

Blue Choice PPOSM Provider Manual - Pharmacy

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Introduction

The following applies to subscribers who have a Blue Cross and Blue Shield of Texas (BCBSTX) Prescription Drug Rider. Depending on the subscriber's individual contract, pharmacy services may or may not be provided through the BCBSTX pharmacy plan. Some plans may be "carved out" to other Pharmacy Benefit Managers (PBMs). BCBSTX's PBM name is listed on the front of the subscriber's identification card. Prime Therapeutics is the PBM that provides drug benefits through BCBSTX.

Pharmacy Network

BCBSTX members with a "pharmacy card" prescription drug benefit must use a pharmacy on the approved list of participating pharmacies. This pharmacy network can include retail for up to a 30-day supply or 90-day supply, mail-order for up to a 90-day supply or specialty pharmacy for up to a 30-day supply. Some members' pharmacy benefit plans may include an additional preferred pharmacy network, which offers reduced out-of-pocket expenses to the member if they use one of these pharmacies instead. Please encourage your patients to use one pharmacy for all of their prescriptions to better monitor drug therapy and avoid potential drug-related problems.

BCBSTX contracts for mail-order pharmacy services to augment our retail pharmacy network. Members of our plans may receive up to a 90-day supply of maintenance medication (e.g., drugs for arthritis, depression, diabetes, or hypercholesteremia) through the home delivery pharmacy service. If you believe that a member of one of our plans will continue on the same drug and dose for an indefinite period of time, please consider writing the prescription for a 90-day supply with three refills. If the patient is starting a new medication for the first time, you should write two prescriptions. One for up to a 90-day supply with three refills and a starter supply for up to 30 days that the patient can fill right away at the local retail pharmacy.

Specialty drugs that are FDA approved for patient self-administration typically are acquired through a specialty pharmacy provider. The patient may also bill these drugs under their pharmacy benefit to receive maximum coverage.

Drug List Evaluation

BCBSTX uses the Prime Therapeutics National Pharmacy and Therapeutics (P&T) Committee, which is responsible for drug evaluation. The P&T Committee consists of independent practicing physicians and pharmacists from throughout the country who are not employees or agents of Prime Therapeutics. BCBSTX will have one voting subscriber on the committee. The P&T Committee meets quarterly to review new drugs and Updated 12-22-2016 drug information based on the current available literature.

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Drug List Evaluation- cont

BCBSTX delegates RX utilization management services to Prime Therapeutics for prior authorizations, quantity exceptions, and/or step therapy for members who have a BCBSTX Prescription Drug Rider. To request a prior authorization, go to the [Prior Authorization and Step Therapy Program](#) information at bcbstx.com/provider. We have established committees which determine the addition of brand-name drug products to the Prescription Drug List (also known as a formulary).

Drug List Updates

BCBSTX provides notification to physicians of additions and changes made to the BCBSTX Prescription Drug List Guide by newsletters and on the BCBSTX Provider website. Members may be notified of changes by direct mailings. Additions and updates to the [Drug List](#) can be found on the bcbstx.com/provider website under the [Pharmacy Program](#) tab.

Members who are identified as taking a medication that has been deleted from the BCBSTX Prescription Drug List are sent a letter detailing the change at least 60 days prior to the effective deletion date. It is important to remember that a medication deleted from the BCBSTX Prescription Drug List may still be available to subscribers yet at a higher copayment or the medication may not be covered and the subscriber is charged for the full amount of the drug cost.

BCBSTX and Prime Therapeutics also provide pharmaceutical safety notifications to dispensing providers and subscribers regarding point-of-dispensing drug-drug interaction and FDA drug recalls.



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Generic Drugs

The Food and Drug Administration (FDA) has a process to assign equivalency ratings to generic drugs. An "A" rating means that the drug manufacturer has submitted documentation demonstrating equivalence of its generic product compared to the brand name product.

BCBSTX supports the FDA process for determining equivalency and strongly advises its contracted providers to prescribe drugs that have generic alternatives available and not to add "dispense as written" to prescriptions. Most plans may require subscribers to pay the difference between the brand-name drug and generic drug plus the generic copayment. For BCBSTX subscribers, the average difference in cost between brand-name and generic drugs in 2014 was about \$360; a significant amount.

Drug Utilization Review (DUR) Overview

BCBSTX and Prime Therapeutics conducts concurrent and retrospective drug utilization reviews to ensure the most appropriate and cost-effective drugs are used safely.

Concurrent DUR occurs at the point of sale (i.e., at the dispensing pharmacy). Pharmacies are electronically linked to Prime Therapeutics' claims adjudication system. This system contains various edits that check for drug interactions, overutilization (i.e., early refill attempts), and therapeutic duplications. The system also alerts the pharmacist when the prescribed drug may have an adverse effect if used by elderly or pregnant subscribers. The pharmacist can use his or her professional judgment and call the prescribing provider if a potential adverse event may occur.

Retrospective DUR uses historical prescription and/or medical claims data to identify potential prescribing and dispensing issues after the prescription is filled. Examples of retrospective DUR include appropriate use of controlled substances, adherence and generic utilization programs. These programs aim to promote safety, reduce overutilization and close gaps in care.

Retrospective DUR programs are developed based on widely accepted national practice guidelines. Individual letters may be mailed to providers identifying potential drug therapy concerns, together with a profile listing the subscriber's prescription medications filled during the study period, references to national practice guidelines and/or a link to an online survey to be completed.

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Covered Pharmacy Services

The following is a list of typically* covered pharmacy services:

- Glucagon and anaphylactic kits
 - Insulin, syringes, lancets, and test strips
 - Unless specifically excluded (e.g., obesity, infertility, or cosmetic drugs), any prescription drug, provided that the drug is ordered by the member's Primary Care Physician (PCP) or a physician to whom the member has been referred.
 - The member's applicable prescription copayment will apply for each prescription or refill for 30 days.
 - Oral Contraceptives, limited to a 28-day or one-month supply
 - Diaphragms
 - Preventive vaccinations (e.g.influenza, TDAP, shingles etc
 - One applicable copay will apply to most "packaged" item (e.g., inhalers)
 - Medications that are approved by the U.S. Food and Drug Administration (FDA) for self-administration.
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Non- Covered Pharmacy Services

The following is a list of typically* non-covered pharmacy services:

- Any charge for most therapeutic devices or appliances (e.g., support garments and other non-medical substances), regardless of their intended use
- Investigational use of medication
- Medications specifically excluded from benefit (e.g., drugs used for cosmetic purposes or for treatment of obesity)
- Any drug which, as required under the Federal Food, Drug and Cosmetic Act, does not bear the legend: "Caution: Federal law prohibits dispensing without a prescription," even if prescribed by a physician (over-the-counter)
- Drugs that have not received approval from the FDA
- Nutritional supplements (coverage requires preauthorization)
- Compound medications are not a covered benefit under most plans
- Prescriptions obtained at an out-of-network pharmacy, unless in an emergency

* Note: Not all BCBSTX plans include pharmacy benefits. For BCBSTX plans with Pharmacy coverage, verifying member's benefits is highly recommended as each policy may have unique benefits

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Drugs Requiring Preauthoriza tion

Drugs with a high potential for experimental or off-label use may require preauthorization (*also known as prior authorization*). For drugs that require a prior authorization, step therapy or quantity limits, go to the [BCBSTX Provider website](#) and click on the Pharmacy Program tab for detailed information, including links to forms and program criteria summaries.

While physician fax forms are available, you can also submit the request electronically via the CoverMyMeds® website. A link to this site can be found on the BCBSTX Provider website. Changes to these requirements are also published in our provider newsletter, [Blue Review](#). If you have any additional questions, please call Prime Therapeutics at **800-289-1525**.

BCBSTX allows for certain off-label uses of drugs when the off-label uses meet the requirements of the BCBSTX policy.

For information about the PA medical criteria, please review our [Medical Policies](#) in the Standards & Requirements section of our [BCBSTX Provider](#) website.

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Specialty Pharmacy Program and Specialty Pharmacy Network

Specialty medications are used to treat serious or chronic conditions such as multiple sclerosis, hemophilia, hepatitis C, and rheumatoid arthritis. These medications are typically injectable and can be administered by the patient or a family subscriber. One or more of the following may also be true about these medications:

- They are injected or infused, but some may be taken orally
- They have unique storage or shipment requirements
- Additional education and support is required from a health care professional
- They are usually not stocked at retail pharmacies

Most specialty medications may require prior authorization/preauthorization. Links to forms and program criteria summaries can be found on the Prior Authorization/Step Therapy section of our BCBSTX Provider website.

BCBSTX subscribers may be required to use contracted specialty network pharmacies only to fill their prescription for coverage consideration, per their benefit plan. The pharmacists, nurses, and care coordinators in our specialty network pharmacies are experts in supplying medications and services to patients with complex health conditions.

For those medications that are approved by the U.S. Food and Drug Administration (FDA) for self-administration, BCBSTX subscribers may be required to use their pharmacy benefit and acquire self-administered drugs (oral, topical and injectable) through the appropriate contracted pharmacy provider and not through the physician's office. Self-administered drugs should be billed under the subscriber's pharmacy benefit for your patients to receive coverage.

If services are submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims for drugs that are FDA-approved for self-administration and covered under the subscriber's prescription drug benefit, BCBSTX will notify the provider that these claims need to be re-filed through the subscriber's pharmacy benefit. In this situation, the following message will be returned on the electronic payment summary or provider claim summary: "Self-administered drugs submitted by a medical professional provider are not within the subscriber's medical benefits. These charges must be billed and submitted by a pharmacy provider."

If you have questions about the specialty program, a patient's benefit coverage and/or to ensure the correct benefit is applied for medication fulfillment, please call the Customer Service number on the back of your patient's member ID card.

For information about medical criteria, please refer to the [Medical Policies](#) information located on the BCBSTX Provider website.

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Specialty Pharmacy Program, cont'd

Prime Specialty Pharmacy is the preferred specialty pharmacy for most BCBSTX subscribers. Please check the subscriber's ID card to confirm the subscriber's pharmacy provider. With a full inventory of specialty medications in stock and pharmacists available by phone 24/7, Prime Specialty Pharmacy also provides alerts for patient non-adherence issues, coordination of medication refills, information on patient assistance organizations and other support services.

To obtain specialty medications through the Prime Specialty Pharmacy program, follow these steps:

- 1. Collect Patient and Insurance Information**

Use the Prime Specialty Pharmacy [fax form](#) or your own prescription form, along with your office's fax cover sheet. Be sure to include the physician's signature and any clinical data that may support the approval process.

- 2. Fax Signed Forms to 877-828-3939**

Prime Specialty Pharmacy's team of pharmacists and benefit specialists will handle the details, from checking eligibility to coordinating delivery.

Prime Specialty Pharmacy provides safe and efficient delivery of specialty medications and integrated management across medical and pharmacy benefits. As a service to your patients, Prime Specialty Pharmacy can deliver those drugs that are approved for self-administration directly to the patient's home or alternate location. Please note that Prime is also available for those specialty medications that are covered under the subscriber's medical benefit.

For more information, visit the Pharmacy Program/Specialty Pharmacy section of our website at bcbstx.com/provider or contact Prime Specialty Pharmacy at **877-627-MEDS (6337)**.

BCBSTX contracts with select in-network specialty pharmacies* to ensure the availability of specialty medications. In addition to Prime Specialty Pharmacy, there are other specialty pharmacies available for hemophilia (factor) products and outpatient and home infusion services, as an example. For those subscribers who have Prime Therapeutics (Prime) as their pharmacy benefit manager, acquiring self-administered specialty drugs through these specialty pharmacies will help to ensure maximum benefit coverage.

For a complete list of all in-network specialty pharmacies, please visit the Pharmacy Program/Specialty Pharmacy section of our website at bcbstx.com/provider.

*The relationship between BCBSTX and the specialty pharmacies is that of independent contractors



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Are You a Provider Billing for Compound Drugs?

Drug compounding is the process of mixing, combining, or alternating ingredients to create a customized medication. This is considered experimental, investigational and unproven in most cases according to the Blue Cross and Blue Shield of Texas (BCBSTX) Medical Policy on Compounded Drugs.

The properties of certain drugs may be altered and combined by a compounding pharmacy to create a customized medication for the use in a pain pump or for progesterone therapy as a technique to reduce preterm delivery in high-risk pregnancies. Please review the following Blue Cross and Blue Shield of Texas Medical Policies related to Progesterone Therapy (RX501.062) and Implantable Infusion Pumps (SUR707.008) by going to bcbstx.com/provider and clicking on the Standards & Requirements tab.

Compound drugs should be filed under the appropriate "Not Otherwise Classified" procedure code with the Modifier KD.

BCBSTX has adopted the same methodology as the Centers for Medicare and Medicaid Services (CMS).

Under the Standards & Requirements tab, please visit our General Reimbursement Information area on our provider website at bcbstx.com/provider. You will be directed to enter the password and agree to our Policies Disclaimer notice. Click on Compound Drug Schedules located under Reimbursement Schedules & Related Information section.

If you have any questions, please contact Provider Customer Service at 800-451-0287 to speak with a Customer Advocate.

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Are You a Provider Billing Unlisted J- Codes?

Did you know more than 50% of National Drug Code (NDC) numbers have either an assigned Current Procedural Terminology (CPT) code or an assigned Healthcare Common Procedure Coding System (HCPCS) code?

CPT codes are referred to as Level I codes and are maintained by the American Medical Association (AMA). Level I codes are comprised of five (5) characters in length and are numerical (e.g. 99211, 30520, etc.).

HCPCS codes are referred to as Level II codes and are governed by the American Hospital Association (AHA) and the Center for Medicare and Medicaid Services (CMS). Level II codes are five (5) characters in length and are comprised of one (1) letter and four (4) numbers (e.g. J1950, J9217, etc.).

In most instances, NDC numbers are assigned a CPT or HCPCS code. Most injectable medications begin with a "J", but this is not always the case. It is important that claims be submitted with the most accurate information when billing for injectable medications that are administered in the office during a patient's visit.

In an effort to ensure providers are billing appropriately and are being reimbursed properly, Blue Cross and Blue Shield of Texas (BCBSTX) checks the NDC numbers billed with an unlisted J-Code to ensure these codes are being billed correctly.

What does this mean for our providers?

- If a claim is submitted using an unlisted J-Code (e.g. J3490) and a valid CPT/HCPCS code exists for the drug being administered, BCBSTX will deny the service line and request the provider to resubmit using the correct CPT/HCPCS code.
 - If a claim is submitted with an unlisted J-Code (e.g. J3490) and there is no other CPT/HCPCS code for the drug being administered, the provider will need to provide the necessary information on the claim for BCBSTX to properly adjudicate the service line. If the claim is received without the necessary information, the service line may be denied and sent back to the provider with a request to resubmit the service along with the necessary information.
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Are You a Provider Billing Unlisted J- Codes? cont'd

- Necessary information needed to process valid unlisted J-Codes:
 - NDC Number
 - Drug Name
 - Dosage administered (e.g. 5 mg, 10 mg, etc.) Include how the number of units being billed on the claim is being administered (e.g. 5 mg = 1 unit, 10 mg = 5 units, etc.)
 - Strength of drug administered (e.g. 25 mg/ml, 10 mg/10 ml, etc.)
 - Single dose vial or Multi-dose vial

Please Note: An NDC number will be reimbursed for a maximum of two (2) years after it becomes obsolete.

For additional information, refer to the NDC Billing Guidelines and NDC Billing Frequently Asked Questions, located in the Claims and Eligibility/Submitting Claims section of our [BCBSTX Provider website](#).

If you have any questions, you may contact our Provider Customer Service Department at **800-451-0287** to speak with a Customer Advocate for assistance.

Forms

All required forms can be downloaded from the [BCBSTX Provider website](#). The forms are located in the Education & Reference section of this website.

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The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the subscriber's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Subscribers should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the subscriber and their health care provider.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. BCBSTX contracts with Prime Therapeutics LLC to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.