

# Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

September 2017: Issue 69

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## From the auditor's desk

### Tips for improved communications with wholesalers

When requesting wholesaler information to be provided to Prime, it's a good practice to ask your wholesalers to copy you, the pharmacist, on all communications — including emails — to ensure that you can verify the information is accurate and complete. This will reduce the need for follow-up phone calls and emails between Prime, the pharmacy and the wholesaler.

Confirm that your wholesalers are providing Prime all information requested. If you identify missing or inaccurate information, be proactive and contact the wholesaler to remedy the issue, thus eliminating delays related to multiple information requests.

### Tips for updating pharmacy information

When you join Prime's network and self-identify as an independent pharmacy and subsequently refer requests for information to your headquarters, parent company or registered agent (as your main point of contact for your pharmacy), please be sure to include the appropriate contact information on all communications, including emails and faxes. It's important that Prime has current contact information in order to reach you with any follow-up questions.

Remember to make timely updates to the National Council for Prescription Drug Programs (NCPDP) when your demographic, contact or parent-company information changes. Prime relies on the accuracy of this information when performing pharmacy outreach to discuss audits, wholesaler verifications and other related topics.

### Tips on the auditing process

Our auditors will communicate with you throughout the auditing process. When working with Prime on a pharmacy audit, feel free to follow-up with the auditor on record to ensure you are current with requests for documentation, to ask any questions and to receive status updates.

### 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: [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > **Resources > Pharmacy + provider > Pharmacy audit.**

## Medicare news/Medicaid news

### **Medicare Part D FWA and General Compliance Participating Pharmacy training and certification**

The Centers for Medicare & Medicaid Services (CMS) require any staff providing Medicare Part D services to receive qualified Fraud, Waste and Abuse (FWA) and General Compliance training upon hire and annually thereafter. Every year, on behalf of the Part D Plan Sponsors it serves, Prime is required to track completion of this training by all Participating Pharmacies in its network. Participating Pharmacies can submit a single attestation to NCPDP (as part of your pharmacy profile), which will then be submitted to Prime. The FWA and General Compliance training needs to be CMS certified in order to be considered to be in compliance with the training requirement.

All pharmacy certifications for calendar year 2017 must be completed by December 31, 2017. Not submitting the certification by the due date may impact continued participation in Prime's Network.

Any questions about the annual attestation form must be directed to [www.ncdp.org](http://www.ncdp.org).

FWA and General Compliance training can be found at [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > Resources > Pharmacy + provider > Compliance/Fraud, waste and abuse > Training and certification requirements.

### **Medicare E1 Eligibility Query**

The E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator. It helps determine a Covered Person's Medicare Part D coverage and payer order if the Covered Person has insurance through more than one Benefit Plan Sponsor.

Participating Pharmacies generally submit E1 Queries when Covered Persons do not have their Medicare Part D Identification Card.

Additional information on E1 Transactions can be found at <http://medifacd.relayhealth.com/e1>.

Pursuant to anti-kickback statute Section 1128B(b) of the Social Security Act, Participating Pharmacies should not submit an E1 for pharmaceutical manufacturer copay assistance coupon programs as they are not considered Prescription Drug Services.

### **CMS standardized pharmacy notice**

The Centers for Medicare & Medicaid Services (CMS) require all Medicare Part D Benefit Plan 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 Plan at the 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](http://PrimeTherapeutics.com) > Resources > Pharmacy + provider > Medicare > More resources > Medicare Prescription Drug Coverage and Your Rights form.

Home Infusion Participating Pharmacies receiving the NCPDP reject code 569 must distribute the CMS notice to the Covered Person 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, the Prescribing Provider or LTC facility within 72 hours of receiving the rejection.

For your convenience, 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 utilization management programs

Utilization management program updates for the upcoming quarter, when available, will be posted at [PrimeTherapeutics.com](http://PrimeTherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [UM program updates](#).

### Xtampza® ER (oxycodone extended release) formulary change

Effective July 1, 2017, Xtampza® ER will be covered for our Commercial Covered Persons with prior authorization and quantity limits under the Opioids ER program. Xtampza® ER is a novel, abuse-deterrent formulation of oxycodone and is indicated for the management of severe pain requiring daily, around-the-clock, long-term opioid treatment. It is administered every 12 hours and must be taken with food.

Xtampza® ER contains oxycodone (as opposed to oxycodone hydrochloride [HCl] found in OxyContin® ER) and will be dosed slightly different than oxycodone HCl products. For example, **a 10 mg dose of oxycodone HCl is equivalent to a 9 mg dose of Xtampza® ER.** An equivalence chart is provided below, but please review full prescribing information found on the U.S. Food and Drug Administration (FDA) approved label.

Xtampza® ER is available in tablet strengths of 9 mg, 13.5 mg, 18 mg, 27 mg and 36 mg.

Oxycodone HCl Dose	Equivalence Factor	Xtampza® ER Dose
10 mg tab	x 0.9	9 mg tab
15 mg tab		13.5 mg tab
20 mg tab		18 mg tab
30 mg tab		27 mg tab
40 mg tab		36 mg tab

Xtampza® ER labeling describes abuse-deterrent properties in all three pre-market categories of abuse deterrence. Additionally, Xtampza® ER maintains extended-release properties when crushed/chewed, and capsules may be opened and administered through a G/NG-tube safely.

Xtampza® ER prescribing information: [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=bo5ded2-8ee2-49ca-a86c-2b28ae4of60c](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=bo5ded2-8ee2-49ca-a86c-2b28ae4of60c)

### Reminder about medications excluded from coverage

The following chart contains commonly prescribed medications that are excluded from coverage for Florida Blue health plan Covered Persons. Covered and/or over-the-counter alternatives are listed for reference when available.

Drug(s) not covered*	Indication	Alternatives*
<b>Aczone</b> 5% and 7.5% (dapsone topical gel)	Acne vulgaris	Topical formulations of adapalene, benzoyl peroxide, clindamycin phosphate and tretinoin are available.
<b>Belsomra</b> (suvorexant)	Insomnia	Eszopiclone, Rozerem, zaleplon, zolpidem ER
<b>Belviq</b> (lorcaserin)	Obesity	No covered alternatives
<b>Cambia</b> (diclofenac potassium oral powder for solution)	Migraine, acute treatment	diclofenac potassium tablet, ibuprofen
<b>Dexilant</b> (dexlansoprazole)	GERD	Esomeprazole, lansoprazole, omeprazole, pantoprazole
<b>Duexis</b> (famotidine/ibuprofen)	Rheumatoid arthritis and osteoarthritis relief with NSAID ulcer prophylaxis	Ibuprofen given in combination with famotidine
<b>Jublia</b> (efinaconazole)	Onychomycosis	Ciclopirox olamine nail lacquer 8%
<b>Kerydin</b> (tavaborole)	Onychomycosis	Ciclopirox olamine nail lacquer 8%
<b>Saxenda</b> (liraglutide)	Obesity	Coverage exclusion
<b>Solodyn</b> (minocycline ER)	Acne vulgaris	Minocycline
<b>Wellbutrin XL</b> (brand only)	Depression	Bupropion hydrochloride extended release generic

\*All brand names are the property of their respective owners.

## Prime news

### Electronic prior authorization can save you time

Obtaining a 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 to Prime in a streamlined, structured manner. 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 also 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
- U.S. Drug Enforcement Agency 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 using one of the following methods:

- Fax: 877.823.6373
- Email: [primecredentialing@primetherapeutics.com](mailto:primecredentialing@primetherapeutics.com)

### Provider Manual update

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective September 1, 2017, and available in August on Prime's website at [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > **Resources > Pharmacy + provider > Provider manual.**

In addition, Prime will post an updated version with additional audit content in October 2017.

### MAC list updates

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

## How to reach Prime Therapeutics

As a service to Participating Pharmacies, Prime publishes the *Prime Perspective* quarterly to provide important information regarding claims processing. Prime values your opinion and participation in our network. If you have comments or questions, please contact us:

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

→ Email: [pharmacyops@primetherapeutics.com](mailto:pharmacyops@primetherapeutics.com)

### Looking for formularies

For commercial formularies, access either the Blue Cross Blue Shield plan website or [PrimeTherapeutics.com](https://www.primetherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [Formularies – Commercial](#).

For Medicare Part D formularies, access [PrimeTherapeutics.com](https://www.primetherapeutics.com) › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [Formularies – Medicare Part D](#).

### Keep your pharmacy information current

Prime uses the NCPDP database to obtain key pharmacy demographic information. To update your pharmacy information, go to [ncdp.org](https://www.ncdp.org) › [NCPDP Provider ID](#) (on the left side).

## Report compliance, privacy or fraud, waste and abuse concerns

Prime offers the following hotlines to report compliance, privacy, and fraud, waste and abuse concerns:

### Compliance

Report suspected compliance concerns to Prime:

→ Phone: **612.777.5523**

→ Email: [compliance@primetherapeutics.com](mailto:compliance@primetherapeutics.com)

### Privacy

Report privacy concerns or potential protected health information disclosures to Prime:

→ Privacy hotline: **888.849.7840**

→ Email: [privacy@primetherapeutics.com](mailto:privacy@primetherapeutics.com)

### Fraud, waste and abuse

If you suspect fraud, waste or abuse by a Covered Person, prescribing provider, Participating Pharmacy or anyone else, notify Prime:

→ Phone: **800.731.3269**

→ Email: [reportfraud@primetherapeutics.com](mailto:reportfraud@primetherapeutics.com)

### Anonymous reporting

Report a compliance concern or suspected fraud, waste or abuse anonymously:

→ Prime's 24-hour anonymous hotline: **800.474.8651**

→ Third-party vendor's email:  
[reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)

→ Third-party vendor's website:  
[lighthouse-services.com/prime](https://www.lighthouse-services.com/prime)



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**Information from Prime Therapeutics**

- Claims processing instructions
- Utilization management updates from Blue Cross and Blue Shield plans
- Prime audit requirements
- Medicare Part D and Medicaid requirements