



Standardized Additional Messages

April 10, 2006

To supplement established prescription drug reject codes, America's Health Insurance Plans (AHIP), the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA) recommend the use of standardized additional messaging to provide additional information to assist pharmacists in taking further action. This messaging will also result in consistent use of key terms by Part D plans. The standardized additional messaging focuses on four critical areas: NDC Not Covered, Prior Authorization Required, Plan Limitation Exceeded and Pharmacy Not Contracted.

NDC Not Covered

Non-formulary medications: A standard message was developed to provide formulary alternatives to pharmacists in the event of a rejection due to non-formulary medications.

Prior Authorization Required

Prior authorization medications: A standard message was developed to provide Plan contact information to pharmacists to initiate the Plan's prior authorization requirements.

Plan Limitations Exceeded

Invalid quantity medications: A standard message was developed to inform pharmacists when the quantity prescribed exceeds the daily dose approved by the Plan.

Invalid day supply medications: A standard message was developed to inform pharmacists when the quantity prescribed exceeds the maximum number of days supply approved by the Plan.

Invalid time period medications: A standard message was developed to inform pharmacists when the quantity prescribed exceeds the maximum number of days approved by the Plan per given time period.

Invalid medications due to patient age: A standard message was developed to inform pharmacists when the drug being dispensed is contraindicated based on the member's age

Invalid medications due to patient gender: A standard message was developed to inform pharmacists when the drug being dispensed is contraindicated based on the member's gender

Pharmacy Not Contracted

Pharmacy not contracted in plan network (for specialty, home infusion, long-term care and 90 day supply claims): Standard messages were created to inform pharmacists when they cannot process claims because they are not contracted with a Plan's pharmacy network. Information is provided on how pharmacists can become contracted in the Plan's pharmacy network.

New Reject Codes

AHIP, NACDS and NCPA have also worked with National Council of Prescription Drug Programs (NCPDP) to develop 2 new reject codes that will be returned in the message field to supplement the reject code of "NDC Not Covered." These messages are designed to help the pharmacist better understand why the medication is not covered and what additional action to take in order to service the customer without the necessity of time-consuming phone calls.

Reject Code A5: "Not Covered Under Part D by Law"

This reject message would be used for drugs/products which are excluded from coverage under basic Medicare Part D benefits as mandated by the Medicare Modernization Act (MMA)

Reject Code A6: "This medication may be covered under Part B and therefore cannot be covered under the Part D basic benefit for this beneficiary"

This reject message would be used for drugs/products when Medicare Part B is most likely the source for payment.