Special Bulletin

September 23, 2010

Mountain State Prescription Drug Benefit Management Moving to Highmark, Effective Jan. 1, 2011

As Mountain State physicians are aware, Medco currently manages the prescription drug benefit, including prior authorization requests for certain prescription medications, for New Blue indemnity, SuperBlue® Plus preferred provider plan, SuperBlue Select point of service plan and Highmark Health Insurance Company (HHIC) FreedomBlue℠ PPO Medicare Advantage plan. Effective with dates of service on or after Jan. 1, 2011, Highmark will manage the prescription drug benefit for those products. However, Medco will continue to be the claims processor for prescription drug claims for dates of service on or after Jan. 1, 2011.

About Highmark's Managed Prescription Drug Coverage (MRxC) Program

The Highmark MRxC Program consists of online edits that encourage the safe and effective use of targeted medications. Many of the criteria are automated in order to reduce the administrative burden on physicians and to reduce member disruption. All MRxC programs include a mechanism by which a patient's specific pattern of drug use is identified at the point of sale, and if the automated criteria are met, the claim will process automatically with no further authorization required. If the automated criteria are not met**,** the dispensing pharmacist will be prompted to have providers contact Highmark's Pharmacy Affairs department for standard prior authorization processing.

The drugs or classes of drugs included in the MRxC Program are the Cox-II inhibitors, gastrointestinal medications, agents used for acute migraine, the oral antifungals, pain medications, leukotriene antagonists, medications used for opioid dependence, Strattera and Lyrica. Drugs in these categories are covered, subject to certain requirements.

Other components of Highmark prescription drug management include a Quantity Level Limit Program and Prior Authorization.

Quantity Level Limits

The Quantity Level Limits Program applies retail and mail-order quantity level limits to more than 50 medications. Quantity level limits are applied for a variety of reasons: (1) to prevent the stockpiling of medication; (2) to promote adherence to an appropriate course of therapy for reasons of efficacy and safety; and (3) to prevent medication misuse or abuse. Please take these limits into consideration when prescribing the medications. For additional information and a complete list of medications to which quantity level limits apply, go to **www.msbcbs.com**, select the Provider tab, go to News Quiklinks, and choose ***Prescription Drug Clinical Management Programs Summary***.

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Prior Authorization
Prior authorization is necessary for coverage for certain medications. In these cases, clinical criteria, based on plan coverage conditions approved by the Pharmacy and Therapeutics Committee, must be met or other information must be provided before coverage is considered. The provider must submit documentation of the rationale for the use of the medication before the member is eligible for coverage.

To request a drug that requires prior authorization, please use the following procedure:

- NaviNet-enabled providers: If you are NaviNet-enabled, you must use the NaviNet Authorization Submission function to request prior authorizations for certain prescription medications. Simply go to Authorization Submission, enter the date of service and patient information then select the Prescription Drug category. This secure tool reduces faxing, decreases costs and improves decision communication time to providers.
- Providers who do not have NaviNet can complete a medication request form and fax to 412-544-7546. To obtain a form, please call 1-800-600-2227 and one will be sent to you.

Approvals are promptly loaded into the system, and the prescription can be filled for the member at the pharmacy. In the case of an authorization denial, the system sends the request to a Highmark Medical Director (physician) for review and final decision. The prescribing physician and member are quickly notified.

For additional information and a complete list of the more than 40 medications* for which prior authorization is required, go to **www.msbcbs.com**, select the Provider tab, go to News Quiklinks, and choose ***Prescription Drug Clinical Management Programs Summary***.

* Please note, some drugs included under this program may be covered, excluded, or require prior authorization depending on the product and/or group-specific requirements.

The Pharmacy and Therapeutics (P&T) Committee has approved all aspects of the MRxC, Quantity Level Limits and Prior Authorization programs and their 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 via a Formulary Update, which are distributed to all network providers.

You can also access complete formulary information at **http://mydrug.formularies.com**.

If you have specific questions about any of these programs, please contact Provider Service at 1-304-424-7795 or 1-800-798-7768, or you may contact your assigned Provider Relations representative.