

WTC Health Plan Pharmacy Rules

<i>Setting</i>	<i>Rule</i>	<i>Comments</i>
System Settings	<p>DUR Edits-Effective 2/13/2013, all DUR edits and advisories were removed except for the following:</p> <ul style="list-style-type: none"> • Refill Too Soon - This edit is triggered for a claim from the same NCPDP ID & same RX number. The claim will reject if 75% of the previous fill has not been exhausted. • Ingredient Duplication –Reject at Retail Only effective 12/13/12 (Removed from Mail Order) <ul style="list-style-type: none"> ○ Ingredient Duplication Bypass for Nasal Care at Retail Only (3/22/13) ○ Ingredient Duplication Retail/Mail Order Bypass for New Therapy at Retail Only (3/25/13) • Mandatory Generic (Except when prescriber indicates brand is mandatory DAW = "1" or where the pharmacy is dispensing the brand as a generic DAW= "5") • Day Supply Limit – 90 days supply limit for Retail and Mail Order. (see comments) 	<ul style="list-style-type: none"> • Edit Rules for Retail/Mail Order bypass to occur- the member must not have a paid claim in the same GCN within the past 30 day period at the same Pharmacy Type(Retail/Mail Order) and the prior claim causing the Ing Dup must be within 7 days and a different Pharmacy type. Both scripts must be from the same prescriber. • If a DAW = "1" or "5" is not submitted on an Innovator [brand with generic available product] then the claim will reject. Reject DAWs are 02346789 DAW 5 Brand is treated as Generic. DAW 1 No substitution allowed. • Diagnostic Member Plan- A 30 day supply limit for Diagnostic Formulary drugs and a limit of 3 Rx's for fill dates on or after 1/14/13. 14 day supply limit (courtesy fill) for Standard Treatment Formulary drugs.

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Per Rx Claim Cost	<ul style="list-style-type: none"> • 30 Day Starter Dose For products on the cancer formulary that do not appear on the cancer tab of the formulary, a 30 day starter dose will be dispensed. • No limits 	<p>After the first 30 day supply all additional fills will be allowed up to a 90 day supply for the life of the prescription. The starter dose edit will perform a historical look back of 150 days. If the patient has not filled a script for the same medication (same drug form and strength -GCN) the script will be subject to the starter dose rule.</p> <ul style="list-style-type: none"> • Effective 6/18/2012, prescriptions exceeding the \$1000 maximum claim dollar amount will reject. • Removed 9/21/2012 –except Mt. Sinai • Mt. Sinai increased to \$2000. eff 1/11/2013 • Mt. Sinai limit removed eff 1/30/13
Drug Coverage	<ul style="list-style-type: none"> • Drug coverage is managed by closed formularies. (Member Plans) Only drugs on the WTCHP Drug Formularies are payable. Note: CSC may issue Level 3 Prior Authorization for Non Formulary Products with NIOSH approval. • Coverage is assigned to a member via Member Plans. Refer to page 3- “Eligibility” for additional information. 	<ul style="list-style-type: none"> • “Open” Cancer Formulary 4/19/2013 • Level 2 PAs removed from Cancer, Transplant and Diagnostic Plans 3/19/2013 • Products that have been obsolete for more than 180 days are not allowed by the plan. • Claims must be submitted within 180 days of date filled.
Dosage Forms	<ul style="list-style-type: none"> • All dosage forms and strengths of formulary products are covered with the exception of bulk powders. 	<p>The latest formulary should include all strengths and dosage forms for generic products. The QA process is expected to yield a list of products we should review to confirm the need for all forms and strengths.</p>
Prior Authorization	<ul style="list-style-type: none"> • Prior Authorization Required Specific medications on the Standard Treatment Formulary require a PA/override in order to achieve “paid” status. 	<ul style="list-style-type: none"> • Refer to the Codebook for a list of formulary products that require a Level 2 (CCE) Prior Authorization.

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Controlled Substances	<ul style="list-style-type: none"> 6 total fills within 6 months Pharmacy practice management system will control this limitation. 	<ul style="list-style-type: none"> This is federal regulation and pharmacies are held to this requirement CFR Section 1306.22
Pharmacies Covered	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Not limiting drug benefit to specific retail pharmacy providers. Walgreens is the approved Mail Order Provider for the program Program members are eligible for Walgreens Oral Oncology Split Fill Program
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Prescribing Physicians	<ul style="list-style-type: none"> Effective March 2012, each CCE will have a closed Prescriber Panel. Prescriptions submitted for a Prescriber not on the CCE's approved list, will reject for Prescriber Not Covered. This rejection can be overridden with a Prior Authorization. 	<ul style="list-style-type: none"> Open Prescriber Network for Members with the Cancer Treatment Plan. Effective 4/26/2013, these members are not subject to the closed prescriber rules. Additional Prescriber / Drug Restrictions apply to FDNY and Mt. Sinai Prescribers. Refer to the CCE's proprietary list and rules.
Eligibility	<ul style="list-style-type: none"> Eligibility and Member Plans are maintained by CSC and communicated to Emdeon in Emdeon's file format. The pharmacy is required to send the Member's ID and Date of Birth. WTCHP eligibility files are searched for a matching member record. When a match is found, the claim will adjudicate. If a match is not found the claim will reject. 	<ul style="list-style-type: none"> Unique member lookup used by the WTCHP, ignores the submitted group number and finds the member based on ID/DOB match. CSC assigns one of the following Member Plans to each member based on their certified condition. <ul style="list-style-type: none"> ○ Standard Treatment ○ Mental Health ○ Transplant ○ Cancer ○ Diagnostic