



Frequently Asked Questions

What is the PromiseRx Complete Program?

PromiseRx Complete makes select generic medications available for a competitive co-pay, allowing your pharmacy to compete with national programs. In addition to the competitive co-pay, your patients will receive discounts on brand and non-formulary generic medications.

Why participate in the PromiseRx Complete Program?

Pharmacists manage PromiseRx Complete. Our company's focus is on creating an equitable business environment for the independent pharmacy. In addition, we provide the structure for a competitive generic program.

Who is an "Eligible Patient"?

Millions of Americans are unable to afford prescription benefits. Even individuals with prescription insurance are unable to afford certain medications not covered by their plan. PromiseRx Complete helps reduce the burden on these patients.

What is the network reimbursement rate?

Reimbursement rates are calculated as follows on medications that are not on our current Formulary:

-Brands-
AWP-13% + \$4.00 dispensing fee* **OR** submitted U&C, whichever is less.

-Generics-
AWP-20% **OR** MAC + 115% + \$4.00 dispensing fee* **OR** submitted U&C, whichever is less.

*Net \$3.50 dispensing fee

A \$0.50 transaction fee has been added into the dispensing fee and will be deducted for each prescription. Transaction fees will be invoiced monthly.

What is the network reimbursement for generics on the formulary list?

The patient is responsible for paying the entire cost. No other reimbursement should be solicited from the patient if the pharmacy accepts participation in this program. In addition, no other funding will come from the Administrator.

How do I submit claims?

You can submit your cash claims online to the claims processor administering this program just as you would a third party claim. You will need to set up this plan in your pharmacy software system by accessing the appropriate processor control number (PB) and BIN number (610641). PromiseRx Complete gives your pharmacy the flexibility to offer this program at various competitive co-pay structures. You will also need to submit the group number corresponding with the co-pay that you would like to offer your eligible patient. The day supplies, co-pays and corresponding group numbers are as follows:

| BIN number | PCN number | Day Supply | Co-Pay | Group Number |
|-------------------|-------------------|-------------------|---------------|------------------------|
| 610641 | PB | 30 | \$4.00 | 9J1182 OR 9J1189 |
| 610641 | PB | 30 | \$5.00 | 9J1185 |
| 610641 | PB | 60 | \$7.00 | 9J1189 |
| 610641 | PB | 60 | \$8.00 | 9J1182 |
| 610641 | PB | 90 | \$10.00 | 9J1189 |
| 610641 | PB | 90 | \$12.00 | 9J1182 |

How do I establish Member ID numbers?

You will need to submit a unique member ID number with a person code. You should avoid using social security numbers. Instead, try to create your own internal system for generating member ID numbers such as the member's telephone number (including area code) or member's date of birth plus initials (121775TMB), etc.

What is the cost of this program?

A \$0.50 transaction fee is added into the prescription price the patient pays. Pharmacies will be invoiced for the transaction fee monthly unless volume is minimal (program may elect to invoice quarterly for low volume pharmacies). The \$0.50 transaction fee covers additional brochures, member ID cards (delivered to your pharmacy weekly) and other maintenance costs incurred by the plan administrator.