

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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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 Advantage Care Physicians*	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 (including GHI HMO and Vytra HMO) 	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
FEHB 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
Rules That Applied To Retired Networks & Benefit Plans				
Provider Network	Member Assigned to a Advantage Care Physicians*	EmblemHealth/ HIP Is Managing Entity*	HealthCare Partners Is Managing Entity*	Montefiore CMO Is Managing Entity*
Vytra Networks (Vytra HMO & ASO Plans)	Yes	Yes	Excluded from program	Excluded from program

* 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.

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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**. 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

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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.

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
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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	Provenge
			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.

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.

Claims Submission

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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 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

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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	
Erbix****		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. EMB_FRM_10664_MagellanRxManagement_ChemoOrderFrm 5/15



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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

