



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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## Quick Reference Guide- Online Message System

Understanding the online message system is critical for your pharmacy operation. Not all rejections are due to formulary issues. Review the previous history, quantity, NPI, member ID carefully. Please read the online rejection messages carefully. Here are the most common rejection messages:

Online Message	Explanation
PA Not Useable	Invalid PA code entered, non-formulary drug; Consult physician for formulary alternatives
PA Required	Non-formulary drug; Consult physician for formulary alternatives
Drug Excluded on Formulary	Non-formulary drug; Consult physician for formulary alternatives
Claim in Error: Refill To Soon	Too soon to fill; Rx must be filled according to directions; Only submit PER if dosage changes;
Drug Excluded by Plan	Non-formulary drug; Consult physician for formulary alternatives
Day Sply Greater than Plan Max	Claims submitted exceed day supply allowed; Restrict day supply to 30 days
Prior Drug Therapy Req	Previous therapy required, consult physicians and ask for first line therapy to be used
Exceeds Qty/ Therapy Allowed	Claims submitted exceed qty restriction; please review formulary qty restriction or dispense according to the qty restriction
OTC Excluded by Plan	OTC items are excluded from Healthy

	Families and Healthy Kids; Do not submit PER; Not a covered benefit for HF/HK
Qty Greater than Allowed By Plan	Claims submitted exceed qty restriction; please review formulary qty restriction or dispense according to the qty restriction
Qty: SPL:30	Exceed 30 day dispensing limit, maximum 30 days supply allowed.
Mbr not Elig On Date Filled	Member is not eligible for this Date of Service; Check with Member regarding Coverage; Check AEVS or IEHP IVR to confirm Medi-Cal eligibility
PA Req-Determine B or D Status	Part D claims only- obtain diagnosis and determine Part B or Part D drug;
CMS Excluded Part D Drug	This drug is excluded from Part D coverage; this drug may be covered under IEHP Medi-Cal, please submit claims using IEHP Medi-Cal PCN/BIN
DAW Code Not Allowed	Change DAW code to 0 (IEHP requires generic to be used; DAW 2 must be justified by the physicians; other DAW code not allowed)
Use Appropriate Tab or Cap Str For Dose	Please consult physicians to use appropriate tab/cap dosage form (i.e. 2-20mg tab/cap should be substituted using 1-40mg tab/cap)
DHS carve-out, bill EDS directly	The submitted medication should be billed to Medi-Cal only
Prescriber ID invalid	Check NPI number. Valid NPI must be used.
DAW Code Not Allowed For Submitted Drug	Use the proper DAW code. IEHP is a Generic Mandatory Plan, DAW 1 and 2 cannot be used.