

January 2023

What's New?

5 types of health engagement apps your employees should use

Clinical Matters

Medicaid Preventive 2022 Reviews

Office Matters

Medicaid Managed Care & Child Health Plus Provider Incentive Program Measure Changes for 2023

2022 Required Compliance Training

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

Pharmacy Update

December 2022 policy updates

Community Health Matters

COVID-19 provider updates

5 types of health engagement apps your employees should use

There are five types of apps that can help employees with their health according to Jonathan Burow, VP of Customer Experience & Digital Transformation at Independent Health.

Learn more online at

https://www.bizjournals.com/buffalo/news/2022/12/12/five-types-of-health-engagement-apps.html?ana=TRUEANTHEMTWT_BU&csrc=6398&taid=6398bcb9c89e55000122ae1b&utm_campaign=trueAnthem%3A+New+Content+%28Feed%29&utm_medium=trueAnthem&utm_source=twitter

Medicaid Preventive 2022 Reviews

On an annual basis at Independent Health, a sample of MediSource member medical records are reviewed with reference to New York State Department of Health required preventive measures. The measures reflect utilization of evidence-based clinical practice guidelines as posted on our Provider Portal. The populations whose 2021 preventive care was reviewed included: members who sought Prenatal and Post-partum care; Adults; Pediatric members; and Adolescent Immunizations.

See Table 1 Stand Out Opportunities identified from 2022 Medicaid Preventive Medical Record Reviews near the end of this printable edition of Scope.

There is an expectation that specific documentation will be completed for certain patient populations as outlined by national professional practice organizations and government health agencies, such as the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, Centers for Disease Control and Prevention, the United States Preventive Services Task Force, and Health Resources and Services Administration.

In the coming months of 2023 these results and plans for review of preventive visits completed in 2022 will be discussed. For more information on preventive health guidelines visit Independent Health's Provider site and click on clinical practice guidelines.

Medicaid Managed Care & Child Health Plus Provider Incentive Program Measure Changes for 2023

Pursuant to the amendment for the Medicaid Managed Care and Child Health Plus Provider Incentive Program, Independent Health is writing to inform you of some changes to the measures for the 2023 program. The final list of measures and their descriptions are included in the attached updated Schedule C-2.1

The following changes were made:

1. Removal of the Comprehensive Diabetes Care: Eye Exam (Retinal) Performed
2. Removal of the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Test
3. Addition of the Hemoglobin A1c Control for Patients with Diabetes: Poor Control (>9.0%)
4. Addition of the Kidney Health Evaluation for Patients with Diabetes

More information about the Medicaid Managed Care and Child Health Plus Provider Incentive Program is available in our secure provider portal by clicking on **Medicaid Managed Care Provider Incentive** under the **Resources** tab in the top red menu bar.

If you have any questions about this program, please contact Engagement@independenthealth.com or 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.

2022 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, 2022:

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,

... continued

2022 Required Compliance Training continued ...

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.

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 the comparable Think Cultural Health training that corresponds with the provider's scope of practice, and submit the electronic attestation to confirm completion.

This cultural competency training and attestation is available online at 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

... continued

2022 Required Compliance Training continued ...

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.

Questions?

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.

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.

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

... continued

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

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 or email ProviderPortal@independenthealth.com

Pharmacy Update

The following formulary and policy changes are available near the end of this printable edition of Scope:

- 1) Independent Health policy changes resulting from our most recent Pharmacy and Therapeutics Committee meeting.
- 2) 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 Monday-Friday from 8 am to 6 pm

December 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 telehealth, lab testing, diagnosis codes, etc.

Visit our COVID-19 provider website:

<https://www.independenthealth.com/providers/covid-19-coronavirus-provider-updates>

Medicaid Preventive 2022 Reviews

Table 1 Stand Out Opportunities identified from 2022 Medicaid Preventive Medical Record Reviews:

Medi source Members	Preventive Measure	2021 Record Documentation	2020 Record Documentation %
Prenatal	Lead Poisoning Prevention: Anticipatory Guidance	13%	10%
Post-Partum	Lead Poisoning Prevention: Anticipatory Guidance	0%	1%
	Post-Partum Visits \geq 2	17%	24%
	Assess for MMR vaccine status	10%	67%
	Assess for Varicella vaccine status	10%	67%
Adults 18-64 years	Colorectal Cancer Screening	69%	100%
	Weight Loss rec BMI \geq 30 & refer to multicomponent behavioral health	11%	13%
	Varicella vaccine 2 doses w/o evidence of immunity	3%	17%
	Herpes zoster ages \geq 50 yrs.	31%	36%
Pediatric 0-11 years	Fluoride supplementation screen	12%	17%
	Tuberculosis screen for high risk	14%	10%
	Developmental screen @ 9, 18 & 30 months	17%	-
	Dental visits/home assessment	31%	65%
Adolescent Immunization 12-17 years	Influenza vaccination	62%	57%
	COVID-19 vaccination (at least one dose)	47%	-



November 2022 P&T Updates

NEW DRUG SPECIFIC POLICIES Effective 1/1/2023

Aduhelm (aducanumab- avwa) FEHB	Imjudo® (tremelimumab- actl)	Somatuline Depot (lanreotide for subcutaneous injection)
Aduhelm (aducanumab- avwa) State Products	Lytgobi (futibatinib)	Spevigo® (spesolimab-sbzo)
Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) extended-release tablets	Omlonti (omideneleg isopropyl ophthalmic solution)	Tecvayli™ (teclistamab-cqyv)
Desoximetasone 0.05% cream	Pedmark® (sodium thiosulfate injection)	Vegzelma (bevacizumab- adcd)
Furoscix® (furosemide injection)	Relyvrio (sodium phenylbutyrate and taurursodiol)	Xatmep (methotrexate oral solution)
	Rolvedon™ (eflapegastim- xnst)	Xenpozyme (olipudase alfa- rpcp)

EXISTING DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES Effective 1/1/2023

Addyi	GnRH Receptor Antagonists or Infertility (Applies to Cetrotide, Fyremadel and Ganirelix)	Retevmo
Amifampridine – Applies to Firdapse and Ruzurgi	Imbruvica	Signifor (pasireotide) Subcutaneous Injection and Signifor LAR Intramuscular Injection
Apretude	Lynparza	Testosterone Implantable
Balversa	Onychomycosis – Topical Treatments	Testosterone Intramuscular Injection
BDAID – In Office administered	Orkambi	Testosterone Oral-Buccal
BDAID – Self Administered	Oxlumo	Testosterone Topical
Benznidazole	Pegfilgrastim (Applies to Fulphila, Fylnetra, Neulasta, Nyvepria, Stimufend, Udenyca, and Ziextenzo)	Verzenio
Cotellic	Pemazyre	Vyepti
Dupixent		Zolgensma
Exkivity		

EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES Effective 1/1/2023

Aduhelm (aducanumab- avwa)	Diabetic Supply	GnRH Analog Policy for Central Precocious Puberty
Descovy	Esbriet(pirfenidone)	Growth Hormone

Growth Hormone- State
Plans
Healthy New York Sexual or
Erectile Dysfunction
Medication Coverage
Opioid Prescribing Limit

Ranibizumab Injection –
Applies to Lucentis, Byooviz,
and Cimerli
Sodium Phenylbutyrate
(Applies to Buphenyl and
Pheburane)
State Plans Sexual and
Erectile Dysfunction
Medications

Tabrecta
Topical Dermatologic
Medication – State Plans
Weight Loss Medications
Xolair

EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES

Abilify Maintena	Dalvance	Invega Hafyera
Abiraterone	Diacomit	Invega Sustenna
Accrufer	Dificid	Kalydeco
Adakveo	Dronabinol	Kanuma
Aklief	Emend	Kuvan
Aldurazyme	Epclusa	Livmarli
Alinia	Eraxis	Mavyret - Medisource
Amzeeq	Exservan	Mavyret
Apokyn	Eylea	Mirvaso
Aubagio	Eysuvis	Movantik
Beovu	Fabrazyme	Mozobil
Bronchitol	Fetroja	Mydayis
Brukinsa	Filgrastim - Medisource	Nefazodone
Calcitonin Gene Related Peptide Antagonist for Prophylaxis - Medisource	Firazyr	Nimodipine
Cinqair	Fluocinolone Ophthalmic Implant	Non-Sedating Antihistamine Policy
Clomiphene	Galafold	Novantrone
Copiktra	Gelclair	Nubeqa
Cotempla-XR ODT	Givlaari	Nucala
Cyclosporine Ophthalmic Drops	Gocovri	Nulojix
Cysteamine Ophthalmic Solution	Harvoni	Onpattro
	Imcivree	Orally Disintegrating Tablet (ODT) Policy
	Inrebic	

Oravig	Scemblix	Tibsovo
Orilissa	Scenesse	Trikafta
Orladeyo	Simvastatin High Dose Policy	Trokendi XR
Oxbryta	Solesta	Turalio
Oxervate	Soliris	Tygacil
Pegasys	Sovaldi	Tykerb
Penicillamine	Spinraza	Vabomere
Perforomist and Brovana	Sprix	Veletri
Perseris	Subcutaneous Immunoglobulins (SCIG)	Vosevi
Piqray	Subutex (buprenorphine HCl)	Vumerity
Prescriber Specialty Exception policy	Sunitinib	Vyleesi
Pretomanid	Sustol	Wakix
Prolia	Synagis	Xcopri
Qbrexza	Syprine	Xenleta
Qutenza	Tafamadis	Xerava
Reblozyl	Takhyzro	Xipere
Recarbrio	Talicia	Xpovio
Rexulti	Tavneos	Zemdri
Reyvow	Tecfidera	Zepatier
Rituximab	Teriparatide	Zokinvy
Rozlytrek	Thiola and Thiola EC	

EXISTING ADMINISTRATIVE POLICIES WITH CHANGES Effective 1/1/2023

Overview of Pharmacy Benefit

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		



Formulary changes announced

Changes to the Independent Health Drug formularies resulting from the **November 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
 ophm- ophthalmology
 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 1/1/2023	Medications Non-Formulary 1/1/2023	Changes to Formulary 1/1/2023
Axelvity (bupropion/dextromethorphan) ER tab NPB, PA (with embedded ST) donepezil 23mg tab PG Lytgobi (fubibatimib) tab NPB, PA, SP Noxafil 300mg for susp packets NPB, PA except infectious disease specialist and Oncology Relyvrio (sodium phenylbutyrate/taurursodiol) oral susp NPB, PA, SP, LA Sotyktu (deucravacitinib) tab NPB, PA (with embedded ST)	Furoscix (furosemide) SC inj Konvomep (omeprazole/sodium bicarbonate) oral soln Omlonti (onidenepeg isopropyl) ophm soln Stimufend (pegfilgrastim-fpgk) SC inj	dexmethylphenidate tab, ER cap from T3 to T1 nvastigmine cap, TD from T3 to T1

Changes to Drug Formulary II (DFII), Drug Formulary III (DFIII), and Essential Plan Formulary (EPF)		
Medications Added to Formulary 1/1/2023	Medications Non-Formulary 1/1/2023	Changes to Formulary 1/1/2023
Axelvity (bupropion/dextromethorphan) ER tab NPB, PA (with embedded ST) donepezil 23mg tab PG Lytgobi (fubibatimib) tab NPB, PA, SP Noxafil 300mg for susp packets NPB, PA except infectious disease specialist and Oncology Relyvrio (sodium phenylbutyrate/taurursodiol) oral susp NPB, PA, SP, LA Sotyktu (deucravacitinib) tab NPB, PA (with embedded ST)	Furoscix (furosemide) SC inj Konvomep (omeprazole/sodium bicarbonate) oral soln Omlonti (onidenepeg isopropyl) ophm soln Stimufend (pegfilgrastim-fpgk) SC inj	dexmethylphenidate tab, ER cap from T3 to T1 galantamine tab, ER cap, oral soln T2 to T1 mecamylamine tab, ER cap, oral soln from T2 to T1 nvastigmine cap, TD from T3 to T1

Changes to Medicaid Formulary		
Medications Added to Formulary 1/1/2023	Medications Non-Formulary 1/1/2023	Changes to Formulary 1/1/2023
dexmethylphenidate tab, ER cap to T1 donepezil 23mg tab T1 Noxafil 300mg for susp packets T2, PA except infectious disease specialist and Oncology nvastigmine TD from T1	Axelvity (bupropion/dextromethorphan) ER tab Furoscix (furosemide) SC inj Konvomep (omeprazole/sodium bicarbonate) oral soln Lygtobi (fubibatimib) tab Omlonti (onidenepeg isopropyl) ophm soln Relyvrio (sodium phenylbutyrate/taurursodiol) oral susp Sotyktu (deucravacitinib) tab Stimufend (pegfilgrastim-fpgk) SC inj	see Medications Added to Formulary column

Changes to Medicare Formulary		
Medications Added to Formulary 1/1/2023	Medications Non-Formulary 1/1/2023	Changes to Formulary 1/1/2023
Axelvity (bupropion/dextromethorphan) ER tab NPB, ST Lygtobi (fubibatimib) tab NPB, PA, SP Omlonti (onidenepeg isopropyl) ophm soln NPB, ST Relyvrio (sodium phenylbutyrate/taurursodiol) oral susp NPB, PA, SP, LA Sotyktu (deucravacitinib) tab NPB, PA	Furoscix (furosemide) SC inj Noxafil 300mg for susp packets Konvomep (omeprazole/sodium bicarbonate) oral soln Stimufend (pegfilgrastim-fpgk) SC inj	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 8/19/22, the FDA revised the EUA for the **Novavax COVID-19 vaccine** to include an authorization of a primary two-dose series in adolescents 12 to 17 years of age. The CDC recommended this treatment at the Advisory Committee on Immunization Practices (ACIP) meeting on 8/22/22.
- On 8/31/22, the EUAs for both the **Pfizer-BioNTech COVID-19 vaccine** and the **Moderna COVID-19 vaccine** were amended to authorize a single Omicron BA.4- and BA.5-specific booster dose after the completion of any primary COVID-19 vaccine series. For the Pfizer-BioNTech vaccine, the authorization is for individuals 12 years of age or older. For the Moderna vaccine, the authorization is for individuals 18 years of age or older. The updated booster does not need to be from the same manufacturer that made the vaccine previously received. The CDC recommended the vaccines at the Advisory Committee on Immunization Practices (ACIP) meeting on 9/1/22.
- On 10/3/22, the FDA added information to the EUA for **Evusheld (tixagevimab and cilgavimab)** to inform healthcare providers and individuals receiving Evusheld of the increased risk for developing COVID-19 when exposed to variants not neutralized by the drug. This

information does not change the FDA's recommendation Evusheld be used as a pre-exposure prophylactic drug in patients who qualify to receive it per the EUA.

- On 10/12/22, the EUAs for both the **Pfizer-BioNTech COVID-19 vaccine** and the **Moderna COVID-19 vaccine** were amended to authorize a single Omicron BA.4- and BA.5-specific booster dose after the completion of any primary COVID-19 vaccine series in younger children. For the Pfizer-BioNTech vaccine, the authorization is for individuals 5 years of age or older. For the Moderna vaccine, the authorization is for individuals 6 years of age or older.
- On 10/19/22, the FDA revised the EUA for the **Novavax COVID-19 vaccine** to allow its use as a first booster dose at least 6 months after completion of a primary vaccination in patients 18 years of age and older who cannot access, cannot use, or refuse an mRNA bivalent booster. The CDC recommended this treatment on 10/19/22.
- On 11/8/22, the FDA granted an EUA to Kineret (anakinra) for the treatment of COVID-19 in hospitalized adults with pneumonia requiring supplemental oxygen (low- or high-flow) who are at risk of progressing to severe respiratory failure and likely to have an elevated plasma soluble urokinase plasminogen activator receptor.

Informational:

- On 8/26/22, **Lynparza** (olaparib) had its indication for indication for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy removed. Its other 3 ovarian cancer indications remain.
- On 9/21/22, **Retevmo** (selpercatinib) had its accelerated indication for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with a *rearranged during transfection (RET)* gene fusion changed to a regular approval.

Products removed from market:

- On 10/13/22, the drug sponsor of **Truseltiq** (ingratinib) announced it will be pulling the drug from the market, ending distribution March 31, 2023. This is purely a business and not a safety or efficacy decision. Truseltiq remains an investigational drug for achondroplasia.
- On 10/18/22, the sponsor of **Susvimo** (ranibizumab) announced it was temporarily removing the ocular implant from the market due to safety concerns with the device's piercing septum. No timetable for a potential return. Susvimo is a non-preferred ranibizumab product behind Cimerli (ranibizumab-eqrn).

Line extensions:

Adds:

- Imbruvica new oral suspension – added to each LOB following current coverage
- Noxafil 300mg for suspension packets-added to each LOB following current coverage (commercial, state only)
- Orkambi (lumacaftor/ivacaftor) new low-strength granules – added to each LOB following current coverage

Drugs with new indications:

Brand name	Generic name	New indication(s)	Coverage changes
Adcetris	brentuximab vedotin	new cHL treatment regimen patients 2 years and up	Policy changes
Boostrix	Tdap vaccine	3 rd trimester use to prevent pertussis in newborns	No changes
Cotellic	cobimetinib	histiocytic neoplasms in adults	Policy changes
Firdapse	amifampridine	lower age limit dropped to 6 years of age	Policy changes
Imbruvica	ibrutinib	pediatric GVHD 1 year of age and up	Policy changes
Imfinzi	durvalumab	biliary tract cancer w/gemcitabine and cisplatin	Policy changes
Imfinzi	durvalumab	unresectable HCC with tremelimumab	Policy changes
Imfinzi	durvalumab	NSCLC with specific criteria combined w/Imjudo	Policy changes
Libtayo	cemiplimab-rwlc	NSCLC with specific criteria	Policy changes
Liletta	levonorgestrel intrauterine	can be used up to 8 years	Policy changes
Lyumjev	insulin lispro-aabc	indication expanded to pediatrics	Age limit changes
Orkambi	ivacaftor; lumacaftor	lower age limit dropped to 1 year of age	Policy changes
Oxlumo	lumasiran	can be used in patients undergoing hemodialysis	Policy changes
Pemazyre	pemigatinib	r/r myeloid/lymphoid neoplasms w/FGFR1 rearr.	Policy changes
Retevmo	selpercatinib	RET fusion (+) solid tumors	Policy changes
Vemlidy	tenofovir alafenamide	lower age limit dropped to 12 years of age	Age limit changes

Medical:

- Aponvie (aprepitant) IV inj- medical (bundled)
- Daxxify (daxibotulinumtoxinA-lanm) IM inj- block (cosmetic)
- Elucirem and Vueway (gadopiclenol): new gadolinium-based contrast agents indicated for use in patients 2 years of age and older for contrast-enhanced MRI
- Iheezo (chloroprocaine) ophthm gel- medical PA (bundles)
- Imjudo (tremelimumab-actl) IV inj- medical PA (with embedded ST)
- Pedmark (sodium thiosulfate) IV inj- medical PA
- Rolvedon (eflapegrastim-xnst) SC inj- medical PA (with embedded ST), SP
- Skysona (elivaldogene autotemcel) IV infusion- medical PA (bundled)
- Spevigo (spesolimab-sbzo) IV inj- medical PA, SP, LA

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Imfinzi	durvalumab	NSCLC with specific criteria combined w/Imjudo	Policy changes
Libtayo	cemiplimab-rwlc	NSCLC with specific criteria	Policy changes
Liletta	levonorgestrel intrauterine	can be used up to 8 years	Policy changes
Lyumjev	insulin lispro-aabc	indication expanded to pediatrics	Age limit changes
Orkambi	ivacaftor; lumacaftor	lower age limit dropped to 1 year of age	Policy changes
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Medical:

- Aponvie (aprepitant) IV inj- medical (bundled)
- Daxxify (daxibotulinumtoxinA-lanm) IM inj- block (cosmetic)
- Elucirem and Vueway (gadopiclenol): new gadolinium-based contrast agents indicated for use in patients 2 years of age and older for contrast-enhanced MRI
- Iheezo (chloroprocaine) ophthm gel- medical PA (bundles)
- Imjudo (tremelimumab-actl) IV inj- medical PA (with embedded ST)
- Pedmark (sodium thiosulfate) IV inj- medical PA
- Rolvedon (eflapegrastim-xnst) SC inj- medical PA (with embedded ST), SP
- Skysona (elivaldogene autotemcel) IV infusion- medical PA (bundled)
- Spevigo (spesolimab-sbzo) IV inj- medical PA, SP, LA

- Tecvayli (teclistamab-cqyv) SC inj- medical PA buy and bill
- Terlivaz (terlipressin) IV inj- medical PA
- Vegzelma (bevacizumab-adcd) IV inj- medical PA(with embedded ST)
- Xenpozyme (olipudase alfa-rpcp) IV inj- medical PA
- Zynteglo (betibeglogene autotemcel) IV inj- medical PA (bundled)

Remain NF:

- allopurinol 200 mg tablet (single-source generic)
- Doryx MPC 60 mg tablet (new strength of non-formulary product)
- indomethacin 100 mg suppository (single-source generic)
- methocarbamol 1000 mg tablet (single-source generic)
- pirfenidone 534 mg tablet (single-source generic)

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
Byvalson	Vyduo (nebivolol/valsartan)	NF	NF	NF	NF/NF
Cetrotide	cetrorelix	T3 PA	T3 PA (Essl block)	Block	NF/NF
Daliresp	roflumilast	T3 PA exc pulm	T2 PA exc pulm	NF	T4/T1
Divigel	estradiol gel	T3	T3	NF	T4/T1
Gilenya	fingolimod 0.5 mg capsules	T1 PA exc neuro	T1 PA exc neuro	NF	T5/T1
Timoptic Ocudose	timolol 0.25%	NF	NF	NF	T4/T1
Tresiba	<i>authorized generic</i>	NF	NF	NF	NF/NF

Tier and status changes:

Commercial and Medicaid:

- DESI drugs removed (no evidence for efficacy) effective 9/15/22
- promethazine/dextromethorphan add T1 (CVS no longer stocks promethazine/codeine) effective 9/1/22

Medicaid:

- topical sulfacetamide sodium dermatological products blocked (eMedNY coverage list) effective 8/8/22