

JANUARY 2022

## What's New?

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## Community Health Matters

Better to give than to receive, especially during the holidays!

## Independent Health's new Food First program addresses food insecurity for targeted MediSource and MediSource Connect members and their families

Independent Health is pleased to announce Food First, a new pilot program to address food insecurity among our MediSource and HARP (MediSource Connect) members and their families who reside in targeted ZIP codes of need.

As you know, food insecurity can contribute to poor nutrition and result in cardiovascular disease, type 2 diabetes, osteoporosis, certain types of cancer as well as pregnancy and early childhood complications.

In partnership with FoodSmart, a digital platform offering Independent Health members a personalized journey to proper nutrition, Food First will provide eligible members consultation with a registered dietitian via unlimited tele-nutrition appointments to guide meal planning tailored to the member's clinical and environmental situation, as well as facilitate SNAP application submission for those not receiving benefits.

Members will have a choice of subscription through either Walmart+ or Instacart Express. This subscription is available at no cost to eligible members and will be valid for 12 months. Through Walmart+, members can use SNAP benefits for online grocery orders for home delivery. Use of SNAP benefits for online grocery orders is also available through Instacart Express for Aldi.

Members also have access to meal kits, including medically tailored "heat and eat" meals, as well as SNAP enrollment support and recipe recommendations.

Our eligible MediSource and MediSource Connect members will be introduced to Food First beginning in January.

## About FoodSmart

Foodsmart seamlessly integrates dietary assessments and nutrition counseling with online food ordering and cost-effective meal planning for the whole family that makes the most of ingredients at home and on the go.

## 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 and communicated directly through secure message(s) accessible when logged-in to our 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/)

## COVID Working Group of WNY: New Consensus Statements

Independent Health is a member of the ILI/COVID Working Group of Western New York, which was formed in response to local variation in approach to the diagnosis and treatment of influenza-like-illness and COVID-19 in the region. This is a collaborative effort of hospital systems, academic departments, independent practice associations and insurers.

Please see all the consensus statements of this group for the treatment of COVID-19 online at <https://www.wnydocs.org/WNY-COVID-19-Work-Group-Resources/>.

The logos and signatures on the documents represent each organization’s support of the statements.

## Primary Prevention Measure Focus of The Month: Colorectal cancer screening

As part of Independent Health’s efforts to improve the health of our members in collaboration with our provider partners, we will share a prevention measure focus of the month.

Colorectal Cancer Screening (COL)

HEDIS Definition of Measure to close gap in care: Members 50 - 75 years of age are screened appropriately for colorectal cancer.

Applicable to Commercial, Medicaid, and Medicare

Exclusions: Evidence of colorectal cancer or total colectomy, if applicable anytime in the members history

... continued

Primary Prevention Measure Focus of The Month:  
Colorectal cancer screening continued ...

Time Frame:

Medical record documentation must include any of the following:

1. Colonoscopy within 10 years  
Timeframe: 1/1/13 - 12/31/22
2. Flexible Sigmoidoscopy during the measurement period or 4 years prior  
Timeframe: 1/1/18 – 12/31/22
3. FOBT (gFOBT or iFOBT) during the measurement period  
Timeframe: 1/1/22 – 12/31/22
4. CT Colonography during the measurement period year or 4 years prior  
Timeframe: 1/1/18 – 12/31/22
5. FIT-DNA(Cologuard) test during the measurement period or 2 years prior

Timeframe: 1/1/20 – 12/31/22

Tips for Success:

\* Provide documentation of colorectal cancer or total colectomy to get member excluded

\* Keep patient’s medical history section up to date in your EMR.

\* Colonoscopy noted with a date in the history section of the visit can be counted towards this measure; the result is not necessary.

\* Member reported colonoscopies with a date are acceptable

## Behavioral Health Measure Focus of The Month: Metabolic monitoring for children and adolescents on antipsychotics (APM)

As part of Independent Health’s efforts to improve the health of our members in collaboration with our provider partners, we will share a behavioral health measure focus of the month.

... continued

Behavioral Health Measure Focus of The Month:  
Metabolic monitoring for children and adolescents on antipsychotics continued ...

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

HEIDS Definition of Measure:

Members 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing

Members must have both of the following during the measurement year on the same or different dates of service:

- One test for blood glucose or HbA1c
- One test for LDL-C or cholesterol

Time Frame: 1/1/2022 – 12/31/2022

Line of Business:

Commercial  
Mainstream Medicaid

Tips for Success:

- Flag members in your EMR that have been dispensed and antipsychotic medication and ensure they have proper testing done.
- Educate the member/guardian on the importance of having these test done while on the medication.
- Ensure proper coding

#### **Register now: Office Matters for Pediatric Practices**

We invite all pediatric practices to attend our Office Matters webinar on February 2, 2022 at 7:30 a.m.

Topics will include:

- Overview of 2022 Pediatric HEDIS
- Pediatric Quality Performance Measure 2022
- Portal Updates/Roster Management
- Pediatric Community Based Organizations with special guest Prevention Works

Register online at <https://bit.ly/3F7Kbje>

#### **For Awareness: Advantmed patient record request**

Independent Health is required to conduct medical record chart quality reviews for our membership on an annual basis to meet federal requirements and standards for coding accuracy. As in past years, we have contracted with Advantmed to perform these reviews.

In the next few weeks, Advantmed may be contacting your office to collect patient medical records for our commercial membership. In the near future, reviews for our Medicare membership will be needed as well.

Advantmed is a Business Associate of Covered Entities as defined by the Health Insurance Portability and Accountability Act (HIPAA) to retrieve and review medical records on our behalf. Please note that your Participating Provider agreement states “Participating Provider agrees that books and records pertinent to Independent Health Members including medical records and charts, encounter data, billings records, and financial data and reports, may be examined and copied at no charge by Independent Health when lawfully requested”. Advantmed is authorized to perform activities involving the use or disclosure of Protected Health Information (PHI) on behalf of Independent Health. Advantmed will treat your patients’ PHI with the highest level of protection and confidentiality.

Our goal is to perform this work with as little impact as possible. Advantmed will work with your practice to obtain records through remote EMR download as the preferred process.

Advantmed will collect the entire patient medical record for the calendar year 2021. The deadline for these records will be included with the request.

If you have any questions in the meantime, please contact Independent Health’s Provider Relations department by phone at 716-631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m to 6 p.m or e-mail [providerservice@servicing.independenthealth.com](mailto:providerservice@servicing.independenthealth.com).

#### **Independent Health no-cost coverage for COVID-19 “at home” test kits**

Effective December 13, 2021, Independent Health will cover COVID-19 “at home” test kits at no cost for our State product members (CHP-EP-MediSource-MediSource Connect).

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*Independent Health no-cost coverage for COVID-19 “at home” test kits continued ...*

Independent Health coverage applies to over-the-counter (OTC) COVID-19 “at home” test kits that are authorized by the US Food and Drug Administration.

In addition:

\* The test kits must be prescribed by a health care provider and may be prescribed for our members if they have symptoms or not.

\* Members must obtain the test kits directly from a pharmacy and will not be reimbursed directly for at home tests.

\* This coverage is limited to one test kit per week.

**NYSDOH provider education document: foster care carve-in and serving the foster care population**

The NYS Department of Health has distributed a provider education document (available near the end of this edition of Scope) with details about the foster care carve-in and about serving the foster care population.

Independent Health has been directed to provide this letter to all network providers serving children/youth in foster care.

**NYSDOH Medicaid Minimum Data Set policy effective 1/1/22**

Effective January 1, 2022, the New York State Department of Health (NYSDOH) Medicaid Minimum Data Set Policy will be followed by Independent Health for our MediSource and MediSource Connect (HARP) plan members.

This policy, outlined in the attached notice from the NYSDOH Office of Health Insurance Programs, seeks to reduce the amount of service authorization denials and appeals due to a lack of information necessary to process a prior authorization request.

Such prior authorization requests must contain all data elements referenced in Section V of the NYSDOH policy when submitted to Independent Health for review and process. ... continued

*NYSDOH Medicaid Minimum Data Set policy effective 1/1/22 continued ...*

If a data element(s) are missing, the request will be considered incomplete. Independent Health will then notify the provider of the data element(s) needed to complete the prior authorization request.

Submitting a prior authorization request containing all required data elements does not inhibit Independent Health from requesting additional information from a provider before making a final determination.

This policy is only applicable for medical prior authorization requests and does not apply to pharmacy prior authorization requests.

If you have questions, please call Independent Health Provider Relations Department at (716) 631-3282 or 1-800-736-5771, Monday through Friday from 8 a.m. to 6 p.m. or e-mail [providerservice@servicing.independenthealth.com](mailto:providerservice@servicing.independenthealth.com).

**Assure Advantage (HMO-SNP) Model of Care Provider Annual Training**

Independent Health is committed to ensuring its provider network meets all regulatory requirements set forth by the Centers for Medicare & Medicaid Services (CMS) as mandated by 42 CFR§422.101(f)(2)(ii).

CMS requires that all providers who see Medicare members, in the Independent Health’s Assure Advantage (HMO-SNP), on a routine basis participate in annual training.

Who must complete the training?

Independent Health requires all participating providers, who see Independent Health’s Assure Advantage (HMO-SNP) members, on a routine basis, to complete the 2021 Annual C-SNP Model of Care Training. In addition to an electronic attestation confirming completion of this CMS required training.

Any new participating provider who joins in the future and sees, on a routine basis, Medicare members will also be required to complete the annual C-SNP MOC training.

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*Assure Advantage (HMO-SNP) Model of Care Provider Annual Training continued ...*

How does your practice complete this training?

the 2021 Annual C-SNP Model of Care Training is accessible in our provider portal under "What's New?".

This training may be taken individually or as a group within the practice (under the same Tax Identification Number (TIN)).

Attesting to the completion of this training with Independent Health

Upon completing the training, Independent Health requires submitting a C-SNP Model of Care Training Attestation for 2021. If the training is taken as a group, the attestation can be completed by an authorized representative on behalf of the group as long as the providers are encompassed under the organization Tax identification Number (TIN) and listed on the attestation.

Start attestation on the same page of our provider portal as the training

Questions? For additional information about the CMS requirement for MOC training, please visit the CMS website at <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec422-101.pdf>

## **2021 required compliance training**

Independent Health is required by state and federal agencies to ensure its participating providers complete compliance training annually. To streamline two requirements for 2021, Independent Health is requesting participating practice attest to completing each of the following by December 31, 2021:

- 1) Cultural Competency Training: Independent Health is dedicated to ensuring the delivery of services in a culturally competent manner to all our members and, as mandated by the New York State Department of Health, requires all Medicaid and Commercial providers to attest annually to completion of cultural competency training for all staff who have regular and substantial contact with Independent Health members.

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2021 required compliance training continued ...

To satisfy this training requirement, staff must complete the U.S. Department of Health & Human Services online module, "The Guide to Providing Effective Communication and Language Assistance Services," or comparable training, and submit the electronic attestation to confirm completion.

This cultural competency training and attestation is available online at [www.independenthealth.com/culturalcompetency](http://www.independenthealth.com/culturalcompetency)

## 2) Fraud, Waste & Abuse Training

Independent Health requires each of its participating provider groups or practices to complete Fraud, Waste & Abuse Training and submit an electronic attestation to confirm completion of this training by each of their staff members.

Staff members of practices required to complete this training includes physicians, mid-levels, ancillary providers, registered nurses, licensed practical nurses, administrative and office staff, technicians, coders and others.

If your practice has already completed the 2021 Fraud, Waste & Abuse training and attestation through Independent Health, it is not necessary to attest to doing so again.

All related details, the downloadable training modules for your staff, and an attestation to verify with Independent Health that this training has been completed are available online at [www.independenthealth.com/FWAattestation](http://www.independenthealth.com/FWAattestation)

Who must submit each attestation?

Each of the above attestations should be submitted by an authorized representative on behalf of all individuals encompassed under a practice's Tax Identification Number (TIN). Therefore, each individual staff member who completes each training does NOT need to submit the attestation.

If your practice has already completed this 2021 training through another source and has a roster or spreadsheet with the dates the training was completed, you may submit the attestation through each of Independent Health's public provider portal pages above.

## **Pharmacy Update**

### **Formulary and Policy Changes**

1) Independent Health policy changes resulting from our most recent Pharmacy and Therapeutics Committee meeting are summarized near the end of this edition of Scope.

2) Independent Health formulary changes resulting from our most recent Pharmacy and Therapeutics Committee meeting are summarized near the end of this edition of Scope.

### **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.

### **December 2021 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.

### **Better to give than to receive, especially during the holidays!**

It's better to give than to receive, in part, because giving to others has positive effects on your overall physical and mental health, says Michelle Carbery, Independent Health Corporate Wellness Specialist.

Learn more online at <https://healthyvisionblog.com/>

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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)





511 Farber Lakes Drive  
Buffalo, NY 14221

Dear Network Provider:

As an Independent Health network provider, you may find yourself in a position to provide services for a new group of Medicaid Managed Care (MMC) enrollees who require trauma-informed care: children/youth in direct placement foster care and in the care of Voluntary Foster Care Agencies (VFCA).

In 2013, children/youth in direct placement foster care in counties outside of New York City were mandatorily enrolled in MMC. Effective **July 1, 2021**, children/youth in direct placement foster care in New York City and children/youth placed in foster care in the care of VFCAs statewide, are mandatorily enrolled in MMC unless the child/youth is otherwise exempt or excluded from enrollment. In addition, effective **July 1, 2021**, the MMC benefit package expanded to include Article 29-I VFCA Health Facility services for eligible children and youth.

As a network provider, you may be responsible for providing and/or coordinating services for children/youth in foster care, in compliance with the New York Medicaid Program 29-I Health Facility Billing Manual, and the Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care guidance documents located at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm).

The pharmacy benefit requirements for children/youth placed in foster care include, but are not limited to, rapid replacement of medically necessary prescriptions, transitional fills for children/youth newly placed in foster care, and out of network access to pharmacies when a child/youth placed in foster care is placed outside the MMC Plan's service area.

In addition, upon placement into Foster Care, a child/youth is required to have an Initial Medical Assessment within the first 30 days of the child/youth's placement. The child/youth may utilize any primary care physician (PCP) or qualified practitioner in the MMC Plan's network for the purposes of this Initial Medical Assessment. For future primary care visits, if there is a discrepancy with the assigned PCP on the card, please immediately call Independent Health at (716) 631-8701.

Please see the May 2021 Medicaid Update Article related to this VFCA transition link provided here: [Changes Impacting Providers Serving Children Effective July 1, 2021](#).

This document contains **confidential** information.

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Independent Health does not accept service of papers electronically under CPLR 2103.

Adakveo	Eylea	Non-sedating Antihistamine Policy
Addyi	Eysuvis	Novantrone
Aklief	Fabrazyme	Nubeqa
Aldurazyme	Fetroja	Nulojix
Alinia	Filgrastim- MediSource	Onpattro
Amzeeq	Firazyr	Onychomycosis Treatment Authorization
Apokyn	Fluocinolone Ophthalmic Implant	Opioid Prescribing Limit
Aubagio	Galafold	Orally Disintegrating Tablet
Benznidazole	Gelclair	Oravig
Beovu	Givlaari	Orilissa
Bronchitol	GnRH Analog for Central Precocious Puberty	Oxbryta
Budesonide Solution for Inhalation	Gocovri	Oxervate
Cinqair	Gralise	Oxlumo
Clomiphene Citrate	Harvoni	Pegasys
Copiktra	Imcivree	Penicillamine
Cotempla XR-ODT	Inrebic	Perforomist and Brovana
Cyclosporin Ophthalmic Drops	Invega Sustenna	Perseris
Cysteamine Ophthalmic Drops	Kalydeco	Piqray
Dalvance	Kanuma	Prescriber Specialty Exception Policy
Danyelza	Kuvan	Pretomanid
Descovy	Mavyret- Medisource	Prolia
Diacomit	Mavyret	Qbrexza
Dificid	Mirvaso	Reblozyl
Dronabinol	Movantik	Recarbrio
Emend	Mozobil	Reyvow
Epclusa	Mydayis	Rozlytrek
Eraxis	Nefazodone	Scenesse
Exservan	Nimodipine	Simvastatin High Dose



Solesta	Tafamidis – Applies to	Vosevi
Soliris	Vyndamax and Vyndaqel	Vumerity
Sovaldi	Takhzyro	Vyleesi
Spinraza	Talicia	Wakix
Sporanox	Teriparatide	Xcopri
Sprix	Thiola and Thiola EC	Xenleta
Subcutaneous Immunoglobulins	Trikafta	Xerava
Subutex	Trokendi XR	Xolair
Sustol	Turalio	Xpovio
Synagis	Tygacil	Zemdri
Syprine	Tykerb	Zemplar
	Vabomere	Zepatier
	Veletri	Zokinvy

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

Specialty Pharmacy - Minimum Terms and Conditions Policy

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

Compounding Drug Products	Improperly Filed Pre-Service Claim Procedure Policy	Pharmacy Department Policy Management
Drug Formulary Use	Maintenance Drug Policy	Termed Provider Prescription Coverage
Exception Policy for Non Formulary Drugs		

**POLICIES TO BE ARCHIVED**

Byetta	Rybelsus	Victoza
Ozempic	Trulicity	

**PBD NEW DRUG SPECIFIC POLICIES**

Step Therapy Exception Policy

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

Intra-articular Injections of Hyaluronate Products

Xtandi® (enzalutamide)

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

Colony Stimulating Factors: Filgrastim (Neupogen®); Filgrastim-aafi (Nivestym™); Filgrastim-sndz (Zarxio™); Tbo-Filgrastim (Granix®)

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 10/22/2021

**Pharmacy PA Only**

Lenvima

Tibsovo

**Medical PA Only**

Abraxane	Gazyva	Perjeta
Adcetris	Imfinzi	Rituximab_IV
Bavencio	Kadcyla	Tecentriq
Bevacizumab_ONCO	Kyprolis	Trastuzumab_IV
Cerezyme	Libtayo	Vectibix
Cyramza	Lumizyme	VPRIV
Elelyso	Opdivo	Yervoy
Erbitux	Pemetrexed	Yondelis

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 11/19/2021

**Pharmacy PA Only**

Actemra_SQ	Haegarda	Tegsedi
Brukinsa	Takhzyro	
Cabozantinib	Talzenna	

**Medical PA Only**

Actemra_IV	Beovu	Berinert
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Cimzia	Lemtrada	Ruconest
Cinryze	Macugen	SCIG
Enspryng	Ocrevus	Soliris
Entyvio	Onpattro	Stelara
Eylea	Poteligeo	Tysabri
HA Derivatives	Ranibizumab (formulary Lucentis drug specific policy)	Ultomiris
Kalbitor		

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 12/10/2021

**Pharmacy PA Only**

Braftovi	Inrebic	Stivarga
Calquence	Jakafi	Tafinlar
Caprelsa	Koselugo	Tasigna
Cotellic	Mekinist	Verzenio
Erivedge	Ninlaro	Zelboraf
Imbruvica	Pomalyst	

**Medical PA Only**

Aliqopa	Keytruda	Tecentriq
Asparlas	Mozobil	
Besponsa	Mylotarg	

**PSCE Only (effective 12/1/21)**

Erwinaze
Oncaspar



**Formulary changes announced**

Changes to the Independent Health Drug formularies resulting from the **November 2021** 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

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 1/1/2022	Medications Non-Formulary 1/1/2022	Changes to Formulary 1/1/2022
Bretri (budesonide, glycopyrrolate, and formoterol) PB Breo Ellipta (fluticasone and vilanterol) PB Exkivity (mobicertinib) cap NPB PA SP Livmarli (maralixibat oral solution) NPB PA SP Qualita (atogepant) cap PB PA Scemblix (asciminib) tab NPB PA SP Symbicort PB Tavneos (avacopan) cap NPB PA SP LA Trelegy (fluticasone, umeclidinium, and vilanterol) PB Zimhi (naloxone) IM or SC injection PB (dependent on price disclosure)	diclofenac potassium 25 mg tab Dyanavel XR (amphetamine ER) tab Elyxyb (celecoxib) oral solution Eprontia (topiramate) oral solution Loreev XR (lorazepam ER) cap Marplan (isocarboxazid) tab Opzelura (ruxolitinib) topical cream Paxeva (paroxetine) tab Seglentis (celecoxib/tramadol) tab Trudhesa (dihydroergotamine mesylate) nasal spray Tyrvaya (varenicline) nasal spray Vuity (pilocarpine) ophthalmic solution Zercapli (sertraline) cap	eplerenone from T1 PA to T1 (PA removed) Max age 64yo (Beers criteria) removed for muscle relaxants, tricyclic antidepressants, estrogens, urinary antispasmodics-12/1/2022 alprazolam ODT tab from T1 PA to T1 (PA removed) amoxapine tab from T3 to T1 GLP-1 ST removed (Ozempic, Soliqua, Trulicity, Victoza, Rybelsus) T2 paroxetine ER tab T1 ST to T1 (remove ST)

Changes to Drug Formulary II (DFII), Drug Formulary III (DFIII), and Essential Plan Formulary		
Medications Added to Formulary 1/1/2022	Medications Non-Formulary 1/1/2022	Changes to Formulary 1/1/2022
Bretri (budesonide, glycopyrrolate, and formoterol) PB Exkivity (mobicertinib) cap NPB PA SP fluoxetine tab T1 Grastek NPB PA Livmarli (maralixibat oral solution) NPB PA SP Qulipta (atogepant) cap PB PA togepant) Ragvitek NPB PA Scemblix (asciminib) tab NPB PA SP Tavneos (avacopan) cap NPB PA SP LA Trelegy (fluticasone, umeclidinium, and vilanterol) PB Zimhi (naloxone) IM or SC injection PB (dependent on price disclosure)	diclofenac potassium 25 mg tab Dyanavel XR (amphetamine ER) tab Elyxyb (celecoxib) oral solution Eprontia (topiramate) oral solution Loreev XR (lorazepam ER) cap Marplan (isocarboxazid) tab Opzelura (ruxolitinib) topical cream Paxeva (paroxetine) tab Seglentis (celecoxib/tramadol) tab Trudhesa (dihydroergotamine mesylate) nasal spray Tyrvaya (varenicline) nasal spray Vuity (pilocarpine) ophthalmic solution Zercapli (sertraline) cap	eplerenone from T1 PA to T1 (PA removed) Max age 64yo (Beers criteria) removed for muscle relaxants, tricyclic antidepressants, estrogens, urinary antispasmodics 12/1/2022 alprazolam ER and XR tabs from T3 to T1 alprazolam ODT tab from T1 PA to T1 (PA removed) Avonex from T3 PA SP to T2 PA SP Biktarvy (bictegravir, emtricitabine, and tenofovir alafenamide) from T3 to T2 Breo Ellipta (fluticasone and vilanterol) from T3 to T2 Cimduo from T3 to T2 Combipatch (estrogen and progestin combination patch) from T3 to T2 Dupixent (dupilumab) from T3 PA SP to T2 PA SP Fasentra (benralizumab) from T3 PA SP to T2 PA SP Gilenya (fingolimod) from T3 PA SP to T2 PA SP GLP-1 ST removed (Ozempic, Soliqua, Trulicity, Victoza, Rybelsus) T2 Mayzent (siponimod) from T3 PA SP to T2 PA SP paroxetine ER tab T1 ST to T1 (remove ST) Plegindy (peginterferon beta-1a) from T3 PA SP to T2 PA SP Praluent (alirocumab) from T3 PA SP to T2 PA SP Rebif (interferon beta-1a) from T3 PA SP to T2 PA SP Repatha (evolocumab) from T3 PA SP to T2 PA SP Symbicort (budesonide and formoterol) from T3 to T2 Tymlos (abaloparatide) from T3 PA SP to T2 PA LDD Vimpat (lacosamide) from T3 to T2 Zejula (niraparib) from T3 PA SP to T2 PA SP Zomig (zolmitriptan) Nasal Spray from T3 QL to T2 QL

Changes to Medicaid Formulary		
Medications Added to Formulary 1/1/2022	Medications Non-Formulary 1/1/2022	Changes to Formulary 1/1/2022
Bretri (budesonide, glycopyrrolate, and formoterol) PB Trelegy (fluticasone, umeclidinium, and vilanterol) PB Zimhi (naloxone) IM or SC injection PB (dependent on price disclosure)	diclofenac potassium 25 mg tab Drysol 20% solution (excluded as DESI drug) Dyanavel XR (amphetamine ER) tab Elyxyb (celecoxib) oral solution Eprontia (topiramate) oral solution Exkivity (mobicertinib) cap Kloxxado (naloxone) nasal spray Livmarli (maralixibat) oral solution Loreev XR (lorazepam ER) cap Mosquito repellants Opzelura (ruxolitinib) topical cream Qulipta (atogepant) cap Scemblix (asciminib) tab Seglentis (celecoxib/tramadol) tab Trudhesa (dihydroergotamine mesylate) nasal spray Truvada (emtricitabine/tenofovir disoproxil fumarate) tab Tyrvaya (varenicline) nasal spray Tavneos (avacopan) cap Vuity (pilocarpine) ophthalmic solution Zercapli (sertraline) cap	adapalene and combination products from T1 PA to T1 with diagnosis code required at the point of dispensing (ICD 10 code L70 for acne) eplerenone from T1 PA to T1 (PA removed) Max age 64yo (Beers criteria) removed for muscle relaxants, tricyclic antidepressants, estrogens, urinary antispasmodics-12/1/2022 alprazolam ODT tab from T1 PA to T1 (PA removed) GLP-1 ST removed (Ozempic, Trulicity, Victoza, Rybelsus) T2 paroxetine ER tab T1 ST to T1 (remove ST) tretinoin from T1 PA to T1 with age limit (AL) of max 40 years old



Changes to Medicare Formulary		
Medications Added to Formulary 1/1/2022	Medications Non-Formulary 1/1/2022	Changes to Formulary 1/1/2022
Livmarli (maralixibat oral solution) NPB PA SP Qulipta (atogepant) cap PB PA Scemblix (ascimimb) tab NPB PA SP Tavneos (avacopan) cap NPB PA SP LA Zimhi (naloxone) IM or SC injection PB (dependent on price disclosure)	diclofenac potassium 25 mg tab Dyanavel XR (amphetamine ER) tab Elyxib (celecoxib) oral solution Eprontia (topiramate) oral solution Loreev XR (lorazepam ER) cap Opzelura (ruxolitinib) topical cream Seglentis (celecoxib/tramadol) tab Trudhesa (dihydroergotamine mesylate) nasal spray Tyrvaya (varenicline) nasal spray Vuity (pilocarpine) ophthalmic solution Zercapli (sertraline) cap	Max age 64yo (Beers criteria) removed for muscle relaxants, tricyclic antidepressants, estrogens, urinary antispasmodics-12/1/2022 emtricitabine (emtricitabine/tenofovir disoproxil fumarate) dropped to T2 (cost-effectiveness) effective 11/1/21 Zarxio PA removed (cost-effectiveness, promote biosimilar use) effective 1/1/22

**Medical:**

- Byooviz (ranibizumab-nana) IV injection: Medical PA, re-review decision upon market entry.
- Comimaty (COVID-19 vaccine, mRNA) IM injection: Medical
- Dextenza (dexamethasone intracanalicular ophthalmic insert): Medical
- Korsuva (difelikefalin) IV injection: Bundle-billed with hemodialysis, medical PA
- Rethymic (allogeneic processed thymus tissue-aggc): surgical tissue implant for congenital athymia
- Tivdak (tisotumab vedotin-tftv) IV injection: Medical PA
- Suvvimo (ranibizumab): Medical PA
- TicoVac (tick-borne encephalitis vaccine) IM injection: Medical
- Xipere (triamcinolone) suprachoroidal injection: Medical PA

**New generics:**

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

Brand name	Generic name	Generic tier placement/utilization management			
		Commercial/ FEHB	Exch/Small/EBP	Medicaid	Medicare Indiv/PDP
Afinitor Disperz	everolimus dispersible tab	PG PA/NPG PA	PG PA	NF	T5 PA/T1 PA
Azasan	azathioprine	NPG	NPG	PG	T3 BvD/T1 BvD
Belbuca	buprenorphine buccal	NF	NF	NF	NF/NF
Bystolic	nebivolol	PG	PG	PG	T2/T1
Chantix	varenicline	PG	PG	PG	T2/T1
Durezol	difluprednate	NF	NF	NF	T4/T1
Epaned	enalapril solution	NPG PA	NPG PA	NPG PA	NF/NF
Paxil	paroxetine oral suspension	PG	PG	PG	T4/T1
Sutent	sunitinib	PG PA	PG PA	PG PA	T5 PA/T1 PA

\*In the Medicaid line of business, generics are generally left non-formulary if their respective brands were non-formulary.

**Follow-through previous meetings:**

- From the 8/2021 P&T meeting, an update on the two new pneumococcal vaccines, **Pprevnar 20** and **Vaxneuvance**. The CDC Advisory Committee on Immunization Practices (ACIP) convened on 10/20/21 to discuss how these new vaccines would be incorporated into adult vaccine recommendations. ACIP voted unanimously in favor of two new recommendations regarding the new vaccines.
    - Adults 65 years of age or older who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either Pprevnar 20 or Vaxneuvance). If Vaxneuvance is used, this should be followed by a dose of Pneumovax 23.
    - Adults 19 years of age or older with certain underlying medical conditions or other risk factors who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either Pprevnar 20 or Vaxneuvance). If Vaxneuvance is used, this should be followed by a dose of Pneumovax 23.
- For full disclosure, the cost of Pprevnar 20 is \$232 while the cost of Vaxneuvance plus Pneumovax 23 is \$339. Payers such as Independent Health are required to cover vaccines recommended by ACIP as part of the preventive health benefit. The P&T Committee voted at the 8/2021 meeting to approve use of both vaccines, so **no further action is required at this time**. Coverage is offered as a Medical benefit for all lines of business.

**Informational:**

- On 8/27/21, Roche, in consultation with the FDA, removed the accelerated approval for **Tecentriq** (atezolizumab) for unresectable/locally advanced triple-negative breast cancer in combination with chemotherapy.
- On 8/31/21, the FDA changed **Keytruda's** (pembrolizumab) accelerated approval for locally advanced or metastatic urothelial cancer in patients who cannot use platinum-containing chemotherapy to a full approval and removed the PD-L1 status requirement.
- On 9/1/21, the FDA notified the public and healthcare professionals about the update to the Boxed Warnings for Janus kinase (JAK) inhibitors **Olumiant** (baricitinib), **Rinvoq** (upadacitinib), and **Xeljanz** and **Xeljanz XR** (tofacitinib) to include information about increased risks of MI, stroke, cancer, blood clots, and death. These risks were seen in trials of only tofacitinib, but the FDA concluded the risks are also likely in other JAK inhibitors. In addition to the Boxed Warning, all indications for these drugs are required to be updated to ensure patients using them have failed to respond to or were intolerant to at least one tumor necrosis factor blocking agent. Though Jakafi and Inrebic are also JAK inhibitors, the updated warnings do not apply to those drugs at this time, as they are not used for inflammatory conditions.
- On 9/7/21, Independent Health added a temporary PA/J-code requirement to **ivermectin 3 mg tablets** to prevent filling for COVID-19 and keep drug stocks as intact as possible for patients who require it as an antiparasitic.



- On 10/14/21, the FDA changed **Keytruda's** (pembrolizumab) accelerated approval as a single agent for metastatic cervical cancer expressing PD-L1 in patients who have progressed on chemotherapy to a full approval.

**Line extensions:**

**Drugs with new indications:**

Brand name	Generic name	New indication(s)	Coverage changes
Biktarvy	bictegravir/emtricitabine/TAF	indication in pediatrics down to $\geq 14$ kg	n/a
Briviact	brivaracetam	indication minimum age lowered to 1 year	AL/policy changes
Brukinsa	zanubrutinib	R/R marginal zone lymphoma	Policy changes
Brukinsa	zanubrutinib	Waldenström's macroglobulinemia	Policy changes
Cabometyx	cabozantinib	differentiated thyroid cancer	Policy changes
Dupixent	dupilumab	severe asthma minimum age lowered to 6 years	Policy changes
Erbitux	cetuximab	BRAF V600E (+) metastatic CRC w/encorafenib	Policy changes
Jakafi	ruxolitinib	cGVHD after failure of 1-2 other agents	Policy changes
Keytruda	pembrolizumab	w/other tx for PD-L1(+) metastatic cervical cancer	Policy changes
Repatha	evolocumab	HeFH/HoFH down to 10 years of age	AL changes
Tasigna	nilotinib	acute Ph+ CML in pediatrics	Policy changes
Tecentriq	atezolizumab	first-line high PD-L1 expressed NSCLC	Policy changes
Tibsovo	ivosidenib	previously-treated locally advanced or metastatic CCA	Policy changes
Verzenio	abemaciclib	node-positive early breast cancer w/endocrine tx	Policy changes
Xarelto	rivaroxaban	reduce risk of thrombosis after recent lower extremity revascularization due to PAD	n/a