = Other**

continued

Use Authorization (EUA) by the U.S. Food & Drug Administration (FDA) for adults and children age 12 years or older who weigh at least 40kg and test positive for COVID-19 with mild-to-moderate symptoms for five days or fewer and have certain health conditions and/or lifestyle factors that increase the risk of progression to severe COVID-19.

DAW 4 vs. DAW 8

Inappropriate DAW selection has been observed when pharmacies incorrectly select DAW 4 instead of the more appropriate DAW 8. One such example involves the product lenalidomide. On March 7, 2022, Teva Pharmaceuticals launched the generic version of Revlimid®. The availability of this product in the marketplace, however, was not reliable. In these situations, DAW 8 should be selected when adjudicating claims for the brand name Revlimid®. Although DAW 4 = "Substitution allowed – generic drug not in stock" may be true of the pharmacy's inventory at the time of dispensing, DAW 4 is more appropriately used for scenarios when the brand name is in stock, the generic alternative is not, and a delay in treatment might negatively affect the patient. It is advisable in these scenarios to verbally clarify with the prescriber that a brand name medication will be dispensed to the patient despite the prescription stating generic substitution is acceptable. This communication should be documented on the original hard copy or electronically noted in the pharmacy's online system prior to dispensing.

In summary, pharmacies are responsible for submitting the correct DAW in accordance with NCPDP billing standards and applicable laws. Incorrect use of DAW codes when submitting a claim can alter adjudication and/or payment, and can result in higher member copays.

2023 strategy and formulary recommendations

Prime has recommended two strategies for commercial formularies which will include the originator, Humira®, and two of its biosimilars so plans can choose the approach that is best for their members. Prime clients may also choose to deviate from the standard recommendation and customize their formularies. In this way, Prime offers optionality based on the biosimilar market and clients' unique needs. Further, coverage of Humira® and these biosimilars provides members with greater choice to help ensure they, along with their provider, can make appropriate care decisions.

Commercial clients will have the option to include coverage of the following biosimilars:

- Amjevita™ (Amgen, low concentration) and Cyltezo® (Boehringer Ingelheim, interchangeable, low concentration);

  or

- Amjevita™ (Amgen, low concentration) and Hadlima™ (Organon/Samsung Bioepis, high and low concentration)

Medicare benefit sponsors have the option to include coverage of Cyltezo® (Boehringer Ingelheim, interchangeable, low concentration) in Medicare Part D formularies.

While the current industry focus is on the 2023 Humira® biosimilars, there is an increasing number of biosimilar products expected over the next decade for which Prime will help clients prepare and manage.

As part of its total drug management strategy, Prime supports evidence-based use of FDA-approved biosimilars. And we will continue to monitor the Humira® biosimilars pipeline to make future recommendations designed to accommodate market access and client needs. Follow how Prime continues to innovate in the biosimilar space.

1. *Projected US Savings from Biosimilars*, 2021-2025. (2022, January 3). The American Journal of Managed Care. https://www.ajmc.com/view/projected-us-savings-from-biosimilars-2021-2025.

2. *2023 Biosimilars Report*. CardinalHealth. https://www.cardinalhealth.com/content/dam/corp/web/documents/Report/cardinal-health-biosimilars-report-2023.pdf.

Pharmacy audit information

For more information regarding pharmacy audits, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines, please visit Prime's website at **primetherapeutics.com/resources/.**

continued

Medicare news/Medicaid news

Medicare E1 Eligibility Query

An E1 Eligibility Query is a real-time transaction submitted by a pharmacy to RelayHealth, the transaction facilitator contracted by CMS to house Medicare eligibility information and respond to transaction requests. It 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 E1 Queries when members do not have their Medicare Part D Identification Card.

Additional information on E1 Transactions can be found at **https://medifacd.mckesson.com/e1/**.

Pharmacies should not submit an E1 Query for pharmaceutical manufacturer copay assistance coupon programs.

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 point of sale (POS).

Pharmacy claims will be rejected with the following POS reject code:

- 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 of Medicare Prescription Drug Coverage and Your Rights form is posted on Prime's website at **https://www.primetherapeutics.com/resources/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 to ensure the Covered Person receives their needed medication or an appropriate substitute. If the Pharmacy must distribute the CMS notice, they must fax or deliver the notice to the Covered Person, the Covered Person's representative, Prescribing Provider or LTC facility within 72 hours of receiving the claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons has been included on Page 5 of this publication.

National Plan/Provider Enumeration System – updates

To ensure pharmacy directory accuracy, the National Plan/Provider Enumeration System (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.

continued

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.

Form CMS -10147 OMB Approval No. 0938-0975 (Expires: 02/28/2025)

Florida news

Florida Blue utilization management program

Utilization management (UM) program updates for the upcoming quarter, when available, will be posted on Prime's website at **primetherapeutics.com/resources/.**

HCSC news

100-day supply and auto-refill for better medication adherence

Medication adherence is important to HCSC and Medicare. Nonadherence with medications used to treat long term conditions is a major cause of morbidity in older patients and has been associated with poor therapeutic outcomes, progression of disease and increased health care utilization. To help members adhere to their medications, HCSC Medicare Advantage members are eligible to receive a 100-day supply of Tier 1 medications for the same copay as a 90-day supply.

Even if the member is already receiving a 90-day supply, switching them to a 100-day supply gives them 10 more days of medication at no additional cost.

In most cases, you can switch to a 100-day supply without a new prescription by using remaining refills. Please be sure to obtain additional refills from the provider to avoid any future refill delays.

Medication adherence can also be helped by setting up autofill for the member: Offer and help our members set up auto refills so they don't forget to refill their medications.

Regence news

100-day supply and auto-refill for better medication adherence

Medication adherence is important to Regence and Medicare. Nonadherence to chronic medications is a major cause of morbidity in older patients and has been associated with poor therapeutic outcomes, progression of disease and increased health care utilization. To help members adhere to their medications, Regence Medicare Advantage members are eligible to receive a 100-day supply of chronic medications for the same copay as a 90-day supply.[1]

Even if the member is already receiving a 90-day supply, switching them to a 100-day supply gives them 10 more days of medication at no additional cost.[2]

In most cases, you can switch to a 100-day supply without a new prescription by using remaining refills. Please be sure to obtain additional refills from the provider to avoid any future refill delays.

Other ways you can improve medication adherence include:

- Synchronizing refills: Call our Pharmacy Help Desk at **800-821-4795** to get help with synchronizing refills.
- Setting up autofill for the member: Offer and help our members set up auto refills so they don't forget to refill their medications.

If you have questions about claims processing, please call the Prime Pharmacy Help Desk at **800-821-4795**.

[1]Formulary medications on Tiers 1–4 are eligible.

[2]Does not apply when the member is in the deductible phase, coverage gap or catastrophic phase.

Medicare Processing Update

BlueCross BlueShield of North Carolina BlueMedicare Experience Health Medicare Advantage℠ (HMO) New Covered Person ID

Effective January 1, 2024

Effective January 1, 2024, BlueCross BlueShield North Carolina (BCBSNC) and Experience Health Medicare Advantage℠ (HMO) Covered Persons will have new Member ID numbers. Blue Cross NC is issuing new ID cards to Medicare Covered Persons in mid-December. These cards will have a new Member ID, which is effective 1/1/2024. Any claims using a Member ID from 2023 will be denied at point-of-sale. Covered Persons have been instructed to present their new ID card when filling a prescription. Covered Persons can also access their ID card using the Blue Connect app. Pharmacies experiencing issues processing claims using the new ID cards are encouraged to contact Prime's Pharmacy Help Desk **877.277.7893**.

Covered Person ID numbers will change from an 11-character alpha numeric id(J1234567890) to an 11 digit all numeric ID (12345678900).

All claims for Covered Persons of BCBNC BlueMedicare for Medicare MAPD, PDP and Medical Only Part B and Experience Health Medicare Advantage℠ (HMO) should be submitting claims with the following information below:

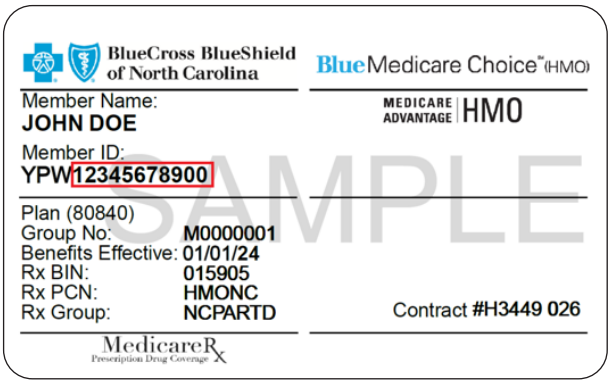
Plan Sponsor	Plan Name	BIN	PCN
BCBSNC	BlueMedicare Essential Plus (HMO-POS) (MAPD) BlueMedicare Enhanced (HMO-POS) (MAPD) BlueMedicare Choice (HMO) (MAPD) Blue Medicare Essential (HMO) (MAPD)	Ø159Ø5	HMONC
BCBSNC	BlueMedicare PPO Enhanced (MAPD)	Ø159Ø5	PPONC
BCBSNC	BlueMedicare Rx Standard (PDP) BlueMedicare Rx Enhanced (PDP)	Ø159Ø5	PDPNC
BCBSNC	BlueMedicare HMO EGWP Complete (MAPD) BlueMedicare HMO EGWP Classic (MAPD)	Ø159Ø5	HMONCG
BCBSNC	BlueMedicare PPO EGWP Complete (MAPD) BlueMedicare PPO EGWP Classic (MAPD	Ø159Ø5	PPONCG
BCBSNC	BlueMedicare Rx EGWP Complete (PDP) BlueMedicare Rx EGWP HCE COE (PDP)	Ø159Ø5	PDPNCG
BCBSNC	BlueMedicare Medical Only (HMO-POS) (PARTB)	Ø159Ø5	PARTBMA
BCBSNC	Experience Health Medicare Advantage℠ (HMO) (MAPD)	Ø2Ø289	EHPARTD

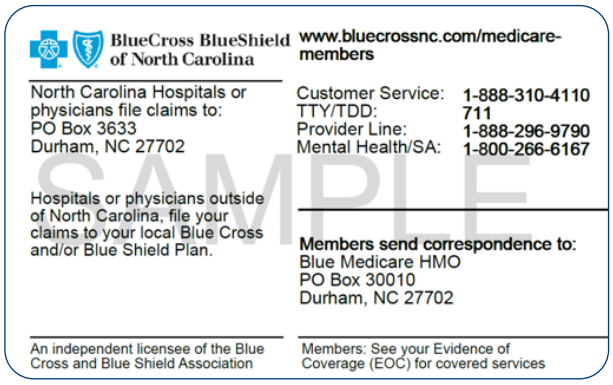
Medicare Processing Update

BlueCross BlueShield of North Carolina BlueMedicare Experience Health Medicare Advantage℠ (HMO) New Covered Person ID

Effective January 1, 2024

Featured Below are examples of most common id cards:





Medicaid and Medicare Processing Update

BluePlus MinnesotaCare and Blue Advantage℠
SecureBlue℠ (HMO SNP)
New Covered Person ID

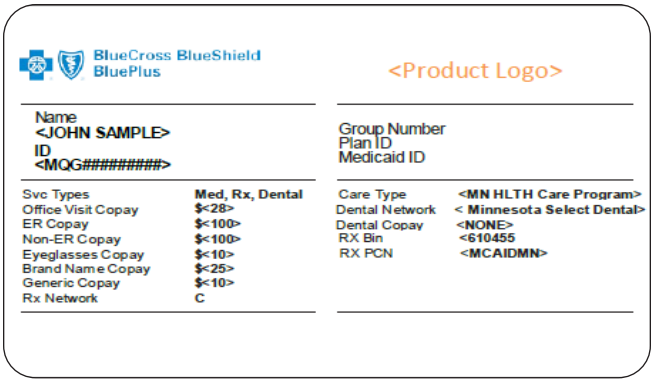
Effective January 1, 2024

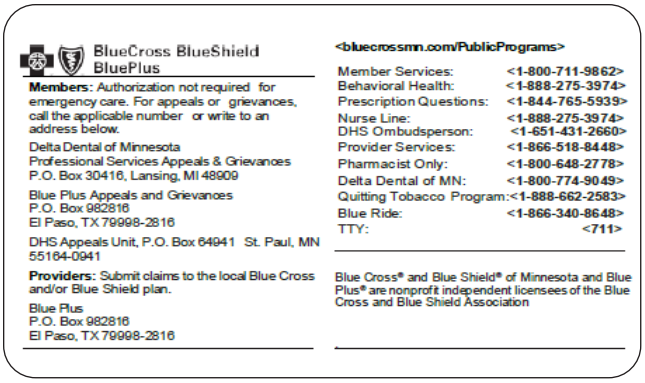
Effective January 1, 2024, Blue Cross Blue Shield of Minnesota and BluePlus (BluePlus) Medicaid and Medicare Covered Persons will have new Cardholder ID numbers. All Covered Persons will receive new ID cards. As a reminder, any Medicaid or Medicare claims using a 2023 Cardholder ID will be rejected at point-of-sale starting January 1, 2024. Covered Persons have been instructed to present their new ID card when filling a prescription at Participating Pharmacies. Pharmacies experiencing issues processing claims using the new ID cards are encouraged to contact Prime's Pharmacy Help Desk at **844.765.5940 for Medicaid and 800.648.2778 for Medicare.**

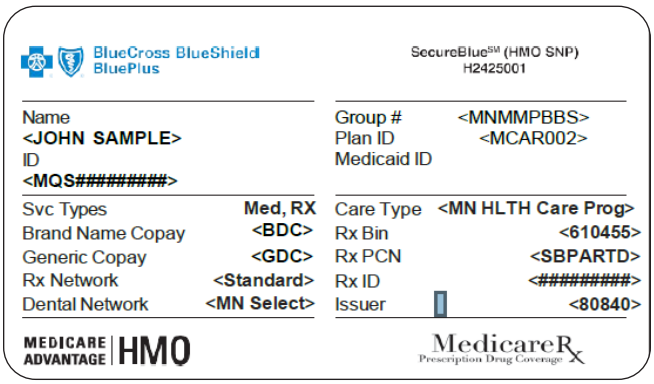
All claims for Covered Persons of BluePlus should be submitting claims with the following information below:

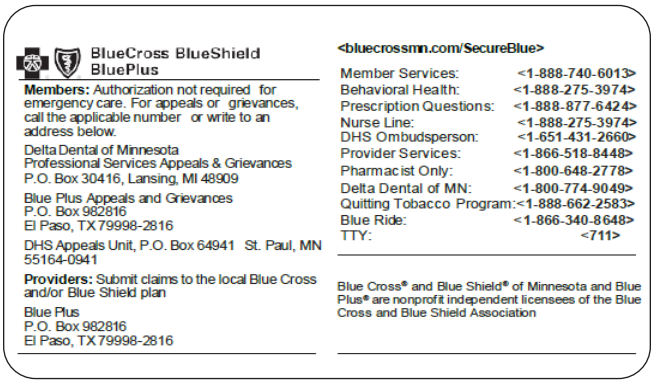
Plan Sponsor	Plan Name	BIN	PCN
BCBSMN	BlueCross BlueShield BluePlus MinnesotaCare BlueCross BlueShield BluePlus Blue Advantage	61Ø455	MCAIDMN
BCBSMN	BlueCross BlueShield BluePlus SecureBlue℠ (HMO SNP)	61Ø455	SBPARTD

Featured Below are examples of most common id cards:









New Plan Announcement

BlueCross BlueShield of Montana – Blue Cross Medicare Advantage (PPO)℠

Effective January 1, 2024

Effective January 1, 2024, Prime Therapeutics (Prime) will begin processing Medicare Part B claims for Covered Persons of a new BlueCross BlueShield of Montana plan.

Processing Requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2024:

BCBSMT Part B Blue Cross Medicare Advantage (PPO)℠

BIN: ---------- 011552

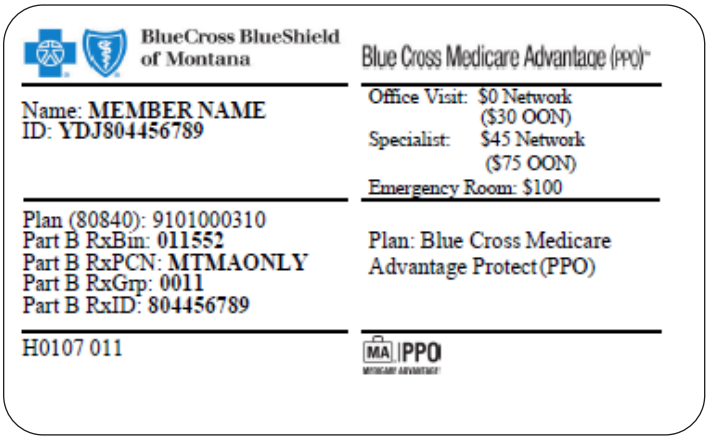
PCN: ---------- MTMAONLY

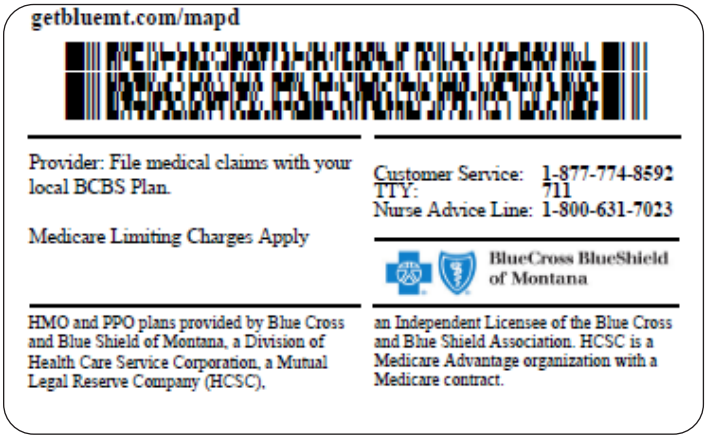
- Covered Person ID Number
- Date of Birth
- Gender
- Rx Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Perscription Written
- Prescription Orgin Code
- Pharmacy Service Type
- Patient Residence

For more information

- Medicare Part B claims with a fill date on or after January 1, 2024 must be submitted with the BIN/PCN outlined on the left for Covered Persons on the new plan.
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at **877.277.7898**.
- Prime's Medicare Part B payer specification sheets are available at **PrimeTherapeutics.com › Resources› Pharmacist› Pharmacy claim processing › Payer sheet › Medicare Part B D.0 Pharmacy Payer Sheet**.

Featured below is an example of the most common ID card used:





New Plan Announcement

BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage.

Effective January 1, 2024

Effective January 1, 2024, Prime Therapeutics (Prime) will begin processing Medicare Part B claims for Covered Persons of BlueCross BlueShield of Kansas Preferred Blue Medicare Advantage.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2024.

BCBSKS Preferred Blue Medicare Advantage

BIN: ---------- 610455

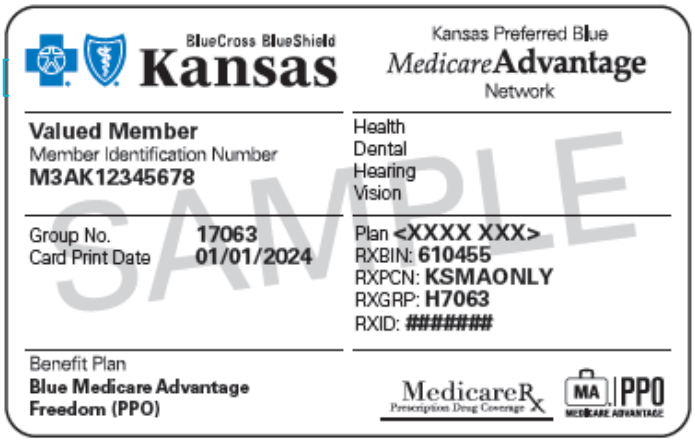
PCN: ---------- KSMAONLY

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Perscription Written
- Prescription Orgin Code
- Pharmacy Service Type
- Patient Residence

For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2024, must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at **866.230.7265**
- Prime's Medicare Part B payer specification sheets are available at **PrimeTherapeutics.com › Resources› Pharmacist› Pharmacy claim processing › Payer sheet › Medicare Part B D.0 Pharmacy Payer Sheet**.

Featured below is an example of the most common ID card used:



Prime news

Vaccine coverage

As a reminder, the following Plan Sponsors use Prime's Commercial Vaccine Network:

- BCBS of Alabama
- BCBS of Illinois
- BCBS of Kansas
- BCBS of Minnesota
- BCBS of Montana
- BCBS of Nebraska
- BCBS of New Mexico
- BCBS of North Carolina
- BCBS of North Dakota
- BCBS of Oklahoma
- BCBS of Rhode Island
- BCBS of Texas
- BCBS of Wyoming
- Boeing
- BridgeSpan Health Idaho
- BridgeSpan Health Oregon
- BridgeSpan Health Utah
- BridgeSpan Health Washington
- Capital Health Plan
- Florida Blue
- Horizon BCBS of New Jersey
- Regence BlueShield of Idaho
- Regence BlueCross BlueShield of Oregon
- Regence BlueCross BlueShield of Utah
- Regence BlueShield
- Truli for Health

Pharmacy licensure

Pharmacies with independent contracts must provide Prime with the following on an annual basis:

- Certificate of Insurance with proof of general and professional liability insurance

To update our records, please visit our website at **https://pharmacy.primetherapeutics.com/en/resources/pharmacists/ac.html.**

Choose **Renewal of Pharmacy Certificate of Insurance** from the options and follow the instructions to upload and submit a PDF of your current or renewed Certificate of Insurance.

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, instructions for completing the NCPDP form are on Prime's website at **Compliance & FWA training and certification requirements (primetherapeutics.com).** 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

A new version of Prime's Provider Manual with an effective date of January 1, 2024, is available for review on Prime's website at **primetherapeutics.com/resources/provider-manual/.** Please continue to use the July 2023 Provider Manual until January 1, 2024.

MAC list updates

If a Pharmacy would like access to Prime's Maximum Allowable Cost (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 Therapeutics

As a service to Pharmacies, Prime publishes the *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:

- By phone: Prime's Pharmacy Contact Center **800.821.4795** (24 hours a day, 7 days a week)
- By email: **ProviderRelations@primetherapeutics.com**
- By mail: 2900 Ames Crossing Road, Eagan, MN 55121

Where do I find formularies?

For commercial formularies, access either the Blue Cross Blue Shield plan website or **primetherapeutics.com/resources/commercial-formularies/.**

For Medicare Part D formularies, access **primetherapeutics.com/resources/formularies-medicare-part-d/.**

Keep your pharmacy information current

Prime uses the National Council for Prescription Drug Programs (NCPDP) database to obtain key pharmacy demographic information. To update your pharmacy information, go to **www.ncpdp.org** (Pharmacy Login located at top right).

Report Compliance, Privacy, or Fraud, Waste and Abuse concerns

Prime offers the following hotlines to report compliance, privacy, and Fraud, Waste and Abuse (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:

- Privacy Hotline: **888.849.7840**
- Email: **privacy@primetherapeutics.com**

Fraud, Waste and Abuse

If you suspect Fraud, Waste or Abuse (FWA) by a Covered Person, Prescribing Provider, Pharmacy or anyone else, notify Prime:

- Phone: **800.731.3269**
- Email: **fraudtiphotline@primetherapeutics.com**

Anonymous reporting

Report a compliance concern or suspected Fraud, Waste or Abuse anonymously by contacting Prime's 24-hour anonymous compliance hotline:

- Phone: **800.474.8651**
- Email: **reports@lighthouse-services.com**
- Third-party vendor's website: **www.lighthouse-services.com/prime**