

Express Scripts Prescription Monitoring Program

Military Treatment Facilities

2016



Confidential Information

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What is the Prescription Monitoring Program?

The Prescription Monitoring Program identifies TRICARE® beneficiaries who exhibit possible unsafe behavior with regard to controlled medications and implements restrictions to prevent or decrease the risk of substance abuse.



Beneficiary Enrollment

Beneficiaries can be enrolled in the program via:

- Military Treatment Facility (MTF)
- Active Duty candidates identified via ESI quarterly query are forwarded to DHA Pharmacy Analytics Support Section (PASS) to parse out to MTF

Identification Criteria

Beneficiaries are identified using the 18-10-10 criteria (6 month review period)

- 18 or more controlled substance claims
- Claims from 10 or more unique pharmacies
- Claims from 10 or more unique prescribers

Raw score is calculated by combining total number of controlled substance claims and count of pharmacies and prescribers utilized

- Additional criteria considered:
 - Morphine Equivalent Dose (MED) Rate
 - Acetaminophen (APAP) Outliers
 - Drug Cocktail, for example: Holy Trinity; Las Vegas Cocktail; Houston Cocktail
 - Suboxone & Opioid Utilization



Beneficiary Restriction

- Restriction is managed by MTF point of contact provided on initial request form
- Providers, Pharmacists, and/or Nurses at the MTFs request restriction via MTF Restriction Request form
- MTFs communicate directly with ESI regarding the beneficiary's restriction
- ESI facilitates the restriction and associated requests including modifications and removals
- Beneficiaries must contact MTF regarding any information about their restriction, including removal from the program



MTF Restriction Process


The MTF will communicate specific beneficiary restrictions to ESI's Prescription Monitoring Department via the MTF Restriction Request form, designating one of three restriction options:

Type I Lock: Restrict **ALL medications** for a beneficiary to a specific pharmacy or list of pharmacies and/or prescriber or list of prescribers

Type II Lock: Restrict **controlled medications** for a beneficiary to a specific pharmacy or list of pharmacies and/or prescriber or list of prescribers

Type III Lock: **Exclude controlled substances or specific non-controlled substances** at mail order or retail pharmacy

MTF Restriction Forms

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MTF Rx Restriction Request Form

The preferred method to submit this form is via fax to the ESI Prescription Monitoring Department at 866-579-4662.
If you lack the ability to fax this form, please email the ESI Prescription Monitoring Dept. TRIGABE111@express-scripts.com to advise - ESI will provide an alternative option for submitting the form.

A Check Box Must Be Selected From Below When the Request Form is Submitted

New Request Date: Modify Existing Request Date: Reinstatement Date:

Restricted Beneficiary's Information

is member assigned to a WTU:

Last Name: First Name:
Sponsor SSN: Birth Date:

Type of Lock (Select ONE Only)

TYPE I LOCK
 Restrict all meds for a beneficiary to a specific pharmacy or list of pharmacies and/or providers or list of provider

Provider's Name & DEANPI:

CHCS Pharmacy or Retail Pharmacy Name and NPI, if available:

TYPE II LOCK
 Restrict controlled meds for a beneficiary to a specific pharmacy or list of pharmacies and/or providers or list of provider

Provider's Name & DEANPI:

CHCS Pharmacy or Retail Pharmacy Name and NPI, if available:

TYPE III LOCK
 Exclude controlled substances and/or specific non controlled substance(s) from a beneficiary at the mail order or retail pharmacies

II III IV V Other:

Requestor POC Information

Reason for Request: Member has been notified of restriction

Restricting MTF Site: Effective Date:

Provider Phone Number: Provider Email:


Provider Signature: Date:

Registered Nurse Phone Number: Registered Nurse Email:

Registered Nurse Signature: Date:

MTF RPh Phone Number: MTF RPh Email:

MTF RPh Signature: Date:

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MTF Rx Restriction – Override Request

The preferred method to submit this form is via fax to the ESI Prescription Monitoring Department at 866-579-4662. If you lack the ability to fax this form, call 866.333.1348 for alternative CAC encryption submission option.

Individual Requesting Override


Printed Name/Title	<input type="text"/>
Signature	<input type="text"/>
E-mail	<input type="text"/>
Phone Number	<input type="text"/>
Site	<input type="text"/>
Override Request	Start Date <input type="text"/>
	End Date <input type="text"/>
Reason for Override	<input type="text"/>

Member Information

Sponsor SSN	<input type="text"/>	DOB	<input type="text"/>
Last, First M.I.	<input type="text"/>		<input type="text"/>

NOTICE:
The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a)(i) (1)(I) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.

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MTF Rx Restriction – Removal Request

The preferred method to submit this form is via fax to the ESI Prescription Monitoring Department at 866-579-4662. If you lack the ability to fax this form, call 866.333.1348 for alternative CAC encryption submission option.

Individual Requesting Removal

Printed Name/Title	<input type="text"/>
Signature	<input type="text"/>
E-mail	<input type="text"/>
Phone Number	<input type="text"/>
Site	<input type="text"/>
Effective Date	<input type="text"/>
Reason for Removal	<input type="text"/>
Permanent or Temporary?	<input type="text"/>

Member Information

Sponsor SSN	<input type="text"/>	DOB	<input type="text"/>
Last, First M.I.	<input type="text"/>		<input type="text"/>

NOTICE:
The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a)(i) (1)(I) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.

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Override and Removal Forms

To obtain a Restriction Override or Restriction Removal form or to coordinate alternate CAC encrypted submission option, email the ESI Prescription Monitoring Department at TRICARE111@express-scripts.com or call 866-333-1348.

MTF Form Submission

- Preferred submission method is to send a fax to the ESI Prescription Monitoring Department at 866-579-4662
- CAC Encrypted is available if fax is not an option



Lock-In Edit and Rejection – System Messaging

* For beneficiaries with restrictions established in the Prescription Monitoring Program *

Military Treatment Facility

- The MTF Lock-in edit is an override-able warning that is triggered by restrictions established through the Prescription Monitoring Program
- ESI will return a warning message if an unauthorized provider and/or pharmacy attempts to prescribe/dispense a medication
- Lock-in warnings at MTFs can be overridden by the MTF pharmacy

Retail and Mail Order Pharmacies

- ESI will return rejections to the pharmacy and the prescription will not process
- Lock-in rejections at retail and mail order pharmacies can not be overridden by the pharmacy



MTF PHARMACY REJECT MESSAGE:
M2 RECIPIENT LOCKED-IN. HAVE BENEFICIARY CALL 800-332-5455 x 340567

Reporting

- CDRL Q100 Prescription Monitoring Program report is submitted monthly to PASS
 - Monthly Restriction Activity (New, Removal, Modification, etc.)
 - Program to Date Restriction Details
 - Non-Restricted Candidates – Beneficiaries identified as possible candidates
 - Non-Compliant Beneficiaries – Beneficiaries attempting to fill outside of lock in criteria
 - MTF Program Compliance by Site
- Q100 is available to MTFs via the PASS server per request to: dha.jbsa.pharmacy.mbx.pass@mail.mil



Contact ESI Prescription Monitoring Department for ad-hoc reporting needs.

Prescription Monitoring Program Contact Information



Email

TRICARE111@express-scripts.com



Phone

866-333-1348



Fax

866-579-4662



Mail

Express Scripts, Inc.
Prescription Monitoring Dept.
8455 University Place Dr.
St. Louis, MO 63121
Mail Route HQ2 1-09

We strive to respond to all email and voice mail messages within 24 business hours.

Hours of Operation:
8:00 a.m. – 6:00 p.m. CST



