Reminder: Continue to ask Independent Health members to show their member ID cards

Independent Health has been transitioning our membership onto a new claims system. Portions of our membership were added to the new system in July 2013 and January 2014. At this time, our current and new systems are running in coexistence and claims are processed on both systems depending on what system a member is on.

On May 1, we began transitioning the remainder of our membership to the new system and will continue to transition our membership monthly thereafter through the remainder of 2014.

As members transition to the new system, we will issue them new ID cards with new ID numbers. You can refer to the new card layout below to see the changes.

Please note: When submitting pharmacy claims via our online claims processing system, if a member’s ID number is not accepted, it may be because they now have a new member ID number.

We have been encouraging members to carry their new ID cards with them and to show them at provider offices and pharmacies.

The MEMBER ID NUMBER may be numeric or alphanumeric.
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.
### Changes for Hospice administered drugs and biologics

Per guidance issued by Centers for Medicare & Medicaid Services (CMS) on March 10, 2014, Hospice is responsible for covering all drugs and biologics for the palliation and management of a member’s terminal illness and related conditions under Medicare Part A. Drugs covered under the Hospice program are excluded from coverage under Part D.

**Pharmacy Point-of-Sale:**
Effective May 1, 2014, all prescriptions for Independent Health Medicare Part D members identified as hospice-eligible will reject. Independent Health utilizes the following National Council for Prescription Drug Programs (NCPDP) approved reject coding:

- A3 – This Product May be Covered Under Hospice – Medicare A
- 75 – Prior Authorization Required
- 569 – Provide notice: Medicare Prescription Drug Coverage and your Rights

When receiving the rejection messaging, Independent Health expects the pharmacy to contact the prescriber or member to determine if the drug should be covered under the Hospice benefit. If yes, the pharmacist should direct the member or caregiver back to the Hospice provider. If not, the pharmacy provides the Prescription Drug Coverage and Your Rights form to the member.

### Enhancements to our 835 electronic remittance process

If you are an 835 electronic remittance trading partner, please note the following enhancements to our 835 electronic remittance process, which are presently scheduled to be put into production the week of June 2, 2014. We will be:

- Reporting the funds transfer (EFT) information in the BPR and TRN segments in the 835 electronic remittances.
- Making the 835 electronic remittances available to coincide with the 835 EFT payments (if applicable). You will receive the 835 electronic remittances weekly on Thursdays for the checkwrite that was processed the previous week.
- Validating the 835 electronic remittances to ensure the data is HIPAA compliant.
- Updating the ISA segment element 06 to PBDIMENSIONS.
- Sending the National Provider Identifier (NPI) in the N1 segment with the PE qualifier element number 4. If a NPI is not available, we will be sending the Federal Taxpayer’s Identification Number in this field.
- Adding a new REF segment with the TJ qualifier that will include the Federal Taxpayer’s Identification Number.
- Updating the PER segment with the BL qualifier with new technical contact information.

If you have any questions regarding your electronic 835 remittance advice, if you do not presently receive electronic remittances and are interested in signing up for them, or if you are interested in having your payments directly deposited into your account through EFT, please contact Cheryl Paul at cheryl.paul@independenthealth.com.

### Medicare Part D Transition Period

On April 1, 2014, the transition period offered to Medicare Part D members who were effective January 1, 2014 with Independent Health ended. Per our transition policy, during a Medicare Part D member’s first 90 days of coverage, a temporary supply of drugs not on our formulary would have been covered. Claims for these non-covered drugs were adjudicated at the point of service with a message returned to the pharmacy stating that the fill was a “transition” fill.

So as a reminder, any drug that is not on our formulary will reject right now as not covered, and we will not pay for these drugs.
High risk medications in the elderly: The community pharmacists’ role

The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults is intended for use by pharmacists and prescribers to improve the care of patients ages 65 years and older. Due to age-related physiologic changes such as decreased renal function and reduced muscle mass, this population is at higher risk of experiencing adverse effects.

Around half of hospitalizations in the elderly are due to adverse drug events, many of which can be prevented with your help.

What You Can Do

When a prescription claim for one of these high-risk medications rejects at your pharmacy, you have a major role in helping to maintain continuity of care for your patients.

- **Educate the patient** regarding the potentially dangerous side effects that they may experience if they take these medications. It is important to let them know that safer alternatives exist.

- **Contact the prescriber** to educate them on the risks of prescribing these medications in this patient population and recommend a safer alternative.

- **Review the patient’s profile** to inactivate any older prescriptions for high-risk medications when an alternative has been approved.

Below is a list of commonly prescribed high-risk medications and what you can do to help improve patient outcomes.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medicare Formulary Status &amp; Safety Concern</th>
<th>Recommendations you can make to prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glyburide (Diabeta, Glynase)</strong></td>
<td>Non-formulary due to risk of prolonged hypoglycemia</td>
<td>Change to glipizide or glimepiride</td>
</tr>
<tr>
<td><strong>Muscle relaxants:</strong> cyclobenzaprine (Flexeril), carisoprodol (Soma), methocarbamol (Robaxin), orphenadrine (Norflex), chlorzoxazone (Lorzone)</td>
<td>Non-formulary due to dangerous anti-cholinergic effects (confusion, dry mouth, constipation, urinary retention), cognitive impairment</td>
<td>For spasticity: baclofen, nerve blocks. Treatment of the underlying problem with non-pharmacologic therapy.</td>
</tr>
<tr>
<td><strong>Digoxin 0.25 mg tablets (Lanoxin)</strong></td>
<td>Prior authorization required due to increased risk of digoxin toxicity as kidney function declines.</td>
<td>Dose reduction to digoxin 0.125 mg</td>
</tr>
<tr>
<td><strong>Hydroxyzine (Atarax)</strong></td>
<td>Non-formulary due to dangerous anticholinergic effects (confusion, dry mouth, constipation, urinary retention), cognitive impairment</td>
<td>Alternative antihistamines: cetirizine or fexofenadine. For anxiety: SSRI or buspirone. For sleep: low dose trazodone.</td>
</tr>
<tr>
<td><strong>NSAIDs: indomethacin, ketorolac</strong></td>
<td>Prior authorization required due to increased risk of GI bleed/peptic ulcer when compared to other NSAIDs.</td>
<td>If chronic NSAID use is required, use other NSAID and add GI protection. Naproxen is indicated for gout. Other alternatives: hydrocodone/APAP, oxycodone/APAP.</td>
</tr>
<tr>
<td><strong>Tricyclic antidepressants:</strong> amitriptyline, clomipramine, doxepin, imipramine (Tofranil), trimipramine</td>
<td>Prior authorization required (new starts only) due to dangerous anticholinergic effects (confusion, dry mouth, constipation), cognitive impairment, sedation</td>
<td>Change to alternative tricyclic: nortriptyline, desipramine, sertraline, citalopram, venlafaxine, trazodone.</td>
</tr>
</tbody>
</table>

References:


Formulary changes announced

Changes to the Commercial formulary resulting from the March 2014 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>Asthma/Respiratory</td>
<td>Anoro Ellipta</td>
<td>Addition – Tier 2 or preferred brand with age limit 6/1/14</td>
<td>Age ≥ 45 years old applies</td>
</tr>
<tr>
<td>Other respiratory drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-infectives</td>
<td>Noxafil DR</td>
<td>Addition – Tier 2</td>
<td>Prior authorization 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:

- Hetlioz – Tier 3, PA
- Orenitram – Tier 3, PA, SP
- Duavee – Tier 3, AL
- Velphoro – Tier 3
- Northerna – Tier 3, PA, SP
- Myalept – Tier 3, PA, SP
- Pennsaid 2% – Tier 3, QL
- Esomeprazole strontium – Tier 3, PA
- Moderiba – Tier 3, PA
- Farxiga – Tier 3, PA

The following changes in coverage were approved:

- Tudorza – Moving to Tier 3 effective 6/1/14
- Enjuvia, Premarin, Premphase, Prempro – Age restriction for elderly added
- Android, Androxy, Methitest – Add PA
- Flomax – Remove male restriction
- Striant – Moving to Tier 3 effective 6/1/14
- Exclude Fortamet – Cover non-osmotic metformin ER
- Monodox – Adding step for IR doxycycline on 1/1/15
- Overactive Bladder Category – Move generics to Tier 1, remove Oxytrol from formulary (Oxytrol OTC is available), effective 1/1/15, remove multisource brands from formulary
- Proton Pump Inhibitor Category – Remove PA from generics and move generics currently in Tier 3 to Tier 1. Effective 1/1/15 remove all brand name drugs from formulary.
- Angiotensin Receptor Blockers Category – Move generics to Tier 1 with step through losartan and irbesartan
- SGLT2 Inhibitor Category – Move Invokana to Tier 2 with PA

The following drugs are non-formulary (not covered):

- Tivorbex

The following new generics are available:

- Avelox – Tier 3; moxifloxacin hcl – Tier 1
- Avinza – Tier 3 (ST on 45 mg, 60 mg, 75 mg, 90 mg, 120 mg); morphine sulfate beads sr 24 hr – Tier 3, ST
- Cymbalta – Tier 3; duloxetine – Tier 1
- Detrol LA – Tier 3, ST, QL; tolterodine tartrate – Tier 1 ST, QL
- Epivir HBV – Tier 3; lamivudine – Tier 1
- Micardis – Tier 3, ST; telmisartan – Tier 1, ST
- Myfortic – Tier 3, PA; mycophenolic sodium – Tier 1, PA
- Trizivir – Tier 3, PA; abacavir sulfate/lamivudine/zidovudine – Tier 1, PA
- Twynsta – Tier 3, ST; telmisartan/amlopidone – Tier 3, ST
- Uroct K – Tier 3; potassium citrate – Tier 1

The following Injectable Drugs were reviewed and approved as follows:

- Lupaneta – Medical benefit, PA, SP
- Monovisc – Medical benefit, PA, SP

For updated versions of our drug formularies, please visit www.independenthealth.com.
Recent FDA MedWatch updates on safety and efficacy issues

The following are recent U.S. Food and Drug Administration (FDA) alerts or changes that were made to the package labeling of drugs, based on concerns for patient safety or efficacy:

- **Saxagliptin (marketed as Onglyza and Kombiglyze XR): Drug Safety Communication – FDA to Review Heart Failure Risk:** The FDA has requested clinical trial data from the manufacturer of saxagliptin to investigate a possible association between use of the drug and heart failure. The results of the study were published in the New England Journal of Medicine (NEJM), which reported an increased rate of hospitalization for heart failure, with use of saxagliptin compared to an inactive treatment. The study did not find increased rates of death or other major cardiovascular risks, including heart attack or stroke, in patients who received saxagliptin.

- **Doribax (doripenem): Drug Safety Communication – Risk When Used to Treat Pneumonia on Ventilated Patients:** Doribax (doripenem), an antibacterial drug used to treat patients who develop pneumonia while on ventilators, carries an increased risk of death and lower clinical cure rates compared to use of Primaxin. The Doribax drug label now describes these risks with this unapproved use. Doribax is not approved to treat any type of pneumonia.

- **Testosterone Products: Drug Safety Communication – FDA Investigating Risk of Cardiovascular Events:** The FDA continues to evaluate data from two studies that suggest an increased risk of cardiovascular events among groups of men prescribed testosterone therapy.

- **Revatio (sildenafil): Drug Safety Communication – FDA Clarifies Warning About Pediatric Use for Pulmonary Arterial Hypertension:** In 2012, the FDA added a warning statement to the Revatio drug label that use of Revatio is not recommended in children based on an observation of increasing mortality with increasing Revatio doses in a long-term clinical trial in pediatric patients with PAH. This recommendation was not intended to suggest that Revatio should never be used in children. The FDA wanted to clarify that Revatio can be used in situations where the benefit-risk profile of Revatio may be acceptable in individual children, for example, when other treatment options are limited and Revatio can be used with close monitoring.

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](http://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.

Claims adjustments from Health Management Systems audit coming soon

As you are aware, Health Management Systems (HMS) has conducted several audits for Independent Health over the past year and a half. You should have received final notices from HMS detailing the claims that were going to be adjusted. Independent Health will soon begin making adjustments on those claims.

Claims for most of our lines of business will be done via an adjustment claim. However, for our Medicare line of business, claims that need to be adjusted will be reversed and rebilled by us. Medicare claims cannot be recouped with a simple adjustment claim since we need to make sure that the member’s deductible, TROOP, etc. are correct. Therefore, Independent Health will totally reverse the audited claim out of the member’s profile and will re-enter the claim with the corrected information.

We bring this to your attention due to the fact that although adjustment claims for most of our lines of business will show up on your vouchers or 835 electronic remittances as “adjustments,” these Medicare reprocessed claims will not. Rather, they will appear as reversed (X) with a secondary paid (P) claim. Claims which were disallowed by our auditors will simply appear as reversed (X).

It is important that you reviewed the final letters sent to you by HMS. Unless you have made other arrangements with Independent Health, the claims that appear on these final letters will be adjusted and/or reprocessed. If you did not respond to HMS and did not provide them with the requested prescription or signature log information, those claims will be subject to full recovery by Independent Health.

If you have any questions regarding your audit(s), please contact Cheryl Paul, Assistant Director – Pharmacy Operations, at cheryl.paul@independenthealth.com or by phone at (716) 635-3618.
Benefit update: Religious-affiliated organizations and contraceptive services

The Affordable Care Act (ACA) expanded coverage for women’s preventive services to require coverage for select FDA-approved female contraceptive services, devices and prescription drugs.

Because religious-affiliated organizations may decline to include this expanded coverage in their benefits, coverage for contraceptive services, devices and drugs will be made available through separate benefits. Therefore, Independent Health will issue a separate Women’s Wellness ID Card to members of these groups. The Member ID number on this card is different from the Member ID number for their other pharmacy services (see example below).

Overview – What’s covered

Select Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, such as:

- Sterilization Surgery
- Intrauterine Device (IUD)
- Contraceptive Device (implant)
- Intrauterine Device (IUD)
- Injections
- Oral Contraceptives
- Vaginal Contraceptive Ring
- Sponge
- Emergency Contraceptive Pills
- Female Condom
- Male Condom
- Xylocaine

Patient Cost-Share

For services rendered at physician’s office:

Medical services and devices provided by a participating provider do not require a copay.

To verify eligibility for these services in HEALTHeNET, enter the patient’s ID number that appears on her Women’s Wellness card to view plan benefits.

At the pharmacy:

Generic drugs and brand-name drugs without a generic equivalent will be covered in full. Tier 3 brand name drugs with a generic alternative will be subject to the applicable plan participant copay. All prescriptions need to be filled at a participating pharmacy.

Claims Processing and Submission

For religiously affiliated organizations that have declined coverage for contraceptive services, devices and prescriptions, Independent Health has issued a separate Women’s Wellness ID Card. This ID card has a separate Member ID number.

Physicians and providers:

- Submit claims using the member’s ID number that appears on the card labeled Women’s Wellness.

Note: Services related to women’s preventive care, such as annual physicals and preventive screenings (mammograms, lab screenings, etc.) are covered by the female member’s health plan. Submit claims for these types of services using the member’s ID number that appears on her regular plan ID card.

Pharmacists:

- Submit claims for covered contraceptive drugs and devices using the patient’s Plan ID number that appears on the card labeled “Women’s Wellness.”
- Submit claims for covered contraceptive drugs and devices using the patient’s Plan ID number that appears on her regular plan ID card.
- Submit claims for covered contraceptive drugs and devices using the patient’s Plan ID number that appears on her regular plan ID card.
- Submit claims for covered contraceptive drugs and devices using the patient’s Plan ID number that appears on her regular plan ID card.
- A prescription is required for all contraceptive drugs and devices, including covered over-the-counter items.

Questions?

Pharmacies: Call 716-631-2927 or 800-993-9898, Mon. through Fri. 8 a.m. to 11 p.m.; Sat. & Sun. 8 a.m. to 8 p.m.

BINS: 004626
update

PHARMACY POLICIES

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](http://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.

The following drug specific policies are new (effective 7/1/14):

- Adempas
- Bethkis
- Epaned
- Granix
- Imbruvica
- Mirvaso Gel
- Olysio
- Opsumit
- Otrexup
- Solvaldi
- Trokendi XR
- Valchlor Gel

The following administrative policy is new:

- Mandatory Generic Copay Differential

The following drug specific policies have been reviewed and revised (effective 7/1/14):

- Abilify
- Azasite
- Beoxar
- Blood Glucose Meters
- Bosulif
- Ciprofloxacin
- Clomiphene
- Daliresp
- Direct Renin Inhibitor
- Duexis
- EGFR inhibitor
- Exjade
- Ferriprox
- Fourth Generation Quinolones
- Hectarol
- Inclex
- Infergen
- Krystexxa
- Lamisil
- Long-Acting Beta2 - Adrenergic Agonists (LABA)
- Lovenox
- maprotiline
- Mycamine
- Nplate
- Onychomycosis
- Oral anticoagulants
- Oral contraceptives for medical reasons
- Promacta
- Provigil
- Remicade
- Restasis
- Sancuso Patch
- Stivarga
- Tysabri
- TZD
- Ultracet
- Vfend
- Xolar
- Zevalin
- Zolinza
- Zyflo

The following drug specific policies have been reviewed without any changes made:

- Diabetes supply
- HD Potential Control Sub Abuse Det Process
- Inter-Rater Reliability MD
- Inter-Rater Reliability RPh
- Maintenance drug
- Oncology med management
- P&T Committee Integrity
- Potential Fraud and Abuse
- Retail Maintenance Med