

## SPECIALTY NETWORK BASE PHARMACY PARTICIPATION REQUIREMENTS

### Credentialing Requirements

- To participate as a specialty pharmacy in specialty networks administered by Prime, pharmacy must meet the base terms, conditions, and requirements described in this document.
- Specific networks may require additional terms and conditions.
- Pharmacy must agree to accept the applicable network fee schedule.
- Pharmacy must have **pharmacy licenses** and have **pharmacists licensed** in the states where services will be provided in accordance with applicable law.
- Pharmacy must have a valid **DEA certificate**.
- Pharmacy must submit pharmacy attestations, which include questions that may disqualify a pharmacy from participation.
- Pharmacy must submit all required licenses and proof of insurance.
- Pharmacy must complete the current year’s Fraud Waste and Abuse (FWA) Training.
- Pharmacy must meet standard credentialing criteria.
- **To qualify as a specialty pharmacy, at least 70% of the pharmacy’s business must be managing specialty medications.**
- Pharmacy must meet specialty pharmacy participation requirements, including sufficient evidence demonstrating satisfaction of the terms and conditions of participation in the following areas:
  - Clinical expertise and competency including staff training.
  - Clinically appropriate member education materials.
  - Medication adherence programs.
  - Clinical intervention activity programs.
  - Clinical management program capabilities and competency for specialty therapeutic services.
- Applications are received during open enrollment periods.

### Specialty Pharmacy Participation Requirements

Criteria	Requirement
Delivery of specialty prescription drug service	Upon Pharmacy’s receipt of a Clean Referral, Pharmacy shall schedule delivery of the Specialty Prescription Drug Services requested on the agreed upon “needs by” delivery date.
Telephone communication	Pharmacy will operate toll-free customer service lines from 8 a.m. to 7 p.m. Eastern time, 7 a.m. to 6 p.m. Central time, Monday through Friday.
Inbound and outbound calls	Pharmacy must provide (1) an inbound pharmacy professional to be available during business hours and a pharmacist or clinical nurse to be on call 24 hours a day, including holidays to address urgent medication issues or other symptomatic concerns of Covered Persons, and (2) Outbound calls by pharmacy professionals to Covered Persons to address drug delivery, disease state and compliance concerns (otherwise known as adherence and persistency.)

Criteria	Requirement
Urgent and same day delivery	Pharmacy must have an established contingency plan for accommodating urgent and/or same day delivery of Specialty Prescription Drug Services.
Delivery logs	Pharmacy must maintain a Delivery Log containing (1) date of delivery; (2) corresponding prescription number(s) of the prescriptions included in the delivery; (3) signature of the individual acknowledging the receipt of delivery on behalf of the covered person OR Confirmation of Delivery from USPS or another nationally recognized courier.
Delivery monitoring	Pharmacy must monitor deliveries daily for any undeliverable packages. If pharmacy determines an order was not or will not be delivered on time, then pharmacy will attempt to contact the Covered Person within 1 business day of scheduled delivery date.
Ancillary supplies	Pharmacy will supply any ancillary supplies necessary for drug administration at no extra cost to the Covered Person, Prime or Benefit Sponsor. Ancillary supplies include, but not limited to, sharps containers, alcohol swabs, needles, syringes, injection site devices, and any injection site maintenance supplies. Pharmacy will supply any necessary administration and hazardous waste disposal supplies to Covered Person, upon request.
Clinical programs	<p>Pharmacy must offer and administer documented Clinical Programs throughout the course of a Covered Person’s medication treatment. Clinical Programs should be accomplished and documented through regular contact between various Pharmacy Professionals and the Covered Person. Clinical Programs should address specific areas, in addition to dispensing, including:</p> <ul style="list-style-type: none"> <li>○ Proactive dose optimization / waste management (e.g., avoid billing greater vial size than what is necessary to supply the ordered dose)</li> <li>○ Education on administration and use of the medication therapy</li> <li>○ Medication adherence</li> <li>○ Behavioral health and quality of life assessment of the Covered Person</li> <li>○ Side effect management</li> </ul>
Care coordination	Pharmacy coordinates clinical needs of the Covered Person with Prescribers and their staff.
Accreditation	For each site of dispensing, the Pharmacy must have current full accreditation by Utilization Review Accreditation Commission (URAC) or The Joint Commission (TJC), or Accreditation Commission of Health Care, Inc. (ACHC) as a specialty pharmacy, to the extent that such accreditation is not inconsistent with applicable law.
Field support	Pharmacy must have at least one (1) field support representative where their role shall be to assist in educating Prescribers about the pharmacy’s services and Prime’s Specialty programs. Pharmacy will furnish the name and contact information of the field support representative(s) and reports accounting for their activities
Specialty drugs	Pharmacy must have access and be able to dispense specialty drugs on the Prime Therapeutics Specialty Drug Management List, excluding those with Limited Distribution status. This list is subject to change.
Medical program participation	Pharmacy shall participate in a Benefit Sponsors’ medical program in conjunction with participation under Prime’s Specialty Network. Please list participation in Benefit Sponsor’s medical program(s).

Criteria	Requirement
Clinical expertise and competency including staff training	<ul style="list-style-type: none"> <li>• Pharmacy must provide policies and procedures for orientation, training, and continuing education appropriate for staff and in accordance with licensure standards.</li> <li>• Pharmacy must provide initial and ongoing clinical education &amp; training documents for clinical and non- clinical staff for the past 12 months for all employees including date, topic, name &amp; title of staff member, etc. Clinical staff training for each condition should include the minimum: <ul style="list-style-type: none"> <li>○ Condition overview related to dispensed specialty medications, including supporting medication(s) and those used for ancillary care.</li> <li>○ Pharmacology</li> <li>○ Dosing including waste management</li> <li>○ Adverse drug reactions</li> <li>○ Drug-to-drug interactions</li> <li>○ Drug-to-disease interactions</li> <li>○ Treatment regimens and guidelines</li> <li>○ Emerging study data</li> <li>○ New to market medications (include process for ad hoc new drug approvals)</li> <li>○ REMS programs</li> </ul> </li> </ul>
Clinically appropriate member education materials	<ul style="list-style-type: none"> <li>• Pharmacy must provide policies and procedures for creating and updating culturally appropriate <i>disease and drug</i> specific member education materials. Education materials must meet literacy requirements in accordance with applicable law. Pharmacy must include examples of disease and drug specific printed member education materials for each Clinical Management Program specialty categories.</li> <li>• Pharmacy must provide policies and procedures supporting education materials which support Covered Persons requiring different languages or cognitive or physical impairments (e.g., vision impairment).</li> </ul>
Medication adherence programs	Pharmacy must provide policies and procedures describing medication adherence program processes including member interactions, screening for non-adherence, intervention plan, follow-up, and outcome for all Clinical Management Program specialty categories.
Clinical intervention activity	<ul style="list-style-type: none"> <li>• Pharmacy must provide policies and procedures describing pharmacist clinical review, interventions and outcomes including: <ul style="list-style-type: none"> <li>○ Appropriateness of drug regimen</li> <li>○ Dosage and frequency in relation to diagnosis</li> <li>○ Dose optimization</li> <li>○ Adverse events</li> <li>○ Outcomes</li> </ul> </li> <li>• Pharmacy must provide policies and procedures describing Covered Person education process on counseling including but not limited to administration, side effects, drug interactions and copay assistance.</li> </ul>

Criteria	Requirement
Clinical management program capabilities	<ul style="list-style-type: none"> <li>• Pharmacy must provide policies and procedures describing Clinical Management Programs (“CMP”) including how frequently these programs are assessed, updated and description of process flow and protocols for each therapeutic category (chronic inflammatory diseases, multiple sclerosis, hepatitis C virus and oncology) including (but not limited to): <ul style="list-style-type: none"> <li>○ Disease specific labs and other monitoring assessments (e.g., MHAQ)</li> <li>○ Medication therapy assessment for appropriateness, tolerability and side effects</li> <li>○ Depression screening</li> <li>○ Schedule/timing of Covered Person interactions including initial consultation and follow-up consultations</li> <li>○ Identification of prescriber outreach and follow-up.</li> <li>○ CMP questionnaires utilized for each therapeutic category.</li> </ul> </li> <li>• Examples of actual assessments and care plans for each therapeutic category (patient information removed).</li> <li>• If Pharmacy services patients in optional therapeutic categories including pulmonary hypertension, hemophilia and hereditary angioedema, the above information must be included as well.</li> </ul>

## Pharmacy Attestations

**CHECK boxes Yes or No. Submit any explanations and descriptions on a separate attachment.**

1. The pharmacy has had claims, settlements or judgments against it in the last 5 years relating to dispensing practices, record keeping, or other relevant matters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The pharmacy has filed for bankruptcy, receivership or reorganization. If yes, provide the date and status. <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The pharmacy has a Quality Assurance program or formal written procedures in place for preventing and handling prescription errors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The pharmacy has a process in place to verify its personnel maintain active licensure and certification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. All pharmacy personnel are covered under the pharmacy's malpractice insurance or their own malpractice insurance policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The pharmacy has a process in place to review the Social Security Administration (SSA) Deathmaster list monthly to verify it does not have any pharmacists on the list that continue to render Prescription Drug Services to Covered Persons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has the pharmacy, its principals, owners or its personnel (i.e. employees, temporary workers, agents, etc.):		
A. Been denied access to a health plan's, Prime's or other pharmacy benefit management company's pharmacy network at any time in the previous five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Been removed or terminated by a health plan, preferred provider organization, third party payor, pharmacy benefit management company, PSAO, Prime or other similar organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Been subject to any government (i.e. federal, state or local) regulatory or disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Been charged with a criminal offense involving government or healthcare business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Been convicted of a drug-related or pharmacy-related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Been listed by a governmental agency as debarred from work with that agency, proposed for debarment from a government agency, or suspended from any government work, or otherwise precluded from participating in any government program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Been debarred, suspended, proposed for debarment or suspension, or otherwise excluded, terminated for cause of default or declared ineligible for the award of contracts by or participation in any government program, department or agency (federal, state or local)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Experienced a voluntary or involuntary revocation of a state or DEA license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Been charged with, or convicted of, or had a civil judgment rendered against them for the commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>J. Been excluded from participation for a Federal program, including but not limited to Medicare, Medicaid, federal health care programs or federal behavioral health care programs pursuant to Title XI of the Social Security Act, 42 U.S.C. section 1320a-7 and other applicable federal statutes?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>K. Does any pharmacy staff use illegal drugs? If yes, then attach PDF explanation.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No