PRIME THERAPEUTICS®

Prime Perspective

Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

June 2023: Issue 89

INSIDE

Fraud, Waste and Abuse (FWA) updates

Diabetic medications used for weight loss

Medications used to manage diabetes have become popular for use as a weight loss therapy. Although older medications such as metformin have been used off-label to assist in weight loss, a newer class of diabetes medications has seen increased use for weight loss. The main class of therapy is the glucagon-like peptide 1 (GLP-1) agonists. GLP-1 is a glucose regulator that is released after the ingestion of carbohydrates or fats. GLP-1 enhances insulin secretion and synthesis, reduces food intake and promotes beta-cell proliferation. GLP-1 drugs are FDA indicated for type 2 diabetes, and some products are FDA indicated for treatment of obesity under a different trade name. For example, semaglutide is FDA indicated for type 2 diabetes as Ozempic® and for obesity as Wegovy® while liraglutide is FDA indicated for type 2 diabetes as Victoza® and for obesity as Saxenda®. A new drug, Mounjaro™ (tirzepatide), which is a GLP-1 and glucose-dependent insulinotropic polypeptide (GIP) receptor agonist, is only FDA indicated for type 2 diabetes.

Recent social media trends have significantly increased use of GLP-1 agonists for weight loss, with people accessing them through telemedicine visits. Prime has observed this through an increased volume of claims and prior authorization requests. Although each individual plan may have different requirements and restrictions, some guidance may help when GLP-1 agonist prescriptions are received.

At this time, Medicare excludes coverage for GLP-1 agonists when used for weight loss. This means that drugs that are only FDA indicated for obesity or weight loss will not be covered. This also means that drugs that are FDA indicated for type 2 diabetes will not be approved for a Covered Person who is using the drug for weight loss. Tirzepatide is only FDA indicated for type 2 diabetes but has been associated with significant off-label use for weight loss. Any request for coverage, such as a prior authorization or formulary exception, will not be approved when it is used off-label for obesity. If a patient presents a prescription for tirzepatide and it is evident that they do not have diabetes, it may cause less confusion by educating the patient that it is not FDA approved for weight loss and insurance will not provide coverage.

References:

Clinical Pharmacology powered by ClinicalKey, **https://www.clinicalkey.com/pharmacology**.

Paxlovid™ and common drug-drug interactions

Paxlovid (nirmatrelvir/ritonavir) has been granted Emergency Use Authorization (EUA) by the U.S. Food & Drug Administration (FDA) for adults and children age 12 years or older who weigh at least 40kg and test positive for COVID-19 with mild-to-moderate symptoms for five days or fewer and have certain health conditions and/or lifestyle factors that increase the risk of progression to severe COVID-19.

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Nirmatrelvir/ritonavir is an oral antiviral therapy that can be taken at home and can be prescribed by a state-licensed pharmacist to eligible patients with certain limitations. These limitations include:

- Pharmacist must have electronic or printed health records less than 12 months old, including the most recent laboratory blood work report to evaluate renal and hepatic function, or receive this information through a consult with the patient's health care provider.
- Pharmacists must obtain a list of all medications the patient is currently taking, including over-the-counter medications and/or supplements, to evaluate if potentially serious drug-drug interactions exist with the use of nirmatrelvir/ritonavir.

One active ingredient, ritonavir, is a pharmacokinetic enhancer which opens the possibility for many drug-drug interactions, some of which may require dose adjustments to current medications or would indicate that nirmatrelvir/ritonavir should not be used for that patient. Several common medications have potentially serious interactions with nirmatrelvir/ritonavir, and the community pharmacist should be vigilant about checking the patient's entire medication profile prior to dispensing and/or prescribing nirmatrelvir/ritonavir.

Below is a chart of some of the most commonly prescribed medications that have drug-drug interactions with nirmatrelvir/ritonavir along with the potential impact nirmatrelvir/ritonavir may have on them. Additionally, recommendations from the manufacturer and the resource Clinical Pharmacology on how to proceed in the event of an interaction are included. For a complete list of interactions, please refer to the nirmatrelvir/ritonavir fact sheet and utilize available clinical resources.

Concomitant medication	Potential effect	Recommendation for concomitant medication during nirmatrelvir/ritonavir treatment
Alprazolam, clonazepam, diazepam	Increased/excess sedation	Consider reducing dose if chronic use; do not discontinue
Apixaban	Increased bleeding	Apixaban 2.5mg: avoid use with nirmatrelvir/ritonavir Apixaban 5mg, 10mg: reduce dose by 50% until three days after nirmatrelvir/ritonavir therapy is finished
Amlodipine, diltiazem, nifedipine, verapamil	Decreased blood pressure	Monitor for symptoms of hypotension and/or bradycardia; reduce dose of calcium-channel blocker if hypotension and/or bradycardia develops
Clopidogrel	Increased clotting	Avoid concomitant use
Hormonal contraceptives containing ethinyl estradiol	Lack of contraceptive efficacy	Use nonhormonal contraception until one menstrual cycle after nirmatrelvir/ritonavir therapy is finished
Hydrocodone, oxycodone	Increased side effect of opioid, increased sedation	Consider reducing dosing frequency or dose of hydrocodone/oxycodone
Quetiapine	Increased quetiapine effects	Reduce dose of quetiapine to one-sixth of the original dose during nirmatrelvir/ritonavir treatment
Rivaroxaban	Increased bleeding	Avoid concomitant use
Salmeterol	Increased cardiac effects	Avoid concomitant use
Statins (lovastatin, simvastatin, atorvastatin, rosuvastatin)	Increased toxicity of statin	Hold lovastatin/simvastatin 12 hours prior to initiating, during nirmatrelvir/ritonavir course and for five days after. Consider holding atorvastatin and rosuvastatin during treatment; atorvastatin and rosuvastatin do not need to be held prior to or after completing treatment.
Tamsulosin	Hypotension and/or orthostasis	Avoid concomitant use
Warfarin	Potential to increase or decrease INR	Monitor INR to determine if warfarin dose needs to be adjusted

*Not a complete list of all potential drug-drug interactions, pharmacists should still utilize available clinical resources to check the patient's entire medication list prior to prescribing or dispensing nirmatrelvir/ritonavir.

References:

Clinical Pharmacology powered by ClinicalKey, **https://www.clinicalkey.com/pharmacology/reports/interactions**.

Paxlovid [Fact sheet for healthcare providers]. New York, NY: Pfizer; 2023, **https://www.pfizermedicalinformation.com/en-us/paxlovid**.

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Fraud, Waste and Abuse reporting

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**

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 at **https://www.primetherapeutics.com/resources/.**

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 copay 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 at **https://www.primetherapeutics.com/resources/additional-resources/.**

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 4 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.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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: 02/28/2025)

Florida news

Florida Blue utilization management program

Utilization management (UM) program updates for the upcoming quarter, when available, will be posted on Prime's website at **https://www.primetherapeutics.com/resources/.**

HCSC news

Covered Person drug safety programs – opioid management

Preventing overuse of prescription medications is important to improve patient care and reduce Fraud, Waste and Abuse. To help protect the health and safety of Medicare Covered Persons, CMS provides guidance to Plan Sponsors that aims to help prevent the overuse of opioids. Based on these guidelines, HCSC has created drug utilization management programs to help prevent overuse of these medications. These controls include a layered clinical program approach that integrates the use of utilization management, concurrent drug utilization review (cDUR) and retrospective drug utilization review to help identify and resolve potential drug therapy situations.

As part of the management of opioids, extreme over users will be identified and targeted for case management. In these cases, a plan pharmacist will attempt to contact the Prescribing Provider(s) by both fax and phone to help determine medical necessity and facilitate the best possible outcome for the Covered Person. Other outcomes include Point of Sale (POS) edits, pharmacy lock-in and/or Prescribing Provider lock-in for the Covered Person.

Starting on January 1, 2022, HCSC implemented new safety edits at POS. These new safety edits include hard edit configuration, soft edit configuration and a 7-day opioid naïve edit.

Hard edit configuration:

- Cumulative MME daily dose threshold (in mg) – 200
- Number of prescribers included in the edit – 3
- Number of Pharmacies included in the edit – 3

Hard edit configuration cannot be overridden at POS and will require a coverage determination.

These hard edit configuration updates were implemented because CMS has noted the "concern is more focused on cases involving multiple Prescribing Providers who may not know about each other." The hard edit has been configured to address the concern over multiple Prescribing Providers without causing a large impact to Covered Persons. When a submitted claim causes the total opioid MME to exceed the maximum daily dose of 200 mg for at least one day, the system proceeds to calculate the number of unique Pharmacies and unique prescribers that are present on the current opioid claims. If the cDUR edit identifies three or more unique Pharmacies and three or more unique Prescribing Providers, the claim results with a cDUR alert returned to the Pharmacy. These alerts are in the form of a hard reject. Hard rejects will require the Covered Person or the Covered Person's representative to submit a Coverage Determination/ Redetermination to assess the appropriateness of the medication in the rejecting claim. Persons performing Coverage Determinations/Redeterminations will assess a Prescribing Provider's supporting statement to determine the outcome of the Coverage Determination/Redetermination decision.

Soft edit configuration:

- Cumulative MME daily dose threshold (in mg) – 90
- Number of prescribers included in the edit – 2
- Number of Pharmacies included in the edit – 2

Soft edit configuration can be overridden at POS with PPS codes.

The 7-day opioid naïve edit:

The opioid 7-day supply safety edit limits the initial dispensing to a 7-day supply or less for opioid naïve Covered Persons. Opioid naïve is defined as a lack of any opioid prescriptions (long-acting or short-acting) within our claims system in the previous 90 days.

If submitting an opioid prescription for a Covered Person who is opioid naïve for >7-day supply, the claim will reject with NCPDP codes 88 (DUR Reject Error), 925 (Initial Fill Day Supply Exceeds Limits), and 569 (Medicare Prescription Drug Coverage and Your Rights). Claims will reject with the following POS message:

- PLAN LIMITS EXCEEDED;
- MAX OF 7 DAYS SUPPLY FOR OPIOID NAÏVE PT;
- SUBMIT PPS CODES TO OVERRIDE OR CALL 1-855-457-0229

continued

There are two ways to resolve the opioid naïve cDUR reject at point of sale:

1. Adjust the quantity/day supply to 7 days or less and resubmit the claim. Once the Covered Person has a paid claim for a 7-day supply in claims history, subsequent opioid claims will not be limited to a 7-day supply for at least 90 days, OR
2. Enter appropriate PPS codes (see below) if the Covered Person meets any of the following allowed exceptions:

a. The patient has had opioid therapy in the last 90 days, OR

b. The Prescribing Provider states the Covered Person is currently being treated with an opioid medicine, OR

c. The Covered Person is being treated for active cancer-related pain, OR

d. The Covered Person is in hospice care or receiving palliative or end-of-life care.

Reason for service	Reason for service code description	Professional service code	Professional service code description	Result of service	Result of service code description
MX	Excessive duration	MO MR RO	Prescriber consulted Medication review Pharmacist consulted Othr	4D	Dispensed, Cancer treatment
MX	Excessive duration	MO MR RO PH	Prescriber consulted Medication review Pharmacist consulted Othr Patient medication history	4J	Dispensed, Patient is not opioid naive
MX	Excessive duration	MO RO	Prescriber consulted Pharmacist consulted Othr	4C	Dispensed, Hospice
MX	Excessive duration	MO RO	Prescriber consulted Pharmacist consulted Othr	4B	Dispensed, Palliative care
MX	Excessive duration	MO RO	Prescriber consulted Pharmacist consulted Othr	4K	Prescriber specialty Exempt – Oncology
MX	Excessive duration	MO RO	Prescriber consulted Pharmacist consulted Othr	4L	Prescriber specialty Exempt – Hospice

continued

Covered Person ID number information update

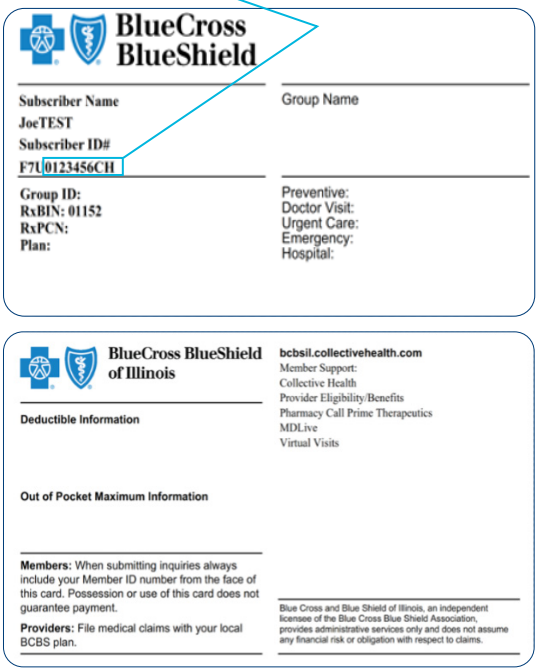
On January 1, 2023, Blue Cross Blue Shield of Illinois (BCBSIL) Covered Persons received new cardholder ID numbers.

Participating Pharmacies may be experiencing rejections when trying to process claims for Covered Persons of Blue Cross Blue Shield of Illinois.

Action required

- If a Covered Person presents a BCBSIL ID card, please remove the first 3 alpha/numeric characters and submit the 9-digit numeric/alpha ID number.
- If a Covered Person does not have their new ID card, please call the Prime Pharmacy Help Desk at **800-821-4795** to obtain eligibility information.

Leave off the first three alpha characters, using only the last 9 characters



Please communicate this information to your Pharmacies to prevent further disruption of service for these Covered Persons.

If you have any questions regarding claims processing, please call the Prime Pharmacy Help Desk at **800-821-4795**.

New Mexico Medicaid

The Centers for Medicare & Medicaid Services (CMS) requires attending, ordering, referring, rendering and **prescribing providers** to enroll in New Mexico Medicaid. This requirement is designed to ensure that all providers who render services for Medicaid beneficiaries are properly licensed and have not been excluded from Medicare or Medicaid.

The Medical Assistance Division (MAD) of the New Mexico Human Services Department (HSD) is requiring the MCOs to deny pharmacy claims for drugs or other items when the prescribing provider is not enrolled in NM Medicaid. This will go into effect on July 1, 2023.

Failure to enroll as a Medicaid provider can result in denial, rejection or recoupment of payment for prescriptions when written for Centennial Care members effective July 1, 2023. Please enroll as soon as possible to prevent interruption of prescriptions for Medicaid members.

Providers may use the resources below to help navigate their enrollment process:

- Enroll with NM Medicaid: **https://nmmedicaid.portal.conduent.com/webportal/enrollOnline**
- Verify enrollment: **https://nmmedicaid.portal.conduent.com/static/index.htm**

As a reminder, Prime may reject, deny or recoup claims when:

- The individual prescriber is not enrolled with HSD
- Providers are not enrolled with the appropriate provider type

Alignment Health news

Alignment Health Plan is pleased to offer their Medicare Part D Covered Persons an enhanced benefit regarding their medication days' supplies.

Covered Medicare Part D drugs in Tiers 1–4 are eligible for up to a 100-day supply benefit.*

Covered Medicare Part D drugs in Tier 6 are eligible for up to a 300-day supply benefit.*

Covered Tier 5 or specialty drugs will continue to have a maximum day supply of 30.

Please try to honor these enhanced benefits for this membership to improve adherence if the prescription from the Prescribing Provider will allow it.

*There could be exclusions, and these enhanced benefits include retail, extended day supply and home delivery participating network Pharmacies.

RxBIN	RxPCN	RxGROUP
610455	AHPPARTD	H3443
610455	AHPPARTD	H3815
610455	AHPPARTD	H4961
610455	AHPPARTDG	H4961G
610455	AHPPARTD	H5296
610455	AHPPARTD	H5472
610455	AHPPARTD	H7074
610455	AHPPARTD	H8244
610455	AHPPARTD	H9614
610455	AHPPARTD	H9686
610455	AHPPARTD	H9943

Prime news

Prime Split Fill Program

Covered Persons who are new to specialty drugs are sometimes not able to tolerate the drug or find that the drug is not effective for their condition. Prime's Split Fill Program minimizes drug waste and reduces costs by identifying high-cost drugs in oral oncology and other therapeutic classes associated with early discontinuation or dose modifications. With this program, Covered Persons will not have to pay for a full supply of the drug until the drug has shown to be effective and tolerated for that Covered Person's treatment.

Participating Pharmacies will receive a reject on a new prescription of an included drug written for a full month's supply for the months the drug is included in the Split Fill Program (range is one to three months).

Drugs added to Prime's Split Fill list are carefully evaluated based on clinical and cost criteria which also includes a thorough review of packaging and/or storage restrictions. Drugs are not added to the Split Fill list unless our clinicians determine that the packaging can be safely and consistently split to support the partial fill process and durations recommended for each individual drug.

Prime's Split Fill Program is applicable to Medicaid and Commercial lines of business. Prime will move forward with a similar offering for Medicare in 2024.

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 **https://pharmacy.primetherapeutics.com/en/resources/pharmacists/ac.html.**

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

Annual attestation requirement

The annual FWA attestation form is part of your Pharmacy NCPDP profile. Please complete the form via the NCPDP website. For your convenience, instructions for completing the NCPDP form are on Prime's website at **Compliance & FWA training and certification requirements (primetherapeutics.com)**. Pharmacies are also required to complete the offshoring attestation when applicable. Failure to attest to the annual general compliance, FWA training and offshoring may result in termination of participation in one or more Networks or termination of the Agreement.

Provider Manual update

A new version of Prime's Provider Manual with an effective date of July 1, 2023, is available for review on Prime's website at **https://www.primetherapeutics.com/resources/provider-manual/.** Please continue to use the January 2023 Provider Manual until July 1, 2023.

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* 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, 7 days a week)
- By email: **ProviderRelations@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 **https://www.primetherapeutics.com/resources/commercial-formularies/.**

For Medicare Part D formularies, access **https://www.primetherapeutics.com/resources/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**