

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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From the auditor's desk

Pre-populated controlled substance refill requests

Participating Pharmacies are reminded that the U.S. Drug Enforcement Administration (DEA) guidance does not allow Participating Pharmacies to initiate reminder letters to Prescribing Prescribers that provide a partially or fully pre-populated prescription order form. If the Prescribing Prescriber deems further use of the controlled substance is medically necessary, the Prescribing Provider must authorize a new and separate prescription order.

Participating Pharmacies should not pre-populate or prepare controlled substance prescriptions for the Prescribers' signature.¹

1 U.S. Department of Justice. Drug Enforcement Administration. (2012, May 3). [Letter, para. 3]. Retrieved December 11, 2015, from http://www.fagenpharmacy.com/files/1113/5946/0820/USDO_letter.pdf

Medicare Part B vs. Part D products

Some drugs may be covered under Part B when the Covered Person meets specific criteria. The following are examples of drug situations that should be billed to Part B, and not to Part D:

- Insulin when used in an insulin pump
- Nebulized solutions when patient lives at home
- Antiemetics when used to replace IV antiemetic therapy immediately before, during, or within 48 hours after chemotherapy
- Immunosuppressant drugs associated with a Medicare covered organ transplant after Part A coverage exhausted
- Erythropoietins (EPOs) when used for End Stage Renal Disease
- Oral oncology agents when used to treat cancer
- Total Parenteral Nutrition (TPNs) when patient's GI tract does not function
- IVIG when used in the home for primary immune deficiency

This is not intended to be an exhaustive list. Please see Chapter 6 of the Center for Medicare and Medicaid Services (CMS) Benefit Guide for full guidance on Part B v D determinations at www.CMS.gov and http://www.medicareinteractive.org/uploadedDocuments/mi_extra/B-vs-D-chart.pdf.

Pharmacy Audit information

For more information regarding Pharmacy Audit, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines please visit Prime's website at: PrimeTherapeutics.com › [Pharmacists](#).

Medicare news/Medicaid news

CMS standardized pharmacy notice

CMS requires all Medicare Part D Benefit Sponsors to use a single uniform exceptions and appeals process with respect to the determination of prescription drug coverage for a Covered Person under the plan. Medicare Part D claims will be rejected when a claim cannot be covered under the Medicare Part D benefit at Point-of-Sale (POS).

Pharmacy claims will be rejected with the following POS rejection message:

→ NCPDP Reject Code 569

Participating Pharmacies are required to provide the CMS Notice of *Medicare Prescription Drug Coverage and Your Rights* to Covered Persons when they receive National Council for Prescription Drug Programs (NCPDP) reject code 569. The CMS Notice of *Medicare Prescription Drug Coverage and Your Rights* is posted on Prime's website at PrimeTherapeutics.com › [Pharmacists](#) › [Medicare Part D](#) › [Medicare Resources](#) › [More](#) › [Additional Links](#) › [Medicare Coverage & Rights](#).

Home Infusion Participating Pharmacies receiving the NCPDP reject code 569 must distribute the CMS notice to the Covered Person either electronically, by fax, in person or by first class mail within 72 hours of receiving the claim rejection.

Long-Term Care (LTC) Participating Pharmacies receiving the NCPDP reject code 569, must contact the Prescribing Provider or LTC facility to resolve the rejected claim to ensure the Covered Person receives their medication. If the Participating Pharmacy must distribute the CMS notice, they must fax or deliver the notice to the Covered Person, the Covered Person's representative, Prescribing Provider or LTC facility within 72 hours of receiving the rejection.

In addition, a copy of the CMS Notice of *Medicare Prescription Drug Coverage and Your Rights* has been included on page three of this publication.

OMB Approval No. 0938-0975

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

Florida news

Florida Blue opioid misuse program

Effective April 1, 2016, Florida Blue will implement a new Opioid Misuse Concurrent Drug Utilization Review (CDUR) program. The goal of this program will be to provide Participating Pharmacies with critical information related to Covered Persons who are engaging in all of the following:

- Using a high dose of opioids based on cumulative claim history
- Have received recent opioid prescriptions from 3 different Prescribing Providers
- Have attempted to fill 3 recent opioid prescriptions from 3 different pharmacies

Participating Pharmacists should use their best judgment in determining how to proceed when presented with this information through their point-of-sale (POS) claims system.

Florida Blue utilization management programs

Utilization management program updates for the upcoming quarter, when available, will be posted at PrimeTherapeutics.com › [Pharmacists](#) › [Formulary](#) › [UM Program Updates](#).

Illinois news

Pursuant to a Blue Cross and Blue Shield of Illinois (BCBSIL) Covered Person's pharmacy benefit plan, non-FDA approved medications are not covered.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Montana news

Pursuant to a Blue Cross and Blue Shield of Montana (BCBSMT) Covered Person's pharmacy benefit plan, non-FDA approved medications are not covered.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

New Mexico news

Pursuant to a Blue Cross and Blue Shield of New Mexico (BCBSNM) Covered Person's pharmacy benefit plan, non-FDA approved medications are not covered.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Oklahoma news

Pursuant to a Blue Cross and Blue Shield of Oklahoma (BCBSOK) Covered Person's pharmacy benefit plan, non-FDA approved medications are not covered.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Texas news

Pursuant to a Blue Cross and Blue Shield of Texas (BCBSTX) Covered Person's pharmacy benefit plan, non-FDA approved medications are not covered.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

General Dynamics

2016 Benefit changes

Effective January 1, 2016, General Dynamics Covered Persons may be impacted by one or more of the following pharmacy benefit changes:

- ➔ Covered Persons will be offered HSA Preventative drug categories. This benefit is in accordance with the U.S. Department of Treasury and Internal Revenue Service (IRS) guidance with Health Spending Accounts (HSAs) and qualified High Deductible Health Plans (HDHPs). The below categories are offered at \$0 copay before the deductible or out of pocket have been satisfied for the following categories as outlined below:
 - › High Cholesterol – Generics Only
 - › High Blood Pressure – Generics Only
 - › Respiratory – Generics Only
 - › Diabetes Rx / Hypoglycemic Agents – Generics and Brands
 - › Diabetes Rx / Insulin and Oral – Generics and Brands
 - › Diabetic Devices – Generics and Brands
 - › Diabetic Supplies – Generics and Brands
- ➔ Coverage for PPI and Nasal Steroids will be 100% Covered Person's responsibility. This type of coverage will vary depending upon the Covered Person's specific plan type.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Hormel Foods

2016 Benefit changes

Effective January 1, 2016, some Hormel Foods Covered Persons may be impacted by the following pharmacy benefit change. This change will become effective as the Covered Person’s coverage renews during 2016.

Medicines under the classifications below will no longer be covered if a preferred, less costly medication is available:

Not Covered Medications	Typically Used to Treat These Conditions	Preferred Covered Medicines
Atralin, Differin, Retin-A, Retin-A Micro/Pump, Tretinoin Microsphere, and Tretin-X	Topical Retinoids	Tazorac, Adapalene, Avita, and Tretinoin
Acanya, Aczone, Akne-Mycon, Avar LS Cleanser, Avar-E-LS, Azelex, Benzaclin, Benzaymycin, Benzefoam BPO, Clarifoam EF, Cleocin-T, Clindacin PAC, Clindagel, Duac, Epiduo, Evoclin, Finacea Plus, Inova, Klaron, MetroCream, MetroGel, MetroLotion, Noritate, Nuox, Rosadan Kit, Sumadan Kit/Wash, Sumaxin Kit/Wash, Vanoxide-HC, Veltin, and Ziana	Topical Antibiotics	Finacea, Avar Cleanser, Avar-E Emollient, Avar-E Green, Benzepor, Benzoyl Peroxide, BP 10-1, BP Cleansing Wash, Caris Clarifying Wash, Clenia, Clindacin-P, Clydamycin, ERY, Erythromycin, Metronidazole, PR Benzoyl Peroxide Wash, Prascion, Rosadan, SE 10-5 SS, SE BPO Wash, Sodium Sulfacetamide, SSS 10-5, Sulfacetamide Sodium, Sulfacleanse 8/4, TL BPO MX Cleanser,
Virti-Sulf, and Zencia	440-E5	Professional Service Code
Adoxa, Alodox, Doryx, Minocin, Monodox, Morgidox, Morgidox Kit, Occudox, Oracea, Solodyn, and Vibramycin	Oral Antibiotics	Avidoxy, Doxy 100, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCl, and Minocycline HCl ER
Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, Rozerem, Sonata, and Zolpimist	Insomnia	Zaleplon, Zolpidem Tartrate, and Zolpidem Tartrate ER
Aclophex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, First-Omepra Sus 2 mg/mL	Proton Pump Inhibitors (PPIs)	Lansoprazole, Omeprazole, Omeprazole Magnesium, Esomperazole Magnesium, Esomperazole Sodium, Esomperazole Strontium, Heartburn Relief 24-Hour, Pantoprazole Sodium, Rabeprazole Sodium
Beconase AQ, Flonase, Flunisolide, Nasacort AQ, Nasonex, Omnaris, Qnasl, Rhinocort Aqua, Veramyst, and Zetonna	Nasal Steroids	Fluticasone Propionate and Triamcinolone

Letters were mailed to impacted Covered Persons with the list of alternatives to discuss with their Prescribing Provider.

When available, Utilization Management Updates can be found at PrimeTherapeutics.com > **Pharmacists** > **Formulary** > **UM Program Updates**.

If you have questions regarding claims processing, please contact Prime’s Contact Center at 1.800.821.4795.

JBS

2016 Benefit changes

Effective January 1, 2016, some JBS Covered Persons may be impacted by one or more of the following pharmacy benefit changes:

- Non-sedating antihistamines will no longer be covered under the prescription drug benefit
- PPI antihistamines will be 100% the Covered Person's responsibility depending upon the Covered Person's specific plan type.
- Certain medications will no longer be covered under the Drug Exclusion Program where a preferred or less costly option is available to the Covered Person:
 - › Androgens and Anabolic Steroids
 - › Doxycycline/Minocycline
 - › Glucose Test Strips
 - › Growth Hormones
 - › Insomnia
 - › Insulin (Exclusive Novo)
 - › Nasal Steroids
 - › Topical Retinoids
 - › Topical Antibiotics

The Covered Person may or may not have this benefit depending upon their plan type. Letters were mailed to the Covered Person detailing the specifics of the program and to speak with their Prescribing Provider to consider alternatives.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Jennie-O Turkey Store

2016 Benefit Changes

Effective January 1, 2016, Jennie-O Turkey Store will require High Dollar Prior Authorization for compounds costing over \$200. Letters were mailed to impacted Covered Persons.

Prior Authorization (PA) forms can be found on PrimeTherapeutics.com › **Pharmacists**

If Covered Persons should have any questions, please direct them to Prime's Jennie-O Member Services at 855.457.0008.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Johnson Controls

2016 Benefit changes

Effective January 1, 2016, Johnson Controls added a High Deductible Health Plan to their Covered Persons benefit options. It is expected that approximately 8,000 Covered Persons will enroll in this plan.

If Covered Persons should have any questions, please direct them to Prime's Johnson Controls Member Services at 855.457.0005.

If you have questions regarding claims processing, please contact Prime's Contact Center at 1.800.821.4795.

Prime news

Electronic prior authorization (ePA) can save you time

Obtaining prior authorization (PA) for prescription medications can be a time-consuming and frustrating process for Participating Pharmacies and Prescribing Providers. The process has traditionally required paper forms, faxes and follow-up phone calls, having the potential to take time away from a Covered Person's care.

Electronic prior authorization (ePA) is an online method for Prescribing Providers and Participating Pharmacies to submit utilization management (UM) requests in a streamlined, structured manner to Prime. PAs are a critical part of the medication delivery process. PAs help to manage medicines that have a significant potential for misuse, overuse or inappropriate use.

Prime has contracted with CoverMyMeds® to provide an ePA solution that will allow Participating Pharmacies and Prescribing Providers the ability to submit PA requests online. This online solution allows Participating Pharmacies and Prescribing Providers to submit and track PA results.

Pharmacy licensure

In order to ensure that all license documents are current, Participating Pharmacies must provide Prime with copies of the following documents on an annual basis:

- Pharmacy License
- DEA Certificate
- Certificate of Insurance with proof of General and Professional Liability Insurance

Please include your NCPDP number on each of the documents when sending them to Prime. Submit the documents via fax to 877.823.6373 or send through email to pharmacyops@primetherapeutics.com.

Provider Manual update

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective March 1, 2016. The updated Provider Manual will be posted in February at PrimeTherapeutics.com > [Pharmacist](#) > [Provider Manual](#).

MAC list updates

If a Participating Pharmacy would like access to Prime's MAC list(s), weekly MAC changes, and the sources used to determine MAC pricing, please refer to Prime's website for registration instructions. After network participation is verified, the Participating Pharmacy will receive a secure user name and password via email.

How to reach Prime Therapeutics

As a service to Participating Pharmacies, Prime Therapeutics (Prime) publishes *Prime Perspective* quarterly to provide important information for claims processing. Prime values your opinion and your participation in our network. If you have comments or questions, you can reach us:

→ By phone: Prime Pharmacy Contact Center 800.821.4795
(24 hours a day, seven days a week)

→ By email: pharmacyops@primetherapeutics.com

Looking for formularies?

For Commercial formularies access either the Blue Cross Blue Shield plan website or PrimeTherapeutics.com › [Pharmacists](#) › [Formulary Search](#).

For Medicare Part D formularies access PrimeTherapeutics.com › [Medicare Part D](#) › [Medicare Resources](#) › [2016 Medicare Formularies](#).

Keep your pharmacy information current

Prime uses the National Council for Prescription Drug Programs (NCPDP) database to obtain key pharmacy demographic information. To update your pharmacy information go to www.ncdp.org › [NCPDP Provider ID](#) (on the left side).

Report fraud, waste and abuse

If you suspect fraud, waste or abuse (FWA), by a Covered Person, Prescribing Provider, Participating Pharmacy or anyone else, notify Prime at 800.731.3269 or send the information to:

Prime Therapeutics LLC
Attn: Compliance Officer
P.O. Box 64812
St. Paul, MN 55164-0812

By email: reportfraud@primetherapeutics.com

If you would like an FWA Report to be anonymous, please contact Prime's 24-hour anonymous compliance hotline. Contact the hotline:

By phone: 800.474.8651

By email: atreports@lighthouse-services.com

By third party vendor's website:

www.lighthouse-services.com/prime

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- Prime audit requirements
- Medicare Part D and Medicaid requirements