

NuQuest/Bridge Pointe Can Assist in Addressing the Challenges Created by CMS' New Rx Drug Policies

Medication Regimen Form

NuQuest's *Medication Regimen Form (MRF)* allows adjusters to easily request projected Part D prescription drug regimen information from the claimant's prescribing medical provider(s)* in an attempt to contain or reduce the prescription drug allocation amount.

The form requests the medical provider(s) opinion regarding the claimant's projected future Part D prescription drug regimen. The form presents the inquiries in an easy to follow format that the provider(s) are able to complete in minimal time.

How it Works:

The form can be obtained and used in any of the following three ways:

1. Receive a completed Medication Regimen Form as part of a completed MSA allocation.

NuQuest will prepare a *Medication Regimen Form* (one per each prescribing medical provider) listing all medications prescribed by the applicable provider. Simply forward the form(s) to each provider* and, upon obtaining a response, send the form back to NuQuest. NuQuest will update the MSA accordingly, per the completed form.

2. Obtain the form at any time from NuQuest/Bridge Pointe.

A blank *Medication Regimen Form* is provided via email attachment at the time a new referral is received by our Service Coordination team. The form can be completed, submitted to the prescribing medical provider(s)* and forwarded to NuQuest at any time thereafter.

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A copy of the *Medication Regimen Form* can be obtained by contacting a NuQuest representative at 1-866-858-7161, select option 2.

The form can be requested, prepared and submitted to the claimant's prescribing medical provider(s)* by the claims handler or other authorized party PRIOR to requesting an MSA and then sent to NuQuest as part of the MSA referral.

3. Utilize the form as part of a "Reconsideration Request" to CMS.

In cases where parties are filing a "reconsideration request" with CMS, the *Medication Regimen Form* may be helpful in presenting CMS with evidence of the claimant's projected future drug costs directly from his/her prescribing medical provider(s)* as part of the parties' overall efforts to obtain approval of a reduced future drug allocation.

* Assuming that contact with the claimant's providers in this manner is permitted under the law of the subject jurisdiction. Consult with your legal representative to determine whether such contact is in fact permitted in your jurisdiction.

Medication Regimen Comparison

NuQuest's *Medication Regimen Comparison (MRC)* provides a side by side cost comparison of the claimant's current medication regimen calculated over the claimant's life expectancy versus a pharmacist recommended projection.

This service provides the framework to analyze costs from the perspective of appropriateness vs. over-utilization; red flagging possible drug interactions; identifying drugs that may not be appropriate for long term use or which should be discontinued at some point (i.e. certain post surgery drugs); or which should be discontinued based on the claimant's age.

How it Works:

The *Medication Regimen Comparison* provides a comparative analysis as follows:

Table 1:

Provides a calculation of the claimant's current Medicare and non-Medicare allowable prescription drugs based on AWP/Red Book. This is calculated over the claimant's life expectancy which is the methodology CMS has been observed to be requiring on a more frequent and regular basis.

Table 2:

Provides a *pharmacist recommended projection* of the claimant's future anticipated Medicare and non-Medicare allowable prescription drug costs over the claimant's life expectancy based on AWP/Red Book.

A *Medication Regimen Comparison* can be completed prior to an MSA allocation. Information obtained from this service may provide supporting documentation to justify changes in the future prescription drug regimen. This information could then be submitted to the claimant's prescribing medical provider(s)* via the *Medication Regimen Form* and later utilized by NuQuest in completion of an MSA allocation, if applicable.

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