PRIME THERAPEUTICS®

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

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INSIDE

From the auditor's desk

340B Program information for pharmacies

The 340B Drug Pricing Program (340B) requires drug manufacturers to provide outpatient drugs to eligible health care entities at significantly discounted prices. An individual receiving 340B drugs must be a patient of the 340B covered entity and must qualify to receive 340B drugs as defined by Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS).

Duplicate discounts with drug purchases are prohibited under Prime's agreements with manufacturers and 42 USC 256b(a)(5)(A)(i). Drugs purchased at a discounted 340B price are not eligible for drug rebates. Pharmacies identify to Prime that a claim is 340B eligible by populating the Submission Clarification Code (420-DK) field with a value of "20." This code identifies the claim as a 340B eligible prescription.

In addition, Pharmacies are required by the Provider Manual and state Medicaid programs to populate the Basis of Cost (423-DN) field with a value of "08" when submitting Medicaid 340B eligible claims to Prime. This code identifies the submitted amount as the 340B acquisition cost. The corresponding Ingredient Cost Submitted (409-D9) field must be populated with the pharmacy's acquisition cost of the 340B eligible drug. Additionally, the Usual and Customary Charge (426-DO) field must be populated with the pharmacy's U&C cost of the 340B eligible drug.

Pharmacies are encouraged to review that their internal processes align with Prime's 340B billing requirements and the specific Client Payer sheet by line of business (e.g., Medicare, commercial, Medicaid). Pharmacy audits may review that the Pharmacy is following the correct billing procedures when submitting 340B claims to Prime.

Pharmacies can reference additional regulatory resources on the 340B program by visiting the federal HRSA website at **https://www.hrsa.gov/opa/index.html** and your specific state Medicaid program office.

Prime's Provider Manual is available at **www.PrimeTherapeutics.com**. Navigate to: **Resources › Pharmacy + provider › Pharmacy providers › Provider manual**.

If you have any questions, please contact the Pharmacy Audit department at **pharmacyaudit@primetherapeutics.com**.

continued

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: **www.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 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.

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/.**

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 reject code:

- NCPDP Reject Code 569

Pharmacies are required to provide a 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: **www.PrimeTherapeutics.com › Resources › Pharmacy + provider › Medicare › More resources › Medicare Prescription Drug Coverage and Your Rights form.**

Home Infusion 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) 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 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 3 of this publication.

National Plan/Provider Enumeration System — updates

To ensure pharmacy directory accuracy, the National Plan/Provider Enumeration System (NPPES) now allows Pharmacies to certify their National Provider Identifier (NPI) data. Please submit any changes to your Pharmacy's demographic information, including Pharmacy name, address, specialty and telephone number, as soon as you are aware of these changes.

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.

Form CMS -10147 OMB Approval No. 0938-0975 (Expires: 02/28/2021)

HCSC news

Reminder of preferred coverage for blood glucose test strips and meters

Effective Jan. 1, 2020 blood glucose test strips and meters from Lifescan (e.g., OneTouch® Verio, OneTouch® Verio Flex, OneTouch® Ultra2) are now the only preferred products for the below Medicare Advantage Plans. Other glucose test strips are nonpreferred and, in most cases, require a prior authorization (PA). To help ensure a continued smooth transition for impacted Covered Persons, Pharmacies are encouraged to assist their Covered Persons to get a new prescription for the chosen preferred-brand blood glucose meter and test strips from their Prescribing Provider. This affects the following BCBS Medicare plans: :

- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Illinois
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Montana
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – New Mexico
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Oklahoma
- Blue Cross Medicare Advantage of Health Care Service Corporation (HCSC) – Texas

Pharmacy benefit change for select specialty drugs

Effective Jan. 1, 2021, Blue Cross Medicare Covered Persons in Illinois, Montana, New Mexico, Oklahoma and Texas will have a pharmacy benefit update for select specialty drugs in multiple therapeutic categories (see table in right column). The split fill program provides a partial or "split" fill of a Covered Person's monthly prescription to minimize waste and help maintain costs. The program is designated for a specific set of specialty drugs when it is determined they are new to therapy or have no claims history within the past 120 days. The copay will be prorated to align with the number of pills dispensed and days' supply. These drugs may be subject to prior authorization and quantity limits. Point of Sale (POS) messaging will communicate the option for members to consider filling less than a 30-day supply of certain cancer and specialty medicines if they may be considering a therapy change with their Prescribing Provider. The POS messaging states, "try 14 DAY Fill For copay management if intolerant or changing therapy" OR "try 15 DAY Fill For copay management if intolerant or changing therapy," depending on the package size.

Multi-category split fill products

Afinitor/Afinitor Disperz (everolimus)
Alecensa (alectinib)
Ampyra (dalfampridine)
Aubagio (teriflunomide)
Ayvakit (avapritinib)
Balversa (erdafitinib)
Bosulif (bosutinib)
Cabometyx + Cometriq (cabozantinib)
Copiktra (duvelisib)
Daurismo (glasdegib)
Exjade (deferasirox)
Ferriprox (deferiprone)
Gleevec (imatinib)
Gocovri (amantadine)
Hetlioz (tasimelteon)
Iclusig (ponatinib)
Imbruvica (ibrutinib)
Inlyta (axitinib)
Iressa (gefitinib)
Jakafi (ruxolitinib)
Lenvima (lenvatinib)
Lorbrena (lorlatinib)
Lynparza (olapraib)
Nerlynx (neratinib)
Nexavar (sorafenib)
Ofev (nintedanib)
Piqray (alpelisib)
Rubraca (rucaparib)
Sprycel (dasatinib)
Sucraid (sacrosidase)
Sutent (sunitinib)
Syprine (trientine)
Tagrisso (osimertinib)
Talzenna (talazoparib)
Tarceva (erlotinib)
Targretin (bexarotene)
Tasigna (nilotinib)
Tecfidera (dimethyl fumarate)
Ventavis (iloprost)
Vitrakvi (larotrectinib)
Vizimpro (dacomitinib)
Votrient (pazopanib)
Xalkori (crizotinib)
Xpovio (selinexor)
Xtandi (enzalutamide)
Yonsa (abiraterone)
Zejula (niraparib)
Zolinza (vorinostat)
Zykadia (certitinib)
Zytiga (abiraterone)

Florida news

Florida Blue utilization management program

Utilization management (UM) program updates for the upcoming quarter, when available, will be posted at **www.PrimeTherapeutics.com › Resources › Pharmacy + provider › Pharmacy providers › UM program updates.**

Minnesota news

Pharmacist prescribing limited to over-the-counter (OTC) drugs

Per Minnesota statutes, §256B.0625, subd. 13, (d), a pharmacist may prescribe over-the-counter medications as provided under this section for purposes of receiving reimbursement under Medicaid.

Pharmacists should not prescribe non-OTC medications or use a personal National Provider Identification (NPI) number to submit claims for reimbursement under Medicaid.

Exceptions: Ordering and administering of COVID-19 vaccines

Under Minnesota statutes, pharmacists must have standing orders or have entered into a written protocol with a physician, physician assistant or advanced practice registered nurse to administer vaccines. However, on Aug. 19, 2020, the Federal Department of Health and Human Services issued the **"Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19,"** which allows pharmacists to "order and administer" COVID-19 vaccines for children age three and older pursuant the vaccine is used per FDA-authorized or FDA-approved labeling and the vaccination is administered according to Advisory Committee on Immunization Practices' (ACIP) standard immunization schedule.

For more information about COVID-19 and any additional requirements, please reference: **https://mn.gov/boards/pharmacy/resourcesfaqs/faqs/generalfaqs.jsp**.

Prime news

Pharmacy licensure

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: **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.

Provider Manual update

A new version of Prime's Provider Manual with an effective date of Apr. 15, 2021, is available for review on Prime's website at **www.PrimeTherapeutics.com › Resources ›Pharmacy + provider › Provider manual**. Please continue to use the October 2020 Provider Manual until Apr. 15, 2021.

MAC list updates

If a 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 Pharmacy will receive a secure username and password via email.

How to reach Prime Therapeutics

As a service to 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's Pharmacy Contact Center **800.821.4795** (24 hours a day, seven days a week)
- By email: **pharmacyops@primetherapeutics.com**
- By mail: 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 **www.PrimeTherapeutics.com › Resources › Pharmacy + provider › Pharmacy providers › Formularies – Commercial.**

For Medicare Part D formularies, access **www.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 information, go to **www.ncpdp.org** (Pharmacy login located at top right).

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, 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**