BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois
Provider Manual

Pharmacy Benefit Management

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

TABLE OF CONTENTS

Overview **3**

Pharmacy Network **3**

Drug List Management 3

Home Delivery Prescription Drug Benefit Program **4**

Clinical Programs **5**

Concurrent and Retrospective Drug Utilization Reviews (DUR) 5
Drug Dispensing Limits 5
Prior Authorization (PA) 6
Step Therapy (ST) 6
Member and Provider Education 7
Specialty Pharmacy Program and Specialty Pharmacy Network* 7

Medicaid Pharmacy Coverage **9**

Medicare Part D Pharmacy Coverage **9**

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Overview

BCBSIL utilizes Prime Therapeutics, a third-party vendor as its pharmacy benefit manager (PBM) to administer certain core services, including claims processing, retail pharmacy network management and other related services.

The goal of the Pharmacy Benefit Management program is to help:

- Contain rapidly rising drug costs,
- Maintain and improve the quality of care delivered to BCBSIL members,
- Facilitate access, and
- Encourage appropriate use of cost-effective drug therapies.

To achieve this goal, BCBSIL employs a number of industry-standard management strategies in order to ensure appropriate utilization. These strategies include, but are not limited to, drug list management, benefit design modeling, specialty pharmacy benefits and clinical programs.

Pharmacy Network

BCBSIL members with a prescription drug benefit normally are required to use a pharmacy on the approved list of independently contracted participating pharmacies to maximize their benefits. This pharmacy network can include retail for up to a 30/34-day or 90-day supply, home delivery for up to a 90-day supply or specialty pharmacy for up to a 30-day supply. Pharmacy networks and supply limits are dependent upon the member's benefit plan.

Some members' 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.

Patients should be encouraged to use one pharmacy for all of their prescriptions to help better monitor drug therapy and avoid potential drug-related problems.

Drug List Management

The BCBSIL Drug Lists are provided as a guide to help in the selection of cost-effective drug therapy. In addition to the list of approved drugs, the drug list describes how drugs are selected, coverage considerations and dispensing limits. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered under the member's pharmacy benefit for safety concerns.

BCBSIL members may have a pharmacy benefit of up to six-tiers. Listed drugs may be covered at generic, brand and specialty tier levels. Depending on the member's benefit plan, drugs may be split between preferred and non-preferred within these tiers. Based on the benefit plan, members may pay a lower member share (out of pocket expenses) for prescription drugs in the lower tiers.

Some BCBSIL members' Drug List may only list generics and lower cost brand drugs. Some BCBSIL members' Drug List may reference all covered prescription drugs, and drugs not listed are not covered. If the drug is not covered, you may be able to submit a drug list coverage exception to BCBSIL for consideration (based on the member's benefit plan).

Please refer to the BCBSIL Drug List when prescribing for our members. Call the number on your patient's member ID card for assistance in determining the correct Drug List, if needed.

Note: The Drug List is a tool to help members maximize their benefits. The final decision about what medications should be prescribed is between the health care provider and the patient.

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BCBSIL uses the Prime Therapeutics National Pharmacy and Therapeutics (P&T) Committee for drug evaluation. The P&T Committee consists of physicians, pharmacists, pharmacoeconomists, medical ethicists, other health care professionals or health care administrators who are not employees or agents of Prime Therapeutics. The P&T Committee meets quarterly to review new drugs and updated drug information based on the current available literature. BCBSIL remains responsible for the determination of benefit coverage and approvals for prior authorizations, step therapy and/or dispensing limits.

BCBSIL provides notification to members of changes made to the BCBSIL Drug List by direct mailings. Notifications to physicians are posted in our newsletter and/or on the BCBSIL website. Changes to the BCBSIL Drug List are posted in the Provider section of the BCBSIL website and are made at least four times a year. To view the BCBSIL Drug Lists, refer to the Related Resources menu in the Pharmacy Program section of our Provider website.

Over the Counter (OTC) Equivalent Exclusion Program
As a means of keeping overall prescription drug costs more affordable, prescription versions of medications that are available OTC are usually not a covered benefit through the BCBSIL prescription drug card program. This means that members usually will not receive benefit coverage for brand and generic prescription medications that have OTC versions available at the same prescription strength. Members may still purchase the medication – either by prescription or over-the-counter – but they will be responsible for the full cost of the drug.

Generic Drugs
The FDA has a process to assign equivalency ratings to generic drugs. An "A" rating from the FDA means that the drug manufacturer has submitted documentation demonstrating equivalence of its generic product compared to the brand name product.

BCBSIL supports the FDA process for determining equivalency. Providers are encouraged to prescribe drugs that have generic equivalents available and should not add "dispense as written" unless clinical, and if applicable, coverage criteria that foreclose use of a generic for a particular member have been met. Some plans may require members to pay the difference between the brand-name drug and generic drug plus the prescribed drug's cost share.

If you determine that your patient cannot tolerate the available generic equivalent drug, some members' plans may allow you to submit documentation for consideration to waive any cost share penalties that may be applied to the member otherwise. If approved, the member would only be responsible for their applicable cost share for the brand drug. Call the number on the member's ID card for assistance in completing this process.

Home Delivery Prescription Drug Benefit Program
The home delivery program can help save members both time and money. With this program, members can obtain up to a 90-day supply of maintenance medications through the home delivery program. Maintenance medications are those drugs taken on an ongoing basis to treat chronic conditions such as high cholesterol, high blood pressure or diabetes. View the maintenance drug list, which is available in the Member section of our website, under Member Services.

If a member is starting a new medication for the first time, the prescriber should write two prescriptions:

- First prescription – A starter supply for up to 30 days that the member can fill right away at the local pharmacy, and
- Second prescription – Up to a 90-day supply of the medication to be mailed to the member's home.

To take full advantage of the program, the 90-day prescription should be written with three refills.

Via our secure Blue Access for Members℠ website at bcbsil.com/members, BCBSIL members can view Mail Service Program information and download the home delivery form. Members who are already registered with the home delivery program may ask their physician's office to send their prescription to the home delivery pharmacy electronically or by calling the pharmacy. The home delivery pharmacy will only accept a faxed prescription directly from a physician's office. Home delivery pharmacy contact information can be found in the Pharmacy Program section of our website at bcbsil.com/provider.

Providers who have questions about the home delivery program may call the number on the member's ID card.

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Clinical Programs

BCBSIL offers a wide range of clinical programs to help enhance the level of care and outcomes for our members. The following clinical program offerings may be available depending on the benefit plan chosen.

Concurrent and Retrospective Drug Utilization Reviews (DUR)

Concurrent DUR occurs at the point of sale (i.e., at the dispensing pharmacy). Network pharmacies are electronically linked to Prime Therapeutics' claims adjudication system. This system contains various edits that check each member's prescription at the point of service to help identify potential problems with a specific prescription before it is filled. Identified claims are flagged in the system and a message is sent to the pharmacy informing them of the potential problem. Examples of concurrent DUR include drug-to-drug interaction, overutilization (i.e., early refill attempts), safe and effective use of prescription opioids and therapeutic duplications. The system also alerts the pharmacist when the prescribed drug may have an adverse effect if used by elderly or pregnant members. The pharmacist must use his or her professional judgment and call the prescribing provider if a potential adverse event may occur.

Safety checks on prescription opioids address permissible quantity and medication dose, as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines. The pharmacist will receive alerts advising if authorization may be required from BCBSIL before the full quantity of opioids as prescribed may be dispensed at the point of sale.

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, polypharmacy 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 member's prescription medications filled during the study period, references to national practice guidelines and/or an online survey to be completed.

Drug Dispensing Limits

Dispensing limits are placed on certain drugs to help promote appropriate utilization and prevent stockpiling of medications based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product packaging. Dispensing limits are in accordance with generally accepted pharmaceutical and manufacturer's guidelines. Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing Limits for each Drug List are posted in the Pharmacy Program section of our Provider website under Dispensing Limits.

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Prior Authorization (PA)

Prior Authorization Programs are designed to manage the use of certain medications which have the potential for off-label use or misuse. PA criteria are identified, developed and approved by a clinical team of physicians and pharmacists based on FDA-approved labeling, scientific literature and nationally recognized guidelines.

The PA Program includes management of specific medications but may not apply to all prescription drug benefit plans. To determine if a specific benefit plan includes the PA Program, and which drug categories are included in the member's plan, you may call the number listed on the member's ID card.

Prime Therapeutics will handle all PA requests for BCBSIL members who have Prescription Drug coverage. Physicians must complete and submit the uniform prior authorization request form to receive prior authorization for one of the medications listed. Continued use of the medication will be available if warranted by the patient's medical history and current medical condition. Links to the uniform PA form and program criteria summaries are located in the Pharmacy Program section of our Provider website under Prior Authorization and Step Therapy Programs.

Physicians can also submit the request electronically via the CoverMyMeds® website or fax forms from Prime Therapeutics. You can find links to CoverMyMeds and the fax forms on the Prior Authorization and Step Therapy Programs section.

For more information regarding this PA program, contact the Prime Therapeutics Clinical Review Department at 800-285-9426.

BCBSIL allows for certain off-label uses of drugs when the off-label use meets the requirements of the BCBSIL policy. For information about the PA medical criteria, please review our medical policies in the Standards and Requirements section of our website at bcbsil.com/provider.

If you are prescribing select infusion drugs, you may need to submit a prior authorization request to BCBSIL prior to administration of the drug. These infusion drugs are administered by health care professionals and typically covered under the member's medical benefit. For a list of the infusion drugs, please visit the Prior Authorization section of our website at bcbsil.com/provider. Benefits can be determined by calling the number on the member's ID card.

Step Therapy (ST)

Step Therapy is a program that encourages the safe and cost-effective use of medications. Under this program, a "step" approach is required to receive coverage for certain high-cost medications. The ST program requires that the member has a prescription history for a "first-line" medication before the benefit plan may cover a "second-line" drug. A first-line drug is recognized as safe and effective in treating a specific medical condition, as well as a cost-effective treatment option. A second-line drug is a less-preferred or potentially more costly treatment option. ST Programs are developed under the guidance and direction of independent, licensed physicians, pharmacists and other medical experts.

Process guidelines:

- **Step 1:** When possible, the prescriber should prescribe a first-line medication appropriate for the member's condition.
- **Step 2:** If the prescriber determines that a first-line drug is inappropriate and/or ineffective, the benefit plan will cover a second-line drug when certain criteria are met.

The ST Program includes management of specific medication categories. The list of drugs in these categories can be found in the Pharmacy Program section of our Provider website under Prior Authorization and Step Therapy Programs. Links to the forms and program criteria summaries are located on this page as well.

While physician fax forms are available, you can also submit the request electronically via the CoverMyMeds website. You can find the link to CoverMyMeds on the Prior Authorization and Step Therapy Programs section.

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Physicians consulted for approval should write prescriptions based on the list of Step Therapy drugs covered by the drug list. This program may not apply to all prescription drug benefit plans. To determine if a specific benefit plan includes Step Therapy, and which drug categories are part of the member's plan, call the number listed on the member's ID card.

The ST Program is not a substitute for the sound medical judgment of a physician. The final decision about what medication should be prescribed is between the patient and the physician.

Member and Provider Education

Educational materials aimed to increase awareness and improve patient care management are available to members/employer groups and providers. Members receive materials that explain their pharmacy benefit program, help them understand drug costs and inform them on how to make educated decisions regarding their drug therapy.

Specialty Pharmacy Program and Specialty Pharmacy Network*

Specialty pharmacy medications are generally prescribed for people with complex or ongoing medical conditions such as immune deficiency, multiple sclerosis and rheumatoid arthritis. Due to unique storage and shipment requirements, some specialty medications may not be readily available at local retail pharmacies. The Specialty Pharmacy Program helps deliver these medications directly to providers, and sometimes directly to the member.

Specialty medication coverage is based on the member's benefit. Most specialty medications will require prior authorization. Some BCBSIL members have a benefit plan that encourages utilization of an in-network specialty pharmacy for maximum benefit coverage, and some members' benefit plans may require them to only use a contracted specialty network pharmacy to fill their prescription for coverage consideration. The pharmacists, nurses, and care coordinators in our contracted specialty network pharmacies are experts in supplying medications and services to patients with complex health conditions. A list of medications that BCBSIL identifies as being a specialty medication is available on our Pharmacy Program/Specialty Pharmacy section.

For information about medical criteria, please review our medical policies in the Standards and Requirements section of our website at bcbsil.com/provider.

Please note: Depending upon administration (physician-administered or FDA-approved for self-administration), the member's plan will determine which benefit (medical coverage or pharmacy coverage) will cover the medication. Benefits may be confirmed by calling the number on your patient's ID card.

Self-Administered Specialty Medications

Specialty medications that are FDA-approved for self-administration are typically covered under the member's pharmacy benefit. Some members' benefit plans may require them to obtain these medications from an in-network specialty pharmacy provider and billed under the 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 member's prescription drug benefit, BCBSIL will notify the provider that these claims need to be re-filed through the member'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 member's medical benefits. These charges must be billed and submitted by a pharmacy provider."

BCBSIL contracts with Accredo® to obtain specialty medications approved for self-administration. A list of these medications is available on the Pharmacy Program/Specialty Pharmacy section. To contact Accredo, call 833-721-1619, e-prescribe the prescription or visit accredo.com/prescribers for referral forms by therapy.

Other select in-network specialty pharmacies have also been contracted to obtain certain self-administered specialty medications for our members. For a complete list of all in-network self-administered specialty pharmacies, please visit the Pharmacy Program/Specialty Pharmacy section.

HMO Illinois® and Blue Advantage HMO℠ members with prescription drug benefits administered by Prime Therapeutics must fill their self-administered specialty medication prescriptions at a pharmacy within the HMO Illinois specialty pharmacy network for pharmacy benefit coverage consideration. A list of these in-network specialty pharmacies can be found on our Pharmacy Program/Specialty Pharmacy section.

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Physician-Administered Specialty Medications
BCBSIL contracts with select specialty pharmacies to obtain specialty pharmacies for physician administration to our members. These specialty medicines are typically covered under the member's medical benefit.

By obtaining these specialty medications from the preferred specialty pharmacies, providers may benefit from:

- Integrated coordination of coverage between the member, provider and BCBSIL
- No up-front acquisition cost to providers for office-administered specialty medications
- Convenient delivery of medication to location of choice (i.e., provider's office, site of practice, home infusion)
- Injection supplies with every shipment, including alcohol swabs, needles and syringes (if applicable)
- Automatic coordination of refills
- Patient education materials and therapy starter kits from drug manufacturers
- 24-hour hotline staffed by nurses and/or pharmacists to call with medication and injection questions
- Compliance with nationally recognized guidelines and standards

Providers should only bill for the administration of the specialty medication(s) when received from the preferred specialty pharmacies. Providers may not bill for the specialty medication. For a list of physician-administered specialty medications and available specialty pharmacies, please visit the Pharmacy Program/Specialty Pharmacy section.

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

Split Fill Program

Some BCBSIL members and groups may have the Split Fill program as part of their benefit plan. This program applies to select specialty medications that patients are often unable to tolerate. Under this program, members who are new to therapy (or have not had claims history within the past 120 days for the drug) are provided a partial, or "split", fill for up to the first three months of therapy, giving them the opportunity to try the drug at a prorated cost. This allows the member to make sure they can tolerate the medication and any potential side effects before continuing ongoing therapy.

The Split Fill program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. You can find the current list of drugs in this program from the split fill program link off our Pharmacy Program/Specialty Pharmacy section. Note: The list of drugs is subject to change at any time.

Members must use an in-network specialty pharmacy. This includes specialty pharmacies participating in our oral oncology network and Limited Distribution (LD) pharmacies. Members will pay an applicable prorated cost share for each fill received for the duration of the program. Once the member is able to tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member's pharmacy benefit plan.

Billing with National Drug Codes (NDCs)

BCBSIL requires the use of National Drug Codes (NDCs) and related information when drugs are billed on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500 claims). **Professional/ancillary claims for drugs must include NDC data in order to be accepted for processing by BCBSIL.**

This information can also be submitted when NDC details may be needed on electronic (ANSI 8371) and paper (UB-04) claims. This includes drug-related Revenue Codes to report drug products used for services rendered at medical outpatient facilities as well as unlisted Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) that require additional NDC information.

Even when not required by contract, BCBSIL would welcome voluntary reporting of NDC information. In those cases, it may be submitted with the related HCPCS/CPT or revenue code as additional information.

The NDC must be submitted along with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) and the number of HCPCS/CPT units. It must be in the 11-digit billing format (no spaces, hyphens or other characters). The NDC qualifier, unit of measure, number of NDC units and billable charge also must be included. For the billable charge on electronic claims, include the total

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charge per NDC service line. To obtain NDC reimbursement information, you can access the latest NDC Reimbursement Schedule through Blue Access for Providers, our secure provider portal. On this portal, there is a link to the NDC Calculator Tool, which can help you convert HCPCS and CPT units into the correct number of NDC units.

For additional information, refer to the NDC Billing Guidelines, located in the Claims and Eligibility/Claim Submission section of our Provider website, under Related Resources.

Medicaid Pharmacy Coverage

BCBSIL, through Prime Therapeutics, offers Medicaid prescription drug benefit coverage to eligible members who have Blue Cross Community Health Plans℠ (BCCHP) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ plans. Providers can find links to available drug lists, pharmacy directories, forms and other general pharmacy benefit information, including where to submit prescription exception requests for these members, at the Pharmacy Program/Medicaid section.

Medicare Part D Pharmacy Coverage

BCBSIL offers Medicare Part D prescription drug plan coverage to eligible members. The Centers for Medicare & Medicaid Services (CMS) must review and approve every aspect of the program, including:

- How an insurance company sells its plans
- Benefits offered
- Premiums charged
- List of covered prescription drugs
- How plans communicate drug list changes to providers

CMS provides rigorous and proactive oversight of Medicare Part D by conducting routine audits to ensure plans are compliant.

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.

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BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSIL. The relationship between Accredo and BCBSIL is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

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 member'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. Members 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 member and their health care provider.

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