



Sandra Bollinger
PharmD, FASCP, BCGP, CDE, CFts,
MCMP-III

Owner
HealthPriorities, Inc.
The Center For Diabetes and Wellness
37 Doctors Park, Suite 2
Cape Girardeau, MO 63703

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What To Do About Rejected DSMT and Drug Payment Claims

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- ### Common Causes
- Patient Eligibility
 - Pharmacy Related Issues
 - Formulary Restrictions
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- ### Patient Eligibility
- Patient not covered on date of service
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Pharmacy Related Causes

- Missing/Invalid processor control number
- Missing/Invalid group number
- Pharmacy not contracted with plan on date of service
- Non-matched cardholder ID
- Plan limitations exceeded

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Formulary Restrictions

- Tiers
- Prior Authorization (PA)
- Step Therapy
- Quantity Limits

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Tier	You Pay	What's Covered
1	Lowest Copayment	Most Generic Medicines
2	Medium Copayment	Preferred Brand Name Medicines
3	High Copayment	Non-Preferred Name Brand Medicines
Specialty Tier	Highest Copay or Coinsurance	Unique Very High-Cost Meds

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Prior Authorization (PA)

- Prescriber Must Contact the Plan
 - Medical necessity for use of medication required

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Step Therapy

- Prescriber Must Contact the Plan
 - **Step therapy** is a type of prior authorization.
 - Requires trying a less expensive **medication (which is effective for most people)** before you can move up a "**step**" to a more expensive **drug**.

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Quantity Limits

- Prescriber Must Contact the Plan
 - Limits are set for safety and cost reasons

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Solutions

- Formularies
- Communicate With Prescriber
- Check for Patient Assistance Programs
- Need for patients to determine which medications are covered prior to choosing or changing insurance carriers

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Solutions (cont.)

- Formulary
 - Understanding formularies
 - How to access formularies

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Solutions (cont)

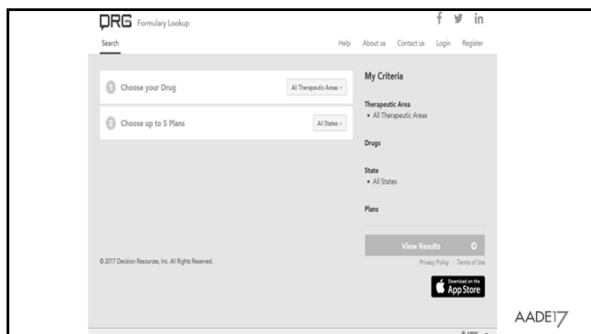
- Understanding formularies
 - What's covered
 - What are the plan limitations

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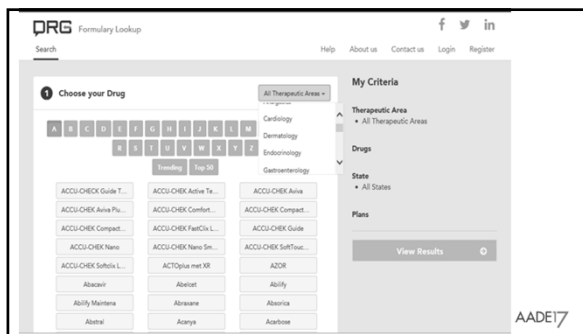
Solutions (cont)

- How to access formularies
 - www.fingertipformulary.com

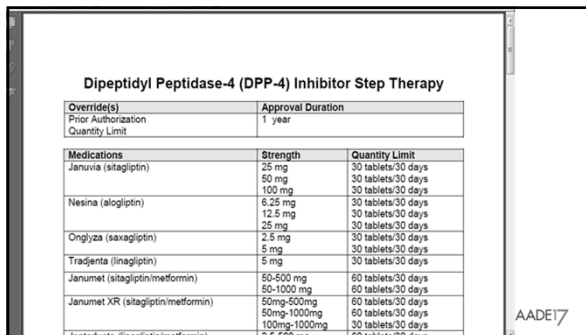
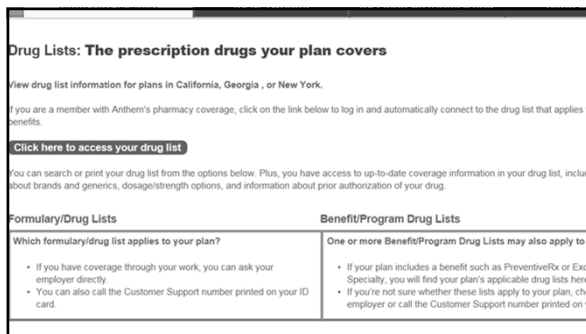
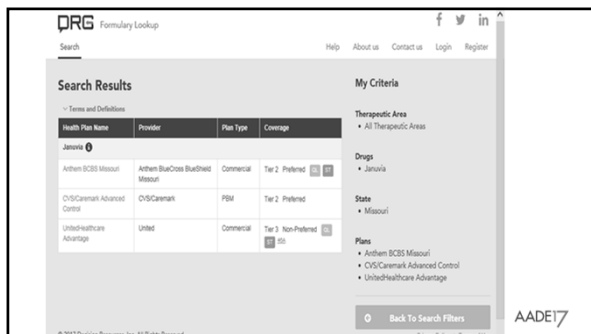
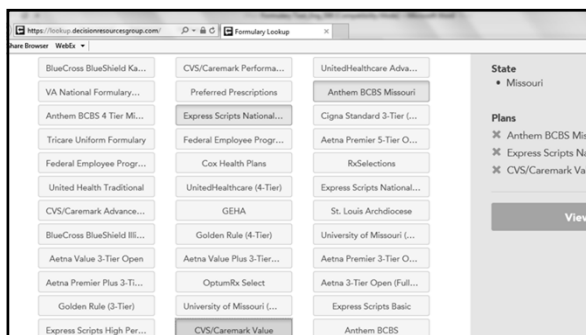
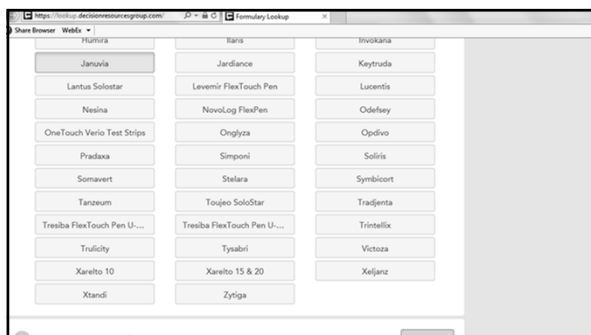
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APPROVAL CRITERIA

Requests for a preferred DPP-4 inhibitor (Januvia, Tradjenta, Janumet, Janumet XR, Juvisync, Jentadueto and Jentadueto XR) may be approved when the following criteria are met:

- I. Individual has been on the requested preferred DPP-4 inhibitor or preferred DPP-4 combination product in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial); **OR**
- II. Individual has had a trial and inadequate response or intolerance to metformin; **OR**
- III. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)].

Requests for a non-preferred DPP-4 inhibitor (Onglyza, Nesina, Kombiglyze XR, Oseni, Kazano) may be approved when the following criteria are met:

- I. One of the following:
 - a. Individual has had a trial and inadequate response or intolerance to metformin; **OR**
 - b. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)].

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Solutions (cont.)

- Communicate with Prescriber
 - Request medication to be changed to one that is covered on formulary
 - Request medication in a different class

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Solutions (cont.)

- Check for Patient Assistance Programs
 - www.webmd.com/healthy-aging/patient-assistance-programs-for-prescription-drugs
 - https://www.pparx.org/prescription_assistance_programs/list_of_participating_program
 - www.rxassist.org/

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Solutions (cont.)

- Check for Patient Assistance Programs
 - www.needymeds.org/pap
 - <https://www.medicare.gov/pharmaceutical-assistance-program/>

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Solutions (cont.)

- Educate patients about need to determine which medicines are covered before choosing or changing insurance carriers

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Advice for Patients

- Be familiar with the insurance carrier's drug formulary
- Be knowledgeable about the prescription coverage you choose
 - Drug coverage before deductible
 - Drug coverage after deductible
 - Drug coverage after a special prescription deductible

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Summary

- Be familiar with common causes for rejected DSME and drug claims
- Know solutions that can be offered
- Offer guidance

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Questions...

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