

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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From the auditor's desk

Hemophilia Billing Guidelines

Hemophilia is a rare disorder in which a person's blood fails to clot normally because it lacks sufficient proteins (clotting factors) that help stop bleeding. People with hemophilia have low levels of either clotting factor VIII (8) or factor IX (9). This condition can lead to spontaneous bleeding episodes, as well as prolonged bleeding after an injury. Hemophilia occurs almost exclusively in males (with rare exceptions). About 1 in 7,500 males are born with hemophilia (A or B) each year.

Common signs of hemophilia include:

- Bleeding into the joints, which can cause swelling and pain or tightness in the joints and often affects the knees, elbows, and ankles
- Bleeding into the skin (bruising) or muscle and soft tissue causing a build-up of blood in the area (called a hematoma)
- Bleeding of the mouth and gums, and bleeding that is hard to stop after losing a tooth
- Bleeding after vaccinations
- Bleeding in the head of an infant after a difficult delivery
- Blood in the urine or stool
- Frequent and hard-to-stop nosebleeds

Prime reviews cost-effective dispensing practices during on-site audit visits and during claim audits. Dispensing more units per dose than what is necessary or dispensing short-dated product may result in a financial recovery. When filling prescriptions for hemophilia products, Participating Pharmacies are expected to maintain accurate and thorough records. Please follow the below guidelines to maintain accurate records of all claims submitted to Prime for hemophilia drugs.

- Ensure appropriate weight-based dosing is maintained.
- Maintain accurate records of a hemophilia patient's available on-hand supply to support appropriate future dispensing.
- Collect and maintain patient's bleed records in accordance with Prime's record retention requirements.
- Ensure that patients have an emergency bleed supply on hand for major and minor bleeds.

- If a bleed occurs, replenish the on-hand supply and document in pharmacy records.
- Dispense single-use vials in a manner that most closely aligns with the Prescribing Provider's dose.
- If a Participating Pharmacy dispenses a clotting factor with an assay greater or less than 5% variance of the prescribed dose or the variance outlined in the applicable network agreement, document the reason the assay was not met at the time of dispensing.
- Ensure that factor products have expiration dates of no less than one year from the date of dispensing, unless specific documentation shows discussing it with the patient or caregiver.
- Ensure that bleed doses dispensed for "as needed" use do not have an expiration date of less than one year.

Pharmacy audit information

For more information regarding pharmacy audits, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines, please visit Prime's website: primetherapeutics.com > **Resources** > **Pharmacy + provider** > **Pharmacy audits** > **Audit guidelines**.

Medicare news/Medicaid news

Medicare E1 Eligibility Query

An E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator contracted by CMS to house Medicare eligibility information and respond to transaction requests. 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 <https://medifacd.mckesson.com/e1/>.

Participating Pharmacies should not submit an E1 Query for pharmaceutical manufacturer co-pay assistance coupon programs.

CMS standardized pharmacy notice

CMS requires 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 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 Covered Person with 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 to Covered Persons are posted on Prime's website: 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 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 needed medication or an appropriate substitute. 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 claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons has been included on page four of this publication.

Florida news

Florida Blue Copaxone and Glatopa coverage update

Effective April 1, 2019, Copaxone® and Glatopa® (glatiramer acetate injection) are no longer covered drugs for Florida Blue Commercial Covered Persons. The covered alternative drug is glatiramer acetate manufactured by Mylan. Glatiramer acetate injection is an FDA-approved generic therapeutic equivalent to Copaxone and Glatopa (glatiramer acetate injection) and is also available in two dose strengths: 40 mg/mL for 3-times-a-week injection and 20 mg/mL for one-daily injection.

No longer covered:

- Copaxone pre-filled syringe 20 mg/mL and 40 mg/mL
- Glatopa pre-filled syringe 20 mg/mL and 40 mg/mL

Covered:

- Glatiramer acetate pre-filled syringe 20 mg/mL and 40 mg/mL

Glatiramer acetate injection is a specialty medication and is subject to prior authorization (PA) and quantity limitations (QL). If you have any questions about claims processing, please call the Prime Contact Center at **888.877.6323**.

Florida Blue utilization management programs

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

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 a 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.

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CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

North Dakota news

Blue Cross and Blue Shield of North Dakota Prior Approval and Quantity Limit Programs

Effective July 1, 2019, Blue Cross and Blue Shield of North Dakota (BCBSND) will require prior approval (PA) for extended-release (ER) opioids and immediate-release (IR) opioids as outlined below:

Opioid ER PA and QL

Covered Persons that are currently on an extended-release opioid as of July 1, 2019 will be allowed continuation of therapy for the same agent. Quantity limits (QLs) are currently in place for all extended-release opioid products.

Opioid IR PA and QL

Covered Persons that are currently on an extended-release or immediate-release opioid as of July 1, 2019 will be allowed continuation of therapy for the same immediate-release agent. Quantity limits (QLs) are currently in place for all immediate-release opioid products. In addition, patients new to therapy receiving a prescription of ≤ 7 days of therapy and < 50 morphine milligram equivalents (MME) per day will not require a prior authorization (PA).

Complete program summaries and fax forms can be found on myprime.com.

Prime news

Pharmacy licensure

Participating Pharmacies with independent contracts must provide Prime with the following on an annual basis:

- ➔ Certificate of Insurance with proof of General and Professional Liability Insurance

To update our records, please visit our website at:

<https://www.primetherapeutics.com/en/resources/pharmacists/ac.html>.

Choose **“Pharmacy Certificate of Insurance Renewal”** from the options, and follow the instructions to upload and submit a PDF of your current or renewed Certificate of Insurance.

MAC list updates

If a Participating Pharmacy would like access to Prime's Maximum Allowable Cost (MAC) lists, weekly MAC changes, the sources used to determine MAC pricing and the appeals process, 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 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:

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

→ By email: pharmacyops@primetherapeutics.com

The corporate headquarters of Prime Therapeutics LLC has relocated effective October 15, 2018 to:

2900 Ames Crossing Road
Eagan, MN 55121

Where do I find formularies?

For Commercial formularies, access either the Blue Cross Blue Shield plan website or primetherapeutics.com > **Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.**

For Medicare Part D formularies access primetherapeutics.com > **Resources > Pharmacy + provider > Pharmacy providers > Formularies – Medicare Part D.**

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 profile, go to 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 (FWA) concerns:

Compliance

Report suspected compliance concerns:

→ Phone: **612.777.5523**

→ Email: compliance@primetherapeutics.com

Privacy

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

→ Privacy Hotline: **888.849.7840**

→ Email: privacy@primetherapeutics.com

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:

→ Phone: **800.731.3269**

→ Email: fraudtiphotline@primetherapeutics.com

Anonymous Reporting

Report a compliance concern or suspected Fraud, Waste or Abuse anonymously by contacting Prime's 24-hour anonymous compliance hotline:

→ Phone: **800.474.8651**

→ Email: reports@lighthouse-services.com

→ Third-party vendor's website:

www.lighthouse-services.com/prime

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Time Sensitive

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