

## 14 – PHARMACY SERVICES

### Overview

The following policies apply to members who have pharmacy benefits through a Blue Cross and Blue Shield of New Mexico (BCBSNM) Prescription Drug Rider. Depending on the member's individual contract, pharmacy services may or may not be provided through the BCBSNM pharmacy plan.

Prime Therapeutics is the Pharmacy Benefit Manager (PBM) that provides drug benefits through BCBSNM. Some BCBSNM plans may be "carved out" to other PBMs. This would mean that these members do not have pharmacy benefits through BCBSNM. The PBM name is generally listed on the member's identification card. Please verify member's plan benefits prior to utilization of the Blues Provider Reference Manual for pharmacy services.

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## 14.1 BCBSNM Drug Lists

### 14.1.1 Overview

The BCBSNM drug lists are provided as a guide to our contracted providers to help them in selecting cost-effective drug therapy. In addition to the list of approved drugs, the drug list describes how drugs are selected, coverage considerations and dispensing limits. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered under the member's pharmacy benefit for safety concerns.

BCBSNM members may have a pharmacy benefit of up to six tiers. Listed drugs may be covered at generic, brand and specialty tier levels. Depending on the member's benefit plan, drugs may be split between preferred and non-preferred within these tiers. Based on the benefit plan, members may pay a lower member share (out of pocket expenses) for prescription drugs in the lower tiers (e.g. member share may be lower for generic than brand tier levels).

Some BCBSNM members' drug list may only list generics and lower cost brand drugs. Some BCBSNM members' drug list may reference all covered prescription drugs, and drugs not listed are not covered. If the drug is not covered, you may be able to submit a drug list coverage exception to BCBSNM for consideration (based on the member's benefit plan). Refer to the member's certificate of coverage for more details, including benefits, limitations and exclusions.

Please refer to the BCBSNM drug list when prescribing for our members. Our drug lists are available at [bcbnm.com](http://bcbnm.com) (select *Providers*, then [Pharmacy Program](#)). Call the number on the back of your patient's member ID card for assistance in determining the correct Drug List, if needed.

### 14.1.2 Drug List Evaluation

BCBSNM uses Prime Therapeutics National Pharmacy and Therapeutics (P&T) Committee, which is responsible for drug evaluation. The P&T Committee consists of independent practicing physicians and pharmacists from throughout the country who are not employees or agents of Prime Therapeutics. BCBSNM will have one voting member on the committee. The P&T Committee meets quarterly to review new drugs and updated drug information based on the current available literature.

BCBSNM delegates Rx utilization management services to Prime Therapeutics for preauthorizations, quantity exceptions, and/or step therapy for members who have a BCBSNM Prescription Drug Rider. To request a preauthorization, refer to [Prior Authorization and Step Therapy](#) at [bcbnm.com](http://bcbnm.com) for available forms (select *Providers*, then [Pharmacy Program](#)).

### 14.1.3 Drug List Updates

BCBSNM provides notification to physicians of additions and changes made to the BCBSNM drug lists by newsletters and on the BCBSNM website. Additions to the

BCBSNM drug lists are posted on the BCBSNM website in the *Providers* section. Click on [Pharmacy Program](#) to view the updates. Deletions to the BCBSNM drug lists may occur up to quarterly and are also posted on our website.

Members who are identified as taking a medication that has been deleted from the BCBSNM drug lists are sent a letter detailing the change at least 60 days prior to the deletion effective date. It is important to remember that a medication deleted from the BCBSNM drug lists may still be available to members but at a higher copayment, or the medication may not be covered and the member is charged for the full amount of the drug cost. BCBSNM and Prime Therapeutics also provide pharmaceutical safety notification to dispensing providers and members regarding point-of-dispensing drug-drug interaction and FDA drug recalls.

Note: The BCBSNM drug list is a tool to help members maximize their benefits. The final decision about what medications should be prescribed is between the health care provider and the patient.

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## 14.2 Generic Drugs

The Food and Drug Administration (FDA) has a process to assign equivalency ratings to generic drugs. An “A” rating means that the drug manufacturer has submitted documentation demonstrating equivalence of its generic product compared to the brand name product.

BCBSNM supports the FDA process for determining equivalency. BCBSNM's contracted providers should prescribe drugs that have generic equivalents available and should not add “dispense as written” unless clinical, and if applicable, coverage criteria that foreclose use of a generic for a particular member have been met. Some plans may require members to pay the difference between the brand-name drug and generic drug plus the generic copayment. For BCBSNM members, the average difference in cost between brand-name and generic drugs has been historically significant.

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## 14.3 Drug Utilization Review (DUR)

### 14.3.1 Overview

BCBSNM and Prime Therapeutics conduct concurrent and retrospective drug utilization reviews to promote appropriate, safe, and cost-effective medication usage.

Concurrent DUR occurs at the point of sale (i.e., at the dispensing pharmacy). Network pharmacies are electronically linked to Prime Therapeutics' claims adjudication system. This system contains various edits that check for drug interactions, overutilization (i.e., early refill attempts), and therapeutic duplications. The system also alerts the pharmacist when the prescribed drug may have an adverse effect if used by elderly or pregnant members. The pharmacist can use his or her professional judgment and call the prescribing provider if a potential adverse event may occur.

Retrospective DUR uses historical prescription and/or medical claims data to identify potential prescribing and dispensing issues after the prescription is filled. Examples of retrospective DUR include appropriate use of controlled substances, polypharmacy, adherence and generic utilization programs. These programs aim to promote safety, reduce overutilization, and close gaps in care. Retrospective DUR programs are developed based on widely accepted national practice guidelines. Individual letters may be mailed to providers identifying potential drug therapy concerns, together with a profile listing the member's prescription medications filled during the study period, references to national practice guidelines and/or an online survey to be completed.

### 14.3.2 Covered Pharmacy Services

The following is a list of typically\* covered pharmacy services:

- Glucagon and anaphylactic kits
- Insulin, syringes, lancets, and test strips
- Unless specifically excluded by the benefit plan (e.g., obesity or infertility), any prescription drug, provided that the drug is ordered by the member's PCP or a physician to whom the member has been referred
- The member's applicable prescription copayment applies for each prescription or refill for 30 days
- Oral contraceptives, limited to a 28-day or one-month supply
- Diaphragms
- Preventive vaccinations (e.g., influenza, TDAP, shingles, etc.)
- Medications that are approved by the U.S. Food and Drug Administration (FDA) for self-administration

One applicable copay applies to most "packaged" items (e.g., inhalers)

\*Not all BCBSNM plans include pharmacy benefits. For plans with pharmacy coverage, verifying member's benefits is highly recommended as each policy may have unique benefits.

### 14.3.3 Non-Covered Pharmacy Services

The following is a list of typically\* non-covered pharmacy services:

- Any charge for most therapeutic devices or appliances (e.g., support garments and other non-medical substances), regardless of their intended use
- Experimental or investigational use of medication
- Medications specifically excluded from benefit (e.g., drugs used for cosmetic purposes)
- Any drug which, as required under the Federal Food, Drug and Cosmetic Act, does not bear the legend: “Caution: Federal law prohibits dispensing without a prescription,” even if prescribed by a physician/provider (over-the-counter)
- Drugs that have not received approval from the FDA
- Injectable drugs (other than insulin, glucagon, and anaphylactic kits) that are obtained at a pharmacy without preauthorization.
- Nutritional supplements (coverage requires preauthorization)
- Compound medications are not a covered benefit under most plans
- Prescriptions obtained at an out-of-network pharmacy, unless in an emergency
- Lost, stolen, damaged or destroyed medications

\*Not all BCBSNM plans include pharmacy benefits. For plans with pharmacy coverage, verifying member's benefits is highly recommended as each policy may have unique benefits.

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## 14.4 Drugs Requiring Preauthorization

Drugs with a high potential for experimental or off-label use may require preauthorization (also known as prior authorization). For drugs that require a preauthorization, step therapy or quantity limits, refer to [Prior Authorization and Step Therapy](#) at [bcbsnm.com](#) (select *Providers*, then [Pharmacy Program](#)) for links to available forms and program criteria summaries. Changes to the list of drugs requiring preauthorization are published in our [Blue Review](#) provider newsletter and on our website. If you have any additional questions, please call Prime Therapeutics at 800-544-1378.

If you are prescribing [select infusion drugs](#), you may need to submit a preauthorization request to BCBSNM prior to administration of the drug.

While physician/provider fax forms are available, you can also submit the request electronically via the CoverMyMeds® website. A link to this site can be found on [Prior Authorization and Step Therapy](#) at [bcbsnm.com](#)

BCBSNM allows for certain off-label uses of drugs when the off-label uses meet the requirements of the BCBSNM policy. Please contact the Health Services department for more information on the BCBSNM off-label use policy. For more information about the

preauthorization medical criteria, please review our [Medical Policies](#) in the Standards & Requirements section of our provider website.

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## 14.5 Pharmacy Network

BCBSNM members with a “pharmacy card” prescription drug benefit must use a pharmacy on the approved list of participating pharmacies to maximize their benefits. This pharmacy network can include retail for up to a 30-day or 90-day supply, mail-order for up to a 90-day supply, or specialty pharmacy for up to a 30-day supply. Pharmacy networks and supply limits are dependent on the member’s benefit plan.

Some members’ benefit plans may include an additional preferred pharmacy network, which offers reduced out-of-pocket expenses to the member if they use one of these pharmacies instead.

Please encourage your patients to use one pharmacy for all of their prescriptions to better monitor drug therapy and avoid potential drug-related problems.

BCBSNM contracts for mail-order pharmacy services to augment our retail pharmacy network. Members of our plans may receive up to a 90-day supply of maintenance medication (e.g., drugs for arthritis, depression or diabetes) through the home delivery program, depending on the member’s benefit. If you believe that a BCBSNM member will continue on the same drug and dose for an indefinite period of time, please consider writing the prescription for a 90-day supply with three refills. If the patient is starting a new medication for the first time, you should write two prescriptions. One for up to a 90-day supply with three refills and a starter supply for up to 30 days that the patient can fill right away at the local retail pharmacy.

Specialty drugs that are FDA approved for patient self-administration must be acquired through a contracted specialty pharmacy provider. The specialty drugs may also be billed under the member’s pharmacy benefit to receive maximum coverage.

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## 14.6 Specialty Pharmacy Program

### 14.6.1 Specialty Pharmacy Program

Specialty medications are used to treat serious or chronic conditions such as multiple sclerosis, hemophilia, hepatitis C, and rheumatoid arthritis. One or more of the following may be true about these medications:

- They are generally injectable or infused and can be self-administered, but some may be taken orally
- They have unique storage or shipment requirements
- Additional education and support is required from a health care professional
- Frequently are not stocked at retail pharmacies

Most specialty medications will require preauthorization. Links to forms and program criteria summaries can be found on [Prior Authorization and Step Therapy](#) at bcbsnm.com

BCBSNM members may be required to use contracted specialty network pharmacies to fill their prescription under the member's pharmacy benefit plan. The pharmacists, nurses, and care coordinators in our specialty network pharmacies are experts in supplying medications and services to patients with complex health conditions.

For those medications that are approved by the U.S. Food and Drug Administration (FDA) for self-administration, BCBSNM members are required to use their pharmacy benefit and acquire self-administered drugs (oral, topical, and injectable) through the appropriate contracted pharmacy provider and not through the physician's office. Self-administered drugs must be billed under the member's pharmacy benefit for your patients to receive maximum benefit coverage.

If services are submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims for drugs that are FDA-approved for self-administration and covered under the member's prescription drug benefit, BCBSNM will notify the provider that these claims need to be re-filed through the member's pharmacy benefit. In this situation, the following message will be returned on the electronic payment summary or provider claim summary: "Self-administered drugs submitted by a medical professional provider are not within the member's medical benefits. These charges must be billed and submitted by a pharmacy provider."

If you have questions about the specialty program, a patient's benefit coverage and/or to ensure the correct benefit is applied for medication fulfillment, please call the number on the back of your patient's member ID card.

For information about medical criteria, please review our [Medical Policies](#) in the Standards & Requirements section of our provider website.



AllianceRx Walgreens Prime is the preferred specialty pharmacy for most BCBSNM members. Please call the number on the back of the member's ID card to confirm the preferred specialty pharmacy provider under the member's benefit plan. With a full inventory of specialty medications in stock and pharmacists available by phone 24/7, AllianceRx Walgreens Prime also provides alerts for patient non-adherence issues, coordination of medication refills, information on patient assistance organizations and other support services.

To obtain specialty medications through AllianceRx Walgreens Prime, follow these steps:

- 1. Collect patient and insurance information**
2. Use the [Prime Specialty Pharmacy fax form](#) or your own prescription form, along with your office's fax cover sheet. Be sure to include the physician's signature and any clinical data that may support the approval process.
- 3. Fax signed forms to 877-828-3939**

AllianceRx Walgreens Prime specialty pharmacy's team of pharmacists and benefit specialists will handle the details, from checking eligibility to coordinating delivery.

AllianceRx Walgreens Prime provides safe and efficient delivery of specialty medications and integrated management across medical and pharmacy benefits. As a service to your patients, AllianceRx Walgreens Prime can deliver those drugs that are approved for self-administration directly to the patient's home or an alternate location. Please note that AllianceRx Walgreens Prime is also available for those specialty medications that are covered under the member's medical benefit.

For more information, contact AllianceRx Walgreens Prime at **877-627-6337**.

### 14.6.2 Split Fill Program

Patients who are new to select specialty medications often are unable to tolerate this form of treatment. To reduce waste and help avoid costs of medication that will go unused, the Specialty Pharmacy program provides a partial, or "split", fill of the member's first monthly prescription for these select medications, when dispensed by Prime Specialty Pharmacy. Members have the opportunity to try these drugs to determine if they can tolerate the medication and any potential side effects before continuing therapy.

The service is currently offered for eight medications: Bosulif®, Lysodren®, Nexavar®, Sutent®, Tarceva®, Targretin®, Zolanza®, and Zytiga®.

When a new prescription is received for one of these select medications, Prime Specialty Pharmacy will contact the member to confirm participation in the split fill program before the medication is sent. (Prime Specialty Pharmacy may also reach out to the member's provider if they are unable to reach the member.) If a member does not wish to have a split fill of their medication, Prime Specialty Pharmacy will ship the full prescription amount and charge the member their full share, based on the member's pharmacy benefit plan.

For members participating in the program, the first shipment is a 16-day supply. The member is contacted again prior to the second shipment of a 14-day supply being sent. Member share (copay/copayment) amounts are prorated to align with the number of pills dispensed. If the member pursues another fill thereafter, the member will receive the full

supply and pay their full share. All member share costs are determined by the member's pharmacy benefit plan.

*Example: A member is prescribed a 30-day supply of Nexavar and it is the member's first time taking this drug. The total cost of the drug is \$1,500 and the total member copay based on their benefit plan is \$500. The member share would be as follows:*

- *The member's first fill for a 16-day supply (53% of 30) will process at \$265 (53% of \$500).*
- *If the member tolerates the drug, the second fill will be dispensed for a 14-day supply (47% of 30) and process at \$235 (47% of \$500).*
- *If the member pursues another fill thereafter, the member will receive a full 30-day supply and pay the full copay of \$500.*

### 14.6.3 Specialty Pharmacy Network

In addition to AllianceRx Walgreens Prime, BCBSNM contracts with select in-network specialty pharmacies to ensure the availability of specialty medications.

#### **Hemophilia:**

- Accredo Health Group, Inc. (Accredo®)  
To order, call 877-ACCREDITO (222-7336) or fax referral information to Accredo at 800-330-0756

#### **Specialty Infusion Services (Outpatient and Home Infusion):**

- Coram  
To order, call 866-899-1661

The relationship between BCBSNM and the specialty pharmacies is that of independent contractors.

Third-party brand names are the property of their respective owner. The list of medications included in this program may change from time-to-time.

CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.

BCBSNM contracts with Prime Therapeutics, a separate company, to provide pharmacy benefit management and other related services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.