

August 2022

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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>

Monkeypox: Keeping your patients safe

An ongoing outbreak of Monkeypox was reported in May 2022, and it has recently been deemed by the World Health Organization as a global health emergency. This outbreak has involved more than 16,000 individuals in dozens of countries. As of the end of July, there have been more than 2,800 confirmed cases in the U., with more than 900 in New York.

As of July 22, Erie County had two confirmed cases. There have also been confirmed cases in both New York City and Ontario, Canada. Given the Buffalo area's proximity to New York City and Toronto and the fact that their LGBTQ+ Pride events are a draw to many who live in the Western New York region, many Erie County residents may have been exposed in the final days of June. Further exposures will occur throughout the summer months.

According to Erie County Department of Health Commissioner Gale Burstein, "the virus does not know its host's sexual orientation. Anyone in close skin to skin contact with someone who has monkeypox can get the illness." Most cases have been identified in men who have sex with men.

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Monkeypox: Keeping your patients safe cont.

For updates on Monkeypox cases in the Buffalo Niagara Region, information on how Monkeypox is transmitted, diagnosed, and treated, please visit the following websites:

- NYS Department of Health
- Erie County Health Department

Monkeypox Prevention and Supportive Care

State and Federal officials are working to finalize vaccine strategy. The risk to the general public is considered low.

- States will receive doses of the new monkeypox vaccine, Jynneos, from the federal stockpile, based on the number of cases and the proportion of the state's population at risk for severe disease – expected in early fall.
- New York state currently has doses of the vaccine, and multiple vaccination sites; however, availability may depend on the county or region. Providers and/or patients should check with their county health departments on availability and eligibility (such as high-risk individuals, including men who have sex with men).
- States may also request supplies of the older smallpox vaccine, which is believed to protect against monkeypox. – Not everyone has been vaccinated against smallpox.
- Most with monkeypox will have mild disease and can be cared for at home.

Home care should include:

- Isolating from family members and pets. Don't leave home except for medical care and don't have guests.
- Persons with monkeypox should be considered infectious and be isolated until all lesion scabs have fallen off and re-epithelialization has occurred – at least 21 days.
- Wearing face masks (may be spread via respiratory route) - Both patient and close contacts

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Monkeypox: Keeping your patients safe cont.

- Covering lesions (bandages, long sleeves, or pants)
- Consistent condom use is recommended during any sexual activity for 12 weeks after recovery. Monkeypox virus can be found in semen and vaginal fluids.
- Disposable gloves should be used for direct contact with lesions.
- Hand hygiene must be performed by both infected individuals and contacts after touching lesions or potentially contaminated surfaces. This includes using alcohol-based hand sanitizer or soap and water.

The monkeypox virus can live on contaminated surfaces:

- Laundry should be washed in a washing machine.
- For proper disposal of bandages or coverings contact the Erie County Department of Health.
- All individuals, regardless of level of exposure risk, should monitor for symptoms for 21 days after their last exposure.
- Contacts who remain asymptomatic can continue routine daily activities. If symptoms develop, they should immediately self-isolate and contact the health department for further guidance or in the case of health care personnel (HCP), their local occupational health or infection prevention and control contact.

Detecting chronic kidney disease among patients with Diabetes

Many studies have provided evidence that a low glomerular filtration rate (GFR) and a higher level of albuminuria are independently related to the risks of mortality, cardiovascular incidents, and the rate of end stage renal disease. Utilizing both GFR and albuminuria values in chronic kidney disease (CKD) staging paradigms provide more precise classification and more accurate prognostic information about renal function¹.

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Detecting chronic kidney disease among patients with Diabetes continued ...

CKD occurs in 20 to 40% of patients with diabetes². The Healthcare Effectiveness Data and Information Set (HEDIS®) measure, **Kidney Health Evaluation for Patients with Diabetes**³ (pp. 212-217) was introduced in 2020 by the National Committee for Quality Assurance with input from the National Kidney Foundation³, the American Diabetes Association², the Center for Disease Control and Prevention, the National Institute of Diabetes and Digestive and Kidney Diseases, among others focused on diabetes and kidney disease. These organizations have found that within populations of patients with diabetes there is supportive evidence from well-conducted prospective and case-controlled cohort studies to recommend these **annual** labs:

- Urinary albumin to creatinine ratio (uACR) identified by
 - Both a quantitative urine albumin test AND a urine creatinine test obtained four days or less apart **OR**
 - A uACR (urine albumin creatinine ratio lab test
- **AND** an estimated glomerular filtration (eGFR) rate

Get the credit you deserve for the high-quality care you provide to Independent Health members with diabetes and obtain these two kidney health lab tests. Included are patients with DM1 or DM2 regardless of treatment, ages 18 through 85 years of age. The exclusions are patients who:

- Are enrolled in palliative care
- Are using hospice services at any time in the measurement year (MY)
- Have evidence of end stage renal disease or dialysis prior to December 31 of MY
- Enrolled in institutional special needs populations (I-SNP) or living long-term in an institution during MY

References

1. Inker LA, Astor BC, Fox CH, et al. KDOQI US commentary on the 2021 KDIGO clinical practice guideline for the evaluation and management of CKD. *Am J Kidney Dis.* 2014;63(5): 713-735. <https://www.doi.org/10.1053/j.ajkd.2014.01.416>
2. American Diabetes Association. Chronic kidney disease and risk management: Standards of medical care in diabetes-2022. *Diabetes Care.* 2021, December 16;45(Supplement_1): S175-184. <https://doi.org/10.2337/dc22-S011>
3. National Committee for Quality Assurance. *HEDIS® measurement year 2022 volume 2: Technical specifications for*

Women's Health Screening - incontinence & anxiety

Urinary Incontinence in Women

The Women's Preventive Services Initiative (WPSI) is a national coalition of women's health professional organizations and patient representatives whose recommendations intend to help guide clinical practice and coverage of services supported by the Health Resources and Services Administration (HRSA) and other stakeholders¹. The purpose of the WPSI is to improve women's health across their lifespan. There are two WPSI guidelines that have been added to Independent Health's clinical guidelines: urinary incontinence and anxiety.

Urinary incontinence adversely affects quality of life and function for up to 57% of middle-aged and post-menopausal women^{2, 3}. The recommendation is to screen women of all ages including adolescents annually for urinary incontinence. Screening should include use of a validated assessment instrument. One such instrument is the Michigan Incontinence Symptom Index (M-ISI) v.1⁴. This is a brief 10-item patient orientated questionnaire to assess severity of urinary incontinence⁴. Additional information with links to this preventive health screening for women can be found at Independent Health's Provider Portal under Clinical Guidelines in the section "Prevention for Wellness Guidelines" and "Women's Health."

Anxiety

Women are twice at risk for developing most anxiety disorders compared to men, except for obsessive-compulsive disorder^{5, 6}. The WPSI recommends that clinicians screen for anxiety in adolescent and adult women, including those who are pregnant and postpartum. This recommendation pertains to those who have not been recently screened⁷. Frequency of such screenings is typically based on the clinical judgement of the clinician.

Links to information about anxiety and related anxiety disorders can be found on Independent Health's Provider Portal under Clinical Guidelines in the section "Condition Specific Guidelines" and "Anxiety." Also, listed is a link to the Hamilton Anxiety Rating Scale (HAM-A)⁸. This is a validated, older, 14-item screening tool that is provider reported and still in use today.

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Women's Health Screening - incontinence & anxiety continued ...

Please note that the American Psychiatric Association does not classify posttraumatic stress disorder (PTSD) as an anxiety disorder⁵. However, guidelines to PTSD can be found on Independent Health's Provider Portal under Clinical Guidelines in the section "Condition Specific Guidelines" and "PTSD". There are multiple PTSD guidelines listed from the: American Psychiatric Association, the American Psychological Association, and the Department of Veterans Affairs.

References

1. O'Reilly NO, Nelson HD, Conry JM et al. Screening for urinary incontinence in women: A recommendation from the Women's Preventive Services Initiative. *Ann of Intern Med* 2018; 169:320-328. <https://doi.org/10.7236/M18-0595>
2. Kobashi KC, Albo ME, Dmochowski RR et al. Surgical treatment of female stress urinary incontinence: AUA/SUFU guideline. *J Urol* 2017; 198:875-883. <https://doi.org/10.1016/j.juro.2017.06.061>
3. Sussman RD, Syan R, & Brucker BM. Guideline of guidelines: Urinary incontinence in women. *BJU INT* 2020; 125:638-655. <https://doi.org/10.1111/bju.14927>
4. Suskind AM, Dunn RL, Morgan DM et al. The Michigan incontinence symptom index (M-ISI): A clinical measure for type, severity, and bother related to urinary incontinence. *NeuroUrol Urodyn* 2014; 33:1128-1134. <https://doi.org/10.1002/nau.22468>
5. Johns Creek: Ebix Inc. Anxiety Disorders. Smart Engage. InDepth Report. *ProQuest Documents* 2020, July 20;1-23.
6. Office on Women's Health Anxiety Disorders. U. S. Department of Health and Human Services 2021, February 21. <https://www.womenshealth.gov/mental-health-conditions/anxiety-disorders>
7. Health resources & Services Administration. Women's Preventive Services Guidelines. 2021, December. <https://www.hrsa.gov/womens-guidelines/index.html>
8. Hamilton M. the assessment of anxiety states by rating. *Br J Med Psychol* 1959; 32:50-55.

Digital Diabetes Prevention Program is driving results

Now in the middle of its second year, the Brook+ Diabetes Prevention Program continues to show that its digitally based lifestyle change program is helping Independent Health members increase their physical exercise and lose weight:

- 6,873 members with a primary care physician have enrolled in the program since 2021.
- 24% of members who have completed the program have lost at least 5% of their body weight.
- The average weight loss of members who have completed the program was 3.6%.
- 35% exceeded the CDC guidelines of 150 minutes per week of physical activity.
- 1,764 members lost weight in the program.

This CDC-recognized Diabetes Prevention Program is a covered benefit with a \$0 member cost share for our commercial and Medicare Advantage members who meet the eligibility requirements by the CDC. [Here's the link to the eligibility quiz](#)

For additional details about Brook+

- Visit the [Diabetes & Prediabetes page](#) on our portal.
- Check out [this story about an Independent Health member](#) who turned her life around thanks to Brook+.

Clinical Practice Guidelines updated

The latest Clinical Practice Guidelines approved by the Independent Health Quality Committee are now available online when logged in to our secure provider portal under Policies & Guidelines.

Independent Health's Clinical Practice Guidelines are a listing of preventive health and condition-specific clinical practice guidelines, which include recommendations intended to optimize high quality care for your patients. The guidelines are not intended to replace the clinical judgment of a physician/provider or the needs of the individual patient

Revision to Independent Health's Behavioral Health Utilization Management Program

Effective October 1, 2021, Independent Health implemented a revision to its Behavioral Health Utilization Management program that aligns with the New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services*.

The Office of Mental Health issued new regulation requiring managed care organizations to revise their approach to utilization review for mental health services, including partial hospitalization, mental health residential treatment, and/or inpatient mental health treatment admission for Independent Health commercial members. Federal Employees Health Benefits (FEHB) and Medicare members are excluded from this regulation.

While this new regulation applies to members of all ages, Independent Health may not conduct utilization review for 14 days for children under the age of 18 who are admitted to an in-network, OMH facility even if a clinical trigger is met.

NOTE: NYS Insurance Law § 4902(a)(8) and Public Health Law § 4902(1)(h) prohibit the establishment of a requirement for prior authorization for emergency services, including inpatient psychiatric treatment, that are medically necessary to stabilize and treat an emergency condition.

This change applies only to mental health services and not substance use disorder treatment.

Utilization review will not be allowed for 30 days for partial hospitalization, mental health residential treatment, or inpatient mental health treatment, unless the member meets one or more clinical triggers.

There are no changes to existing utilization review processes for other levels of care.

Clinical triggers for inpatient mental health, partial hospitalization and mental health residential treatment include:

- Individuals subject to a current AOT court order or had an AOT court order that expired within the past five years

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Revision to Independent Health's Behavioral Health Utilization Management Program continued ...

- individuals with high utilization of inpatient or emergency department (ED) services in the past year as evidenced by:
 - Three (3) or more psychiatric inpatient hospitalizations in the prior 12 months; OR
 - Four (4) or more psychiatric ED visits in the prior 12 months; OR
 - Three (3) or more medical inpatient hospitalizations in prior 12-months
- Individuals who are readmitted to any mental health inpatient unit within thirty days of discharge from a prior mental health inpatient admission, or
- Individuals not meeting any of the above triggers whose length of stay exceeds 30 days.

In addition to situations where patient-related triggers are met, insurers may also choose to increase the frequency of utilization review and/or conduct utilization review for all members receiving specific services (except where prohibited by State Law) when concerns arise regarding provider quality of care.

Please note that notification requirements remain in place for all inpatient admissions whether the above triggers are met or not. If the provider fails to notify Independent Health of the admission within two business days, we may perform utilization review.

Please complete the notification form (attached) for any partial hospitalization, mental health residential treatment, and/or inpatient mental health treatment admission. This notification form must be sent to Behavioral Health Utilization Management at Independent Health by fax at (716) 635-3776 within two business days of a covered patient admission.

If a member meets a clinical trigger for utilization review, Independent Health will advise the provider that utilization review will be conducted.

Guidelines and additional information, including the notification form, are available in the New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services accessible online:
<https://omh.ny.gov/omhweb/bho/docs/best-practices-manual-utilization-review-adult-and-child-mh-services.pdf>

Expansion of drugs reviewed by Magellan Rx Management

Magellan Rx, administered by Magellan Rx Management, reviews prior authorization requests for select specialty drugs that fall under either the medical or pharmacy benefit.

Beginning August 1, 2022, Magellan Rx will begin reviewing additional drugs on Independent Health's behalf. You can view the list of drugs included in this expansion and which lines of business are impacted is available near the end of this printable edition of Scope.

For more information about specialty medications reviewed by Magellan Rx visit our website: <https://www.independenthealth.com/providers/policies-and-guidelines/magellan-rx>

The full list of drugs reviewed by Magellan Rx is available here. This list is maintained and updated by Magellan Rx as needed.

Removing PA requirement for Aloxi (palonosetron)

At Independent Health, we look for ways to provide our members with a variety of treatment options as part of their drug coverage. To further these efforts, we're making a change to Aloxi (palonosetron) coverage.

Effective August 1, 2022, Aloxi (palonosetron, J code J2469) will no longer require prior authorization. This change applies to Independent Health plans across all lines of business. The availability of a generic, along with the cost-effectiveness of the product allows us to improve access to Aloxi (palonosetron).

Please note, Aloxi (palonosetron) should continue to be used appropriately as outlined by the U.S. Food & Drug Administration's approved indications and Independent Health's policies.

CMS Requirement: Updating and certifying provider data in the CMS National Plan & Provider Enumeration System

The Centers for Medicare and Medicaid Services (CMS) is asking providers to review their National Provider Identifier (NPI) data in National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure their accurate provider data is displayed. CMS requires providers to keep their NPPES data current. CMS is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories.

It is important that all providers who treat Medicare Advantage members maintain up-to-date and accurate information with Independent Health as well as NPPES.

Independent Health will also still continue our own process of sending quarterly provider data sheets to providers to capture other important information not available in NPPES but considered very valuable by our members, such as languages spoken, board certification and hospital affiliations.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES.

More information if you have any questions pertaining to NPPES is available online:

<https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>

If you have other questions, please contact Provider Relations by calling (716) 631-3282 or 1-800-736-5771 or email providerservice@servicing.independenthealth.com Monday through Friday from 8 a.m. to 6 p.m.

Independent Health Provider Information Change Form updated

Independent Health's Provider Information Change Form, accessible under Popular Documents when logged in to our provider portal, has been updated.

New York State announces “HPV Vaccination Honor Roll” of practices

The NYS HPV Vaccination Honor Roll is an annual award program sponsored by the NYS HPV Coalition that recognizes medical practices in the state with the highest or most improved HPV vaccination completion rates (meaning that the child has received the two recommended doses).

There are two main types of awards: Statewide and Regional. Data are derived from the NYS Immunization Information System (NYSIIS) and the City Immunization Registry (CIR).

The New York State HPV Coalition is a group of organizations and individuals dedicated to increasing HPV vaccination and the prevention of HPV-related cancers and other diseases caused by HPV.

The criteria for the honor roll is based on HPV vaccination rates completed by the 13th birthday for both boys and girls.

The honorees in the Western New York region are Cedar Pediatrics and Kenwood Pediatrics.

Independent Health congratulates both practices for achieving this honor.

The New York State HPV Coalition website has a number of resources for provider practices that may be helpful in encouraging their patients to get the HPV vaccine.

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 August 1, 2022.
- 2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective August 1, 2022.
- 3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective August 1, 2022.

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.

July 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



Magellan RX drug review expansion beginning August 1, 2022					
HCPC	Drug	Commercial	Medicare	Essential	Medicaid
J9999	Alymsys	x	x	x	x
J3590	Byooviz	x	x	x	x
J8999	Inqovi	x	x	x	
J3490	Purified Cortrophin Gel	x	x	x	x
J3590	Releuko	x	x	x	x
J3590	Vabysmo	x	x	x	x
J2469	Aloxi	PA NO LONGER REQUIRED AS OF 8/1/22			

RESTRICTED



Medicare Advantage Individual and Group Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T4	8/1/2022
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T5	8/1/2022
ESBRIET TAB 801MG	Formulary Deletion	PIRFENIDONE TAB 801MG	Generic Alternative on T5	8/1/2022
VIMPAT SOL 10MG/ML	Formulary Deletion	LACOSAMIDE SOL 10MG/ML	Generic Alternative on T3	8/1/2022

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
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T4	8/1/2022
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T5	8/1/2022
ESBRIET TAB 801MG	Formulary Deletion	PIRFENIDONE TAB 801MG	Generic Alternative on T5	8/1/2022
VIMPAT SOL 10MG/ML	Formulary Deletion	LACOSAMIDE SOL 10MG/ML	Generic Alternative on T3	8/1/2022

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Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes				
Brand Drug Name	Type of Change	Generic Alternative	Reason	Effective
BIDIL TAB	Formulary Deletion	ISOSO/HYDRAL TAB 20-37.5	Generic Alternative on T1	8/1/2022
ESBRIET TAB 267MG	Formulary Deletion	PIRFENIDONE TAB 267MG	Generic Alternative on T1	8/1/2022
ESBRIET TAB 801MG	Formulary Deletion	PIRFENIDONE TAB 801MG	Generic Alternative on T1	8/1/2022
VIMPAT SOL 10MG/ML	Formulary Deletion	LACOSAMIDE SOL 10MG/ML	Generic Alternative on T1	8/1/2022

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