SCOPE | Provider Updates

Independent Health

October 2022

What's New?

Clinical Matters

Office Matters

Community Health Matters

Brook+ Diabetes Prevention Program now available to Medicaid managed care members

We are pleased to announce that The New York State Department of Health has approved Independent Health's application to offer the Brook+ Diabetes Prevention program to our State Program members. This includes MediSource, MediSource Connect, and Essential Plan members aged 18 and older. (Child Health Plus members are excluded).

This CDC-recognized Diabetes Prevention Program is a year-long lifestyle change program has been available as a covered benefit with a $0 member cost share to Commercial, Medicare Advantage and State program members who meet the eligibility requirements by the CDC.

Brook+ has been well received by our members. Take a moment to read this story about two members who describe how Brook+ has improved their health online at https://healthyvisionblog.com/2022/08/23/brook-success-story-simple-lifestyle-changes-lead-to-astonishing-results/

Visit the Brook+ website for details on eligibility and how the program works: https://www.brook.health/plus-dpp-ih/?%24web_only=true&_branch_match_id=953242141697033681&utm_source=IH&utm_campaign=IH%20Homepage%20Ad%20for%20Brook%2B&utm_medium=marketing

Get ahead of the flu this Fall

With flu season around the corner and COVID-19 still circulating in our community, Fall is the perfect time to get the influenza (flu) vaccine. Vaccinating patients by the end of October is ideal since the flu season peaks December-February. The Centers for Disease Control & Prevention (CDC) recommends that everyone 6 months and older should get a yearly flu vaccine. It's particularly important for the following high-risk individuals to get vaccinated:

…continued

Get ahead of the flu this Fall cont. ….

- Adults 65 & older
- Pregnant women
- Young children
- People with certain chronic health conditions (asthma, heart disease, diabetes, etc.)
- People who live or work with those considered high-risk

New this year, the CDC is preferentially recommending three specific flu vaccines for people 65 years and older. These are Fluzone High-Dose Quadrivalent vaccine, Flublok Quadrivalent recombinant flu vaccine and Fluad Quadrivalent adjuvanted flu vaccine. This recommendation was based on a review of available studies which suggests that, in this age group, these vaccines are potentially more effective than standard dose unadjuvanted flu vaccines.

However, if none of the three flu vaccines preferentially recommended for those 65 years and older is available at the time of administration, people in this age group should get any other age-appropriate flu vaccine instead. Note, there is no preferential recommendation for people younger than 65 years.

Additionally, the CDC continues to advise that COVID-19 vaccines and influenza vaccines can be administered during the same healthcare visit. This is particularly relevant with the availability of new bivalent COVID-19 boosters coinciding with the September–October timeframe advised for influenza vaccination for most people.

For up-to-date information throughout the flu season, visit the CDC's website: https://www.cdc.gov/flu/index.htm

Review of best practices and core elements of patient education for improved asthma self-management

Independent Health has identified an opportunity to improve asthma self-management rates and an improvement to increase asthma the use of asthma control and rescue medications.

…continued

Review of best practices and core elements of patient education for improved asthma self-management cont.

In support of physicians' efforts in providing guidance and treatment to their patients on the use of asthma medications, Joshua Sawyer, PharmD, clinical pharmacist with Independent Health, discusses the importance of self-treatment of asthma, including between doctor visits, and core elements of patient education including the Rule of Two.

The video is available in our secure portal.

Our objective is to provide timely information to health care practitioners in how to approach patients in need of asthma management.

Adult Preventive Health Reviews-Breast Cancer Screening

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

A review of medical record documentation for female members 18 to 64 years of age was performed in 2021.

For the measure, Breast Cancer Screening Women aged 50-74 years, the screening rate among primary care providers was 75%. This rate references the recommendation from the United States Preventive Task Force (USPSTF) for biennial screening mammography for women 50 to 74 years.

Please note that breast cancer screening recommendations are currently being updated by USPSTF. A summary of the USPSTF recommendation used for this study is available near the end of this printable edition of Scope.

Screening mammography saves lives. To receive credit for the high-quality care preventive care you are providing, document your discussions, recommendations, and your patient's breast cancer screening plan.

HIV Prevention: It's not just for specialty care anymore

by Joshua R. Sawyer, PharmD, AAHIVP, Independent Health

The following article and resources are shared in support of New York State Department of Health AIDS Institute's PrEP Aware Week (October 24-31) and activities taking place across the state to increase PrEP (pre-exposure prophylaxis) awareness and uptake. Independent Health supports this initiative to expand access to PrEP and help End the HIV/AIDS Epidemic in New York by 2030.

In 2019, nearly 37,000 people in the US were diagnosed with HIV, and Black and Latinx/Hispanic individuals comprised the bulk of these infections. Every person living with HIV requires a lifetime of treatment at an estimated individual cost of more than $500,000. The US has the tools to end the HIV epidemic, and medications that prevent HIV have been approved by the Food and Drug Administration for more than a decade.

A major gap in US efforts to address HIV is the under-utilization of medications that can virtually eliminate the acquisition of the virus. Despite evidence-based protocols and the availability of a low cost generic oral medication (tenofovir disoproxil fumarate/emtricitabine) fewer than 25% of individuals with an indication for PrEP according to CDC or NYSDOH guidelines actually receive a prescription.

Although family physicians may elect to refer patients to an HIV subspecialist for therapeutic interventions, there is still much that primary care providers can do to aid in the screening, diagnosis, and prevention of HIV, and to "end the epidemic" in Western New York.

Similarly, addressing HIV in primary care can help reduce the stigma associated with the infection and with HIV specialty care clinics. Below are some ways that you can help.

Take a Patient's Sexual History

- Risk assessment through routine sexual histories is important to determine who is at risk for sexually transmitted infections and some blood borne infections.

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HIV Prevention: It's not just for specialty care anymore cont.

  - Answers to questions on a routine sexual history may also guide recommendations for primary care (including, but not limited to: fertility and contraception options, the management of sexual dysfunction, the appropriate use of substance use or mental health screenings, or optimal vaccination guidelines and cancer screenings).
- Some individuals warrant specific consideration as they belong to particular risk groups associated with a higher prevalence of STIs or HIV or of worse outcomes if HIV infected:
  - Men who have sex with men
  - Transgender females
  - Sex workers
  - Pregnant women
  - Sexually active youth or young adults
    - Many young adults have older partners at time of sexual initiation, and some evidence suggests that having an older first sex partner during adolescence is associated with higher sexual risk behavior in adulthood.
- In addition, some behavioral factors that increase the risk of HIV infection include:
  - New sexual partner(s)
  - Multiple sex partners, or a single partner that has multiple sex partners
  - Sex with partners recently treated for HIV or an STI
  - Lack of, or inconsistent, condom use outside of a mutually monogamous relationship
  - Trading sex for money, drugs, or necessities (housing, food, transportation)
  - Sexual contact with sex workers
  - Meeting anonymous partners on the Internet
  - Sex with a partner whose status is unknown
  - Substance use or concomitant serious mental health illness that may reduce inhibitions during sexual activity

…continued

HIV Prevention: It's not just for specialty care anymore cont.

Screen ALL Patients for HIV

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. (Grade A)
    - Please note: NYS HIV Testing Law specifies anyone between the ages of 13 and 64 should be offered a voluntary HIV test at least once, but more frequently for ongoing risk factors.
- The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. (Grade A)

Counsel and Provide Pre-Exposure Prophylaxis

- The USPSTF recommends that clinicians counsel ALL patients on preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. (Grade A)
    - Routine sexual histories will guide decisions about who might benefit most from PrEP.
- Until we make it routine, some patients may not feel comfortable discussing HIV or sexual risk factors with their providers.
- If a patient approaches you about PrEP, but doesn't disclose their behavioral risk factors, this patient should still be clinically evaluated for PrEP use.
- To learn more about the clinical use of PrEP to reduce HIV transmission in your high risk patients, please go online here.

Pre-Exposure Prophylaxis (PrEP) – Provider Toolkit is accessible under the Resources tab of our secure provider portal and selecting HIV Prevention

Independent Heath Office Matters webinar

2023 Primary Value Reimbursement, Quality Metrics & Medicare Chronic Special Needs Program

Wednesday, Oct. 19 at 7:30 a.m.

Lead physicians, office managers, business managers and practice owners are invited to attend Independent Health's Office Matters

Topics:

2023 Primary Value – Independent Health's value-based reimbursement for primary care physicians
presented by Melinda Walter, Director, Provider Network, Independent Health

2023 Quality Metrics: Overview and Updates
presented by Jessica Thomas, PhD, Population Health Science & Quality Lead

Independent Health's Medicare Chronic Special Need Program: Overview and Training
presented by Janice Herbold, Manager, Government Programs Implementation, Independent Health & Cele Schultz, Family Choice

Register online:
https://register.gotowebinar.com/register/8525680657713867277

After registering, you will receive a confirmation email containing information about joining the webinar.

Final date to submit gaps-in care corrections: Fri., Dec. 30

The last day for submitting 2022 gap-in-care corrections for medical record documentation to Independent Health through our provider portal is Friday, December 30, 2022.

After this date, gap-in-care corrections will no longer be accepted for the 2022 calendar year.

Participating providers will be notified when Independent Health will begin accepting gap-in-care corrections for 2023.

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Final date to submit gaps-in care corrections: Fri., Dec. 30 cont.

The Gaps in Care Correction process allows for medical record documentation to be submitted 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

View the Gaps in Care Correction Process User Guide, view a webinar and learn more about submitting correction requests in our secure provider portal here.

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

Reminder for providers not enrolled in NYS Medicaid Fee-for-Service (FFS) Program

Section 5005(b)(2) of the 21st Century Cures Act requires all Medicaid Managed Care (MMC) network furnishing, ordering, prescribing, referring providers, to be enrolled with State Medicaid programs. This information was previously communicated in the January 2018 New York State (NYS) Medicaid Update Article found here: https://www.health.ny.gov/health_care/medicaid/program/update/2018/2018-01.htm.

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Reminder for providers not enrolled in NYS Medicaid Fee-for-Service (FFS) Program cont.

The NYS Medicaid Program implemented a new policy which requires all MMC network and out-of-network furnishing, ordering, prescribing and referring providers to enroll in the NYS Medicaid Fee-for-Service (FFS) Program.

Prescribing, ordering, referring practitioners must enroll with the NYS Medicaid Program as a billing provider or as an Order/Prescribe/Refer/Attend (OPRA) provider.

Effective September 1, 2022, providers must be enrolled or in pending enrollment status as either a FFS billing provider or OPRA provider. For those not enrolled in NYS Medicaid, claims which were ordered, prescribed, referred, or submitted for Independent Health members will be denied.

There are two options for enrollment:

1. Providers who wish to order, prescribe, refer, and receive payment for covered services should apply as an "Individual Billing Medicaid" (or "Individual Biller"). Information regarding how to enroll is available on the eMedNY "Provider Enrollment and Maintenance" web page, located at: https://www.emedny.org/info/ProviderEnrollment/index.aspx.
2. Providers who are Physicians, Nurse Practitioners, or Physician Assistants that only wish to order, prescribe and refer and not receive payment may alternatively enroll in the NYS Medicaid Program as an OPRA provider. Information regarding how to enroll as a Medicaid OPRA provider, after choosing the appropriate provider type, is available on the eMedNY "Provider Enrollment and Maintenance" web page, located at: https://www.emedny.org/info/ProviderEnrollment/index.aspx.

Note:

- Exceptions to the prescriber enrollment requirements for certain authorized prescribers are outlined in the Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers article published in the March 2021 issue of the Medicaid Update, available at: https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no03_mar21_pr.pdf

…continued

Reminder for providers not enrolled in NYS Medicaid Fee-for-Service (FFS) Program cont.

- Providers may check their enrollment status by reviewing the Medicaid Pended Provider Listing found here: https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.asp
- Not all prescribing practitioners will meet criteria to qualify for NYS Medicaid FFS enrollment.

Questions and Additional Information:

- Enrollment policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at PPNO@health.ny.gov.
- Please contact Independent Health directly for network related questions.
- Enrollment questions may be directed to the Bureau of Provider Enrollment by email providerenrollment@health.ny.gov or GDIT by phone at 800-343-9000.

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 Oct. 1, 2022.

2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective October 1, 2022.

3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective October 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 at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

August 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.

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 telethealth, 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

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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

Independent Health

Medicare Advantage Individual and Group Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
DAYTRANA DIS 10MG/9HR	Formulary Deletion	METHYLPHENID PAD 10MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 15MG/9HR	Formulary Deletion	METHYLPHENID PAD 15MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 20MG/9HR	Formulary Deletion	METHYLPHENID PAD 20MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 30MG/9HR	Formulary Deletion	METHYLPHENID PAD 30MG/9HR	Generic Alternative on T4	10/1/2022

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®
An Independent Health company

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
DAYTRANA DIS 10MG/9HR	Formulary Deletion	METHYLPHENID PAD 10MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 15MG/9HR	Formulary Deletion	METHYLPHENID PAD 15MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 20MG/9HR	Formulary Deletion	METHYLPHENID PAD 20MG/9HR	Generic Alternative on T4	10/1/2022
DAYTRANA DIS 30MG/9HR	Formulary Deletion	METHYLPHENID PAD 30MG/9HR	Generic Alternative on T4	10/1/2022

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Pharmacy Benefit Dimensions®
An Independent Health company

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
DAYTRANA DIS 10MG/9HR	Formulary Deletion	METHYLPHENID PAD 10MG/9HR	Generic Alternative on T1	10/1/2022
DAYTRANA DIS 15MG/9HR	Formulary Deletion	METHYLPHENID PAD 15MG/9HR	Generic Alternative on T1	10/1/2022
DAYTRANA DIS 20MG/9HR	Formulary Deletion	METHYLPHENID PAD 20MG/9HR	Generic Alternative on T1	10/1/2022
DAYTRANA DIS 30MG/9HR	Formulary Deletion	METHYLPHENID PAD 30MG/9HR	Generic Alternative on T1	10/1/2022

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August 2022 P&T Updates

NEW DRUG SPECIFIC POLICIES Effective 10/1/2022

Amvuttra (vutrisiran)

Cuvrior (trientine tetrahydrochloride)

Gender Dysphoria Treatment – Commercial Plans

Spravato (esketamine) nasal spray Medisource

Vtama (tapinarof)

EXISTING DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES Effective 10/1/2022

Austedo

BDAID – Self- Administered

Beovu

Benlysta

Botulinum Toxin (applies to: Botox™, Dysport™, Myobloc™ Xeomin)

CGRP Antagonist for Acute Treatment – Effective 10.1.2022

Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonist for Prophylaxis- Applies to Aimovig, Ajovy, Emgality, Nurtec, and Qulipta

Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonist for Prophylaxis- Applies to Aimovig, Ajovy, Emgality, Nurtec, and Qulipta - MediSource

Caplyta

Diacomit

Dupixent

Evenity (romosozumab-aqqg)

Evrysdi

Fingolimod – Applies to Gilenya and Tascenso ODT

Imcivree

Isotretinoin

Krystexxa

Mekinist

Myfembree

Nitrofurantoin Oral Suspension

Nubeqa

Pegfilgrastim – Applies to Fulphila, Neulasta, Nyvepria, Udenyca, and Ziextenzo

Radicava

Ranibizumab Injection – Applies to Lucentis and Byooviz (effective 10.1.2022)

Ranibizumab Injection – Applies to Lucentis, Byooviz, and Cimerli (effective 11.1.2022)

Ravicti

Tadalafil: Applies to Adcirca, Alyq and Tadliq

Tafinlar

Testosterone Oral-Buccal

Tibsovo

Topical Dermatological Medication – Medisource

Tyvaso

Ultomiris

Vonjo

Weight Loss Medications

Xalkori

Zulresso

EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES Effective 10/1/2022

Children's Behavioral Health Prescriber Policy

Cyclosporin Ophthalmic Drops

Durysta

Esbriet

Filgrastim – Medisource

Filgrastim

Fluocinolone Ophthalmic Implant (Applies to Iluvien, Retisert, and Yutiq)

Gender Dysphoria Treatment – State Plans

Leqvio

Mavyret – Medisource

Mavyret

Medicaid Sexual and Erectile Dysfunction Medication Exclusion

Nexavar

Nulojix

Onychomycosis topical treatments (Applies to Jublia and Kerydin)

Repository Corticotropin Injection

Spravato (esketamine) nasal spray

Vabysmo

Xiidra

Zilretta

EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES

Akynzeo

Ampyra

Aranesp

Aromatase Inhibitor

Bylvay

Chenodal

Cholbam

Corlanor

Cumulative Opioid Morphine Milligram Equivalent Dosing (MME) Edit

Dojolvi

Dovato

Duobrii

Enspryng

Epidiolex

Epoetin Alpha

Erlotinib

Fintepla

Gavreto

Gimoti

GnRH Receptor Antagonist Policy for Infertility

Growth Hormone

Hemangeol

Inqovi

In Vitro Fertilization (IVF) and Fertility Preservation

Invega Trinza

Jynarque

Kerendia

Kesimpta

Lampit

Lotrenox

Lucemyra

Lumakras

Lumizyme

Lybalvi

Mavenclad

Mayzent Medisource

Mayzent

Mycapssa

Nayzilam

Neupro

Nexviazyme

Nuplazid

Ocaliva

Onureg

Orkambi

Ovulation Enhancing Drugs - Medisource

Palynziq

Panretin

Prialt

Procysbi

Purified Proteinase Inhibitors

Reclast

Rezurock

Rhophylac

Rocklatan

Ryplazim

Saphnelo

Sivextro

Somavert

Step Therapy Exception

Sunosi

Sylvant

Symlin

Symproic

Tacrolimus Extended-Release

Tavalisse

Testosterone Implantable

Testosterone Intramuscular Injection

Thrombopoietin Receptor Agonist

Tracleer

Truseltiq

Tymlos

Uceris

Uplinza

Upneeq

Verkazia

Viberzi

Viltepso

Welireg

Winlevi

Xadago

Xifaxan 550 mg

Xyrem

Xywav

Yonsa

Zolgensma

Zyprexa Relprevv

EXISTING ADMINISTRATIVE POLICIES WITH CHANGES Effective 10/1/2022

Exception Policy for Non-Formulary Drugs

Pharmacy Authorization Timeliness Policy

Specialty Pharmacy - Minimum Terms and Conditions Policy

EXISTING ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES

Application of Tiered Formulary Policy

Denial Policy

Drug Utilization review Policy

Inter-Rater Reliability Audit for Pharmacist Reviewers

Inter-Rater Reliability Audit for Physician Reviewers

Pharmacy Clinical Presentations

Prior Authorization Review

POLICIES TO BE ARCHIVED

Budesonide Solution for Inhalation

Fuzeon

Jetrea

Noxafil

Onychomycosis

Ortivancin for Injection (Applies to Kimyrsa and Orbactiv)

Probuphine

Rozerem

Santyl Ointment

Sedative Hypnotics Policy

Selzentry

Sporonox

Triumeq and Triumeq PD

Ukoniq

Uloric

Vancomycin (Oral Vancomycin)

EXISTING PBD DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES

Weight Loss Medications

Weight Loss Medications LMHF

EXISTING PBD DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES

Viberzi

Xifaxan

Magellan RX Management Drug Specific Policy for Expansion *Effective 8/1/2022

Alymsys (Avastin biosimilar)/ Bevacizumab (ONCO)

Byooviz (Lucentis biosimilar)/ Ranibizumab

Purified Cortrophin Gel/ Corticotropin-ACTH

Releuko (Neupogen (filgrastim) biosimilar)/ Colony Stimulating Factors:

Filgrastim (Neupogen, Nivestym, Zarxio, Releuko, Granix)

Vabysmo

Inqovi

Magellan RX Management Drug Specific Policy Updates *Effective 8/1/2022

Bevacizumab (ONCO): Avastin®; Mvasi®; Zirabev™; Alymsys®

Magellan RX Management Drug Specific Policy Updates *Effective 10/1/2022

Cimzia

Cosentyx

Ranibizumab: Lucentis®; Byooviz™

Ultomiris

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 7/29/2022

Medical PA Only

Abraxane
Adcetris
Bavencio
Bendamustine
Cyramza
Enhertu
Erbitux
Factor X
Gazyva
Imfinzi
Jemperli
Kadcyla
Keytruda
Kyprolis
Opdivo
Pegfilgrastim
Pemetrexed
Perjeta
Rituximab_IV
Ryplazim
Soliris
Stelara
Tecentriq
Trastuzumab_IV
Ultomiris
Vectibix
VWF
Yervoy
Yondelis

PSCE Only *(effective 7/1/2022)*

Emend IV

Pharmacy PA Only

Evrysdi

Ukoniq

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 8/26/2022

Medical PA Only

Beovu	Polivy	Zoledronic_Acid
Opdivo	Vyxeos	
Padcev	Yervoy	

Pharmacy PA Only

Alecensa	Mekinist	Tafinlar
Ayvakit	Nerlynx	Targretin
Bosulif	Nexavar	Tasigna
Daurismo	Odomzo	Tibsovo
Iclusig	Piqray	Vitrakvi
Idhifa	Qinlock	Vizimpro
Inlyta	Rozlytrek	Votrient
Iressa	Scemblix	Xpovio
Lonsurf	Sprycel	Zolinza
Lynparza	Sutent	

Existing Magellan RX Management Drug Specific Policies w/Clinical Changes *Effective 9/23/2022

Pharmacy PA Only

Cosentyx	Kisqali	Verzenio
Ibrance	Onureg	Xalkori

Medical PA Only

Ilaris	Ilumya	Spinraza

Medical/Pharmacy

Orencia

Independent Health

Formulary changes announced

Changes to the Independent Health Drug formularies resulting from the **August 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 10/1/2022	**Medications Non-Formulary 10/1/2022**	**Changes to Formulary 10/1/2022**
drospirenone chewable tab T3 fluocinonide 0.1% cream T1 Mounjaro (tirzepatide) SC inj T2 Radicava ORS (edaravone) oral susp T3 PA SP Tyvaso DPT (Treprostinil) dry powder inhaler T3 PA Vtama (tapinarof) topical cream T3 PA Zoryve (roflumilast) topical cream T3 PA except derm	calcitriol oint Ermeza (levothyroxine) oral soln Fylnetra (pegfilgrastim-pbbk) SC inj Jublia Kyzatrex (testosterone undecanoate) cap miconazole-zinc oxide-white petrolatum oint Naftin 2% gel Olumiant (baricitinib) tab block for alopecia areata Opzelura (ruxolitinib) topical cream block for nonsegmental vitiligo Oxistat 1% lotion Pheburane (sodium phenylbutyrate) oral pellets stavudine sulconazole cream and soln Tadliq (tadalafil) oral susp zidovudine	betamethasone foam T3 to T1 calcipotriene cream/soln/oint remove PA diclofenac 3% gel remove PA desoximetasone 0.05% cream T1 to T1PA Fuzeon remove PA imiquimod remove PA itraconazole remove PA maraviroc remove PA posaconazole remove PA Prezista remove PA Selzentry remove PA Sleep promoting agents (estazolam, temazepam, flurazepam, triazolam, doxepin 3mg and 6mg, Belsomra, zolpidem/ER/SL, zaleplon, eszopiclone) remove QL of #14/fill, 3fills per year tavaborole soln 5% T3PA to T1PA Triumeq/ Triumeq PD remove PA Tybost remove PA voriconazole tab/susp remove PA

Changes to Drug Formulary II (DFII), Drug Formulary III (DFIII), and Essential Plan Formulary (EPF)		
Medications Added to Formulary 10/1/2022	**Medications Non-Formulary 10/1/2022**	**Changes to Formulary 10/1/2022**
drospirenone chewable tab T3 fluocinonide 0.1% cream T1 Mounjaro (tirzepatide) SC inj T2 Radicava ORS (edaravone) oral susp T3 PA SP Vtama (tapinarof) topical cream T3 PA Zoryve (roflumilast) topical cream T3 PA except derm	calcitriol oint Ermeza (levothyroxine) oral soln Fylnetra (pegfilgrastim-pbbk) SC inj Jublia (EPF) Kyzatrex (testosterone undecanoate) cap Olumiant (baricitinib) tab block for alopecia areata stavudine Opzelura (ruxolitinib) topical cream block for nonsegmental vitiligo Pheburane (sodium phenylbutyrate) oral pellets sulconazole cream and soln Tadliq (tadalafil) oral susp Tyvaso DPT (Treprostinil) dry powder inhaler Venbysi XR (venlafaxine besylate) ER tab zidovudine Zonisade (zonisamide) oral susp	betamethasone foam T3 to T1 calcipotriene cream/soln/oint remove PA diclofenac 3% gel remove PA desoximetasone 0.05% cream T1 to T1PA Fuzeon remove PA imiquimod remove PA itraconazole remove PA maraviroc remove PA posaconazole remove PA Prezista remove PA Selzentry remove PA Sleep promoting agents (estazolam, temazepam, flurazepam, triazolam, doxepin 3mg and 6mg, Belsomra, zolpidem/ER/SL, zaleplon, eszopiclone) remove QL of #14/fill, 3fills per year tavaborole soln 5% T3PA to T1PA Triumeq/ Triumeq PD remove PA Tybost remove PA voriconazole tab/susp remove zaleplon T2 to T1

Changes to Medicaid Formulary		
Medications Added to Formulary 10/1/2022	**Medications Non-Formulary 10/1/2022**	**Changes to Formulary 10/1/2022**
fluocinonide 0.1% cream T1 ramelteon T1 tavaborole soln 5% T1PA	calcitriol oint drospirenone chewable tab Ermeza (levothyroxine) oral soln Fylnetra (pegfilgrastim-pbbk) SC inj Kyzatrex (testosterone undecanoate) cap Olumiant (baricitinib) tab block for alopecia areata Opzelura (ruxolitinib) topical cream block for nonsegmental vitiligo Pheburane (sodium phenylbutyrate) oral pellets Radicava ORS (edaravone) oral susp T3 PA SP stavudine Tadliq (tadalafil) oral susp Tyvaso DPT (Treprostinil) dry powder inhaler Venbysi XR (venlafaxine besylate) ER tab Vtama (tapinarof) topical cream T3 PA zidovudine Zonisade (zonisamide) oral susp Zoryve (roflumilast) topical cream	betamethasone foam T3 to T1 calcipotriene cream/soln/oint remove PA diclofenac 3% gel remove PA desoximetasone 0.05% cream T1 to T1PA Fuzeon remove PA itraconazole remove PA imiquimod remove PA maraviroc remove PA posaconazole remove PA Sleep promoting agents (estazolam, temazepam, flurazepam, triazolam, zolpidem/ER, zaleplon, eszopiclone) remove QL of #14/fill, 3fills per year Tybost remove PA voriconazole tab/susp remove

Changes to Medicare Formulary		
Medications Added to Formulary 10/1/2022	**Medications Non-Formulary 10/1/2022**	**Changes to Formulary 10/1/2022**
Mounjaro (tirzepatide) SC inj PB Radicava ORS (edaravone) oral susp NPB PA SP Vtama (tapinarof) topical cream NPB PA Zonisade (zonisamide) oral susp NPB Zoryve (roflumilast) topical cream NPB PA except derm	drospirenone chewable tab Ermeza (levothyroxine) oral soln Kyzatrex (testosterone undecanoate) cap Olumiant (baricitinib) tab NF with new indication alopecia areata Opzelura (ruxolitinib) topical cream NF for nonsegmental vitiligo Pheburane (sodium phenylbutyrate) oral pellets Tadliq (tadalafil) oral susp Tyvaso DPT (Treprostinil) dry powder inhaler Venbysi XR (venlafaxine besylate) ER tab	none

COVID-19 Emergency Use Authorizations (EUA):

These EUAs are covered as medical drugs under specially created administration codes for Medicaid and Commercial members. Providers buy-and-bill Independent Health directly. These EUAs are covered under Original Medicare (Part A or Part B) for those members.

- On 5/17/22, the FDA revised the EUA for the **Pfizer-BioNTech COVID-19 vaccine** to include the administration of a single booster dose to individuals 5-11 years of age at least 5 months after completion of a primary two-dose series. The CDC recommended this booster dose at the Advisory Committee on Immunization Practices (ACIP) meeting on 5/19/22.
- On 6/17/22, the FDA expanded the EUA for both the **Pfizer-BioNTech COVID-19 vaccine** and the **Moderna COVID-19 vaccine** to patients 6 months of age or older. The Moderna vaccine was previously authorized for adults only while the Pfizer-BioNTech vaccine was authorized in patients down to 5 years of age. The CDC recommended the vaccine at the Advisory Committee on Immunization Practices (ACIP) meeting on 6/18/22.
- On 6/29/22, the FDA revised the EUA for **Evusheld** (tixagevimab/cilgavimab) to recommend repeat dosing every 6 months if patients require ongoing protection. There was no specific recommendation regarding the dosing interval of repeat treatment in the EUA language.
- On 7/6/22, the FDA revised the EUA for **Paxlovid** (nirmatrelvir/ritonavir) to authorize licensed pharmacists to prescribe it to eligible patients to expand access. Pharmacists would have to confirm eligibility to receive Paxlovid, including the ability to screen for drug-drug interactions and assess renal and hepatic function.
- On 7/19/22, the FDA gave an EUA to the **Novavax COVID-19 vaccine** for the prevention of COVID-19 in individuals 18 years of age and older as a two-dose primary series. The CDC recommended and endorsed this as another vaccination option at the ACIP meeting that same day. This new vaccine is a SARS-CoV-2 recombinant spike protein nanoparticle vaccine. The primary series dosing regimen is two IM injections administered 3 weeks apart.

Informational:

- On 6/10/22, the sponsor of **Rubraca** (rucaparib) voluntarily removed its indication as third-line treatment for ovarian cancer after trial results did not show improvements in overall survival. It is still indicated for ovarian cancer after at least a partial response to platinum-based chemotherapy and has an accelerated approval in certain types of metastatic castration-resistant prostate cancer.
- On 6/29/22, the FDA issued a Drug Safety Communication about **Copiktra** (duvelisib), warning that results from a clinical trial show a possible increased risk of death compared to another medicine to treat leukemia and lymphoma. In addition, investigators found increased risk of serious side effects including infections, diarrhea, inflammation of the intestines and lungs, and skin reactions. The FDA will continue to evaluate the safety of Copiktra going forward.
- On 7/18/22, the FDA converted the accelerated approval for **Clolar** (clofarabine) for acute lymphoblastic leukemia in patients 1 to 21 years of age to a full approval. This is Clolar's only indication; it was originally approved in 2004.

Products removed from market:

- On 6/2/22, the sponsor of **Kogenate FS** (antihemophilic factor) announced their intention to withdraw the product from the market citing availability and utilization of more conveniently-dosed factor VIII options. Drug supply is expected to last until the end of the year at which point patients should be transitioned to another factor VIII option.
- On 6/30/22, the sponsor of **Zelnorm** (tegaserod), a medication for irritable bowel syndrome with constipation in women, announced its impending removal from the US market. Unlike its previous market removal in 2007 due to the potential for increased risk of heart attack, stroke, and unstable angina, this market removal is a business decision.

Line extensions:

Adds:

- **Nucala** new lower strength prefilled syringe – added to Commercial lines following current coverage, non-formulary for Medicare lines (dose is for children ages 6-11 years)

Drugs with new indications:

Brand name	Generic name	New indication(s)	Coverage changes
Abrilada	adalimumab-afzb	pJIA lower age limit dropped from 4 to 2 years	None
Abrilada	adalimumab-afzb	CD lower age limit dropped from 18 to 6 years	None
Amjevita	adalimumab-atto	pJIA lower age limit dropped from 4 to 2 years	None
Amjevita	adalimumab-atto	CD lower age limit dropped from 18 to 6 years	None
Benlysta	belimumab	lupus nephritis lower age limit dropped to 5 years	Age limit changes
Beovu	brolucizumab-dbll	diabetic macular edema	Policy updates
Breyanzi	lisocabtagene maraleucel	relapsed/refractory large B-cell lymphoma	Policy updates
CellCept	mycophenolate mofetil	pediatric heart and liver transplant rejection prophy	None
Comirnaty	COVID-19 vaccine, mRNA	lower age limit dropped to 12 years	None
Diacomit	stiripentol	lower age limit dropped to 6 months (also ≥7 kg)	Age limit changes
Dupixent	dupilumab	AD indication expanded down to 6 months of age	Policy updates
Evrysdi	risdiplam	lower age limit of 2 months eliminated	Policy updates
Hulio	adalimumab-fkjp	pJIA lower age limit dropped from 4 to 2 years	None
Hulio	adalimumab-fkjp	CD lower age limit dropped from 18 to 6 years	None
Hyrimoz	adalimumab-adaz	pJIA lower age limit dropped from 4 to 2 years	None
Hyrimoz	adalimumab-adaz	CD lower age limit dropped from 18 to 6 years	None
Imcivree	setmelanotide	weight management in Bardet-Biedl Syndrome	Policy updates
Krystexxa	pegloticase	uncontrolled gout w/methotrexate	Policy updates
Kymriah	tisagenlecleucel	R/R follicular lymphoma after 2+ systemic therapies	Policy updates
Kyprolis	carfilzomib	R/R multiple myeloma w/dexameth + isatuximab	Policy updates
Mekinist	trametinib	w/dabrafenib, unresectable/metastatic *BRAF* V600E mutation-positive solid tumors in patients at least 6 years of age who have progressed following prior treatment and have no satisfactory alternative treatment options	Policy updates
Olumiant	baricitinib	COVID-19 in certain hospitalized adults	None
Opdivo	nivolumab	esophageal squamous cell carcinoma 1st-line combo	Policy updates
Qsymia	phentermine/topiramate	lower age limit reduced to 12 years of age	Age limit changes
Riabni	rituximab-arrx	rheumatoid arthritis	None
Stelara	ustekinumab	PsA lower age limit down to 6 years of age	Policy updates
Tafinlar	dabrafenib	w/trametinib, unresectable/metastatic *BRAF* V600E mutation-positive solid tumors in patients at least 6 years of age who have progressed following prior treatment and have no satisfactory alternative treatment options	Policy updates
Tibsovo	ivosidenib	two new groups of AML patients	Policy updates
Vaxneuvance	15-valent pneumococcal vacc	lower age limit now down to 6 weeks	Age limit changes
Vidaza	azacitidine	juvenile myelomonocytic leukemia ages 1 mo +	Policy updates
Xalkori	crizotinib	ALK(+) inflammatory myofibroblastic tumor	Policy updates
Xofluza	baloxavir marboxil	indication expanded down to 5 years of age	AL updates
Yervoy	ipilimumab	esophageal squamous cell carcinoma w/nivolumab	Policy updates

Medical: Effective 10/1/2022

- Amvuttra (vutrisiran) SC inj: medical PA SP LA
- Cimerli (ranibizumab-eqrn) IV inj: medical PA
- Bludigo (indigotindisulfonate sodium): new diagnostic agent to assess ureter integrity after surgery
- Priorix (measles, mumps, and rubella vaccine, live) SC inj: medical
- Skyrizi (risankizumab-rzaa) IV infusion: medical PA
- Tpoxx (tecovirimat): new injectable dosage form for smallpox; government distribution

Remain NF:

- gabapentin TinyTab (25, 50 mg)
- metformin new 650 mg tablet (single-source generic)
- Roxybond new 5 mg IR tablet

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
Daytrana	methylphenidate patch	NPG	NF	NF	T4/T1
Nexavar	sorafenib	NPG PA	NPG PA	NF	T5 PA/T1 PA
Pennsaid	diclofenac 2% solution	NF	NF	NF	NF/NF
Pentasa	mesalamine 500 mg ER cap	NPG	NPG	PG	T5/T1
Pradaxa	dabigatran	PG (brand stays)	PG (brand stays)	PG	T2/T1
Targretin	bexarotene topical	NPG PA	NPG PA	NF	T5 PA/T1 PA
Toviaz	fesoterodine	NF	NF	NF	NF/NF
Viibryd	vilazodone	NPG	NPG	NF	T4/T1

Tier and status changes prior to 10/1/2022:
Commercial and Medicaid:

- clobetasol foam to PG (cost-effectiveness) effective 6/30/22
- fluconazole 150 mg tab QL removed (cost-effectiveness) effective 7/19/22
- hydrocodone/ibuprofen PA removed (cost-effectiveness) effective 7/19/22
- Hysingla ER (hydrocodone) non-formulary effective 10/1/22
- Vancomycin 125, 250mg caps PA removed effective 8/2/2022

Commercial:

- budesonide nebulizer susp drop to T1 for DF2, DF3, Essential (cost-effectiveness) and remove AL and MDD (100% approval rate in patients ≥8 y.o.) effective 6/20/22
- clonidine ER (ADHD) drop to T1 (cost-effectiveness) effective 5/10/22
- Combigan drop to T1 (cost-effectiveness) effective 7/1/22
- Crotan lotion to NF effective 7/27/2022
- epinephrine pen QL increased from 2/year to 4/year (therapeutics) effective 7/12/22
- febuxostat change PA to ST through allopurinol (100% PA approval rate) effective 6/24/22
- latanoprost drop to T1 for DF2, DF3, Essential (cost-effectiveness) effective 6/6/22
- metformin hcl 1000mg, 500mg, 850mg tabs added to ACA list (USPSTF prediabetes) effective 9/1/2022 on plan rolling basis
- prochlorperazine tablet AL removed (therapeutics) effective 7/13/22
- ranolazine drop to T1 (cost-effectiveness) effective 7/5/22
- Saizen to NF (no utilization, Genotropin preferred product) effective 7/1/22
- Santyl to NPB for DF1, FEHB effective 6/21/22
- tobramycin/dexamethasone ophth susp drop to T1 for DF2, Essential (consistency) effective 5/23/22
- Viibryd starter pack non-formulary (cost-effectiveness) effective 7/5/22
- Valtoco changed from PA all to PA except neurology effective 8/15/2022

Medicaid:

- Breo authorized generic to T2 (cost-effectiveness) effective 7/1/22
- clonidine ER (ADHD) add to T1 (cost-effectiveness) effective 5/10/22
- febuxostat add to T1 w/ST through allopurinol (cost-effectiveness) effective 6/24/22
- Mavyret packets PA removed (match Mavyret tablet status) effective 6/23/22
- Santyl PA removed (100% approval rate) effective 6/21/22
- Ubrelvy add to T2 w/ST new starts (cost-effectiveness) effective 7/1/22
- Sterile water blocked to only allow use in compounding effective 8/15/2022
- Valtoco added to T2 with PA except neurology effective 8/15/2022

Medicare:

- formoterol inhalation solution dropped to T3 (IH), ST removed (cost-effectiveness) effective 9/1/22
- penicillamine capsules PA removed (cost-effectiveness) effective 7/1/22
- trientine PA removed (cost-effectiveness) effective 7/1/22
- Trizivir add to specialty tier (generic obsolete) effective 9/1/22

Here is a summary of the USPSTF recommendation used for this study:

Women Age Groups	**40-49 years**	**50-74 years**	**75 years or greater**
USPSTF Recommendation	Grade C – an individual decision to start screening before age 50 years. Women who place higher value on potential benefit versus harm may begin in ages 40-49 years.	Grade B – Screen every two years	Grade I: Insufficient evidence
Risk Assessment	Recommendations apply to asymptomatic women ≥ 40 years at **average risk** of breast cancer. Factors that may increase risk about average include personal history of breast cancer or high-risk lesions, underlying genetic mutations (e. g. BRCA ½) or familial breast cancer syndromes, and history of chest radiation at a young age.		
Ages of Screening	Over a 10-year period, screening 10,000 women aged 40-49 years will result in 3 (CI, 0 to 9) fewer breast cancer deaths. The USPSTF concludes that the net benefit, while positive, is small.	Over a 10-year period, screening 10,000 women aged 60-69 years will result in 21 (95% CI, 11 to 32) fewer breast cancer deaths. Screening 10,000 women aged 50-59 years will result in 8 (CI, 2 to 17) fewer breast cancer deaths. The USPSTF concludes with moderate certainty that the net benefit is moderate.	The evidence on mammography screening in women ages 75 and older is insufficient and the balance of benefit vs. harm cannot be determined.