Acetaminophen dosing safety alert

By Katherine Gancasz,
Pharm D. student at the State University at Buffalo

The U.S. Food and Drug Administration (FDA) has recently released a safety alert regarding acetaminophen (APAP) dosing in combination prescription products. The statement was released on January 14, 2014 to alert health care professionals and consumers that it is recommended that prescription combination products no longer be prescribed and dispensed if they contain greater than 325 mg of APAP. This recommendation dates back to 2011, when the FDA asked manufacturers to discontinue manufacturing products not in compliance by January 14, 2014.

At this point, there is no absolute requirement in place to prevent the prescribing and dispensing of products containing greater than 325 mg. However, in the near future the FDA will actively pursue withdrawing these products from the market for those manufacturers not in compliance. Also, at this time it is recommended that pharmacists contact prescribers if they receive prescriptions for the higher APAP doses. Since the FDA has made a formal safety alert, it is in the best interest of everyone to follow this recommendation to avoid any potential litigation.

Please note, due to the FDA recommendations, new dosing is now available for Vicodin, Vicodin ES and Vicodin HP. Tablets for those drugs now all contain 300 mg APAP.

Independent Health participates in the UB School of Pharmacy and Pharmaceutical Sciences Professional Experience Program (PEP) and internship programs to provide Pharm D. students an opportunity to experience managed care pharmacy practice. As students rotate through our site, we will periodically ask them to create an article for our pharmacy newsletter.

Dispensing prescriptions under the wrong provider

In order to improve the process of reporting for pharmacy utilization and expenditures to our physicians and complying with HIPAA and Fraud, Waste and Abuse processes, the Independent Health Pharmacy Services Department has identified that prescriptions are sometimes filled under the wrong national provider identifier (NPI). These errors contribute to inaccuracies in our data that make it more difficult to assess the true prescribing patterns for any individual physician and many times results in incorrect data being sent to the Center for Medicare and Medicaid Services (CMS).

Many of the errors are related to physicians in group practices with multiple identifiers on their prescription blanks and physician’s names that are identical or nearly identical.

When submitting a prescription claim, institutional NPIs should not be used. Only a prescriber’s individual NPI should be used.

Future pharmacy audits will be paying particular attention to matching the physician who wrote the prescription to the pharmacy claim submitted via our online processing system.

It is extremely important that you take the time to ensure that the prescription you are filling is assigned to the doctor who wrote the prescription, since errors of this type will result in charging the pharmacy back for incorrect claims submission.

PHARMACY HELP DESK

If you have question regarding any of the information in the issue, please call our Pharmacy Help Desk at (716) 631-2927 or 1-800-993-9898, Monday through Friday from 8 a.m. to 11 p.m. and Saturday and Sunday from 8 a.m. to 8 p.m. Additional information regarding when the Help Desk is closed can be found on page 2.
What to do when you get a rejection and the help desk is closed

Our claim processing statistics indicate that our help desk is currently open when approximately 95 percent of Independent Health prescriptions are filled. The normal hours of operation for our help desk are Monday through Friday from 8 a.m. to 11 p.m. and Saturday and Sunday from 8 a.m. to 8 p.m. Unfortunately, there will be some rejects occurring for medically necessary drugs when our help desk is not open.

Here’s what to do when:

1. A claim rejects because the drug is non-formulary, requires prior authorization, and
2. The prescription is urgent, and the patient cannot reasonably wait until the next time the help desk is open to obtain and begin taking the medication, and
3. You are confident of the member’s eligibility with Independent Health.

A. You can dispense up to a five-day supply of medication to Independent Health members with prescription coverage. You will need to call the next time the help desk is open to obtain an override for the dispensed amount and to determine how to obtain coverage for the remaining amount. Independent Health will honor your decision for the five-day supply, provided you have made your best effort to confirm that the member is an active member (i.e., holding a valid Independent Health identification card).

OR

B. You can call our 24-Hour Medical Help Line at (716) 631-8701 or 1-800-501-3439, and press two. A nurse is available 24 hours a day/7 days a week and will be able to page a staff pharmacist or medical director to determine if an override can be given. While you’re posting phone numbers by your phone, our 24-Hour Medical Help Line number is a good one to add.

If a claim rejects for eligibility reasons, your best option is to have the member pay cash for part or all of the prescription and work out the eligibility issues with our Member Services Department and/or their employer. If they are later determined to have been eligible, they will be able to submit their receipts for reimbursement.
Formulary changes announced

Changes to the commercial formulary resulting from the December 2013 Independent Health Pharmacy and Therapeutics Committee are summarized below and are currently in effect unless otherwise noted.

The following medications were added to the formulary:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DRUG</th>
<th>ACTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatological Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antipsoriasis/Antieczema</td>
<td>Fabior</td>
<td>Addition – Tier 2 or preferred brand</td>
<td>Prior authorization and quantity limit applies</td>
</tr>
</tbody>
</table>

The following medications were also reviewed and will remain non-preferred brand (NPB) on the commercial formulary at this time:
- Adempas – Tier 3 or NPB, SP, PA
- Aptiom – Tier 3 or NPB, PA
- Benthik – Tier 3 or NPB, PA, QL, SP
- Brintellix – Tier 3 or NPB, ST
- Epaned – Tier 3 or NPB, PA
- Imbruvica – Tier 3 or NPB PA, SP
- Mirvaso – Tier 3 or NPB, PA, QL
- Olysiq – Tier 3 or NPB, PA, SP
- Opsumit – Tier 3 or NPB, PA, SP
- Otrexup – Tier 3, NPB, PA
- Sovaldi – Tier 3 or NPB, PA, SP
- Trokendi XR – Tier 3 or NPB, PA
- Valchlor – Tier 3 or NPB, PA

The following drugs are non-formulary (not covered):
- Zorvolex
- Zohydro ER
- Luzu

The following Injectable Drugs were reviewed and approved as follows:
- Actemra SQ (tocilizumab) – Tier 3 or NPB, PA
- Gazyva (obinutuzumab) – Medical benefit, PA

The following new generics were added to the commercial formulary:
- capecitabine, Tier 1, PA – Xeloda
- paricalcitrol, Tier 1, ST – Zemplar
- voriconazole, Tier 1, PA – Vfend susp
- tobramycin, Tier 1, PA, QL – Tobi
- diclofenac gel, Tier 1, PA – Solaraze 3%

The following changes in coverage were approved:
- Clonazepam ODT – move to Tier 1 or PG, ST
- Cuprimine – remove from maintenance status
- Exalgo – move to Tier 3 or NPB 4/1/14
- Glycate – add ST
- Opana ER – move to Tier 3 or NPB 4/1/14
- Meperidine products – move to non-formulary status 4/1/14
- Ondansetron ODT – remove QL for hematology and oncology
- Rebif/Extavia/Aubagio – add PA for all prescribers
- Tygacil – require PA for all prescribers
- Venlafaxine ER – move to Tier 1 or preferred generic (PG)

For updated versions of our drug formularies, please visit www.independenthealth.com/providers.

Upcoming formulary changes for four pain medications

As of April 1, 2014, the following changes will be made to the Independent Health and Pharmacy Benefit Dimensions drug formularies:
- Exalgo® and Opana® ER will move from Tier 2 to Tier 3/non-preferred.
- Meperidine and Demerol® will be removed from the formulary and will be excluded from coverage due to safety concerns.

These formulary changes were reviewed and approved after careful consideration by Independent Health’s Pharmacy and Therapeutics (P&T) Committee, which is made up of locally practicing physicians and pharmacists, as well as members of our staff.

Alternative medications available

There are several alternatives for these pain medications on the Independent Health and Pharmacy Benefit Dimensions Drug Formularies:
- For Opana ER and Exalgo, alternative drugs include morphine ER and oxymorphone ER, which are both available in Tier 1 of our formularies.
- For Demerol and meperidine, alternative drugs include immediate release narcotic analgesics, which are available in both Tier 1 and Tier 2 of our formularies.

Please note: These formulary changes will not apply to Independent Health’s Medicaid and Medicare Advantage products at this time.
Health Care Reform Frequently Asked Questions

If an employer offers health insurance benefits, how does an employee know whether the insurance plan(s) meets the affordability requirements of the Affordable Care Act (ACA)?

- An employer plan is deemed affordable when the employee’s contribution is less than 9.5% of his or her household income toward a single policy (even if purchasing family coverage). An employer may use an employee’s W-2 form to determine if the coverage offered meets this standard.
  
  - In other words, if the employee’s share of the premium for a plan that covers only the employee – not their family – is less than 9.5% of their family’s income, the plan is considered affordable.
  
  - Employees may pay more than 9.5% of their income on premiums for spouse or family coverage from their employer. But affordability is determined by the amount they would pay for self-only coverage from their employer.
  
  For example:
  
  - If an employee and their spouse have a combined income of $10,000 annually, and the employee’s contribution towards health insurance premiums is $1,000 for a single policy offered through their employer, this would be considered unaffordable because the cost is greater than 9.5% of the employee’s household income.
  
  - However, if an employee makes $10,000 annually and their spouse also makes $10,000, paying $1,000 for a single policy would be considered affordable.

How does an employee know if the plan(s) an employer offers are adequate under ACA?

- In addition to affordability standards, coverage must meet minimum value requirements. Minimum value is defined as a 60% or greater actuarial value. Actuarial value measures the overall share of medical expenses the plan pays.

  - The Summary of Benefits and Coverage provided by insurers to an employer will note whether a plan meets or exceeds the 60% minimum value threshold.

If the coverage offered through an employer is not affordable or does not meet minimum value, employees may be eligible for a subsidy through the New York State of Health: The Official Health Plan Marketplace.

When shopping for insurance on the New York State of Health, how does someone know if coverage is considered affordable for them under ACA?

- If the cost of the lowest price coverage after subsidies would exceed 8% of their household income, they could qualify for a hardship exemption from the penalty for not having coverage.

- Individuals can determine what type of premium assistance they may qualify for by using a subsidy calculator.

For more information, visit www.NYstateofhealth.ny.gov.

Thank you for your feedback!

In September 2013, we surveyed our participating pharmacies on several topics. Surveys were mailed to 355 participating Western New York pharmacists/pharmacy managers. We had a response rate of 27.3% with 97 completed surveys (67 paper and 30 online). Our pharmacy help desk continues to receive high ratings from you on a variety of specific measures (i.e., courtesy, consistency of information, knowledge of policies).

- 91% rated the pharmacy help desk overall as “excellent” or “very good.”

- 100% of pharmacies reported their issues were resolved the first time they called the pharmacy help desk.

- 93% rated the pharmacy assistants with regard to courtesy as “excellent” or “very good.”

- 91% rated the pharmacy assistants with regard to consistency of information as “excellent” or “very good.”

- 84% rated the wait time as “excellent” or “very good.”

- 90% rated the pharmacy assistants with regard to knowledge of policies as “excellent” or “very good.”

- Although most pharmacists stated that legally they are not allowed to recommend one insurance company over another, 70% did indicate that if they could, they would recommend that a customer obtain pharmacy benefits from Independent Health.

- 89% answered that Independent Health’s pharmacy help desk support is “much better” or “somewhat better” than other health plans.

Congratulations and thank you to our pharmacy help desk team for providing excellent customer service to our pharmacy providers.

It is through feedback from these surveys that Independent Health pinpoints what we are doing well and how we can improve. We look forward to receiving further suggestions and/or comments from you at script@independenthealth.com. Thank you to all of you who responded to the survey.
IMPORTANT REMINDERS

**Opiate rejections (DUR)**

Effective November 1, 2013, duplicate claims for opiates for all Independent Health Medicare Advantage plan members no longer reject as “Product Not Covered.” Instead, the opiate class of medications will be processed through a DUR Reject Code, which will send back a message that there is a therapeutic duplication. The message will include additional details, such as name of the prescriber of the other drug and where the other prescription was filled.

There will be several different levels of rejects for opiates:

- **For Suboxone (buprenorphine/naloxone) SL tablets or film tabs and buprenorphine SL tablets** – A hard reject will occur if the member is getting one of these agents concurrently with another opiate. If an override is required due to appropriate rationale, the pharmacist will need to call our pharmacy help desk.

- **For any duplicate APAP/opiate combinations** – The pharmacist will be given the option to override these claims if they are appropriate by use of the DUR override codes that are most fitting.

- **For two short-acting opiates** – The pharmacist will be given the option to override these claims if they are appropriate by use of the DUR override codes that are most fitting.

- **For two long-acting opiates** – The pharmacist will be given the option to override these claims if they are appropriate by use of the DUR override codes that are most fitting.

- **For combination of a short-acting opiate and a long-acting opiate** – The pharmacist will continue to receive a therapeutic duplication message, but the claim will continue to process without an override.

**Methadone diagnosis code requirement**

Effective November 15, 2013, methadone requires the input of a diagnosis code in order for a claim to be paid for our Medicare Advantage plan members. Methadone that is used only for pain will be a covered pharmacy claim and will require one of the following codes in order for it to be considered a pharmacy benefit:

- 307.80
- 338
- 338.12
- 338.19
- 338.21
- 338.28
- 338.29
- 338.4
- 346
- 780.96

**Claims submitted using Social Security-based ID numbers**

Beginning January 1, 2014, pharmacy claims submitted with Social Security-based ID numbers began rejecting for missing/invalid cardholder ID. Therefore, it is important that you ask all Independent Health members to show you their ID cards so you can verify that your pharmacy has the correct member ID number on file.

**Medicare Part D daily cost sharing requirements**

Beginning January 1, 2014, Medicare Part D sponsors were required to apply a daily cost sharing rate whenever certain prescriptions (depending on the drug dispensed) were dispensed by a network pharmacy for less than a month’s supply.

This requirement applies to solid oral doses of drugs, except antibiotics or drugs dispensed in their original containers (as indicated in the Food and Drug Administration Prescribing Information) or are customarily dispensed in their original packaging to assist patients with compliance (e.g., steroid dose packs).

Independent Health is basing our prorated daily cost sharing on a 31-day supply. Therefore, prescriptions written for a 30-day supply or less will return a copayment less than the member’s monthly copayment. Prescriptions written for a 31-day supply or greater will take a full copayment.

**ICD9 Required for Cialis 2.5 and 5 mg Medicare claims**

On January 1, 2013, Medicare began coverage of Cialis 2.5 mg and 5 mg under Medicare Part D when used for the treatment of benign prostatic hyperplasia (BPH). In order to process applicable Cialis claims appropriately as Part D, Independent Health will be requiring the dispensing pharmacy to include the ICD9 Diagnosis code on all Cialis 2.5 mg and 5 mg claims. ICD9 diagnosis code can be populated in NCPDP field 424-DO. For the purpose of adjudication only ICD9 codes listed below will be accepted.

<table>
<thead>
<tr>
<th>Treatment Category</th>
<th>ICD9 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Prostatic Hyperplasia (BPH)</td>
<td>600.00 or 600.01</td>
</tr>
<tr>
<td>TrBenign Prostatic Hyperplasia (BPH)</td>
<td>607.8 or 302.72</td>
</tr>
</tbody>
</table>

Claims submitted with blanks or invalid codes will reject.
Recent FDA MedWatch updates on safety and efficacy issues

The following represents recent alerts or changes made to the package labeling of drugs, where patient safety or efficacy are the primary concern:

- **Potiga (Ezogabine): Drug Safety Communication – Linked to Retinal Abnormalities and Blue Skin Discoloration:** New safety information has been added to the Potiga Black Box Warning underscoring risks of abnormalities to the retina in the eye, potential vision loss, and skin discoloration, all of which may become permanent. Potiga should be limited to patients who have not responded adequately to several alternative therapies to decrease the frequency of seizures or epilepsy and for whom the benefits of treatment outweigh the risks.

  The FDA recommends that patients have eye exams by an ophthalmic professional before starting Potiga and every six months during treatment. If retinal pigmentary abnormalities or vision changes are detected, Potiga should be stopped unless no other suitable seizure treatment options are available and the benefits of treatment outweigh the potential risk of vision loss.

- **Low Molecular Weight Heparins: Drug Safety Communication – Recommendations to Decrease Risk of Spinal Column Bleeding and Paralysis:** Epidural or spinal hematomas are a known risk of enoxaparin in the setting of spinal procedures and are already described in the Boxed Warning and the Warnings and Precautions sections of the labels for enoxaparin products. However, these serious adverse events continue to occur. To address this safety concern, the FDA and the manufacturer of Lovenox have updated the labelling with these additional timing recommendations.

- **Over-the-Counter Topical Antiseptic Products: Drug Safety Communication – FDA Requests Label Changes and Single-Use Packaging to Decrease Risk of Infection:** Infections resulting from antiseptic products labeled for preoperative or preinjection skin preparation most often occur when organisms are introduced into the product by users. The FDA reviewed reports of four deaths, five cases of wound infection, seven cases of peritonitis, 10 cases of septic arthritis, 14 cases of indwelling catheters requiring replacement, 16 cases of injection site infection and 32 cases of bacteremia. These infections have been confirmed to be caused by contaminated antiseptic products. Affected products included all commonly used antiseptic ingredients, including alcohol, iodophors, chlorhexidine gluconate and quaternary ammonium products.

  To further reduce the risk of infection with improper topical antiseptic use and the possibility of these products becoming contaminated with bacteria during use, manufacturers are requested to package antiseptics indicated for preoperative or preinjection skin preparation in single-use containers. In addition:

  - To reduce the risk of infection, ensure the products are used according to the directions on the label.
  - The antiseptics in these single-use containers should be applied only once time to one patient.
  - We also recommend that health care professionals and patients do not dilute antiseptic products after opening them.

- **Lexiscan (regadenoson) and Adenoscan (adenosine): Drug Safety Communication – Rare but Serious Risk of Heart Attack and Death:** The FDA is warning health care professionals of the rare but serious risk of heart attack and death with use of the cardiac nuclear stress test agents Lexiscan (regadenoson) and Adenoscan (adenosine). All nuclear stress test candidates should be screened for their suitability to receive Lexiscan or Adenoscan. Avoid using these drugs in patients with signs or symptoms of unstable angina or cardiovascular instability, as these patients may be at greater risk for serious cardiovascular adverse reactions. Cardiac resuscitation equipment and trained staff should be available before administering Lexiscan or Adenoscan.

- **Rosiglitazone-containing Diabetes Medicines: Drug Safety Communication – Removal of Some Prescribing and Dispensing Restrictions:** The FDA is lifting the prescribing and dispensing restrictions for rosiglitazone medicines that were put in place in 2010. This decision is based on the FDA review of data from a large, long-term clinical trial and is supported by a comprehensive, outside, expert re-evaluation of the data conducted by the Duke Clinical Research Institute (DCRI).

  Patients with T2DM should continue to work closely with their health care professionals to determine treatment options that are most appropriate. Health care professionals, pharmacies, and patients will no longer be required to enroll in the rosiglitazone REMS program to be able to prescribe, dispense, or receive rosiglitazone medicines.

- **Onfi (clobazam): Drug Safety Communication – Risk of Serious Skin Reactions:** The FDA is warning the public that the anti-seizure drug Onfi (clobazam) can cause rare but serious skin reactions that can result in permanent harm and death.

  Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) can occur at any time during Onfi treatment. However, the likelihood of skin reactions is greater during the first 8 weeks of treatment or when Onfi is stopped and then re-started. All cases of SJS and TEN in the FDA case series have resulted in hospitalization, one case resulted in blindness, and one case resulted in death.

- **Methylphenidate ADHD Medications: Drug Safety Communication – Risk of Long-lasting Erections:** Based on a recent review of methylphenidate products, the FDA updated drug labels and patient Medication Guides to include information about the rare but serious risk of priapism. Talk to male patients and their caregivers to make sure they know the signs and symptoms of priapism and stress the need for immediate medical treatment should it occur.

- **Iclusig (Ponatinib): Drug Safety Communication – Increased Reports of Serious Blood Clots in Arteries and Veins:** The FDA is requiring several new safety measures for Iclusig (ponatinib) to address the risk of life-threatening blood clots and severe narrowing of blood vessels. Once these new safety measures are in place, the manufacturer of Iclusig is expected to resume marketing to appropriate patients.
Recent FDA MedWatch updates on safety and efficacy issues con’t

- Acetaminophen Prescription Combination Drug Products with more than 325 mg: FDA Statement – Recommendation to Discontinue Prescribing and Dispensing: The FDA is recommending health care professionals discontinue prescribing and dispensing prescription combination drug products that contain more than 325 mg of acetaminophen per tablet, capsule or other dosage unit.

In January 2011, the FDA asked manufacturers of prescription combination drug products containing acetaminophen to limit the amount of acetaminophen to no more than 325 mg in each tablet or capsule by January 14, 2014. More than half of manufacturers have voluntarily complied with the FDA request. However, some prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit remain available. In the near future, the FDA intends to institute proceedings to withdraw approval of prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit that remain on the market. The FDA also recommends that when a pharmacist receives a prescription for a combination product with more than 325 mg of acetaminophen per dosage unit that they contact the prescriber to discuss a product with a lower dose of acetaminophen. A two tablet or capsule dose may still be prescribed, if appropriate. In that case, the total dose of acetaminophen would be 650 mg (the amount in two 325 mg dosage units).

- Sodium Phosphate Over-the-Counter Products: Drug Safety Communication – Possible Harm from Exceeding Recommended Dose: The FDA is warning that using more than one dose in 24 hours of over-the-counter (OTC) sodium phosphate drugs to treat constipation can cause rare but serious harm to the kidneys and heart, and even death due to severe dehydration and electrolyte imbalances. According to the reports, most cases of serious harm occurred with a single dose of sodium phosphate that was larger than recommended or with more than one dose in a day.

Script does not publish all FDA alerts. For a complete summary of all alerts, please visit the FDA website at www.fda.gov/Safety/MedWatch. Health care professionals are encouraged to report adverse events, product problems and errors to MedWatch by calling 1-800-FDA-1088.

Continuing to Serve You

The Independent Health pharmacy help desk strives to ensure that services for participating pharmacies are effective and efficient. Therefore, we continuously monitor our call volume, answer rate and abandon rate.

In 2013, our pharmacy help desk staff received approximately 159,000 calls. Our goal is to answer greater than 80% of all calls within 30 seconds and achieve an abandon rate of less than 3 percent. The following graphs highlight these goals. Our thanks and congratulations go out to all of our help desk staff for the exceptional job they did in 2013.

We welcome any comments, concerns or suggestions you might have to help us serve you better. Please continue to email these comments to us at script@independenthealth.com.
All of Independent Health’s policies and clinical practice guidelines are available on our website.

To access these policies and guidelines:

1. Log in to the Independent Health Providers website at independenthealth.com/providers using "partners" as both the user name and password.
2. Click on “Policies.”
3. Click on the “Pharmacy Department Administrative Policies & Drug Specific Policies” link.

If you have any questions, please call the Provider Relations Department at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m.

The following drug specific policies have been reviewed and revised:
- Arixtra
- Aubagio
- Botulinum toxin
- Cimzia
- Dificid
- Enbrel
- Enteral Formula
- Eraxis
- Forteo
- Gilenya
- Humira
- Injectable Medications for the Sole Purpose of Inducing Pregnancy
- Intra-articular Injections of Hyaluronate Products
- Kineret
- Kuvan
- Lysteda
- Multiple Sclerosis
- Oral Protease Inhibitor
- Peg-Interon
- Prolia
- Regranex
- Revatio
- Simponi
- Sporanox
- Stelara
- Striant
- Synagis
- Tecfidera
- Tyacil
- Zelboraf
- Zemplar

The following drug specific policies have been reviewed without any changes made:
- Accutane
- Alinia
- Arcapta
- Campral
- Emend
- Gralse
- Kyprolis
- Myrbetriq
- Nasal Steroid Step Policy
- Novantron
- Nulojix
- Okeptro
- Oragiv
- Soleta
- Soliris
- Sprycel
- Subutex
- Tasigna
- Tudorza
- Velcade
- Veltri
- Vrorno
- Vvistrol

The following existing administrative policies have been reviewed without any changes made:
- Compoundin
- Mandatory generic policy
- Tablet splitting
- Termed MD

The following drug specific policies have been archived:
- Amevive
- ARB
- ARB-CCB
- Iclusig
- Inproperly filed claim
- Overview of Pharmacy Benefit
- Specialty pharmacy
- Vivaglobin

The following existing administrative policies have been archived:
- Denial Policy
- Drug Utilization Review
- Exception Policy
- Improperly filed claim
- Overview of Pharmacy Benefit