

June 2022

What's New?

COVID-19 provider updates: billing guidance, testing/vaccine coverage, reimbursement summary and more

Clinical Matters

Adolescent immunization review

Office Matters

In Case You Missed It: Office Matters for Primary Care Practices webinar

Submit 2022 Gaps in Care Corrections through the provider portal

Questions about coding? Watch our helpful videos

Phone survey about NYS standards for appointment access and availability

New provider portal password requirements upcoming

Special needs plan for those residing in a nursing home or assisted living facility: Independent Health's 2022 Medicare Family Choice® HMO I-SNP Plan

Pharmacy Update

May 2022 policy updates

Community Health Matters

Fitness in the Parks: over 500 FREE classes at great locations throughout WNY

COVID-19 provider updates

Independent Health has a comprehensive preparedness plan in place to deliver coverage and services to our members without interruption.

Our COVID-19 provider website pages include the most current information about the following:

- Billing guidance
- Testing coverage
- Vaccination, Coverage and Reimbursement Summary
- FAQs and tip sheets on topics of telehealth, lab testing, diagnosis codes, etc.

Visit our COVID-19 provider website pages accessible online at <https://www.independenthealth.com/providers/covid-19-coronavirus-provider-updates>

Adolescent immunization review

Each year at Independent Health, MediSource member medical records are reviewed for documentation of provider recommendations for immunizations during adolescent well visits. In 2021, records were reviewed for 2020 documentation pertaining to four adolescent (ages 11- 17 years) immunizations – Tetanus (TD/Tdap), Influenza, Human papilloma virus (HPV), and Meningococcal Conjugate – and the results include the following:

- Tetanus and Meningococcal immunizations achieved excellent documentation with scores of 93% each.
- HPV (2 or 3 dose) garnered 80% compliance
- Influenza vaccine recommendations lagged at 57% while overall trends have been positive (Table 1).

As you are aware, the purpose of these vaccines is to decrease the burden of preventable diseases. More recently overshadowed by the pandemic, Influenza remains a significant health threat. HPV vaccine prevents certain cancers and genital warts.

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Adolescent immunization review cont...

The American Academy of Pediatrics (AAP) has concerns about the increasing number of parents choosing to delay or deny vaccines for their children. AAP-sponsored research found that what providers say to parents matters¹. In this research, one-third of parents who made forceful statements refusing vaccinations during a well-child visit ultimately chose to vaccinate when the provider persisted with reassurance. Back and forth communications served to educate and clear parental misconceptions.

We know you are working hard to provide education and reassurances to prevent those missed vaccination opportunities and it shows with increasing rates for these two vaccines (see Table 1). Please remember to document that you offered vaccination so that your efforts are reflected in the medical record.

See “Table 1 Trends in Influenza and HPV Adolescent Vaccination Rates” near the end of this printable edition of Scope.

1. LaSalle G. *Let’s Talk vaccines: A clinician’s guide to addressing vaccine hesitancy and saving lives* 2020; Wolters Kluwer.

In Case You Missed It: Office Matters for Primary Care Practices webinar

The Office Matters webinar held on May 18 is posted in the “Webinars & Videos” section of the provider portal.

Presenters discussed best practices in addressing quality and gaps in care; Independent Health’s partnership with the Western New York Integrated Care Collaborative; the use of Holon to maximize health outcomes, and a brief overview of Independent Health’s 5-Star Medicare Rating.

View this and other Office Matters webinars in our secure provider portal under “Resources” and then “Webinars & Videos.”

Submit 2022 Gaps in Care Corrections through the Provider Portal

Gaps in Care Corrections for 2022 can now be submitted through the provider portal.

Gaps in Care Correction allows for submitting medical record documentation to “correct” inaccuracies in quality measure results due to a variety of reasons, including:

- Encounters or lab values not available to the health plan
- Exclusions from a historical event (e.g., mastectomy)
- Service that was rendered under a different payer

If the correction is accepted, it will be reflected in an update to your, and Independent Health’s, quality rates, which allows for:

- A more accurate depiction of the quality of care that was rendered
- More accurate quality program reporting
- More targeted quality improvement effort

Additional information about the Gaps in Care Correction process, including the Gaps in Care Correction Process User Guide, Correctible Measures for 2022 and a webinar about the Gaps in Care Correction Process, is available on the Quality page accessible when selecting the Resources tab in the top red menu bar when logged in to our secure provider portal.

If you have questions about the gaps in care correction process, performance reports or anything related to our provider portal:

- Contact your Independent Health Physician Engagement Specialist
- Email ProviderPortal@independenthealth.com

Questions about coding? Watch our helpful videos

In response to our provider partners' requests, Independent Health's Manager of Coding Integrity, Leah Mateczun, shares her expertise and helpful advice through a series of brief videos. Each video is less than four minutes long.

All the videos are posted in the Coding section of our secure provider portal. We're planning on adding more, but in the meantime you can learn more about:

- Proper Coding of Active vs. History Codes
- Coding for Depression
- Reporting Status Codes

We'd love your feedback on these videos and suggestions for other topics. Please send your comments and suggestions to leah.mateczun@independenthealth.com

Phone survey about NYS standards for appointment access and availability

To ensure compliance with standards established by New York State for our participating providers, Independent Health has partnered with an outside vendor, SPH Analytics, to conduct brief surveys by phone regarding appointment access and availability for our members.

Over the next several weeks your office may receive a phone call from a surveyor from SPH Analytics to ask questions pertaining to your practice's appointment availability times for both routine and after hours care as outlined in our Appointment Accessibility and After Hours Access policy.

This survey will be directed to specific types of providers, including primary care, medical oncologists, OB/GYNs, clinical neuropsychologists, psychiatrists, psychologists, and certified social workers.

As an example, a surveyor identifying themselves as from SPH Analytics would call a primary care office to discuss the scenario of a patient who calls to ask for the timeframe to schedule an appointment. Each discussion with an SPH Analytics surveyor is recorded and shared back to Independent Health.

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Phone survey about NYS standards for appointment access and availability continued ...

All scenarios presented are based on the following types of care:

- Emergent
- Urgent
- Sick visits (routine non-urgent/emergent)
- Routine, non-urgent or preventative care
- Adult baseline and routine physicals

Please make your staff aware of this possible call to your practice so it may be responded to appropriately.

Thank you for your efforts to help us adhere to the New York standards for appointment access and availability. If you have questions, please contact our Provider Relations Department by calling (716) 631-3282 or 1-800-736-5771, or via email at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

New provider portal password requirements upcoming

To further enhance the security of your practice access to Independent Health's provider portal, new requirements for resetting the password will become effective the first time the existing password expires after July 7, 2022.

The new password requirements are as follows:

- Not be easily guessed or obtained using personal related information (e.g., names, telephone numbers, dates of birth)
- Be free of multiple consecutive identical characters (e.g., "aaa")
- Consists of at least twelve (12) characters
- Contains the following:
 - English uppercase characters (A through Z)
 - English lowercase characters (a through z)
 - Base 10 digits (0 through 9)
 - Non-alphabetic characters (for example, !, \$, #, %)

You may update your password to align with the new requirements at any time before July 7, 2022. To do so, simply log into the provider portal, select Change Password in the My Profile page below your name.

Special needs plan for those residing in a nursing home or assisted living facility: Independent Health's 2022 Medicare Family Choice® HMO I-SNP Plan

Independent Health's 2022 Medicare Family Choice® HMO I-SNP Plan is designed for those who reside in a participating nursing home or an assisted living facility, or are caring for someone who does, with an extra level of care to address their special needs, including through the following:

- Specially Trained Nurse Practitioners/Physician Assistants
- Provide regular, frequent visits to the member; available 24 hours a day, 7 days a week.
- Care Coordinators work with nursing homes, physicians and hospitals to schedule specialist office visits, and coordinate transportation when authorized.
- Family Choice Social Workers: available to help members and their families with difficult issues, access necessary resources and discuss care options.

Eligibility Requirements

To be eligible, these members must meet all of the following criteria:

- Reside in an affiliated facility located in Western New York, and not live outside the affiliated facility for more than 30 days.
- Reside as a permanent resident in an affiliated nursing home or assisted living facility or otherwise qualify for an institutional level of care under New York State regulation.
- Must be entitled or enrolled in Medicare Parts A and B.

For your patients who may be eligible and interested in more information about how this plan is designed to address their special needs, including the complete summary of benefits, they can go online here.

Formulary and Policy Changes

The following are available near the end of this printable edition of Scope:

- 1) Formulary changes for Medicare Advantage individual and group members effective June 1, 2022.
- 2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective June 1, 2022.
- 3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective June 1, 2022.
- 4) Independent Health policy changes resulting from our most recent Pharmacy and Therapeutics Committee meeting.
- 5) Independent Health formulary changes resulting from our most recent Pharmacy and Therapeutics Committee meeting.

Independent Health's drug formulary

To obtain a hard copy, please contact Independent Health Provider Relations by calling (716) 631-3282 or 1-800-736-5771, or via email at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

May 2022 policy updates

Our policies are updated, revised, discontinued or reviewed often, so check these pages frequently. Look on the Policies page under Policies & Guidelines on the top red menu bar of the provider portal.

Thank you for reading Scope, Independent Health's newsletter containing provider updates. Please consider printing copies to share this with others at your practice who may not have access to Scope through our provider portal.

Comments or questions about Scope can be submitted via email at scope@independenthealth.com



Medicare Advantage Individual and Group Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
APOKYN INJ 10MG/ML	Formulary Deletion	APOMORPHINE INJ 30MG/3ML	Generic Alternative on T5	6/1/2022
CYSTADANE POW	Formulary Deletion	BETAINE ANHY POW	Generic Alternative on T3	6/1/2022
VIMPAT TAB 50MG	Formulary Deletion	LACOSAMIDE TAB 50MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 100MG	Formulary Deletion	LACOSAMIDE TAB 100MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 150MG	Formulary Deletion	LACOSAMIDE TAB 150MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 200MG	Formulary Deletion	LACOSAMIDE TAB 200MG	Generic Alternative on T3	6/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T4	6/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T5	6/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T5	6/1/2022
CARBAGLU TAB 200MG	Formulary Deletion	CARGLUMIC TAB 200MG	Generic Alternative on T5	6/1/2022

How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health’s Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 250-4401 or 1-800-665-1502, we are available Monday through Friday between the hours of 8 a.m. and 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn’t be appropriate given your patient’s condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient’s life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
APOKYN INJ 10MG/ML	Formulary Deletion	APOMORPHINE INJ 30MG/3ML	Generic Alternative on T5	6/1/2022
CYSTADANE POW	Formulary Deletion	BETAINE ANHY POW	Generic Alternative on T3	6/1/2022
VIMPAT TAB 50MG	Formulary Deletion	LACOSAMIDE TAB 50MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 100MG	Formulary Deletion	LACOSAMIDE TAB 100MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 150MG	Formulary Deletion	LACOSAMIDE TAB 150MG	Generic Alternative on T3	6/1/2022
VIMPAT TAB 200MG	Formulary Deletion	LACOSAMIDE TAB 200MG	Generic Alternative on T3	6/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T4	6/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T5	6/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T5	6/1/2022
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For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient’s life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
APOKYN INJ 10MG/ML	Formulary Deletion	A POMORPHINE INJ 30MG/3ML	Generic Alternative on T1	6/1/2022
CYSTADANE POW	Formulary Deletion	BETAINE ANHY POW	Generic Alternative on T1	6/1/2022
LANOXIN TAB 0.0625MG	Formulary Deletion	DIGOXIN TAB 0.0625MG	Generic Alternative on T1	6/1/2022
SELZENTRY TAB 150MG	Formulary Deletion	MARAVIROC TAB 150MG	Generic Alternative on T1	6/1/2022
SELZENTRY TAB 300MG	Formulary Deletion	MARAVIROC TAB 300MG	Generic Alternative on T1	6/1/2022
CARBAGLU TAB 200MG	Formulary Deletion	CARGLUMIC TAB 200MG	Generic Alternative on T1	6/1/2022

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May 2022 P&T Updates

NEW DRUG SPECIFIC POLICIES Effective 7/1/2022

Camzyos (mavacamten)	InPen Smart Insulin Device	Vivjoa (oteseconazole)
CNS Stimulant DUR policy (effective 3/22/22)	Melatonin- Medisource	Vonjo (pacritinib)
Duchenne Muscular Dystrophy Drugs- State Products (effective 4/1/22)	Opdualag (nivolumab and relatlimab-rmbw)	Vuity (pilocarpine)
Hyftor (sirolimus topical gel)	Pyrukynd (mitapivat)	Zoladex (goserelin implant) (effective 5/14/22)
	Vijoice (alpelisib)	Ztalmy (ganaxolone)

EXISTING DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES Effective 7/1/2022

BDAID – In Office Administered	Enteral Formula - MediSource	Qelbree
BDAID - Self-Administered	Enteral Formula	Repository Corticotropin Injection (Applies to Acthar Gel and Cortrophin Gel)
Botulinum Toxin: Applies to Botox, Dysport, Myobloc and Xeomin	Fintepla	Sucraid
Cabenuva	Imbruvica	Triumeq
Diabetic Supply	Lynparza	Zerbaxa
	Mavyret - Medisource	Zydelig
	Mavyret	

EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES Effective 7/1/2022

Adakveo	Evrysdi	Hectorol
Aduhelm (aducanumab- avwa)	Exkivity	Hetlioz
Afinitor and Afinitor Disperz	Exondys 51	High Potency Narcotic Step Therapy Policy
Amondys 45	Filgrastim – MediSource – Applies to Granix, Nivestym, Neupogen, Releuko and Zarxio	Inqovi
Cystadane	Filgrastim – Applies to Granix, Nivestym, Neupogen, Releuko and Zarxio	Lumakras
Deferasirox (Applies to Exjade and Jadenu)	Fotivda	Nexviazyme
Durysta	Gavreto	Nulibry
Emend	Givlaari	Onureg
Empaveli		Orgovyx
Enspryng		Orladeyo

Oxbryta	Sabril and Vigadrone (vigabatrin)	Testosterone Oral-Buccal
Oxlumo	Saphnelo	Truseltiq
Ranibizumab Injection – applies to Lucentis and Byooviz	Scemblix	Uplinza
Rezurock	Soolantra (ivermectin cream)	Viltepso
Rituximab – Applies to Rituxan, Riabni, Ruxience, Truxima and Rituxan Hycela	Sublingual Allergy Immunotherapy	Vyondys 53
Ryplazim	Tazverik	Vyvgart
	Tepezza	Weight Loss Medications
	Tepmetko	Welireg
		Xipere

EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES

Arazlo	Fingolimod – Applies to Gilenya and Tascenso ODT	Levalbuterol HCl Inhalation Solution
Arcalyst	Firvanq	Levocarnitine
Bafiertam	Gattex	Luxturna
Benlysta	High Risk Medication in the Elderly	Medicaid Sexual and Erectile Dysfunction Medication Exclusion
Boniva Injection	Horizant	Mekinist
Briviact	Ilaris	Mepsevii
Buphenyl	Imlygic	Methotrexate Subcutaneous Injection
Cablivi	Inbrija	Migraine Medication Dosage Limitation Policy for 5-HT1 Receptor Agonists
Calquence	Ingrezza	Modified Solid Food Products Coverage
Carbaglu	Intravenous Immunoglobulins	Myalept
Crysvita	Isotretinoin	Mytesi
Cystagon	Isturisa	Natpara
Dayvigo	Jelmyto	Nexletol and Nexlizet
Doxycycline Monohydrate Oral Suspension	Ketoconazole	Northera
Duopa	Kitabis Pak	Noxafil
Dupixent	Korlym	Nuedexta
Emflaza	Koselugo	
Eucrisa	Kynmobi	
Fasenra		

Onychomycosis – topical treatments	Risperdal Consta	Tyvaso
Orenitram	Rubraca	Ultomris
Oriahnn	Samsca	Uptravi
Ortavancin for Injection (Applies to Kimyrsa and Orbactiv)	Selzentry	Vancomycin
Osmolex ER	Serostim	Ventavis
Ozurdex	Signifor	Verzenio
Palforzia	Siklos	Vesicare LS
PCSK9 Inhibitor Policy	Spravato	Vraylar
Pemazyre	Symdeko	Xiaflex
Phenoxybenzamine	Synarel	Xuriden
Ponvory	Tabrecta	Zavesca
Pylera	Tafinlar	Zelapar
Qinlock	Tagrisso	Zeposia
Relistor	Tazorac Cream and Gel	Zinplava
Remodulin	Tetrabenazine	Zometa
Retevmo	Topical Dermatologic Medications - Medisource	Zontivity
	Trogarzo	Zorbtive
	Tukysa	Zulresso

EXISTING ADMINISTRATIVE POLICIES WITH CHANGES Effective 7/1/2022

Maintenance Drug Policy	Overview of Pharmacy Benefit	Specialty Pharmacy - Minimum Terms and Conditions Policy
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EXISTING ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES

Experimental or Investigational Treatment Utilization Review Decision	Non Participating Prescribers of ER or Discharge Prescriptions	Pharmacy & Therapeutics Committee Integrity Policy Pharmacy Audit
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POLICIES TO BE ARCHIVED

Aspirin-Dipyridamole Capsules	Bydureon	Cosela
Blenrep	Camcevi	Danyelza

Fyarro	Mycamine	Trelstar
Jemperli	Phesgo	Vemlidy
Maprotiline	Rybrevant	Zemplar
Margenza	Rylaze	Zynlonta
Monjuvi	Tivdak	

EXISTING PBD DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES

Tasigna

EXISTING PBD DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES

Braftovi	Mektovi	Oral contraceptives for medical reasons
Cambia	Revlimid	
Erleada		

EXISTING PBD ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES

PBD IDPN EGWP

PBD Step Therapy Exception Policy E2CC BOCES

Magellan RX Management Drug Specific Policy Updates *Effective 4/1/2022

Asparlas

Custom Magellan RX Management Drug Specific Policy Updates *Effective 5/1/2022

Cosentyx

Epoetin alfa: Epogen; Procrit; Retacrit

Custom Magellan RX Management Drug Specific Policy Updates *Effective 5/14/2022

Zoladex

Magellan RX Management Drug Specific Policies for Expansion *Effective 6/1/2022

Medical PA Only

Adakveo	Empaveli	Monjuvi
Blenrep	Fyarro	Nexviazyme
Camcevi	Givlaari	Nulibry
Cosela	Jemperli	Oxlumo
Danyelza	Margenza	Phesgo

RESTRICTED

Rituximab adding Riabni	Tepezza	Xipere
Rybrevant	Tivdak	Zynlonta
Ryplazim	Uplizna	
Saphnelo	Vyvgart	

PSCE Only

Rylaze

Pharmacy PA Only

<u>Enspryng</u>	<u>Onureg</u>	<u>Tazverik</u>
<u>Evrysdi</u>	<u>Orgovyx</u>	<u>Tepmetko</u>
<u>Exkivity</u>	<u>Orladeyo</u>	<u>Truseltiq</u>
<u>Fotivda</u>	<u>Oxbryta</u>	<u>Welireg</u>
<u>Gavreto</u>	<u>Rezurock</u>	
<u>Lumakras</u>	<u>Scemblix</u>	

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 4/22/2022

Medical PA Only

Abraxane	Erbitux	Rituximab_IV
Adcetris	Faslodex	Rituximab_SQ
Bavencio	Halaven	Sarclisa
Beleodaq	Imfinzi	Tecentriq
Bendamustine	Kadcyla	Trastuzumab_SQ
Bevacizumab_ONCO	Keytruda	Trodely
Blinicyto	Kyprolis	Vectibix
Bortezomib	Leuprolide_depot	Velcade
Cyramza	Levoleucovorin	VWF
Darzalex_IV	Libtayo	Yervoy
Darzalex_SQ	Opdivo	Yondelis
Empliciti	Pemetrexed	Zaltrap
Enhertu	Perjeta	Zepzelca

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 5/27/2022

Pharmacy PA Only

Benlysta_SQ	Rubraca	Xospata
Copiktra	Rydapt	Zejula
Lynparza	Turalio	Zydelig

Medical PA Only

Actemra_IV	Filgrastims	Pegfilgrastim
Arzerra	Jevtana	Portrazza
Beovu	Keytruda	Reblozyl
Denosumab	Leukine	Sandostatin_LAR
Entyvio	Onivyde	Stelara
Evenity	Opdivo	Zoledronic_Acid

PSCE only (effective 5/1/22)

Asparlas	Erwinaze	Zoladex
Emend IV	Oncaspar	

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 6/24/2022

Pharmacy PA Only

Alunbrig	Lumakras	Truseltiq
Balversa	Nubeqa	Tukysa
Cabozantinib	Orgovyx	Venclexta
Erleada	Pemazyre	Xalkori
Exkivity	Retevmo	Xtandi
Gavreto	Tabrecta	Zykadia
Gilotrif	Tagrisso	
Lorbrena	Tepmetko	

Medical PA Only

Aranesp	Epoetin_alfa	Mircera
Bevacizumab_ONCO	Imlygic	
Crysvita	Ixempra	

PSCE Only (effective 6/1/22)

Gemzar
Infugem



Formulary changes announced

Changes to the Independent Health Drug formularies resulting from the **May 2022** Independent Health Pharmacy and Therapeutics Committee are summarized below and are currently in effect unless otherwise noted.

NPG/NPB - Non-Preferred Generic/Brand
 PG/PB - Preferred Generic/Brand
 NF - Non-Formulary
 SP - Specialty Pharmacy
 PA - Prior Authorization
 ST - Step Therapy

QL – quantity Limits
 SC – subcutaneous
 IM - intramuscular
 inj – injection
 tab – tablet
 cap – capsule

Soln – solution
 susp – suspension
 derm -dermatologist
 ODT – orally-disintegrating tablet
 LDD – Specialty Pharmacy Limited Distribution
 LA-available only at certain pharmacies
 G- Generic (T2) for Medicare

Changes to Drug Formulary I (DFI), FEHB Formulary, and Pharmacy Benefit Dimensions Formulary		
Medications Added to Formulary 7/1/2022	Medications Non-Formulary 7/1/2022	Changes to Formulary 7/1/2022
Camzyos (mavacamten) cap NPB, PA, SP fenofibrate micronized 130mg, 200mg caps T1 fenofibric acid 135mg cap T1 Pyrukynd (mitapivat) tab NPB, PA, SP Triumeq PD (abacavir/dolutegravir/lamivudine) tab for oral susp PB, PA, AL Vioice (alpelisib) tab NPB, PA, SP Vonjo (pacritinib) caps NPB, PA, SP Zlatmy (ganaxolone) oral susp NPB, PA, SP, LA	Adlarity (donepezil) transdermal patches Aspruzyo (ranolazine) ER granules Cuvrior (trientine tetrahydrochloride) tabs Epsolay (benzoyl peroxide) topical cream Hyffor (sirolimus) topical gel Norliqva (amlodipine) oral soln Releuko (filgrastim-ayow) SC inj Voquezna (vonoprazan/amoxicillin +/- clarithromycin) dual pak, triple pak Xelstrym (dextroamphetamine) transdermal patches	aspirin/dipyridamole T1 PA to removed PA (3/4/2022) clobetasol shampoo & solution from T3 to T1 (4/14/2022) diazepam products Beers PA removed (3/8/22) Finacea Foam from T2 to NF ivermectin 1% cream from T3 PA except derm to T2 PA except derm loperamide T3 to T1 on DF1/FEHB (2/28/22) paricalcitol from NF to T1 (2/8/22) Rinvoq (upadacitinib) ER tab- ST (per BDAID policy) for new indication Myrbetriq from T3 to T2 on DF2/Essential (cost-effectiveness) effective 4/16/22 Saxenda formulary termination date extended from 6/1/22 to 1/1/23 (due to Wegovy shortage)

Changes to Drug Formulary II (DFII), Drug Formulary III (DFIII), and Essential Plan Formulary		
Medications Added to Formulary 7/1/2022	Medications Non-Formulary 7/1/2022	Changes to Formulary 7/1/2022
Camzyos (mavacamten) cap NPB, PA, SP fenofibrate micronized 130mg, 200mg caps T1 fenofibric acid 135mg cap T1 Pyrukynd (mitapivat) tab NPB, PA, SP Triumeq PD (abacavir/dolutegravir/lamivudine) tab for oral susp PB, PA, AL Vioice (alpelisib) tab NPB, PA, SP Vonjo (pacritinib) caps NPB, PA, SP Zlatmy (ganaxolone) oral susp NPB, PA, SP, LA	Adlarity (donepezil) transdermal patches Aspruzyo (ranolazine) ER granules Cuvrior (trientine tetrahydrochloride) tabs Epsolay (benzoyl peroxide topical cream)Hyffor (sirolimus) topical gel Norliqva (amlodipine) oral soln Releuko (filgrastim-ayow) SC inj Voquezna (vonoprazan/ amoxicillin +/- clarithromycin) dual pak, triple pak Xelstrym (dextroamphetamine) transdermal patches	aspirin/dipyridamole T1 PA to removed PA (3/4/2022) azelaic acid 15% gel from T2 to T1 clobetasol shampoo & solution from T3 to T1 (4/14/2022) diazepam products Beers PA removed (3/8/22) Finacea Foam from T2 to NF ivermectin 1% cream from T3 PA except derm to T2 PA except derm loperamide added to T1 (2/28/22) paricalcitol from NF to T1 (2/8/22) Rinvoq (upadacitinib) ER tab- ST (per BDAID policy) for new indication Saxenda formulary termination date extended from 6/1/22 to 1/1/23 (due to Wegovy shortage)

Changes to Medicaid Formulary		
Medications Added to Formulary 7/1/2022	Medications Non-Formulary 7/1/2022	Changes to Formulary 7/1/2022
clobetasol shampoo & solution from NF to T1 (4/14/2022) fenofibrate micronized 130mg, 200mg caps T1 fenofibric acid 135mg cap T1 Triumeq PD (abacavir/dolutegravir/lamivudine) tab for oral susp PB, AL	Adlarity (donepezil) transdermal patches Aspruzyo (ranolazine) ER granules Camzyos (mavacamten) cap Cuvrior (trientine tetrahydrochloride) tabs Epsolay (benzoyl peroxide topical cream) Hyffor (sirolimus) topical gel Norliqva (amlodipine) oral soln Pyrukynd (mitapivat) tab Releuko (filgrastim-ayow) SC inj Vioice (alpelisib) tab Vonjo (pacritinib) caps Voquezna (vonoprazan/ amoxicillin +/- clarithromycin) dual pak, triple pak Xelstrym (dextroamphetamine) transdermal patches Zlatmy (ganaxolone) oral susp	clobetasol shampoo & solution from T3 to T1 (4/14/2022) diazepam products Beers PA removed (3/8/22) paricalcitol from T1 ST removed (2/8/22)

Changes to Medicare Formulary		
Medications Added to Formulary 7/1/2022	Medications Non-Formulary 7/1/2022	Changes to Formulary 7/1/2022
Camzyos (mavacamten) cap NPB, PA, SP Epsolay (benzoyl peroxide topical cream) NPB, ST Eprontia NPB (CMS requirement) (5/1/2022) Pyrukynd (mitapivat) tab NPB, PA, SP Vioice (alpelisib) tab NPB, PA, SP Vonjo (pacritinib) caps NPB, PA, SP Zlatmy (ganaxolone) oral susp NPB, PA, SP, LA	Adlarity (donepezil) transdermal patches Hyffor (sirolimus) topical gel Norliqva (amlodipine) oral soln Releuko (filgrastim-ayow) SC inj Triumeq PD (abacavir/dolutegravir/lamivudine) tab for oral susp PB, PA, AL Voquezna (vonoprazan/ amoxicillin +/- clarithromycin) dual pak, triple pak Xelstrym (dextroamphetamine) transdermal patches	Finacea Foam add ST (1/1/2023) Kesimpta removed PA (7/1/2022)

Medical: Effective 7/1/2022

- Alymsys (bevacizumab-maly) IV injection -medical PA
- Igalmi (dexmedetomidine) SL film -medical, subject to post-service claim edits
- Opdualag (nivolumab/relatlimab-rmbw) IV injection -medical PA
- Pluvicto (lutetium-177 vipivotide tetraxetan) IV injection -medical PA
- Releuko (filgramstim-ayow) IV injection- medical PA

New generics:

Brands now non-formulary unless otherwise indicated. For Medicaid, generics are generally left as non-formulary if their respective brands were non-formulary.

Brand name	Generic name	Generic tier placement/utilization management			
		Commercial/ FEHB	Exch/Small/EBP	Medicaid	Medicare Indiv/PDP
Abraxane	paclitaxel	Medical PA	Medical PA	Medical PA	Medical PA
AmBisome	amphotericin B	Medical	Medical	Medical	T4/T1
Apokyn	apomorphine injection	NPG PA exc neuro	NPG PA exc neuro	NF	T5 PA/T1 PA
BiDil	ISDN/hydralazine	NPG	NPG	NF	T4/T1
Erythrocin	erythromycin injection	Medical	Medical	Medical	T4/T1
K-Phos	potassium phosphate	Block	Block	Block	Block
Revlimid	lenalidomide	PG PA (brand PB PA)	PG PA (brand PB PA)	PG PA (brand PB PA)	T5 PA/T1 PA (brand remains)
Vimpat	lacosamide	PG	PG	PG	T3/T1
Zipsor	diclofenac 25 mg cap	NF	NF	NF	NF

Informational:

- On 3/17/22, the FDA approved a partial Rx-to-OTC switch for **Nasonex** (mometasone), a corticosteroid nasal spray used to reduce symptoms of seasonal allergies. The new product will be marketed as Nasonex 24 HR Allergy.
- In the 4/1/22 issue of the *Morbidity and Mortality Weekly Report*, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) updated **hepatitis B vaccination recommendations**. ACIP now recommends hepatitis B vaccination for all adults aged 19 to 59 years and those 60 years of age and older with risk factors.
- On 4/7/22, Centers for Medicaid and Medicare Services (CMS) issued their final National Coverage Determination (NCD) for **Aduhelm** (aducanumab) which requires patients who receive it to be enrolled in a randomized clinical trial. In the final decision memo, CMS clarified that drugs in this class will not have this exact requirement if given full (and not accelerated) FDA approval based on efficacy from a direct measure as opposed to a surrogate endpoint.
- On 4/15/22, the sponsor of **Ukoniq** (umbralisib) has decided to withdraw it from sale for its previously accelerated approval indications for marginal zone lymphoma (MZL) and follicular lymphoma (FL). The sponsor’s decision to withdraw Ukoniq from sale was primarily based on the withdrawal of its BLA and sNDA for the combination of umbralisib and ublituximab for the treatment of chronic lymphocytic leukemia. Updated overall survival (OS) data from those trials indicated a better OS benefit in the control arm, although the difference was not statistically significant. Ukoniq was originally given accelerated approval for FL and MZL on February 5, 2021 and was reviewed and approved as a non-preferred brand for most lines of business by the P&T Committee on February 18, 2021. It has not been officially removed from the market as of the writing of this monograph.

Line extensions:

Adds:

- **Descovy** new strength for HIV treatment only – NPB w/PA Commercial, PB Medicaid, PB (Specialty Tier) Medicare
- **Mayzent** new starter pack and strength – added to each LOB following current coverage
- **Ozempic** new 2 mg strength – added to each LOB following current coverage
- **Rinvoq** new 45 mg strength – added to each LOB following current coverage
- **Takhzyro** new prefilled syringes – added to each LOB following current coverage

Drugs with new indications:

Brand name	Generic name	New indication(s)	Coverage changes
Fintepla	fenfluramine	seizures d/t Lennox-Gastaut syndrome	Policy updates
Jardiance	empagliflozin	heart failure (preserved EF)	n/a
Keytruda	pembrolizumab	MSI-H or dMMR advanced endometrial carcinoma	Policy updates
Lynparza	olaparib	HER2 (-) high-risk early breast cancer	Policy updates
Opdivo	nivolumab	resectable NSCLC w/platinum-doublet chemotx	Policy updates
Veklury	remdesivir	indication expanded to pediatrics age 28 days and older	n/a
Yescarta	axicabtagene ciloleucel	relapsed/refractory large B-cell lymphoma	Policy updates
Xigduo XR	dapagliflozin/metformin	reduce risk of endpoints in pts w/CKD (limited to T2DM)	n/a

Medical:

- **Acuvue with Ketofen** (ketotifen in contact lens): vision benefit
- **Locametz** (gallium Ga 68 gozetotide): diagnostic agent for prostate cancer
- **Nephroscan** (technetium Tc 99m succimer): diagnostic agent for renal parenchymal disorders

Remain NF:

- **Loreev XR** new 1.5 mg strength

Table 1 Trends in Influenza and HPV Adolescent Vaccination Rates (Goal of $\geq 90\%$)

VACCINE	2018	2019	2020
Influenza	42%	46%	57%
HPV	66%	74%	80%

