

Network Pharmacy Weekly



EXPRESS SCRIPTS®



November 13, 2014

» Inside this issue:

EmblemHealth City of NY Vaccines....2

Disney Cruise Line WC Claims.....2-3

Unicare Health Plan of WV Nipro.....4

Unicare Health Plan of WV PDL.....4

Medicaid's New Reality

A 33-year-old single mother of three children has hepatitis C. A 45-year-old disabled father is unable to maintain steady work. A 15-year-old high school student was recently diagnosed with cancer.

These three patients are potential candidates for new, potentially life-changing therapies that cost tens of thousands of dollars, and all three represent millions more people with similar health concerns.

Who gets treated? And how? These are the decisions Medicaid plans and the states they serve now face every day.

Never before have we seen such high prices for medications used by large patient populations. New therapies in the pipeline bring great promise to patients with conditions such as cancer, high cholesterol and hepatitis C. But that promise could be very costly if drug manufacturers continue to price their medications unreasonably high.

While Express Scripts and its plan sponsors continue to advocate for more sustainable and fair drug pricing, there are strategies Medicaid plans can adopt now to ensure the most appropriate use of these medications, including utilization management, clinical specialization and evidence-based decision support. ■

For more information, please visit <http://lab.express-scripts.com>.

Vaccine Claims Processing Change

Beginning **November 19, 2014**, the Express Scripts system will check the member's drug coverage first, so that if a vaccine is NOT covered, the pharmacist will receive NCPDP Reject 70 (Product/Service Not Covered) before an M5 (Requires Manual Claim) reject. The secondary message for the M5 reject will also change to read: "MA NOT COVERED; RESUBMIT AS DRUG ONLY CLAIM." Pharmacists should refer to any additional messaging when processing a vaccine claim.

It is critical to note that if the pharmacist receives an M5 reject, he/she may charge the member for the vaccine administration fee/professional service fee (PSF). However, this fee should not be referred to as a "copayment"; the drug product copayment must be represented as a separate charge.

In addition, please do not instruct the member to submit a manual/paper claim to Express Scripts; ignore the "Requires Manual Claim" message.

As always, if the sponsor covers both the vaccine drug and its administration, the pharmacist should enter the Professional Service Code "MA" in field 440-E5, and the administration fee in the Incentive Amount Submitted field (438-E3). If the claim is submitted incorrectly, it may result in a reject of E5 and/or E3 with additional messaging.

If the pharmacy is only billing for the vaccine drug, the Professional Service Code field (440-E5) and Incentive Amount Submitted field (438-E3) should be left blank.

For COB claims, if the pharmacist submits only the ingredient cost to the primary payer, only the ingredient cost should be submitted to the secondary payer. If the pharmacist submits both the ingredient cost and incentive fee to the primary payer, these charges should also be submitted to the secondary payer.

If you need assistance processing a claim, contact the Express Scripts Pharmacy Services Help Desk at 800.824.0898 or 800.922.1557, or visit the Pharmacist Resource Center at www.express-scripts.com/prc.

EmblemHealth Prescription Coverage Now Includes Flu Vaccines

The EmblemHealth City of New York prescription drug benefit, administered by Express Scripts, now covers both the flu vaccine and its administration. Approximately 700,000 City of New York members are covered for the flu vaccine under their pharmacy benefit, but these members will need to provide their ID cards at point of sale so claims can be processed correctly and time-consuming phone calls avoided.

If the member has diabetic coverage only, the pharmacist should ask for his/her EH medical/diabetic coverage ID card to process the flu vaccine claim.

As a reminder when processing vaccine claims, the pharmacist should enter the Professional Service Code "MA" in field 440-E5, and the administration fee in the Incentive Amount Submitted field (438-E3). If the claim is submitted incorrectly, it may result in a reject of E5 (M/I Professional Service Code) and/or E3 (M/I Incentive Amount Submitted) with additional messaging.

Please process claims for EmblemHealth City of New York commercial members using the following information:

| Claim Submission Information | |
|------------------------------|--------|
| BIN: | 003858 |
| PCN: | A4 |
| Group: | GH3A |

Disney Cruise Line Crews' Workers' Compensation Claims

Beginning November 17, 2014, Express Scripts will manage the prescription drug benefit for Disney Cruise Line's Workers' Compensation claims. Please follow the processing information listed below when filling prescriptions for Disney Cruise Line's injured workers.

Also included on page 2 is a sample Disney Cruise Line First Fill form, which will serve as the member ID card for processing these claims. The upper portion of the form will be pre-populated with the injured worker's patient information when presented at point of sale.

Please process claims for these members using the following information:

| | |
|---|-------------------------------------|
| BIN: | 003858 |
| PCN: | A4 |
| RxGroup: | MH5A |
| Crew Member's SSN: | See Member's First Fill form |
| Crew Member's First and Last Name: | See Member's First Fill form |
| Crew Member's Date of Injury: | YYYYMMDD |

If you need assistance processing a claim for Disney Cruise Line Workers' Compensation members, please contact Express Scripts at **800.945.5951**.



EXPRESS SCRIPTS®

Disney Cruise Line Crew Claim Form

Attention Crew Member

- Please give this notice to participating pharmacy to expedite the processing of your prescriptions.
- Questions or need assistance locating a participating pharmacy: Call the Express Scripts Contact Center at 800.945.5951

Attention Please complete the following information for the Crew Member.

| Express Scripts | Employee Information |
|--|--|
| ID #: Crew Member SSN = <u>XXXXXXXXXX</u> | First <u> </u> M <u> </u> Last <u> </u> |
| Date of Injury/ Illness: <u> </u> / <u> </u> / <u> </u> MM/DD/CCYY | Employer's Name Disney Cruise Line |
| Group #: <u>MH5A</u> | |
| Employee Date of Birth: <u> </u> / <u> </u> / <u> </u> MM/DD/CCYY | |

Attention Pharmacist

- Express Scripts administers the Disney Cruise Line prescription program. Follow the steps below to submit a claim.
- For assistance, call the Express Scripts Contact Center at 800.945.5951.

| Pharmacy Processing Steps | |
|---------------------------|---|
| Step 1 | Enter bin number 003858 |
| Step 2 | Enter processor control A4 |
| Step 3 | Enter the group number as it appears above – MH5A |
| Step 4 | Enter the crew members SSN in SSN location |
| Step 5 | Enter first name & last name |
| Step 6 | Enter the crew member's date of injury (in the format ccyyymmdd) |

Participating Pharmacy Chains

| | | | | |
|--------------------|---------------|-------------------|----------------|------------|
| A & P | Doc's Drugs | Kerr | Rosauers | Vons |
| Acme Pharmacy | Dominicks | Kmart | Rx Express | Waldbaums |
| Albertson's | Drug Emporium | Knight Drugs | RXD | Walgreens |
| Albertson's/Acme | Drug Fair | LeaderNet (PSAO) | Safeway | Wal-Mart |
| Albertson's/Osco | Drug Town | Longs Drug Store | Sam's Club | Wegmans |
| Albertson's/Sav-On | Drug World | Major Value | Sav-On | Weis |
| AmerisourceBergen | Duane Reade | Marsh Drugs | Save Mart | Winn Dixie |
| Anchor Pharmacies | Eckerd | Medic Discount | Schmucks | |
| Arrow | Econofoods | Medicap | Scolari's | |
| Aurora | EPIC Pharmacy | Medistat | Sedano | |
| Bartell Drugs | Network | Meijer | Shaw's | |
| Bigg's | FamilyMeds | Minyard | Shop 'N Save | |
| Bi-Lo | Farm Fresh | NCS HealthCare | Shopko | |
| Bi-Mart | Farmer Jack | Neighborcare | ShopRite | |
| BJ's Wholesale | Food City | Network | Snyder | |
| Club | Food Lion | Pharmaceuticals | Star Markets | |
| Brooks | Fred's | Northeast | Stop & Shop | |
| Brookshire | Gemmel | Pharmacy Services | Sun Mart | |
| Brothers | Giant | Osco | Super Fresh | |
| Brookshire Grocery | Giant Eagle | P & C Food | Target | |
| Bruno | Giant Foods | Markets | Texas Oncology | |
| Carrs | Hannaford | Pamida | Services | |
| Cash Wise | Happy Harry's | Park Nicollet | The Pharm | |
| Coborn's | Harris Teeter | Pathmark | Thrifty White | |
| Costco | H-E-B | Pavilions | Times | |
| Cub | Hi-School | Price Chopper | Tom Thumb | |
| CVS | Pharmacy | Publix | Tops | |
| D&W | Hy-Vee | Quality Markets | Ukrop's | |
| Dahl's | Jewel/Osco | Raley's | United Drugs | |
| Dierbergs | Kash n Karry | Randalls | United | |
| Discount Drugmart | Keltsch | Rite Aid | Supermarkets | |



Public Information

TEMPCARD 8.2008

UniCare Health Plan of West Virginia Nipro Products Reminder

Please be reminded that for UniCare Health Plan of West Virginia plan members, Bayer products changed to non-preferred status as of August 15, 2014, and Nipro Diagnostic products assumed preferred status. Affected members and providers received letters prior to this change.

- When processing claims for meters, submit the National Drug Code (NDC) shown below. Claims for meters should be processed directly through the manufacturer using the BINs and PCNs provided. There is a maximum of one free meter per member every 18 months. Members may also have a free meter delivered to their homes by calling 1.866.788.9618.
- When processing claims for test strips, submit the National Drug Code (NDC) indicated below. Claims for test strips should be processed through the member's Medicaid benefit.

All other brands of meters will require prior authorization (PA).

Please process claims for TRUEresult® meters and TRUEresult™ strips for UniCare members using the following information:

| | TRUEresult® Meter | TRUEtest™ Strips |
|-----------------|--|---|
| NDC: | 56151124001 | 56151103050 (50 ct.); 56151103001 (100 ct.) |
| BIN: | 015251(OPTUMRx) | 003858 |
| PCN: | PRX2000 | A4 |
| ID: | HB224289455 (can be used for all patients – one (1) meter/patient) | Member's UniCare ID Number from card |
| RxGroup: | PRX2000 | WFWA |

Pharmacists needing assistance processing a claim for meters should contact OPTUMRx at 1.800.510.4836. For assistance processing a claim for strips, contact Express Scripts at 1. 877.337.1102.

UniCare Health Plan of West Virginia State PDL UPDATE

The West Virginia Medicaid Preferred Drug List (PDL) for covered members is developed by the Bureau of Medical Services (BMS) upon recommendation of the Medicaid Pharmaceutical and Therapeutics (P & T) Committee, with the approval of the Secretary of the Department of Health and Human Resources. Some of the state's preferred drugs are multi-source brand (MSB) drugs, with currently available generics positioned as non-preferred. The state intends that the preferred MSB drugs be dispensed.

To help ensure pharmacies have the ability to dispense these preferred MSB drugs in accordance with the State of West Virginia PDL, please follow the process below when submitting these claims in order to bypass MAC pricing:

- **Submit claims for preferred Multi Source Brand Medications with a Dispense As Written (DAW) code of 7 (Substitution not permitted—brand mandated by law). This will allow the claim to bypass MAC pricing.**

If you need assistance processing a claim for these members, please contact the Express Scripts pharmacy services help desk at 877.337.1102.