

# CHAPTER 4: PROVIDER RESPONSIBILITIES AND GUIDELINES

## UNIT 6: PRESCRIPTION DRUG PROGRAMS

### IN THIS UNIT



TOPIC	SEE PAGE
Pharmaceutical Overview	2
Pharmaceutical Home Delivery	4
Drug Management	5
Medical Injectable Drugs Program	7
Prescription Drugs for Medicare Advantage Hospice Patients	9

What Is My Service Area?

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **Where no symbol is present, the information is relevant to all states.**



The PA ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.



The DE ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.



The WV ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

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## 4.6 PHARMACEUTICAL OVERVIEW

### Pharmacy networks

The prescription drug program offers pharmacy networks that include national chains and many local independent pharmacies. Drug benefits may vary slightly depending on the member's group program. Pharmacies have point-of-sale technology that confirms a member's eligibility, benefit design, and copayment information at the time of dispensing.

Under most prescription drug programs, members must use one of the participating pharmacies in Highmark's pharmacy network associated with their benefit plan. To find a network pharmacy that is conveniently located to them, members may consult the pharmacy directory by visiting [highmark.com](http://highmark.com) or calling Highmark Member Service at the phone number shown on their identification cards.

Highmark also offers a home delivery mail service option to most members. Under this option, members can get a 90-day supply of medication through the mail.\* For most prescriptions, the member can save on the cost of the medication when it is obtained via the mail service pharmacy.

*\* Under the Children's Health Insurance Program (CHIP) in Pennsylvania, members receive a 34-day day supply at the pharmacy and also through home delivery mail service.*

[What Is My Service Area?](#)

### How to use Highmark's formularies

Highmark's drug formularies include a list of FDA-approved prescription drug medications reviewed by our Pharmacy and Therapeutics (P&T) Committee. The formularies are designed to assist in maintaining the quality of patient care and containing cost for the patient's drug benefit plan. Our P&T Committee approves revisions to the drug formularies on a quarterly basis; updates will be provided to reflect such additions.

After a minimum of thirty (30) days notification is given to providers, products are removed from the formularies at least twice per year -- on January 1 and July 1 and after brand medications become generically available. Practitioners are requested to prescribe medications included in the formulary whenever possible. Our Clinical Pharmacy Strategies department will monitor provider-specific formulary prescribing and communicate with providers to encourage use of formulary products.

The drug formularies are divided into major therapeutic categories for easy use. Products that are approved for more than one therapeutic indication may be included in more than one category. Drugs are listed by brand and generic names.

Providers can access Highmark's formularies on the Provider Resource Center. Select **PHARMACY PROGRAM/FORMULARIES** from the main menu.

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## 4.6 PHARMACEUTICAL OVERVIEW, Continued

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**Provider  
appeal  
rights**

If you are a participating provider with Highmark and you disagree with the decision to deny authorization or payment of a prescription drug, you have a right to appeal that decision. Please see [Chapter 5.5: Denials, Grievances, and Appeals](#) for additional information.

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**Telephone  
contact**

For pharmacy benefit questions, the Highmark Prescription Drug Department can be contacted at **1-800-600-2227** between 8:30 a.m. and 4:30 p.m., Monday through Friday.

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**FOR MORE  
INFORMATION**

This unit provides a brief overview of Highmark pharmacy benefit programs. To access all policies and updates, select **PHARMACY PROGRAM/FORMULARIES** from the main menu on the Provider Resource Center.

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## 4.6 PHARMACEUTICAL HOME DELIVERY

### Mail delivery

Home delivery service is a standard component of our prescription drug benefit. Members may call the Member Service telephone number on their identification card to obtain a mail order form.

### Advantages of home delivery

Members may prefer to use the home delivery prescription service. This service enables most members to obtain up to a 90-day supply\* at a discounted copayment compared to retail prescriptions.

\* 34-day supply for CHIP members in Pennsylvania.

[What Is My Service Area?](#)

### How to assist members with home delivery

If a member must begin taking a new maintenance drug immediately, you may need to write two prescriptions. The member can have one of the prescriptions filled at a local pharmacy to begin taking the medication immediately. The member can send the other prescription to the home delivery service.

### How members can enroll in home delivery

Members can obtain mail order forms for maintenance drugs by calling the Member Service telephone number on their identification card or by visiting their Highmark member website. They can reach their member website through our corporate website at [highmark.com](http://highmark.com). They would click on the orange **CONSUMERS/MEMBERS/PROVIDERS** box, and then the appropriate link for their Highmark service area under **FOR MEMBERS**.

Once a member places an order, the member's information remains on file. Any subsequent refills do not require an order form. For refills, the member can call the toll-free number, send in the refill form with the applicable copayment, or visit their Highmark member website.

As a convenience to patients, practitioners may fax prescriptions directly to Express Scripts. For details regarding how to fax a prescription to the mail order pharmacy, please call Express Scripts at **1-800-903-6228**.

## 4.6 DRUG MANAGEMENT

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### Prescription drug management

The Pharmaceutical Management Programs (Clinical Management Programs) are designed to safeguard patients from potentially harmful drug interactions and side effects, optimize clinically appropriate therapy, promote appropriate prescription drug utilization, and promote compliance with recommended drug quantity, dosage, and intended use of product.

These programs bring together every individual or entity involved in the management and delivery of pharmaceutical care: plan sponsor, practitioners, members, and pharmacists. The programs are administered across all lines of business and are seamless across both retail and home delivery prescription drug benefit programs. These programs achieve this by:

- Identifying specific prescribing situations that may represent inappropriate utilization based on nationally-recognized clinical practice guidelines or manufacturer's recommended dosages.
  - Providing the appropriate clinical interventions and follow-up necessary with physicians and patients to foster more appropriate and effective use of prescription therapy.
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### Pharmaceutical Management Programs

Highmark's Pharmaceutical Management Programs include the following:

- Drug Utilization Review
- Quantity Level Limit Program
- Prior Authorization Program
- Managed Prescription Drug Coverage (MRxC) Program
- Formulary Management

Highmark's Pharmacy and Therapeutics Committee has approved all of these program policies. This committee is composed of network physicians and pharmacists who consider the safety, efficacy, and appropriate use of medications when reviewing these policies. Changes and updates to these criteria are distributed quarterly to all network providers via a formulary update.

Please select **PHARMACY PROGRAM/FORMULARIES** from the main menu on the Provider Resource Center to access all policies and updates.

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## 4.6 DRUG MANAGEMENT, Continued

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**Medical  
necessity  
criteria  
for drug  
management**

Except where any applicable law, regulation, or government body requires a different definition (i.e., the Federal Employees Health Benefits Program, CMS as to the Medicare Advantage program, etc.), Highmark has adopted a universal definition of medical necessity. The term "Medically Necessary," "Medical Necessity," or such other comparable term in any provider contract shall mean health care services or supplies that a provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- a. in accordance with generally accepted standards of medical practice;
  - b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; and
  - c. not primarily for the convenience of the patient or the provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.
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## 4.6 MEDICAL INJECTABLES DRUG PROGRAM

**Introduction** Highmark has a streamlined program through which network physicians must obtain certain medical injectable drugs exclusively through Walgreens Specialty Pharmacy. In addition, Highmark has also delegated Walgreens Specialty Pharmacy to manage Highmark's authorization process required for certain drugs in the program.

**Drugs included in the program** Highmark provides a [list of drugs included in the program](#) that is reviewed regularly and updated as needed.

This list is also available on the Provider Resource Center by selecting **PHARMACY PROGRAM/FORMULARIES** from the main menu, and then **Pharmacy Information**. On the program page, you will also find additional information, including referral forms by therapy/drug and the necessary information that you will need to provide to Walgreens Specialty Pharmacy when ordering.

**Certain drugs require authorization** Certain drugs on the Medical Injectable Drugs Program list require authorization. To determine if a drug from the program's list of drugs requires authorization, please refer to Highmark's [List of Procedures/DME Requiring Authorization](#).

This list is also available on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**. It can also be accessed quickly from the **Quicklinks Bar** by selecting **REQUIRING AUTHORIZATION**.

**Ordering drugs** Walgreens Specialty Pharmacy can be reached by calling **1-888-347-3416** to place an order. Walgreens Specialty Pharmacy bills Highmark and ships to the medical provider. Highmark does not reimburse network physicians for products included in the Medical Injectable Drugs Program. **Note:** Financial assistance resources are available to patients who qualify; delivery of the drug may be delayed if a patient seeks financial assistance.

Walgreens Specialty Pharmacy is open seven days a week and offers several delivery options, monitoring of your refill needs, patient education and support, and has clinical pharmacists available 24 hours a day, seven days a week to answer patient questions.

**BlueCard® patients** When treating out-of-area BlueCard® patients, providers can order certain injectable drugs for office administration for these patients. You may also choose to purchase and bill Highmark directly for injectable drugs for BlueCard patients, in which case you will receive reimbursement based on your contracted rate.

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## 4.6 MEDICAL INJECTABLES DRUG PROGRAM, Continued

### Obtaining authorization

**Authorizations must be obtained by the prescribing physician.** Walgreens Specialty Pharmacy will only accept authorizations by fax.

To obtain information and the authorization request form, physicians can call Walgreens Specialty Pharmacy's authorization department at **1-888-347-4894**.

### Hospital guidelines

In circumstances where the ordering physician directs the member to the hospital for the drug and/or its administration, the following must be considered by the facility:

- Some drugs on the Medical Injectable Drug Program list require authorization. Only the ordering physicians, who have access to the member's clinical information, can obtain the authorization through Walgreens Specialty Pharmacy, regardless of where the drug is administered.

Physicians are instructed to notify Walgreens Specialty pharmacy if the drug is to be administered at a facility in the outpatient setting so that the facility name can be added to the authorization record.

- If the facility receives an order/request to administer a drug to a Highmark member that is included in the Medical Injectable Drugs Program and requires authorization, the facility should verify that an authorization exists for the facility to provide the drug and/or the administration. Please check the **Referral/Auth Inquiry** in NaviNet® to determine if the physician has obtained authorization.
- If an authorization is not present, please contact the ordering physician who must contact Walgreens Specialty Pharmacy to obtain an authorization.
- The facility is not expected to obtain authorization for either the drug or its administration. However, if the facility administers and/or provides a procedure that requires authorization and an authorization does not exist, the facility claim will reject. If the facility claim is denied, a retrospective authorization request must be initiated by the ordering physician.
- Highmark will reimburse the facility for the drug and/or the administration when the authorization has been granted.

### FOR MORE INFORMATION

Please refer to the **Medical Injectable Drugs Program** page on the Provider Resource Center for additional information specific to your service area. From the main menu, select **PHARMACY PROGRAM/FORMULARIES**, and then click on **Medical Injectable Drugs Program**.



## 4.6 PRESCRIPTION DRUGS FOR MEDICARE ADVANTAGE HOSPICE PATIENTS

[What Is My Service Area?](#)

### Overview



As per guidance from the Centers for Medicare & Medicaid (CMS), Highmark requires authorization for select prescription medications for the treatment of a condition that is completely unrelated to a Medicare Advantage member's terminal illness or related condition when in a hospice election period.

### Drug list & authorization request form



Highmark maintains a [Hospice Drug List](#) of the prescription medications that require authorization for coverage under Medicare Part D during the hospice election period. **This list is applicable to prescription drugs provided for Medicare Advantage members for treatment of a condition that is unrelated to the member's terminal illness or related condition while in a hospice election period.**

Forms are also provided to complete and fax or mail your authorization requests:

- [PA Western Region Medicare Part D Prior Authorization Form](#)
- [PA Central Region Medicare Part D Prior Authorization Form](#)
- [West Virginia Medicare Part D Prior Authorization Form](#)

This list and authorization request forms are also available on the Provider Resource Center in your service area. To access, select **PHARMACY PROGRAM/FORMULARIES** from the main menu, and then **Pharmacy Information**.

### Documentation requirements



In documenting Part D coverage of the drugs designated to require authorization, a statement indicating that the drug is unrelated to the terminal illness and related conditions is sufficient. Hospice providers are expected to maintain a record of the clinical basis for the statement that the drug is unrelated and provide it upon request.

### IMPORTANT!



Per CMS guidelines, a hospice provider cannot request a coverage determination on behalf of the member.