

March 2022

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## COVID-19 Coronavirus provider updates

Because the ongoing situation about COVID-19 is changing daily, general and practice-specific information is posted in our public provider portal.

COVID-19 updates are accessible by clicking on "For our Providers" near the top of the Independent Health website homepage at [www.independenthealth.com/](http://www.independenthealth.com/)

## Independent Health awarded platinum Bell Seal for Workplace Mental Health by Mental Health America

Independent Health has been awarded the 2022 platinum Bell Seal for Workplace Mental Health by Mental Health America (MHA). The Bell Seal is a first-of-its-kind workplace mental health certification that recognizes employers who strive to create mentally healthy workplaces for their employees.

Learn more about how Independent Health is among the first organizations in the country and the only in Western New York to be certified by MHA online at <https://www.independenthealth.com/about/newsroom/2022/awarded-platinum-bell-seal-for-workplace-mental-health>

## 2021 preventive health reviews and recommendations in upcoming in Scope

Published, updated preventive health clinical care guidelines from state, federal and professional medical agencies were compared to the care documented for children ages 6 months to ten years, immunizations for adolescents 11 to 17 years, adults ages 18 to 64 years and pregnant persons.

MediSource members' medical records were reviewed by Independent Health during 2021 for the preventive healthcare provided to them during 2020 well-visits

Performance of these preventive health measures have the possibility of underestimation due to lack of documentation that the care was provided.

... continued

*2021 preventive health reviews and recommendations in upcoming in Scope continued ...*

For primary care providers, there are high stakes in performance related to preventive care and the availability of accurate data in the medical records is paramount.

Articles published in upcoming editions of Scope will highlight the results of this review and share recommendations around the opportunities primary care providers may engage in to receive credit for the quality of healthcare delivered.

### **Helping prescribers determine appropriate diagnosis of opioid use conditions, including OUD**

The Western New York region continues to see discouraging trends around the opioid epidemic. While opioid overdoses involving fentanyl or its derivatives receive much of the recent news coverage, a common theme in patient stories is initial use of legally prescribed opioids. It's important that prescribers are aware of several CMS and NCQA quality measures related to substance use disorders, including Opioid Use Disorder (OUD).

Some prescribers may be inappropriately diagnosing patients using chronic opioids as having an OUD. The Diagnostic and Statistical Manual – Fifth Edition (DSM-5) states “Addictive disorders are primarily psychological in nature. If a person develops a normal physical response to prolonged drug exposure, this response does not constitute a use disorder.” If an individual is experiencing physical symptoms while taking opioids under appropriate medical supervision, in the absence of other diagnostic criteria, it is not an opioid use disorder. **For your patients using opioids as prescribed the Z-code: Z79.891 should be used to denote “long term (current) use of opiate analgesic.”**

A tip sheet near the end of this print able edition of Scope will help prescribers determine which ICD-10 code is appropriate for patients using opioids. It walks a prescriber through the various DSM-5 diagnostic criteria for Opioid Use Disorders including specifiers. A short provider education video about how to use this tip sheet is online at [vimeo.com/660454830/5e66923187](https://vimeo.com/660454830/5e66923187). In circumstances where the OUD diagnosis is incorrect, please use a more appropriate ICD-10 code for your patient's condition.

*...continued*

*Helping prescribers determine appropriate diagnosis of opioid use conditions, including OUD continued ...*

If OUD is the correct diagnosis, each point of contact with the health care system is an opportunity to refer to Medication Assisted Treatment (MAT) services. Despite popular belief, there is no “wait list” for MAT treatment services. For more information about screening for and referring for MAT services, please go online at [www.samhsa.gov/medication-assisted-treatment/find-treatment](https://www.samhsa.gov/medication-assisted-treatment/find-treatment).

### **Pediatric Preventive Health – Best practices for Medical Record documentation**

On an annual basis at Independent Health, MediSource member medical records are reviewed with reference to 48 New York State Department of Health required preventive measures. The measures reflect utilization of evidence-based clinical practice guidelines as posted on our Provider Portal.

A review of medical record documentation for pediatric members ages 6 months to 10 years of age was performed in the Fall of 2021. Out of 48 measures, 34% met the threshold of 90% or more of the population having associated medical record documentation for specified preventive health screening. Four measures scored a 0%:

- **Weight for Length** newborn to 18 months growth charts - missing or results not documented, documenting a BMI is not sufficient for these ages;
- **Autism Spectrum Disorder Screening** at 18 months and 24 months - missing or not documented as completed, reviewed, and discussed;
- **Maternal Depression Screening** at every visit - newborn thru 6 months - missing documentation of screening (1,2,4,6-month infant well visits);
- **Fluoride Varnish** applied between 6 months and 5 years - missing documentation of the intervention.

*... continued*

*Pediatric Preventive Health – Best practices for Medical Record documentation continued ...*

Certain patient populations have specific expected documentation as outlined by national professional practice organizations and government health agencies, such as the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Center for Disease Control and Prevention, the United States Preventive Service Task Force, and the Health Resources and Services Administration. For more information, visit Independent Health's Provider site under clinical practice guidelines.

In addition to reflecting consistency with evidence-based practice guidelines, a systematic and consistent approach will help better align provider documentation with evaluation and management (E & M) coding levels. Get the credit you deserve for the care and services you are providing by documenting encounters thoroughly. Here are some best practices when it comes to screening and documentation:

1. Your identification/brand – A specific note template header provides ready recognition of the note's origin;
2. Patient identification – enhances continuity of the encounter, especially during quality reviews, by referencing the specific patient with their name and date of birth on each page of the note;
3. Tests/screens/immunizations – Referencing review and discussion with the patient/caregiver in documentation supports assessment, plan, and shared decision making;
4. Acuity, visit components (e.g., review of systems, physical exam), and complexity of decision-making documentation in the context of data review, especially for patients with multiple comorbidities, shows your work proportionate with the level of E & M coding and supports appropriate revenue capture.

## **Documenting your patient's Social Determinants of Health (SDoH)**

By now we've all heard of the International Classification of Diseases – Tenth Edition Clinical Modification (ICD-10-CM) Codes. But the ICD-10 contains "Z-codes" that describe factors influencing health status and contact with health services. These codes aid in identifying your most vulnerable populations and allowing accurate management of risk factors or barriers to optimal health outcomes.

Z-codes can be found in chapter 21 of the ICD-10-CM manual. They can be used when a person encounters health services for some specific purpose, such as to discuss a problem which is not a disease or injury. Some examples include routine health checks, infectious disease or cancer screening exams, vaccination administration, etc.

They can also be used to document when some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. These z-codes are used to document a patient's social determinants of health.

Social determinants of Health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, and age that can impact a wide range of health, functioning, and quality of life outcomes. These can be related to:

- Employment and occupational exposures
- Upbringing and the family
- Housing (including homelessness) and transportation
- Education and health literacy
- Issues related to psychosocial circumstances

These social factors can impose significant barriers to optimizing your patient's health and wellness. They drive unnecessary healthcare costs and excessive health care utilization. With the utilization of Z code data, prescribers can better understand the unique needs of their patients and help connect them with available resources within the community. Besides their impact on population health, the data collected by Z codes may also contribute to success under value-based reimbursement models.

*...continued*

*Documenting your patient's Social Determinants of Health (SDoH) continued ...*

**What YOU can do:**

- Educate staff on the need to screen, document and code data on patients' SDoH needs.
- Ask patients about their SDoH needs. Patients may not know how to discuss non-medical issues with their provider. They may need to be prompted.
- Patients may not feel comfortable discussing their psycho-social concerns. Create an inclusive and safe environment and remind your patients about privacy and confidentiality.
- Document any SDoH needs by utilizing SDoH Z codes and adding them to claims you submit to Independent Health. See codes near the end of this edition of Scope.

**2022 HEDIS Provider Manual posted in our provider portal**

The 2022 HEDIS Provider Guide and Reference Manual is now available for reference in our secure provider portal.

The guide is designed to inform our participating providers of measure definitions, inclusion and exclusion criteria, and coding tips as well as to share best practices for improvement to help your practice increase its quality scores.

You can find the manual by logging into the Provider Portal, go to "Policies & Guidelines" and then select "HEDIS Reference Manual".

**REMINDER: frequently check patient benefits and eligibility on WNYHealthEnet**

With many different plans and coverage, it is vitally important to know if your patient is effective with Independent Health and if they have coverage for the services you are providing.

Please frequently check benefits and eligibility on WNYHealthEnet or contact Provider Relations by phone at (716) 631-3282 or 1-800-736-5771 or e-mail at [providerservice@servicing.independenthealth.com](mailto:providerservice@servicing.independenthealth.com) Monday-Friday from 8 am - 6 .m

**Independent Health provider payment holiday schedule**

As you know, provider payments are impacted by bank holidays.

A grid that outlines which bank holidays impact your Independent Health payments is near the end of this printable edition of Scope.

**Provider Portal Tip**

**Review and update the list of users for your practice regularly**

Do all your current employees have access they need to the information available through Independent Health's provider portal? Are you certain former employees no longer have this access?

An important reminder from Independent Health's Information Risk Office: it is critical to regularly review and update the list of users of our provider portal in your practice to ensure all current employees maintain access to the information needed to perform their duties. It's equally important that you ensure former employers no longer have access to the financial, performance and other practice-specific information received directly from Independent Health.

Users with Practice Admin Full Access or Practice Admin Technical roles assigned by their practice can review the list of users for the provider portal in your practice when logged-in and then selecting "User Administration" from the drop down under their name at the top right corner of the landing page.

Please update your list of users who have access to our provider portal annually or more often, if appropriate, for your practice.

Email [providerportal@independenthealth.com](mailto:providerportal@independenthealth.com) if you have any questions or are in need of assistance.

## Pharmacy Update: Formulary and Policy Changes

The following can be seen near the end of this printable edition of Scope:

- 1) Formulary changes for Medicare Advantage individual and group members effective March 1, 2022.
- 2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective March 1, 2022.
- 3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective March 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](mailto:providerservice@servicing.independenthealth.com), Monday through Friday from 8 a.m. to 6 p.m.

### February 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.

### Check out our Health Hub!

Living a healthy life. It's what we all want. Providing our members with the tools and information to achieve better health is an important part of the RedShirt® Treatment – and our Health Hub.

A variety of topics and resources are available for free, including:

*...continued*

*Check out our Health Hub continued ...*

- \* Live Classes
- \* Workout from Home Videos
- \* Webinars
- \* Podcasts

From exercise and eating healthy to finding balance in your emotional and financial well-being, our Health Hub is accessible free online to help you succeed at achieving your personal health goals at [www.independenthealth.com/individuals-and-families/my-health/health-hub](http://www.independenthealth.com/individuals-and-families/my-health/health-hub)

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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](mailto:scope@independenthealth.com)

## Diagnosis of Opioid Use Disorder

If being prescribed opioids (and using them as prescribed) use

***779.891 - Long term (current) use of opiate analgesic***

**Note Well:** the DSM-5 explicitly states that if an individual is experiencing physical symptoms while taking opioids under appropriate medical supervision, it is not an opioid use disorder.

*“Addictive disorders are **primarily psychological** in nature. If a person develops a normal physical response to prolonged drug exposure, this response **does not constitute** a use disorder.”*

***If a patient has at least 2 of the following, in a 12-month period, they are considered to have a diagnosis of abuse or dependence (see page two):***

	Opioids are often taken in larger amounts or over a longer period than was intended.
	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
	Craving, or a strong desire or urge to use opioids.
	Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
	Important social, occupational, or recreational activities are given up or reduced because of opioid use. Recurrent opioid use in situations in which it is physically hazardous.
	Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
	Tolerance, as defined by either of the following: <ul style="list-style-type: none"> <li>○ A need for markedly increased amounts of opioids to achieve intoxication or desired effect.</li> <li>○ A markedly diminished effect with continued use of the same amount of an opioid.</li> <li>○ (Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.)</li> </ul>
	Withdrawal, as manifested by either of the following: <ul style="list-style-type: none"> <li>○ The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).</li> <li>○ Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.</li> <li>○ (Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.)</li> </ul>

**Specify if:**

- ***In early remission (3 months of no criteria being met) or sustained remission (12 months or longer)***
  - ***Cravings can continue and do not disqualify a remission diagnosis.***
- ***On maintenance therapy (i.e. MAT or other medical treatments) or in a controlled environment, where access to opioids is restricted (residential, inpatient, incarceration).***

## Diagnosis of Opioid Use Disorder

Based on Presentation, Use the following ICD-10 Codes										
If being prescribed opioids (and using them as prescribed) use Z79.891 - Long term (current) use of opiate analgesic										
Total Symptoms (see page1)	Uncomplicated?	Presenting with Intoxication?		With Withdrawal?	In Remission? (>3 months)	Causes Mood Disorder?	Causes Psychosis?		Causes physical condition?	
<b>(≤1)</b> Opioid use	F11.90	Uncomplicated?	F11.920	F11.93	---NA---	F11.94	With Delusions?	F11.950	Sexual Dysfunction?	F11.981
		With Delirium?	F11.921				With Hallucinations?	F11.951	Sleep Disorder?	F11.982
		With Perceptual Disturbance?	F11.922				Unspecified	F11.959	Other?	F11.988
		Unspecified	F11.929							
<b>(2-3) Mild</b> Abuse	F11.10	Uncomplicated?	F11.120	F11.13	F11.11	F11.14	With Delusions?	F11.150	Sexual Dysfunction?	F11.181
		With Delirium?	F11.121				With Hallucinations?	F11.151	Sleep Disorder?	F11.182
		With Perceptual Disturbance?	F11.122				Unspecified	F11.159	Other?	F11.188
		Unspecified	F11.129							
<b>(4-5) Moderate or (≥6) Severe</b> Dependence	F11.20	Uncomplicated?	F11.220	F11.23	F11.21	F11.24	With Delusions?	F11.250	Sexual Dysfunction?	F11.281
		With Delirium?	F11.221				With Hallucinations?	F11.251	Sleep Disorder?	F11.282
		With Perceptual Disturbance?	F11.222				Unspecified	F11.259	Other?	F11.288
		Unspecified	F11.229							

- **Notes:**
  - ICD-10 Codes do not distinguish between Moderate or Severe Opioid Use Disorder
  - DSM-5 revisions combined previous DSM-IV diagnoses of opioid abuse and dependence criteria into a single substance use disorder
  - If your patient does not present with intoxication, withdrawal, a psychiatric or physical symptom related to their OUD, they are considered “uncomplicated” and should be coded as such.

# USING Z CODES:

## The Social Determinants of Health (SDOH)

### Data Journey to Better Outcomes

**What are Z codes** SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.). SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



#### Step 1 Collect SDOH Data

**Any member of a person's care team can collect SDOH data during any encounter.**

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

#### Step 2 Document SDOH Data

**Data are recorded in a person's paper or electronic health record (EHR).**

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

#### Step 3 Map SDOH Data to Z Codes

**Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.<sup>1</sup>**

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.<sup>2</sup>

#### Step 4 Use SDOH Z Code Data

**Data analysis can help improve quality, care coordination, and experience of care.**

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

#### Step 5 Report SDOH Z Code Data Findings

**SDOH data can be added to key reports** for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.



**For Questions:** Contact the [CMS Health Equity Technical Assistance Program](#)

<sup>1</sup> [cms.gov/medicare/icd-10/2021-icd-10-cm](https://www.cms.gov/medicare/icd-10/2021-icd-10-cm)  
<sup>2</sup> [aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf](https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf)



# USING SDOH Z CODES

## Can Enhance Your Quality Improvement Initiatives



### Health Care Administrators

#### Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

#### Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.



### Health Care Team

#### Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.



### Coding Professionals

#### Follow the ICD-10-CM coding guidelines.<sup>3</sup>

- Use the CDC National Center for Health Statistics [ICD-10-CM Browser](#) tool to search for ICD-10-CM codes and information on code usage.<sup>4</sup>
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

#### Z code Categories

- Z55** – Problems related to education and literacy
- Z56** – Problems related to employment and unemployment
- Z57** – Occupational exposure to risk factors
- Z59** – Problems related to housing and economic circumstances
- Z60** – Problems related to social environment

- Z62** – Problems related to upbringing
- Z63** – Other problems related to primary support group, including family circumstances
- Z64** – Problems related to certain psychosocial circumstances
- Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

<sup>3</sup> [cms.gov/medicare/icd-10/2021-icd-10-cm](https://cms.gov/medicare/icd-10/2021-icd-10-cm)  
<sup>4</sup> [cdc.gov/nchs/icd/icd10cm.htm](https://cdc.gov/nchs/icd/icd10cm.htm)

Medical Payment Cycle		Bank holiday impacted payments
Processing Date	Check Date	
	1/7/2022	
1/7/2022	1/14/2022	
1/14/2022	1/21/2022	provider payments effective on Thursday
1/21/2022	1/28/2022	
1/28/2022	2/4/2022	
2/4/2022	2/11/2022	
2/11/2022	2/18/2022	
2/18/2022	2/25/2022	provider payments effective on Thursday
2/25/2022	3/4/2022	
3/4/2022	3/11/2022	
3/11/2022	3/18/2022	
3/18/2022	3/25/2022	
3/25/2022	4/1/2022	
4/1/2022	4/8/2022	
4/8/2022	4/15/2022	
4/15/2022	4/22/2022	
4/22/2022	4/29/2022	
4/29/2022	5/6/2022	
5/6/2022	5/13/2022	
5/13/2022	5/20/2022	
5/20/2022	5/27/2022	
5/27/2022	6/3/2022	provider payments effective on Thursday
6/3/2022	6/10/2022	
6/10/2022	6/17/2022	
6/17/2022	6/24/2022	provider payments effective on Thursday
6/24/2022	7/1/2022	
7/1/2022	7/8/2022	provider payments effective on Thursday
7/8/2022	7/15/2022	
7/15/2022	7/22/2022	
7/22/2022	7/29/2022	
7/29/2022	8/5/2022	
8/5/2022	8/12/2022	
8/12/2022	8/19/2022	
8/19/2022	8/26/2022	
8/26/2022	9/2/2022	
9/2/2022	9/9/2022	provider payments effective on Thursday
9/9/2022	9/16/2022	
9/16/2022	9/23/2022	
9/23/2022	9/30/2022	
9/30/2022	10/7/2022	
10/7/2022	10/14/2022	provider payments effective on Thursday
10/14/2022	10/21/2022	
10/21/2022	10/28/2022	
10/28/2022	11/4/2022	
11/4/2022	11/11/2022	
11/11/2022	11/18/2022	
11/18/2022	11/25/2022	
11/24/2022	12/2/2022	
12/2/2022	12/9/2022	
12/9/2022	12/16/2022	
12/16/2022	12/23/2022	
12/22/2022	12/30/2022	provider payments effective on Thursday
12/30/2022	1/6/2022	



<b>Medicare Advantage Individual and Group Formulary Changes</b>				
<b>Brand Drug Name</b>	<b>Type of Change</b>	<b>Generic Alternative</b>	<b>Reason</b>	<b>Effective</b>
AFINITOR DIS TAB 2MG	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T5	3/1/2022
ZORTRESS TAB 1MG	Formulary Deletion	EVEROLIMUS TAB 1MG	Generic Alternative on T5	3/1/2022
NARCAN SPR	Formulary Deletion	NALOXONE HCL SPR	Generic Alternative on T2	3/1/2022

#### **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.

<b>Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes</b>				
<b>Brand Drug Name</b>	<b>Type of Change</b>	<b>Generic Alternative</b>	<b>Reason</b>	<b>Effective</b>
AFINITOR DIS TAB 2MG	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T5	3/1/2022
ZORTRESS TAB 1MG	Formulary Deletion	EVEROLIMUS TAB 1MG	Generic Alternative on T5	3/1/2022
NARCAN SPR	Formulary Deletion	NALOXONE HCL SPR	Generic Alternative on T2	3/1/2022

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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
Durezol ophth	Formulary Deletion	DIFLUPREDNAT EMU 0.05%	Generic Alternative on T1	3/1/2022
AFINITOR DIS TAB 2MG	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T1	3/1/2022
Bystolic 2.5 mg	Formulary Deletion	NEBIVOLOL TAB 2.5MG	Generic Alternative on T1	3/1/2022
Bystolic 5 mg	Formulary Deletion	NEBIVOLOL TAB 5MG	Generic Alternative on T1	3/1/2022
Bystolic 10 mg	Formulary Deletion	NEBIVOLOL TAB 10MG	Generic Alternative on T1	3/1/2022
Bystolic 20 mg	Formulary Deletion	NEBIVOLOL TAB 20MG	Generic Alternative on T1	3/1/2022
ZORTRESS TAB 1MG	Formulary Deletion	EVEROLIMUS TAB 1MG	Generic Alternative on T1	3/1/2022
NARCAN SPR	Formulary Deletion	NALOXONE HCL SPR	Generic Alternative on T1	3/1/2022

**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.

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**EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES** Effective 4/1/2022

Alunbrig	Epaned	Nuzyra
Aristada	Infliximab (Applies to Remicade, Renflexis, Inflectra and Avsola)	Oral Antiemetics
Carbaglu	Injectable Drugs for Pregnancy	Prevymis
CGRP Antagonists for Prophylaxis - MediSource	LABA	Revatio™ (sildenafil citrate 20mg and sildenafil for oral suspension)
CGRP Antagonists for Prophylaxis	Medicaid Sexual and Erectile Dysfunction Medication	Tadalafil 20mg : Applies to Adcirca® and Alyq
Cipro HC	Exclusion	Vitakvi
Cotellic	Nerlynx	Vyzulta
Dovato	Nitisinone	Xolair

**EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES**

Abilify MyCite	Ciprodex	Gender Dysphoria Treatment
Adempas	Cometriq	Gilotrif
Afrezza	Cosela	Gleevec
Alecensa	Daliresp	Ibrance
Amifampridine – Applies to Firdapse and Ruzurgi	Daurismo	Iclusig
Arikayce	Direct Renin Inhibitor	Idhifa
Aveed	Enteral Formula	Increlex
Ayvakit	Erivedge	Inlyta
Bethkis	Esbriet	Intra-Articular Injections of Hyaluronate Products
Blood Glucose Meter: Applies to Precision Xtra	Evkeeza	Intradialytic Parenteral Nutrition
Bosulif	Filgrastim – Applies to Granix, Nivestym, Neupogen, and Zarxio	Iressa
Botulinum Toxin	Fragmin and Arixtra	Juxtapid
C-1 Esterase Inhibitor	Gamifant	Keveyis

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Aveed	Enteral Formula	Increlex
Ayvakit	Erivedge	Inlyta
Bethkis	Esbriet	Intra-Articular Injections of Hyaluronate Products
Blood Glucose Meter: Applies to Precision Xtra	Evkeeza	Intradialytic Parenteral Nutrition
Bosulif	Filgrastim – Applies to Granix, Nivestym, Neupogen, and Zarxio	Iressa
Botulinum Toxin	Fragmin and Arixtra	Juxtapid
C-1 Esterase Inhibitor	Gamifant	Keveyis

Krystexxa	Royaldee	Varubi
Lemtrada	Rayos	Venclexta
Lenvima	Regranex Gel	Verquvo
Letairis	Revcovi	Vfend
Lonsurf	Rydapt	Vizimpro
Lorbrena	Sancuso	Votrient
Lupkynis	Sedatives and Hypnotics	Xalkori
Lynparza	Stivarga	Xermelo
Margenza	Strensiq	Xgeva
Multiple Sclerosis Disease Modifying Therapies	Sublocade	Xiidra
Mycamine	Synribo	Xospata
Nexavar	Talzenna	Xtandi
Ninlaro	Targretin Capsules	Yupelri
Nplate	Targretin Gel	Zejula
Ocrevus	Tazverik	Zelboraf
Odomzo	Tepmetko	Zilretta
Ofev	Testosterone Topical	Zydelig
Opsumit	Tysabri	Zyflo and Zyflo ER
Orgovyx	Ukoniq	Zykadia
Pomalyst	Ultracet	
	Valchlor Gel	

**EXISTING ADMINISTRATIVE POLICIES WITH CHANGES** Effective 4/1/2022

Pharmacy Authorization Timeliness Policy (formally titled Pharmacy Prior Authorization Timeliness)

**EXISTING ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES**

Oncology Medication Management	Potential Fraud and Abuse of Controlled Substances
Overview of Pharmacy Benefit	Retail Maintenance Medication



**POLICIES TO BE ARCHIVED**

Farydak	Pepaxto	Thiazolidinediones (Applies to Avandia]
Inspra	Soliqua	

**EXISTING PBD DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES** Effective 4/1/2022

Jakafi

**EXISTING PBD DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES** Effective 4/1/2022

Promacta

**EXISTING PBD DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES**

Zolinza

**PBD DRUG SPECIFIC POLICIES- TO BE ARCHIVED**

EGFR-Human Epidermal Growth Factor Receptor Inhibitor Therapy Applies to Erbitux and Vectibix

**Custom Magellan RX Management Drug Specific Policy Updates** \*Effective 3/1/2022

Immune Globulins (immunoglobulin): Asceniv; Bivigam; Carimune NF; Flebogamma; Gamunex-C; Gammagard Liquid; Gammagard S/D; Gammaked; Gammaplex; Octagam; Privigen; Panzyga (Intravenous)

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

Cimzia	Lucentis	Soliris
Cosentyx	Orencia	

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 1/21/2022

**Medical PA Only**

Abraxane	Cyramza	Imfinzi
Adcetris	Darzalex_IV	Kadcyla
Bavencio	Erbitux	Kanuma
Bevacizumab_ONCO	Gazyva	Keytruda

Kyprolis	Ranibizumab	Vectibix
Libtayo	Rituximab_IV	Yervoy
Opdivo	SCIG	Yondelis
Pemetrexed	Tecentriq	
Perjeta	Trastuzumab_IV	

**PSCE Only (effective 1/1/22)**

Injectafer

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 2/25/2022

**Pharmacy PA Only**

Cosentyx	Hycamtin_Oral	Revlimid
Farydak	Lenvima	

**Medical PA Only**

ACTH	Gamifant	Sylvant
Cerezyme	Keytruda	Synribo
Doxorubicin liposomal	Rituximab_IV	

**PSCE only (effective 2/1/22)**

Eloxatin

**Medical/Pharmacy (effective 2/25/2022)**

Orencia

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 3/25/2022

**Pharmacy PA Only**

Doptelet	Promacta	Tavalisse
Galafold	Ruzurgi	
Mulpleta	Talzenna	

**Medical PA Only**

Aldurazyme	Kanuma	NPlate
Elaprase	Lumizyme	Revcovi
HA_Derivatives	Mepsevii	Trastuzumab_IV
Infliximab	Naglazyme	Vimizim