

INJECTABLES AND SPECIALTY PHARMACY PROGRAM

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INJECTABLES AND SPECIALTY PHARMACY PROGRAM

This chapter contains information on the EmblemHealth Injectables and Specialty Pharmacy Program.

OVERVIEW

Certain specialty pharmacy medications, such as injectables, are complex to administer and often entail frequent dosage adjustments, severe side effects and special storage or handling instructions. They may have a narrow therapeutic range and require periodic lab or diagnostic testing.

The FDA has approved some injectables for several indications. They are covered as either a pharmacy or medical benefit. How injectables are covered depends on the diagnosis, specific formulations and administration setting and method.

EmblemHealth works with Magellan Rx Management Specialty Pharmacy Services, an industry leader, to provide these types of specialty pharmacy medications through our Specialty Pharmacy Program.* Magellan Rx offers:

- Experience providing specialty pharmacy services to members.
- Educational materials to support at-home administration.
- Free syringes and needles to members for self-administered specialty drugs.
- Comprehensive coordination of care, including refill reminders.
- Dedicated pharmacists and nurses available to patients and physicians 24 hours a day, seven days a week. They provide comprehensive support to help maximize formulary compliance and improve patient outcomes.
- State-of-the-art online tools for prior approvals (see **EmblemHealth Injectable Drug Utilization Management Program** in this chapter).

*Additional vendors may be used for limited distribution of specialty drugs not available from Magellan Rx.

MEDICAL BENEFIT INJECTABLES

Certain medical benefit injectable drugs require prior approval from Magellan Rx (see **EmblemHealth Injectable Drug Utilization Management Program** in this chapter). For drugs that require prior approval, HIP practitioners who use the drug replacement program should order directly from Magellan Rx using the fax forms provided in Order Forms for HIP Drug Replacement Program in this chapter. For medical benefit injectable drugs that do not require prior approval from Magellan Rx, please place orders with EmblemHealth's Specialty Pharmacy department by completing and submitting the Specialty Program Request Form.

Practitioners must write each prescription to reflect the specific needs of the patient. When ordering patient-specific injectable drugs, practitioners must complete both a prescription order form and the New York State prescription form and submit them to EmblemHealth. When refills are needed and the order has not changed, the practitioner need only complete the order form for prescribed refills. If the dosage or frequency of the order has changed, the

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physician must submit a separate New York State prescription form.

To request any of the forms mentioned above, call our Specialty Pharmacy department at 1-888-447-0295. To submit the forms, send them to us either by fax at 1-877-243-4812 or by e-mail at injectable@emblemhealth.com.

Once EmblemHealth receives the order, our Specialty Pharmacy department reviews it for appropriate dosing and indications based on FDA and EmblemHealth medical guidelines. We also verify patient eligibility and coverage, including the following:

- If eligibility is confirmed and the dosing and treatment indications meet the medical guidelines, orders will be processed and delivered within two (2) business days.
- If patient eligibility cannot be verified or the service is not covered, we will notify the prescribing practitioner within 24 hours.
- If eligibility is confirmed but the patient does not meet the medical guidelines, the following process will occur within 72 hours:
 - A representative from the EmblemHealth Specialty Pharmacy department will contact the physician.
 - If the request still does not meet the medical guidelines, the member will receive a letter of denial detailing our appeal policies.

All injectables categorized as a medical benefit are shipped to the prescribing practitioner. Under special circumstances, EmblemHealth may approve the delivery of medical benefit injectables directly to a member's home. To do so, the practitioner must complete an agreement waiver and return it to EmblemHealth's Specialty Pharmacy department. To order a waiver form, call **1-888-447-0295**. Submit completed forms by fax to **1-877-243-4812** or by e-mail to injectable@emblemhealth.com.

Note: Certain controlled substances, such as testosterone, may not be covered as a medical benefit through our Specialty Pharmacy program. Practitioners may, however, request reimbursement for the cost of these controlled substances if they are administered in the practitioner's office.

SELF-ADMINISTERED SPECIALTY DRUGS

All commercial plan members (except ASO members) must use Magellan Rx for self-administered specialty drugs, including:

- Calcium regulators
- Growth hormones
- Hepatitis C agents
- HIV fusion inhibitors
- Infertility agents
- Injectable contraceptives (e.g., progestin)
- Multiple sclerosis agents
- Plaque psoriasis agents
- Rheumatoid arthritis agents

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Members cannot use retail or home delivery pharmacies for these items.

Some specialty drugs require submission of a Certificate of Medical Necessity (CMN) or a physician's prior approval (PPA). To order a CMN or PPA, practitioners should contact the EmblemHealth Specialty Pharmacy department at **1-888-447-0295**.

Magellan Rx Specialty Pharmacy Services fills prescriptions and delivers them directly to the member's home. To ensure member privacy, all prescriptions are delivered by courier service and packaged in nondescript materials. A signature is required at the time of delivery, unless other arrangements have been made. Members are instructed to check that their order is accurate and, if necessary, refrigerate the medication.

All prescriptions, including transfers of existing prescriptions, must be submitted to Magellan Rx by phone at **1-866-554-2673** or by fax at **1-866-364-2673**. For more information, contact the EmblemHealth Specialty Pharmacy department at **1-888-447-0295**.

For a list of medications requiring prior approval through Express Scripts, see the **Care Management** chapter. For prior approval processes for medications not on the **EmblemHealth Injectable Drug Utilization Management Program** list that follows, see the **Pharmacy Benefit Designs, Nonpreferred Drugs** or **Medicaid Pharmacy Program** sections of the **Pharmacy Services** chapter.

Note: Certain chemotherapy and rheumatoid arthritis drugs now require prior approval from Magellan Rx. These drugs are listed on the **Specialty Injectable Drugs Prior Approval List**. You must set up an Magellan Rx account to request prior approval for these drugs. Please see **Setting Up Your Magellan Rx Account** in this chapter.

EMBLEMHEALTH INJECTABLE DRUG UTILIZATION MANAGEMENT PROGRAM

EmblemHealth works with Magellan Rx Management to provide utilization management for certain injectable drugs (see the **Specialty Injectable Drugs Prior Approval List** below).

Magellan Rx's staff can assist our practitioners in choosing the best drug for members needing treatment for cancer, rheumatoid arthritis and other serious conditions and diseases. These drugs are covered under the member's medical benefit.

Prior Approval for Provider-Administered Injectable Drugs

Prior approval is required when the drug will be administered by a practitioner in their office (POS 11), in an outpatient hospital clinic (POS 22) or in an ambulatory surgery center (POS 24). Prior approval from Magellan Rx is not required for medications administered at home or during emergency room visits, observation unit visits or inpatient stays.

Urgent requests for prior approval will be completed within 24 hours of receipt. Non-urgent requests will be completed within two business days of receiving all necessary information. If the request requires additional clinical review or eligibility verification, the review and determination processes may take longer.

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GHI PPO/EPO Reimbursement Methodology For Radiopharmaceuticals

Beginning June 1, 2017, invoices are no longer required for GHI PPO/EPO claims to be paid when billing radiopharmaceutical codes.

With respect to the radiopharmaceutical codes below, defined by Health Common Procedure Coding System (HCPCS), EmblemHealth will pay health care professionals the Average Sales Pricing (ASP) plus 15%. If ASP pricing is not available, the reimbursement rate is Average Wholesale Pricing (AWP) minus 15%.

- A9500-A9700
- A4641-A4647
- Q9949-Q9969

Reimbursement Methodology for Injectables and In-Office Medications

EmblemHealth periodically reviews and adjusts reimbursement levels to reflect changes in market prices for acquiring and administering drugs. The following reimbursement methodology for our Injectables and Other In-Office Medication Fee Schedule becomes effective February 15, 2017.

- **Maximum Allowable Cost (MAC):** Utilized for select therapeutic categories where a clinically equivalent, lower-cost alternative is available. Pricing is at the maximum allowable cost giving increased reimbursement over current Average Sale Price (ASP) rates, with margins comparable to higher cost agents within the same therapeutic class.
- **High-Cost Maximum Allowable Cost (High-Cost MAC):** Utilized for select-branded, single-source drugs with no lower-cost alternative that provides fair and typical margin.
- **Average Sales Price (ASP) plus 15%:** Utilized for multisource or generic drugs with an ASP available.
- **Average Sales Price (ASP) plus 10%:** Utilized for branded or single-source drugs with an ASP available.
- **Average Sales Price (ASP) plus 8%:** Utilized for preferred hyaluronic acid product.
- **Average Sales Price (ASP) plus 6%:** Utilized for branded or single-source drugs not included in the ASP plus 10% category.
- **Average Wholesale Price (AWP) minus 15%:** Utilized for drugs without an available ASP except for vaccines, implants and contraceptives.
- **Average Wholesale Price (AWP) minus 10%:** Utilized for all vaccines.
- **Average Wholesale Price (AWP):** Utilized for all implants and contraceptives.

Injectables and Other In-Office Medication Fee Schedule

Injectables and Other In-Office Medication Fee Schedule

HCPCS for injectables and other in-office medications priced at MAC are listed in the table below.

Code	Code Description
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90283	Immune Globulin (IgIV), human, for intravenous use (Code Price is per 500 mg) (Use 90283 for CPT billing requirements ONLY - see also J1459, J1557, J1561, J1566, J1568, J1569, J1572 and J1599 for non-CPT billing)
J0640	Injection, leucovorin calcium, per 50 mg
J0641	Injection, levoleucovorin calcium, 0.5 mg
J1442	Injection, filgrastim (G-CSF), 1 microgram
J1447	Injection, tbo-filgrastim, 1 microgram
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg
J1556	Injection, immune globulin (Bivigam), 500 mg (For billing prior to 1/1/14 see C9130 or J1599)
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg (For billing prior to 1/1/12 use 90283, J1599 or C9270)
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, Panglobulin NF and Gammagard S/D should be billed using this code)
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1626	Injection, granisetron hydrochloride, 100 mcg
J2405	Injection, ondansetron hydrochloride, per 1 mg
J2430	Injection, pamidronate disodium, per 30 mg
J2469	Injection, palonosetron HCl, 25 mcg
J3489	Injection, zoledronic acid, 1 mg
J9171	Injection, docetaxel, 1 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9267	Injection, paclitaxel, 1 mg
Q5101	Injection, filgrastim, (G-CSF), biosimilar, 1 microgram (Code became effective for Medicare billing 3/6/15)

HCPCS for injectables and other in-office medications priced at High Cost MAC are listed in the table below.

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Code	Code Description
J0202	Injection, alemtuzumab, 1 mg
J1300	Injection, eculizumab, 10 mg
J2860	Injection, siltuximab, 10 mg (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9455 or J3590)
J9032	Injection, belinostat, 10 mg (For billing prior to 1/1/16 use C9442 or J9999)
J9039	Injection, blinatumomab, 1 microgram (For billing prior to 1/1/16 use C9449 or J9999)
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)
J9043	Injection, cabazitaxel, 1 mg (For billing prior to 1/1/12 use J9999 or C9276)
J9228	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9271	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)
J9299	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)
J9308	Injection, ramucirumab, 5 mg (For billing prior to 1/1/16 use C9025 or J9999)
J9315	Injection, romidepsin, 1 mg (For billing prior to 1/1/11 use J9999 or C9265)
J9354	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)

HCPCS for injectables and other in-office medications priced at ASP plus 10% are listed in the table below.

Code	Code Description
J0129	Injection, abatacept, 10 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug self administered)
J0135	Injection, adalimumab, 20 mg

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J0180	Injection, agalsidase beta, 1 mg
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)
J0490	Injection, belimumab, 10 mg
J0587	Injection, rimabotulinumtoxinB, 100 units
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (For billing prior to 1/1/11 use J3590 or C9269)
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units
J0717	Injection, certolizumab pegol, 1 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (For billing prior to 1/1/11 use J3590 or C9266)
J0875	Injection, dalbavancin, 5 mg (For billing prior to 1/1/16 use C9443 or J3490)
J1290	Injection, ecallantide, 1 mg (For billing prior to 1/1/11 use J3590 or C9263)
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician; not for use when drug is self-administered)
J1602	Injection, golimumab, 1 mg, for intravenous use (For billing prior to 1/1/14 use C9399 or J3590)
J1745	Injection, infliximab, 10 mg
J1786	Injection, imiglucerase, 10 units
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J2278	Injection, ziconotide, 1 microgram
J2323	Injection, natalizumab, 1 mg
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2357	Injection, omalizumab, 5 mg
J2407	Injection, oritavancin, 10 mg (For billing prior to 1/1/16 use C9444 or J3490)
J2507	Injection, pegloticase, 1 mg (For billing prior to 1/1/12 use J3590 or C9281)
J2562	Injection, plerixafor, 1 mg (For billing prior to 1/1/10 use J3490 or C9252)
J2783	Injection, rasburicase, 0.5 mg

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J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU (see also 90384 and 90386 for CPT billing requirements)
J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU (see also 90384 and 90386 for CPT billing requirements)
J2796	Injection, romiplostim, 10 micrograms (For billing prior to 1/1/10 use J3590 or C9245)
J3060	Injection, taliglucerase alfa, 10 units
J3090	Injection, tedizolid phosphate, 1 mg (For billing prior to 1/1/16 use C9446 or J3490)
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)
J3262	Injection, tocilizumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9264)
J3357	Injection, ustekinumab, 1 mg (For billing prior to 1/1/11 use J3590 or C9261)
J3380	Injection, vedolizumab, 1 mg (For billing prior to 1/1/16 use C9026 or J3590)
J3385	Injection, velaglucerase alfa, 100 units (For billing prior to 1/1/11 use J3490 or C9271)
J3396	Injection, verteporfin, 0.1 mg
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor VIII (antihemophilic factor [human]) per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
J7194	Factor IX, complex, per IU
J7195	Injection factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified

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J7205	Injection, factor VIII, Fc fusion protein (recombinant), per IU
J7313	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg (For billing prior to 1/1/16 use C9450 or J3490)
J7316	Injection, ocriplasmin, 0.125 mg (For billing prior to 1/1/14 use C9298 or J3590) (Code re-used by CMS 1/1/14)
J8655	Netupitant 300 mg and palonosetron 0.5 mg (Code Price is per 1 capsule)
J9019	Injection, asparaginase (Erwinaze), 1,000 IU (For billing prior to 1/1/13 use C9289 or J9999)
J9027	Injection, clofarabine, 1 mg
J9033	Injection, bendamustine HCl, 1 mg
J9035	Injection, bevacizumab, 10 mg
J9041	Injection, bortezomib, 0.1 mg
J9047	Injection, carfilzomib, 1 mg (For billing prior to 1/1/14 use C9295 or J9999)
J9055	Injection, cetuximab, 10 mg
J9179	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)
J9207	Injection, ixabepilone, 1 mg
J9266	Injection, pegaspargase, per single dose vial
J9302	Injection, ofatumumab, 10 mg (For billing prior to 1/1/11 use J9999 or C9260)
J9303	Injection, panitumumab, 10 mg
J9305	Injection, pemetrexed, 10 mg
J9307	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)
J9310	Injection, rituximab, 100 mg
J9330	Injection, temsirolimus, 1 mg
J9355	Injection, trastuzumab, 10 mg
J9357	Injection, valrubicin, intravesical, 200 mg
J9395	Injection, fulvestrant, 25 mg
J9400	Injection, ziv-aflibercept, 1 mg (For billing prior to 1/1/14 use C9296 or J9999)
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg

HCPCS for injectables and other in-office medications priced at ASP plus 8% are listed in the table below.

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Code	Code Description
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, Per dose

HCPCS for injectables and other in-office medications priced at ASP+6% are listed in the table below.

Code	Code Description
J0178	Injection, aflibercept, 1 mg
J0585	Injection, onabotulinumtoxinA, 1 unit
J0897	Injection, denosumab, 1 mg (For billing prior to 1/1/12 use J3590 or C9272)
J2503	Injection, pegaptanib sodium, 0.3 mg
J2505	Injection, pegfilgrastim, 6 mg
J2778	Injection, ranibizumab, 0.1 mg
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL and Supartz dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg (For billing prior to 1/1/10 see J7322 for Synvisc and J3490 for Synvisc-One)
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (For billing prior to 1/1/15 use C9399 or J3490) (Dose 88 mg/4 mL) (Note: Total dose regimen = 1 dose)
J7328	Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 mg
Q9980	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg

HCPCS for injectables and other in-office medications priced at AWP are listed in the table below.

Code	Code Description
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration

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J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)
J7311	Fluocinolone acetonide, intravitreal implant
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (For billing prior to 1/1/11 use J3490 or C9256)
J7330	Autologous cultured chondrocytes, implant
J9225	Histrelin implant (Vantas), 50 mg
J9226	Histrelin implant (Supprelin LA), 50 mg
S1090	Mometasone furoate sinus implant, 370 micrograms - see also C2625 or J3490

Member Coverage

The following table identifies which members are covered by or excluded from the EmblemHealth Injectable Drug Utilization Management Program.

Provider Network	Member Assigned to a Physician Group Practice*	EmblemHealth/HIP Is Managing Entity**	HealthCare Partners Is Managing Entity**	Montefiore CMO Is Managing Entity**
HIP-underwritten commercial plans <ul style="list-style-type: none"> • NY Metro Network • Premium Network • Prime Network • NY Metro Network • Vytra Network (Vytra HMO Plans) 	Yes	Yes	Excluded from program	Excluded from program
State Sponsored Programs <ul style="list-style-type: none"> • Enhanced Care Prime Network 	Yes	Yes	Excluded from program	Excluded from program
Medicare <ul style="list-style-type: none"> • Medicare Choice PPO Network • Medicare Essential Network • VIP Prime Network 	Yes	Yes	Excluded from program	Excluded from program

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Provider Network	Member Assigned to a Physician Group Practice*	EmblemHealth/HIP Is Managing Entity**	HealthCare Partners Is Managing Entity**	Montefiore CMO Is Managing Entity**
FEHB plans	Yes	Yes	Excluded from program	Excluded from program
Vytra Network (Vytra ASO Plans)	Yes	Yes	Excluded from program	Excluded from program
GHI-underwritten commercial plans <ul style="list-style-type: none"> • CBP, National, Tristate Networks • Network Access Network 	Excluded from program	Excluded from program	n/a	n/a

* AdvantageCare Physicians: Manhattan's Physician Group, Preferred Health Partners, Queens-Long Island Medical Group, Staten Island Physician Practice

** Managing entity assignment is on the back of the member's ID card. It can also be found on the Member Details page of the Eligibility/Benefits lookup feature. You can access this feature on our secure provider website: www.emblemhealth.com/Providers.

Who Requests Prior Approval

It is the responsibility of the referring practitioner (i.e., a PCP or specialist ordering the injectable drug) to obtain the **prior approval** before services are rendered. If the referring and rendering practitioners are different, the rendering practitioner is responsible for ensuring that a prior approval is on file before services are rendered.

Prior Approval Processes

To request a Magellan Rx prior approval or reapproval for both urgent and non-urgent requests, either:

- Visit Magellan Rx's secure website: ih.magellanrx.com. Select the "Providers and Physicians" icon
- Call Magellan Rx at **1-800-424-4084**, Monday through Friday, from 8 a.m. to 6 p.m., EST. Multiple requests can be processed on one call.

To request prior approval for a member to obtain drugs in an outpatient setting or from another provider, sign in to Magellan Rx's secure website: ih.magellanrx.com. Then:

1. Select the "Providers and Physicians" icon.
2. Enter your patient's information and select your or your group's name as the requesting provider.
3. Answer "Yes" to the question "Will an alternative servicing provider be utilized for this request?"
4. Search for and select the hospital site or ambulatory surgery center where the member will receive the injectable drug.
5. Continue entering the prior approval request.

To view an existing prior approval, sign in to Magellan Rx's secure website: ih.magellanrx.com.

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Then:

1. Select the "Providers and Physicians" icon.
2. Select "View Authorizations." You can search for a specific member or view all of the prior approvals issued to your TIN.
3. Verify the following information on the prior approval:
 - Member name and ID number
 - Service provider
 - Facility location
 - Service dates
 - Service dates have not expired
 - Approved drug(s) and number of units

Order Forms for HIP Drug Replacement Program

To request replacement drugs from Magellan Rx's for HIP members, print and complete a prior approval request form for the drug (see links directly below). Then fax to Magellan Rx at **1-888-656-6671**. The two forms below also appear at the end of this chapter.

- **Chemotherapy Order Form for HIP Drug Replacement Program**
- **Injectable Order Form for HIP Drug Replacement Program**

If you have any questions, contact Magellan Rx at **1-800-424-4084**, Monday through Friday, from 8 a.m. to 6 p.m., EST.

Information Magellan RX Needs to Process Prior Approval Requests

To expedite the prior approval process, please have the following information ready:

- Requesting provider name, address and office phone number
- Service provider name, address and office phone number (if different from above)
- Member name and ID number
- Requested medical pharmacy drug(s)
- Anticipated start date of treatment (if known)
- Member height, weight and/or body surface area
- Dosing information and frequency
- Diagnosis (ICD codes)
- Past therapeutic failures

In case you're asked to provide them, please have the following documents ready. If they are requested, fax them to **1-888-656-6671**:

- Clinical notes
- Pathology reports
- Relevant lab test results

The prior approval is valid for a specified number of units administered within a specified time frame. If the member needs additional units or receives the drug on a date outside the time frame, please contact Magellan Rx and request they adjust the prior approval. This will ensure the claim is not denied for being outside the time frame or for including more units than authorized in the prior approval.

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Specialty Injectable Drugs Prior Approval List

The codes in the table below require prior approval by Magellan Rx as part of EmblemHealth's Injectable Drug Utilization Management Program. This list is subject to change as new treatment information becomes available.

The prior approval determination must be made within three business days of receiving the necessary information. When prior approval is received for these drugs, it will be available behind sign-in on the Magellan Rx website: ih.magellanrx.com, but not on the EmblemHealth website. We will also notify the member and the provider of the determination by phone and in writing. For Medicare members, phone notification is provided only in the event of an urgent request.

Current as of July 29, 2015

J-Code	IVIG Drugs		J-Code	Brand Name
J1556	Bivigam		J9264	Abraxane
J1566	Carimune NF and Gammagard S/D		J9305	Alimta
J1572	Flebogamma		J2469	Aloxi
J1569	Gammagard		J0881	Aranesp
J1557	Gammaplex		J9035	Avastin (for cancer only)
J1561	Gamunex-C and Gammaked		J0585	Botox
J1568	Octagam		J0885	Epogen/Procrit
J1459	Privigen		J9055	Erbix
J-Code	RA Drugs		J9355	Herceptin
J0129	Orencia		J2820	Leukine
J1745	Remicade		J0587	Myobloc
			J2505	Neulasta
			J1442	Neupogen
			Q2043	Provence
			J9310	Rituxan
			J2353	Sandostatin LAR
			J1300	Soliris
			J9225	Vantas
			J9303	Vectibix
			J3489	Zoledronic acid

*Effective July 1, 2013, J3487 Zometa and J3488 Reclast were removed from the J-code list and replaced with J3489 Zoledronic acid, per a CMS J-code edit.

INJECTABLES AND SPECIALTY PHARMACY PROGRAM

Setting Up Your Magellan Rx Account

You must register for an Magellan Rx account to request and check the status of prior approvals. To create your Magellan Rx account, either:

- Visit Magellan Rx's website: **ih.magellanrx.com**. Then:
 1. Select "Providers" under the "Quick Links" menu.
 2. Click the "New User Request Access" link under the "Sign In" button.
 3. Select the "Contact Us" link.
 4. Complete the required fields (noted with a red asterisk) and any additional information requested in the text box.
 5. Click "Submit."
- Call Magellan Rx at **1-800-424-4084**, Monday through Friday, from 8 a.m. to 6 p.m., EST.

Continuity of Care

Magellan Rx prior approvals began June 1, 2012, and retroactive approvals do not apply. All drugs covered under EmblemHealth's Injectable Drug Utilization Management Program that were administered on or after June 1, 2012, must have a prior approval on file with Magellan Rx. This helps ensure claims are paid correctly.

Members in an Active Course of Treatment Before June 1, 2012

To ensure correct claims payment for members who, before June 1, 2012, received any of the specialty injectable drugs in the **Code List** table above (i.e., a valid referral was obtained or claims for these drugs were already submitted and paid), the administering provider must contact Magellan Rx to obtain a prior approval number. For these cases, Magellan Rx will not conduct a full medical necessity review.

Prior approvals are valid for up to six months from the date they were approved. For ongoing treatment, a new prior approval must be submitted once the current prior approval expires.

Members Who Began a Course of Treatment on or After June 1, 2012

For members who are not yet in treatment but who, on or after June 1, 2012, will receive any of the specialty injectable drugs in the **Code List** table above, prior approval must be obtained from Magellan Rx before treatment can begin.

Claims Submission

We work with Magellan Rx on utilization management only. Please do not submit claims to Magellan Rx. You should continue to submit claims to the same address or, if submitting electronically, using the same Payor ID you use now. For instructions on submitting claims, see the **Directory** and **Claims** chapters.

Claims submitted without obtaining a required prior approval number will be denied and the member may not be billed.

Billing for Drug Waste

For certain drugs, Magellan Rx's automated prior approval system calculates dosages based on the member's actual weight or body surface area without considering vial size. In some cases, a portion of the drug in the vial may therefore go unused. Please follow these guidelines when

INJECTABLES AND SPECIALTY PHARMACY PROGRAM

billing for drug waste:

- If the remainder of a single-use vial or other single-use package must be discarded after administering a dose/quantity of the drug, the claim should be submitted with two lines.
- The portion of the drug that was administered should be submitted on one line.
- The JW modifier must be submitted on a separate claim line with the discarded amount.
- The JW modifier should only be used on the claim line with the discarded amount.

Denials and Appeals

Pre-Service Adverse Determinations

Before a final decision is made, you will have an opportunity to speak with a pharmacist and a physician, as well as to submit relevant medical records. If you still disagree with Magellan Rx's determination, you may exercise your reconsideration and appeal rights. These rights differ for our **Commercial, Medicaid** and **Medicare** plans and are outlined in separate dispute resolution chapters.

Post-Service Adverse Determinations

The practitioner or member may file a clinical appeal with EmblemHealth. Please follow the instructions for filing an appeal that accompanies the denial. These processes differ for our **Commercial, Medicaid** and **Medicare** plans and are outlined in separate dispute resolution chapters.

FORMS

Chemotherapy Order Form for HIP Drug Replacement Program

Injectable Order Form for HIP Drug Replacement Program

INJECTABLES AND SPECIALTY PHARMACY PROGRAM



Chemotherapy Order Form For HIP Drug Replacement Program

Use form when ordering drugs that also require prior approval

Today's Date: ___/___/___ Date of Service ___/___/___

Fax to: Magellan Rx Management 1-888-656-6671

Urgent

PATIENT INFORMATION (PRINT)

Patient Name:		Date of Birth:	
Patient Address:		Apt/Suite:	
City:		State:	ZIP:
Patient Phone Number:	E-mail address:		
Member Identification Number:		Secondary Insurance:	

FACILITY/PROVIDER SHIPPING ADDRESS AND OFFICE NAME (PRINT)

Please check days that office is closed: MON TUE WED THU FRI SAT SUN

Contact Person:		Contact Person E-mail Address:	
Office Name:	Phone Number:	Fax Number:	
Address (No P.O. Box):		Apt/ Suite:	
City:		State:	ZIP:
MD License Number:	MD NPI Number:	MD DEA Number:	
Physician Name (print):			
MD Signature (Signature required. No stamps please.):			

For NY, Magellan Rx Management is required to obtain a copy of an official NYS Rx.

BSA (m ²):	Patient Height: cm	Patient Weight: kg
Primary ICD-9 Code:	Secondary DX:	
*Hgb Level: Gm/DI	HCT Level: %	
ANC Level: /mm ³	*Scr:	
****Her2:	*****KRAS Mutated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ferritin Level: ng/ml	TSAT %	Last Aranesp dose given ___/___/___
Date most current lab work: ___/___/___ (Labs may be requested if necessary.)		
<input type="checkbox"/> Allergies <input type="checkbox"/> NKA	Other (list)	

Drugs	Strength/Frequency	Drugs	Strength/Frequency
Note: Drugs with asterisks indicate specific test results (see above) that must be submitted when requesting a prior approval.			
Aloxi		Neupogen **	
Abraxane		Neulasta **	
Alimta		Procrit *	
Aranesp*		Provenge	
Avastin		Rituxan	
Erbitux****		Vectibix ****	
Herceptin ****		Zoledronic acid	
Leukine **			
Additional Drugs	Strength/Frequency	Additional Drugs	Strength/Frequency

Medications listed in the table above require prior approval by Magellan Rx Management. Please fax the completed form to Magellan Rx Management at 1-888-656-6671.

Please call 1-800-424-4084 with any questions.

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INJECTABLES AND SPECIALTY PHARMACY PROGRAM



Injectable Order Form For HIP Drug Replacement Program

Use form when ordering drugs that also require prior approval

Today's Date: ___/___/___ Date of Service ___/___/___

Fax to: Magellan Rx Management 1-888-656-6671

Urgent

PATIENT INFORMATION (PRINT)			
Patient Name:		Date of Birth:	
Patient Address:		Apt/Suite:	
City:	State:	ZIP:	
Patient Phone Number:	E-mail address:		
Member Identification Number:		Secondary Insurance:	

FACILITY/PROVIDER SHIPPING ADDRESS AND OFFICE NAME (PRINT)			
Please check days that office is closed: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
Contact Person:		Contact Person E-mail Address:	
Office Name:		Phone Number:	Fax Number:
Address (No P.O. Box):			Apt/ Suite:
City:		State	ZIP
MD License Number:	MD NPI Number:	MD DEA Number:	
Physician Name (print):			
MD Signature (Signature required. No stamps please.):			

For NY, Magellan Rx Management is required to obtain a copy of an official NYS Rx.			
BSA (m2)	Patient Height	cm	Patient Weight
Primary ICD-9 Code	Secondary DX		
*Hgb Level	Gm/DI	HCT Level	%
CrCl	**Creat		
PLT	Other		
Ferritin Level:	ng/ml	TSAT	%
			Last Aranesp dose given ___/___/___
Date most current lab work ___/___/___ (Labs may be requested if necessary.)			
<input type="checkbox"/> Allergies <input type="checkbox"/> NKA		Other (list)	

Drugs	Strength/Frequency	Drugs	Strength/Frequency
Note: Drugs with asterisks indicate specific test results (see above) that must be submitted when requesting a prior approval.			
Aranesp*		Procrit*	
Botox		Remicade	
Epogen*		Rituxan	
IVIG (specify)		Sandostatin	
		Soliris	
Myobloc		Vantas	
Orencia (IV)		Zoledronic acid	
Additional Drugs	Strength/Frequency	Additional Drugs	Strength/Frequency

Medications listed in the table above require prior approval by Magellan Rx Management. Please fax the completed form to Magellan Rx Management at 1-888-656-6671. Please call 1-800-424-4084 with any questions. EMB_FRM_10664_MagellanRxManagement_InjectableOrderFrm 5/15

