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## MVP Provider Directory

You can search the current MVP Provider Network for primary care physicians and specialists. Visit [mvphealthcare.com](http://mvphealthcare.com) and select **Find a Doctor**.

## \$ Un-Cashed Checks?

Visit [longlostmoney.com](http://longlostmoney.com) to see if MVP has any un-cashed checks in your name or in the name of your business.

## Get Healthy Practices by Email

Visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In/Register*, then select *Account Profile*, then *Communication Preferences* to enroll in MVP e-communications.

## MVP Professional Relations

MVP Corporate	
Headquarters	1-888-363-9485
Southern Tier	1-800-688-0379
Central New York	1-800-888-9635
Midstate New York	1-800-568-3668
Mid-Hudson	1-800-666-1762
Buffalo/Rochester	1-800-684-9286
Vermont	1-800-380-3530

## Denise V. Gonick

President & CEO  
MVP Health Care, Inc.

## We welcome your comments.

Healthy Practices  
MVP Health Care  
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[mvphealthcare.com](http://mvphealthcare.com)

## Professional Relations Updates

### Join Online Care Group, the MVP Telemedicine Provider Network for myVisitNow



As of January 1, 2017, many MVP plans include **myVisitNow**—24/7 online doctor visits, powered by American Well. This telemedicine benefit offers eligible MVP members access to urgent care providers, anytime from nearly anywhere in the U.S. We are committed to taking an active role in supporting your patient's health, and your role as their Primary Care Provider (PCP). **myVisitNow** is not designed to replace PCP visits, but to offer our members greater access to care and convenience for urgent care related visits.

If you haven't already done so, please consider joining American Well's Online Care Group to offer online consultations. We see this as an opportunity to evolve patient care, and we want you to be part of it! By joining, you will not only have access to MVP members, but to other American Well users.

To join the already well-established and reputable Online Care Group national network providing online consultations via **myVisitNow**:

- Visit [myvisitnow.com](http://myvisitnow.com) and select *Provider Login*, then *Enroll*.
- Email a Curriculum Vitae to [ocg.recruiting@americanwell.com](mailto:ocg.recruiting@americanwell.com).

For more information, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Search Providers*, then *New for 2017\*! myVisitNow—24/7 Online Doctor Visits*. Or contact your MVP Professional Relations representative.

## Case and Condition Health Management Programs Accepting Referrals

MVP offers dedicated Population Health Management programs to members at a variety of service levels. Drawing on the combined strength of our wellness strategists, registered nurses, social workers, respiratory therapists, physicians, pharmacists, and community health care providers, MVP offers a highly focused, integrated approach to case management that promotes quality, cost-effective health care throughout the care continuum. MVP Case Managers use key principles within the framework of nursing case management established by the American Nursing Association and the Case Management Society of America.

The MVP Condition Health Management program focuses on members with asthma, low back pain, cardiac condition (post-event based), COPD, diabetes, and heart failure.

### MVP's Acute Case Management Focuses on High-Risk Target Populations

Factors considered for identifying eligible members for case management include: diagnosis, cost, utilization (emergency room and inpatient admissions), and qualitative variables (social risk, support network), as well as members' willingness to participate in case management.

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(Case and Condition Health Management Programs continued from page 1)

Case management activities also include care of members who undergo organ transplant, have cancer, end-stage renal disease, HIV/AIDS, or experience a high-risk pregnancy. Additional factors for consideration when determining member eligibility include members who are non-adherent to the plan of care and/or members who require additional guidance in navigating their care. Members who experience a critical event or diagnosis can be referred for case management services through multiple avenues.

To make a referral to our Population Health Management program, call **1-866-942-7966**, fax **1-866-942-7785**, or email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com).

## CMS Medicare Benefits and Beneficiary Protections

When an MVP Medicare Advantage member receives items and services through referrals by an MVP contracted doctor to a non-contracted doctor, also known as Plan Directed Care, The Centers for Medicare & Medicaid Services (CMS) expects that the contracted doctor will coordinate with MVP before making that referral. This is an important step to make sure MVP members are getting medically necessary services covered by MVP's Medicare Advantage Plan. If a contracted provider is not certain what is covered, they must request a pre-service organization determination prior to referring the member to a non-contracted provider by calling **585-325-3114** or **1-800-684-9286**.

In 2017, MVP will be working with contracted providers to review data obtained through claims that have been referred to non-contracted providers for ongoing education.

## Provider Resource Manual Update

### FX Modifier Claim Payment Reduction Notification

MVP is changing how the technical component fees are paid for radiology claims billed with an FX modifier for all lines of business. This change will be effective for April 1, 2017 and subsequent dates of service.

The FX modifier **must be used** when billing the technical components of X-rays taken using film. This change is being made pursuant to Section 502(a)(1) of the Consolidated Appropriations Act of 2016 and is intended to encourage providers to transition from traditional x-ray imaging to digital radiography. The technical

## Provider Demographic Changes

MVP makes every effort to ensure a provider's demographic information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

### Examples of status changes are:

- No longer accepting patients
- Changes of address, phone number, or tax ID number

To report demographic changes to MVP, please complete a Provider Demographic Change form. To download the form, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Forms*, and then the appropriate form under *Provider Demographic Change Forms*. Please return the completed demographic change form on letterhead to the appropriate fax number or email below.

#### East New York and Massachusetts

**518-836-3278**

[eastpr@mvphealthcare.com](mailto:eastpr@mvphealthcare.com)

#### Central, Mid-State, or Southern Tier New York

**315-736-7002**

[centralprdept@mvphealthcare.com](mailto:centralprdept@mvphealthcare.com)

#### Rochester

**585-327-5747**

[RocProviderChanges@mvphealthcare.com](mailto:RocProviderChanges@mvphealthcare.com)

#### Mid-Hudson New York

**914-372-2035**

[MidHudsonprdept@mvphealthcare.com](mailto:MidHudsonprdept@mvphealthcare.com)

#### Vermont

**802-264-6555**

[vpr@mvphealthcare.com](mailto:vpr@mvphealthcare.com)

For more information, see Section 4 of the *MVP Provider Resource Manual*.

component payment of global procedures billed with the FX modifier will be reduced by 20 percent. Claims billed with the TC and FX modifier and paid per the CMS provider fee schedule/ Outpatient Prospective Payment System (OPPS) will be reduced by 20 percent.

For more information, *Sign In* to your MVP account at [mvphealthcare.com](http://mvphealthcare.com) and select *MVP Provider Resource Manual* under *Online Resources*. Please refer to Section 15: Payment Policies, Modifier policy.

## Medicaid Program Updates

### Little Footprints<sup>SM</sup> Prenatal Care Program for High-Risk Pregnancies

MVP offers a high-risk prenatal care program called **Little Footprints**. Little Footprints provides additional clinical expertise for expectant mothers.

The goal of the Little Footprints program is to promptly identify female members vulnerable to high-risk pregnancy (multiple births, infertility, history of miscarriage, etc.) and provide the member with care coordination and prenatal education. The program involves monthly telephonic contact with an MVP Case Manager or bilingual Maternity Care Coordinator who follows each member individually and develops an education plan in conjunction with the pregnancy assessments and screenings.

Ongoing phone calls are scheduled with the member to encourage healthy behavior and provide education on topics such as fetal development, diet, nutrition, and exercise. Members are followed post-delivery, and are assessed for postpartum depression and a newborn assessment is completed. Members are advised to follow up with their physicians post-delivery and verify that an appointment with the pediatrician has been scheduled.

Expectant mothers are mailed educational information packets upon enrollment and delivery. Those members who are not eligible or decline to participate in the Little Footprints program are referred to the **Healthy Starts** program for an educational packet via mail. The Healthy Starts program gives mothers-to-be information that helps them stay healthy, learn about pregnancy, and prepare for delivery. Medicaid members who are not eligible or decline to participate in the Little Footprints program will receive the same informational mailings as those enrolled in the program.

To make a referral to our Little Footprints program, call **1-866-942-7966**, fax **1-866-942-7785**, or email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com).

## Compliance Updates

### Depression During Winter

Winter represents an increased risk for depression due to the shorter, darker days and decreased opportunities for physical activity. Helping patients recognize the symptoms

## Breastfeeding

MVP recognizes the importance of breastfeeding babies and we are committed to ensuring that breastfeeding support is available for every mom and baby we cover. MVP partners with a breastfeeding education and support program, Corporate Lactation Services. Through this relationship, MVP is able to offer nursing mothers breastfeeding equipment and access to board certified lactation consultants 365 days-a-year. This support program includes outreach calls placed at specific times to provide mothers with information appropriate for the age of the infant/baby. Members can call with questions or concerns until weaning.

All of these services are offered at no additional charge to our members. To enroll, members can visit [corporatelactation.com](http://corporatelactation.com) and select *Subsidy Login*, then enter the pass code *MVP2229* or call **1-888-818-5653**.

## Financial Incentives Relating to Utilization Management (Utilization Management Notification)

It is the policy of all of the operating subsidiaries of MVP Health Care, Inc. to facilitate the delivery of appropriate health care to our members, and to monitor the impact of the plan's Utilization Management Program to ensure appropriate use of services. The MVP Utilization Management Program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would encourage carriers to deny care and services.

MVP's utilization management decisions are based only on appropriateness of care and the benefits provisions of the member's coverage. MVP does not specifically reward practitioners, providers, or staff, including Medical Directors and Utilization Management staff, for issuing denials of requested care. MVP does not offer financial incentives, such as annual salary reviews and/or incentive payments to encourage inappropriate utilization.

of depression and educating them on the treatment opportunities may help mitigate the impact of seasonal depression. To help you help your patients, Beacon Health Options<sup>®</sup> offers a PCP Hotline that provides "Curbside

Consults” related to behavioral health issues. PCPs and specialists may contact the Beacon Health Options PCP and Peer Advisor’s Scheduling Line for consultation at **1-877-241-5575**. Representatives are available Monday–Friday, 9 am–6 pm Eastern Time.

## Helping Adolescent Patients Find an Adult Care Provider

Patients entering adulthood (ages 18 and up) may want help or need encouragement to transition from a pediatrician to an adult care provider. MVP offers resources to help you serve your adolescent patients.

MVP’s online provider directory enables members to search for and select an adult provider by several preferences such as location, board certification, gender, or language spoken. Members can visit [mvphealthcare.com](http://mvphealthcare.com) and select *Find a Doctor* to search for providers.

The MVP Customer Care Center is available to assist older adolescent members with transitioning from a pediatrician and/or pediatric specialists to an adult provider when they wish to make the change. Members can call the MVP

Customer Care Center at the phone number on the back of their MVP Member ID card.

MVP offers a template letter to make it easy for you to contact your patients over the age of 18 to help make the transition from your practice to an adult practice. Contact your MVP Clinical Reporting Coordinator for more details.

## Talk With Your Patients About Aspirin Use

Aspirin use as treatment for heart disease is often misunderstood. The best resource for your patients is you, their health care provider. Talk with your patients about appropriate use of aspirin for the prevention of heart attacks. Without the benefit of your expertise, television commercials can be very persuasive and do not clearly explain the risks as well as the benefits.

No one knows your patients better than you do, and they trust your recommendations. Help your patients make the right decision. The American Heart Association’s website offers more details, presented to a non-clinical audience which may be a helpful resource for your patients. Visit [heart.org](http://heart.org) and type “aspirin” in the *Search* field to find helpful web content and downloadable materials.

this measure—if an antibiotic is prescribed be sure to document any comorbidities.

### Measures: W15, W34, AWC Well-Child/Adolescent Measures

#### Well-Child Visits in the First 15 Months of Life (W15):

This measure reports seven different rates according to the number of well-child visits within the first 15 months of life. Separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits.

#### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34):

This measure reports the percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

#### Adolescent Well-Care Visits (AWC):

This measure reports the percentage of enrolled members ages 12–21 who had at least one comprehensive well-

care visit with a PCP or an OB/GYN practitioner during the measurement year.

#### Criteria for W15, W34, and AWC measures:

- Visits must take place with a PCP, but it does not need to be the PCP assigned to the member.
- Services specific to an acute or chronic condition **do not count** toward the measure.
- Services may occur over several visits as long as they are within the time frame of the measure.

Medical records may be reviewed for this measure, and notations must include the date of the visit with the PCP and **all** of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

#### Additional criteria for W34 and AWC measure:

- Visits to school-based clinics with practitioners whom MVP would consider PCPs may be counted for the W34 and AWC measures. For these visits to count there must be documentation of a well-child exam in the medical record or administrative system in the time frame specified by the measure.

#### Measure: CCS

#### Cervical Cancer Screening (CCS)

This measure reports the percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every three years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Medical records may be reviewed for this measure and notations must include both of the following:

- A note indicating the date when the cervical cytology was performed.
- The result or finding.

For women age 30–64 who did not meet the first criteria (evidence of cervical cytology every three years), medical records must include both of the following:

- A note indicating the date when the cervical cytology and the HPV test were performed. The cervical cytology and HPV test must be from the same data source.
- The results or findings.

Note—the following **do not count** toward the measure:

- Lab results that state the sample was “inadequate” or that “no cervical cells were present”.
- Biopsies do not count because they are diagnostic (not a screening).

Members may be **excluded from this measure** for several reasons. Be sure to include appropriate documentation in the medical record:

- Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.
- Evidence of a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix meets criteria for exclusion.
- Documentation of “complete,” “total,” or “radical” abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. The following also meet criteria:
  - Documentation of a “vaginal Pap smear” in conjunction with documentation of “hysterectomy.”
  - Documentation of hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening.

#### Measure: FUH

#### Follow-Up After Hospitalization for Mental Illness (FUH)

This measure reports the percentage of discharges for members ages 6 and up who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage of discharges for which the member received follow-up within seven days of discharge.

Key points about this measure:

- This is an administrative measure and does not utilize chart review.
- Visits that occur on the date of discharge do count toward this measure.

#### Reminder—Change for HEDIS 2017

We wanted to remind you about a change we mentioned in the last issue of *Healthy Practices* for the **Immunizations for Adolescents (IMA)** measure—the HPV vaccine has been added as a requirement for this measure. Now this measure requires three doses of HPV vaccine by age 13. **This requirement for the HPV vaccine is for both boys and girls.**

## Quality Improvement Updates

### HEDIS®/QARR and CAHPS® Measure Spotlight

In prior issues of this newsletter we have introduced several HEDIS measures that MVP monitors on an ongoing basis and submits to the National Committee for Quality Assurance (NCQA), and the state and federal governments annually. The following describes additional measures MVP is focusing on for 2017.

#### Measure: AAB

#### Avoidance of Antibiotics for Adults with Acute Bronchitis

Compliance is achieved when individuals (ages 18–64) with a diagnosis of acute bronchitis are **not** given a prescription for an antibiotic.

- The measure is reported as an inverted rate—a higher rate indicates appropriate treatment (those not given an antibiotic).
- This is an administrative measure and does not utilize chart review. Claims are reviewed to check for an antibiotic prescription on or up to three days after the date of service for any outpatient or ED visit with a diagnosis of acute bronchitis.
- Members with comorbidities may be removed from

MVP understands the challenges providers face to help educate patients and influence behavior change. We have various resources and tips available to support your work, including:

#### **Provider Quality Improvement Manual (PQIM)**

The PQIM has clinical guidelines for providers as well as many tools to assist with practice and educating patients. To find the PQIM, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Quality Programs*. The manual is organized by clinical topics, including those addressed in the aforementioned HEDIS measures.

#### **Bright Futures**

Additional support in relation to the well-child/adolescent measures is available through the Bright Futures tools available on the American Academy of Pediatrics (AAP) website at [aap.org](http://aap.org). Many tools are available at no charge to practices to assist in pediatric care. The pocket guide is

separated by age and contains useful information on the types of screening and anticipatory guidance that should take place at each visit. This covers the points NCQA has instructed health plans to look for when reviewing charts for evidence of a well-care visit.

#### **Mental Health/Substance Use and Coordination of Care**

Individuals with mental health/substance use issues often have trouble following through with recommendations. If a patient has been hospitalized for a mental health issue, it is important to coordinate with their behavioral health specialist to ensure they receive the appropriate follow-up care. Beacon Health Options is also there to assist patients with mental health/substance use issues in New York State. Their Intensive Case Management (ICM) program is designed to help patients with serious mental illness and those who have been hospitalized. To contact a Beacon Case Manager, call **1-877-390-9652**. For members in Vermont please call PrimariLink at **1-800-320-5895**.

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## Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the January meeting. Some of the medical policies may reflect new technology while others clarify existing benefits. *Healthy Practices* and/or *FastFax* will continue to inform your office about new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the *Benefits Interpretation Manual (BIM)*. To access the *Benefits Interpretation Manual*, visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In/Register*, then select *Resources*. The *Current Updates* page of the BIM lists all medical policy updates. If you have questions regarding the medical policies or wish to obtain a paper copy of a policy, contact your MVP Professional Relations Representative.

### **Medical Policy Updates Effective April 1, 2017**

**Continuous Passive Motion Devices:** There are no changes to the medical policy criteria. This medical policy is effective April 1, 2017. It was erroneously reported in the January/February Healthy Practices Issue to be effective February 1, 2017.

**Deep Brain Stimulation:** There are no changes to the medical policy criteria.

**Electromyography and Nerve Conduction Studies:** There are no changes to the medical policy criteria.

**Evaluation of New Technology:** There are no changes to the evaluation of new technology process.

**Hip Surgery (Arthroscopic) for Femoroacetabular Impingement (FAI), Acetabular Labral Tears, and Snapping Hip Syndrome:** There are no changes to the medical policy criteria. Effective January 1, 2017, CPT Codes 29914, 29915, and 29916 do not require prior authorization.

**Implantable Cardioverter Defibrillators, Implantable Dual Chamber Automatic Defibrillators, and Cardiac Resynchronization Devices:** There are no changes to the medical policy criteria.

**Investigational Procedures, Devices, Medical Treatments, and Tests:** There are no changes to the medical policy criteria.

**Medical Policy Development, Implementation, and Review Process:** There are no changes to the evaluation of medical policy review process.

**Negative Pressure Wound Therapy Pumps:** There are no changes to the medical policy criteria. The policy language regarding subsequent negative pressure wound therapy (NPWT) following discharge: NPWT will be covered when treatment is ordered to continue beyond discharge to the home setting.

**Procedures for the Management of Chronic Spinal Pain and Chronic Pain:** This policy addresses trigger point

injections, sacroiliac (SI) joint injections (diagnostic and therapeutic), lumbar epidural injections (interlaminar, caudal, and transforaminal approaches). Previously, this policy addressed facet joint injections, which are now addressed in the MVP Radiofrequency Neuroablation (Rhizotomy), Facet Joint Injections, Medial Branch Blocks, Procedures for Chronic Pain.

**Radiofrequency Neuroablation (Rhizotomy), Facet Joint Injections, Medial Branch Blocks, Procedures for Chronic Pain:** This policy addresses facet joint injections (diagnostic and therapeutic) and radiofrequency thermal medial branch radiofrequency neurotomy. Previously this policy was titled Radiofrequency Neuroablation Procedures

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## Pharmacy Updates

### **Out-of-Area Pharmacy Diabetic Supply Prescriptions**

MVP has been made aware of out-of-area pharmacies faxing providers prepopulated diabetic supply prescription forms on behalf of the patient. These forms frequently contain orders for insulin, blood glucose meter, test strips, a high-cost compounded wound cream, and vitamin supplements. Upon further investigation we have learned that often the member has not requested these services from the pharmacy. If your office receives one of these prescriptions please verify if the member has initiated the request, and if the medications and supplies are needed.

If you would like to report any suspicious activity, please contact the MVP Special Investigations Unit at **1-877-835-5687**.

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### **Authorized Agents for Prior Authorization Requests**

MVP will only accept prior authorizations or communications from the prescribing health care provider or authorized agent. An authorized agent is someone employed by the prescriber and has access to the patient's medical records, such as a nurse or medical assistant. A pharmacy or pharmacist cannot be an authorized agent. Therefore, prior authorization requests and communications regarding requests received via phone or fax from a pharmacy will not be accepted. If you have any questions, please call MVP Professional Relations at **1-800-684-9286**.

for Chronic Pain. The current title is MVP Radiofrequency Neuroablation (Rhizotomy), Facet Joint Injections, Medial Branch Blocks, Procedures for Chronic Pain.

**Wheelchairs (Manual):** There are no changes to the medical policy criteria.

**Temporomandibular Joint Dysfunction (NY and VT versions):** There are no changes to the medical policy criteria.

**Transcatheter Aortic Valve Replacement:** There are no changes to the medical policy criteria.

**Vision Therapy (Orthoptics, Eye Exercises):** There are no changes to the medical policy criteria.

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### **Policy Updates Effective February 1, 2017**

**Lyme Disease/IV Antibiotic Treatment:** No changes to this policy.

**Zyvox (linezolid):** No changes to this policy.

**Solodyn (minocycline):** Approval criteria and exclusions updated.

**Doryx/Oracea (doxycycline):** Approval criteria for both Doryx and Oracea updated.

**Mepron (atovaquone):** No changes to this policy.

**Hepatitis C Treatment:** Preferred agents updated, Eplclusa will be preferred for the treatment of genotypes 2 and 3 infections.

**Antibiotic/Antiviral Prophylaxis:** No changes to this policy.

**Government Programs Over-The Counter (OTC) Drug Coverage:** No changes to this policy.

**Patient Medication Safety:** No changes to this policy.

**Compounded (Extemporaneous) Medications:** No changes to this policy.

**Valchlor:** No changes to this policy.

**Onychomycosis:** Approval duration for Kerydin added.

**Quantity Limits for Prescription Drugs:** Quantity limits added for long acting stimulants, Emend suspension, Varubi tablets, Adrenaclick, Evzio, and Plan B (Medicaid only).

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### **Policy Updates Effective April 1, 2017**

**Acthar:** No changes to this policy.

**Growth Hormone Therapy:** No changes to this policy.

**Infertility Drug Therapy:** Endometrin and Crinone will require prior authorization if member is not between the ages of 21–44.

**Disposable Insulin Delivery Devices:** No changes to this policy.

**Metformin ER:** No changes to this policy.

**Kuvan:** No changes to this policy.

**Male Hypogonadism:** Medicare variation updated; Testopel will require prior authorization if quantity is greater than 10 pellets. Medicaid variation updated; all brand name testosterone products will require failure of Tier 1 agents.

**Transgender Policy:** No changes to this policy.

**Select Oral Antipsychotics: New Policy** Vraylar will require prior authorization.

**Select Injectables for Asthma:** Nucala and Cinqair will require prior authorization.

**Physician Prescriptions Eligibility:** No changes to this policy.

**Prescribers Treating Self or Family Members:** No changes to this policy.

## Formulary Updated for Commercial, Marketplace, and Medicaid

**New drugs**—recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid plans.

Drug Name	Indication
Inflectra	RA, AS, PS, Crohn's, UC
Lartruvov	Soft tissue sarcoma
Vemlidy	Chronic hepatitis B
Zinplava	Reduce recurrence of C. difficile
Adlyxin	Type 2 DM
Soliqua	Type 2 DM
Basaglar	Type 1 and 2 DM

### Drugs Added to Formulary

#### Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

Aprepitant capsules	Ergotamine w/caffeine
Epinephrine auto injection (Tier 1 marketplace)	Ezetimibe
Oseltamivir capsules	Quetiapine XR
Rasagiline	

### Drugs Removed from Prior Authorization

Briviact	Cabometyx
Probuphine kit	Tecentriq