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MVP Provider Directory

You can search the current MVP Provider Network at www.mvphealthcare.com. Select *Find a Doctor* to search for current primary care providers and specialists online.



Get **HEALTHY PRACTICES** by email! Complete the form at www.mvphealthcare.com/providerpreferences to enroll in MVP e-communications.

Contacting MVP Professional Relations

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

Denise V. Gonick
President & CEO

We welcome your comments.

Healthy Practices
MVP Health Care, Inc.
Professional Relations Dept.
PO Box 2207
Schenectady, NY 12301

PROFESSIONAL RELATIONS UPDATE

Provider Demographic Review

The Centers for Medicare and Medicaid Services (CMS) regulation 42 CFR 422.111(b)(3) and (h)(2)(ii), 422.112, 423.128(d)(2) requires that all health plans work with their provider network on a quarterly basis to confirm the provider demographic information in the online directory is accurate. Providers are required to review their demographic information in the MVP directory and notify MVP of any inaccuracies in the directory to be updated.

MVP is asking all participating providers to follow these steps:

Step 1: Visit www.mvphealthcare.com and select *Find a Doctor*, then *Search by Provider*.

Step 2: Search for the provider(s) in your practice and review the following demographic information for accuracy:

- Ability to accept new patients
- Street address or missing addresses
- Phone number
- Other changes that affect availability to patients. (e.g. handicap accessible, specialty changes)

Step 3: If demographic information is identified as incorrect, please submit the correct information to MVP using the *MVP Providers Change of Information* form. To download this form, visit www.mvphealthcare.com and select *Providers*, then *Forms*. Delegated providers should contact their delegate administrator to update demographic information and they will follow their normal monthly process of communicating updates to MVP.

Step 4: If the update applies to multiple providers in the group, please include a roster of all providers to whom the change applies, including the providers name and NPI, when you submit updates to MVP.

Step 5: Fax or email the completed *Providers Change of Information* form to the appropriate regional fax or email address listed on the form.

Step 6: *Login* at www.caqh.com and make any demographic updates to your Council for Affordable Quality Healthcare (CAQH) profile so it matches the information you are submitting to MVP and re-attest your CAQH.

A request to review demographic information will be sent to providers quarterly.

PROVIDER QUALITY IMPROVEMENT MANUAL UPDATES

Clinical Guidelines Re-endorsed

The MVP Quality Improvement Committee (QIC) recently re-approved the following enterprise-wide clinical guidelines:

Prevention and Treatment of Osteoporosis

MVP continues to endorse the recommendations of the National Osteoporosis Foundation (NOF) Prevention and Treatment of Osteoporosis guideline. The NOF reviewed and updated the guideline in 2014. The guideline contains a summary section which highlights the following: Universal Recommendations, Diagnostic Assessment, Vertebral Imaging, Pharmacologic Treatment Recommendations, and Monitoring Patients. The full NOF Clinician's Guide can be found at my.nof.org and selecting *Resources for Professionals*.

Practice Guidelines for the Management of End Stage Renal Disease (ESRD)

MVP adopted guidelines for End Stage Renal Disease (ESRD) based on the National Kidney Foundation's Kidney Disease Outcome Quality Initiative (NKF KDOQI™). The National Kidney Foundation has published numerous Clinical Practice Guidelines through its KDOQI process. Topics covered include Chronic Kidney Disease (CKD, Dialysis Care, and Cardiovascular Disease in Dialysis Patients). There are no recent updates to these guidelines. For all KDOQI Guidelines for Chronic Kidney Disease (CKD) Care and KDOQI Guidelines for Dialysis Care, visit www.kidney.org and select *Professionals*, then *KDOQI*.

Adult Preventive Care Guidelines

As part of its continuing Quality Improvement Program, MVP has adopted Adult Preventive Care Guidelines. The adult guidelines reflect recommendations by the U.S. Preventive Services Task Force. To view the recommendations, visit www.uspreventiveservicestaskforce.org and select *Recommendations*. Tools for Primary Care Providers can be found by visiting www.uspreventiveservicestaskforce.org and selecting *Information for Health Professionals*.

For adult immunizations, MVP endorses the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommendations. A copy of their Immunization Schedule is available by visiting www.cdc.gov and selecting *Vaccines & Immunizations* under *Healthy Living*, then *Immunization Schedules*, then *For Health Care Professionals*, and then *Adult Immunization*.

Asthma

As part of our continuing Quality Improvement Program, MVP endorses recommendations for Asthma care that are a result of a collaborative effort led by the New York State Department of Health (NYSDOH). Collaborators include NYSDOH, the New York City Department of Health and Mental Hygiene, MVP Health Care, and other health plans

and professional organizations from across New York State. The guideline is derived from the Third Expert Panel Report 3 (EPR3). The EPR3 Asthma guideline was developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH). The NYSDOH *Clinical Guideline for the Diagnosis, Evaluation, and Management of Adults and Children with Asthma* can be found by visiting www.health.ny.gov and selecting *Providers/Professionals*, then *Diseases & Conditions*, and then *Asthma*.

In New York, MVP encourages practitioners to use the NYSDOH's *Asthma Action Plan* with their patients and families. The form is available by visiting www.health.ny.gov and selecting *Publications and Educational Material* at the bottom of the page, then *Asthma*, and then *Form 4850*.

Practitioners in Vermont are encouraged to use a similar form produced by the Vermont Department of Health. For copies of the Vermont Asthma Action Plan form, contact the Vermont Department of Health Asthma Program at **1-866-331-5622**. A sample of the Vermont action plan and can be found by visiting www.healthvermont.gov and selecting *Diseases and Prevention*, then *Asthma*, and then *Tools for Managing Asthma*.

In conjunction with these guidelines, MVP Health Care offers a Condition Health Management program for our members with a diagnosis of Asthma. If you would like to refer one of your patients to this program, please call MVP Population Health Case Management at **1-866-942-7966**. More information on this and MVP's other health programs may also be found at www.mvphealthcare.com by selecting *Providers* and then *Programs for members with chronic health concerns* under *Condition Health Management*.

Attention Deficit Hyperactivity Disorder (ADHD)

As part of our continuing Quality Improvement Program, MVP has adopted the American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011 update). This guideline can be found in the Behavioral Health section of the *Provider Quality Improvement Manual* by visiting www.mvphealthcare.com and selecting *Providers*.

The National Initiative for Children's Healthcare Quality (NICHQ) has developed a toolkit specifically for ADHD. Items in the toolkit include ADHD evaluation forms and written treatment plans for the primary care clinician; the Vanderbilt Assessment

scales and scoring information for parents, educators, and clinicians; educational materials for parents and additional resources. The toolkit is available by visiting www.nichq.org and selecting *Children's Health*, then *ADHD*, then *Resources*, and finally *ADHD Toolkit*.

In addition, for our New York practitioners, Beacon Health Options offers a toll-free Provider Consult Line staffed by Board Certified Psychiatrists. These psychiatrists are available for telephonic consultation regarding all aspects of mental health and substance abuse treatment for children and adults, including appropriate use of psychotropic medications. The consult line is a valuable tool in educating Primary Care Providers (PCP) on how to screen for and manage children with ADHD as well as answering specific questions. PCP's as well as Specialists may contact the Beacon Health Options Provider Consult Line for consultation at **1-877-241-5575**, Monday-Friday, 8am-5pm Eastern Time.

Chronic Obstructive Pulmonary Disease (COPD)

As part of MVP's continuing Quality Improvement Program, we have adopted the Global Initiative for Chronic Obstructive Lung Disease's (GOLD) clinical guideline for the diagnosis, management, and prevention of COPD (2011 update).

The GOLD Guideline for COPD, *Global Strategy for the Diagnosis, Management, and Prevention of COPD* can be found by visiting www.goldcopd.com and selecting *Documents & Resources*. Also available on the *Documents & Resources* page are the *Pocket Guide to COPD Diagnosis, Management, and Prevention* and the *GOLD Spirometry Guide*.

Oncology

As part of MVP's continuing Quality Improvement Program, we have adopted the National Comprehensive Cancer Network's (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for the treatment and management of cancer. The National Comprehensive Cancer Network is a not-for-profit alliance of 21 of the world's leading cancer centers working together to improve the quality, effectiveness, and efficiency of cancer care.

Providers may access the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) by visiting www.nccn.org by selecting *NCCN Guidelines®*. Numerous guidelines for the treatment and management of cancer are available by selecting *NCCN Guidelines for Treatment of Cancer by Site*. Also available on this page are links to several pocket guidelines available free of charge. You will need to complete the brief, free registration to *Login* and download the documents.

In conjunction with these guidelines, MVP Health Care offers Case Management for members in active treatment for cancer. If you would like to refer one of your patients to this program, please call MVP Population Health Case Management at **1-866-942-7966**.

Perinatal Care

MVP Health Care has adopted perinatal care practice guidelines as part of its continuing Quality Improvement Program. These practice guidelines primarily reflect the recommendations put forth in the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (AAP/ACOG) Guidelines for Perinatal Care, Seventh Edition. October, 2012.

The AAP/ACOG guidelines are available by visiting www.acog.org and selecting *Resources & Publications*. Guidelines are free to ACOG members. Non-members and members of the public can purchase the printed guidelines from the ACOG online store.

In addition to the AAP/ACOG guidelines, all clinicians who provide prenatal care for MVP Medicaid Managed Care patients should be aware of, and follow, the New York State Medicaid guidelines. To access the New York State Medicaid prenatal care guidelines, visit www.health.ny.gov and select *Providers/Professionals*, then *Health Topics A to Z*, then *Managed Care*, and then *Medicaid Prenatal Care Standards*.

In conjunction with these guidelines, the MVP Little FootprintsSM program offers high-risk prenatal care. The Little Footprints program includes phone calls from a registered nurse specializing in high-risk maternity for one-on-one education, case management support, and intervention during a high-risk pregnancy. All Medicaid members are eligible for the Little Footprints program. Those members who are not eligible for 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. If you would like to refer one of your patients to either of these programs, please call MVP Population Health Case Management at **1-866-942-7966**.

Secondary Prevention of a Cardiac Event in Patients with Atherosclerotic Cardiovascular Disease

As part of our continuing Quality Improvement Program, MVP has adopted the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF) Guidelines, Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic

Vascular Disease (2011 Update). These guidelines are endorsed by the National Heart Lung Blood Institute (NHLBI) of the National Institutes of Health (NIH).

The guideline is available at www.heart.org by selecting *Healthcare/Research* and then *Guidelines/Statements*. The American Heart Association is a national voluntary health agency to help reduce disability and death from cardiovascular diseases and stroke.

The MVP guideline cover page note in the Key Guideline Messages for blood pressure control is from 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults. Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC8). AHA/ACCF (2011 update) has not updated the guidelines with the blood pressure recommendations from JNC8. Lipid management is from the 2013 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. AHA/ACCF (2011 update) has not updated the guidelines with the lipid management recommendations from 2013 ACC/AHA guideline.

In conjunction with these guidelines, MVP Health Care offers a Condition Case Management program for members who have recently experienced a cardiac event (myocardial infarction, angioplasty, and/or stent placement). If you would like to refer one of your patients to this program, please call MVP Population Health Case Management at **1-866-942-7966**.

More information on MVP's health programs is available at www.mvphealthcare.com by selecting *Providers* and then *Programs for members with chronic health concerns*.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Paper copies of these recommendations are available by calling the MVP Quality Improvement Department at **1-800-777-4793 ext. 12602**. The recommendations will also be available in an update to the MVP Provider Quality Improvement Manual.

To access the current edition of the *Provider Quality Improvement Manual*, visit www.mvphealthcare.com and select *Providers*.

Change to Reimbursement for Medicaid SSI Behavioral Health Services

Effective July 1, 2016, Medicaid Managed Care (MMC) plans will cover behavioral health benefits. This change impacts reimbursement for inpatient/outpatient behavioral health services provided to

MVP's Medicaid SSI members that were previously treated as fee-for-service by Medicaid.

Behavioral health services that now fall under MMC include:

- Inpatient Rehabilitation and Treatment Services and Outpatient Services for Chemical Dependence
- Inpatient and Outpatient Mental Health Services

Behavioral health services for SSI members will be available through providers that participate with Beacon Health Options—MVP's behavioral health vendor. Claims for covered services should be submitted to Beacon for payment.

Update Regarding MVP's New HARP Plan

Effective July 1, 2016, MVP Health Care will offer the MVP Harmonious Health Care Plan, a Medicaid Managed Care Health and Recovery Program (HARP).

The MVP Harmonious Health Care Plan is available to existing Medicaid members aged 21 and over who have been identified by New York State as suffering from serious mental illnesses and/or substance use disorders.

Plan members will receive new Member ID cards from MVP. However, reimbursement for covered services will remain at the same rate that is currently provided to all Medicaid members.

While traditional Medicaid benefits will be available, MVP Harmonious Health Care Plan also provides members with access to a broad range of physical and behavioral health benefits from Home and Community-Based Services (HCBS) through MVP's behavioral health vendor, Beacon Health Options.

Network providers recently received a copy of Frequently Asked Questions about HARP and an Amendment to the MVP Health Care Participating Agreement that detailed participation in the MVP Harmonious Health Care Plan.

Additional resources and information about HARP can be found by visiting www.omh.ny.gov and selecting *Behavioral Health Providers*, then *Behavioral Health Managed Care*, then *Overview*, and then *Health and Recovery Plans (HARPs)*.

If you have any further questions, please contact your MVP Professional Relations Representative.

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the March 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 *Benefit Interpretation Manual* (BIM) located at www.mvphealthcare.com. To access the BIM, *Log In* to your account, select *Online Resources*, and then *BIM* under *Policies*. 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 Professional Relations Representative.

Medical Policy Updates Effective June 1, 2016

Adult Day Care: This policy applies to Medicaid Managed Care only. There are no changes to the indications/criteria of the medical policy.

Artificial Heart: There are no changes to the indications/criteria of the medical policy.

Biofeedback: There are no changes to the indications/criteria of the medical policy.

Cold Therapy Devices: There are no changes to the indications/criteria of the medical policy.

Emergency Department Services: There are no changes to the indications/criteria of the medical policy.

Feeding and Eating Disorders Behavioral Health: Previously, the medical policy was named Eating Disorders. The medical policy has been renamed Feeding and Eating Disorders Behavioral Health. The policy is formatted to list the levels of care. For each level of care there is admission, exclusion, continued stay, and discharge criteria. The criteria follow Beacon Health Options criteria.

Gender Reassignment: Previously, the medical policy was named Gender Reassignment Surgery. The policy was renamed Gender Reassignment to reflect that it covers both pharmaceutical and surgical gender reassignment. The medical policy follows New York State Medicaid guidelines. Two letters recommending surgery from behavioral health specialists are required and criteria for those letters are listed. For male to female transitions, breast augmentation is covered if the member meets criteria for surgical reassignment and also completes 24 months of hormone replacement therapy with no breast growth or hormone replacement therapy is contraindicated. For female to male transitions, mastectomy is covered. Revision of breast augmentation surgery without significant functional difficulty is not covered.

Mental Health Services: The policy is formatted to list the levels of care. For each level of care there is admission, exclusion, continued stay, and discharge

criteria. The criteria follow Beacon Health Options criteria.

Neuropsychological Testing: The policy has been updated to include psychologist or psychiatrist as specialty physicians that may order neuropsychological testing.

Oncotype DX Testing: There are no changes to the indications/criteria of the medical policy.

Penile Implants for Erectile Dysfunction: Penile implants are covered when a member fails conservative treatment. The Medicaid variation states vacuum erection systems are limited to a diagnosis of impotence with the order of a urologist or neurologist. The Medicare variation states that Medicare no longer covers vacuum systems or implants.

Phototherapeutic Keratectomy: There are no changes to the indications/criteria of the medical policy.

Power Mobility Devices: Previously, the medical policy was named Electric Wheelchairs and Power Scooters. The medical policy follows Medicare criteria.

Speech Therapy: There are no changes to the indications/criteria of the medical policy. The Medicaid variation follows the Medicaid requirements for speech therapy: documentation requirements, benefit limits and the conditions under which the 20 visit limitation does not apply, long term and restorative therapy criteria.

Substance Use: This policy was formerly named Chemical Dependency. The policy is formatted to list the levels of care. For each level of care there is admission, exclusion, continued stay, and discharge criteria. The criteria follows Beacon Health Options criteria.

Substance Use Medication Management: This policy was formerly named Opioid Substitution Therapy. The policy is formatted to list the levels of care. For each level of care there is admission, exclusion, continued stay, and discharge criteria. The criteria follow Beacon Health Options criteria.

CARING FOR OLDER ADULT PATIENTS

Testing and Treatment of Osteoporosis

Osteoporosis is a disabling condition that affects 55 percent of the American population aged 50 and older. This condition is primarily asymptomatic and often not diagnosed until after an initial fracture. According to the National Osteoporosis Foundation (NOF), one in two women age 50 or older will suffer an osteoporosis-related fracture in their lifetime.

MVP Health Care has adopted the NOF guidelines, Prevention and Treatment of Osteoporosis.

Key recommendations include:

- Bone Mineral Density (BMD) testing for women aged 65 and older. For post-menopausal women, testing should begin between age 50 and 69 if they have risk factors for the condition. BMD testing should be performed after a fracture to determine severity of the disease.
- Anyone with hip or vertebral fractures should be considered for treatment, as well as those with low bone mass according to their Dual-Energy X-ray Absorptiometry (DXA) score. FDA-approved treatments include biphosphonates, miscellaneous hormones and estrogen/progesterone combinations.
- Calcium (> 1,200 mg) and vitamin D (800-1,000 IU) should be taken daily by adults aged 50 and older, regardless of whether other medications to prevent or treat osteoporosis are prescribed. Despite the availability of specialized tests to detect osteoporosis and medications to prevent it, the condition remains largely under-diagnosed and under-treated.

According to MVP's 2015 HEDIS results, only approximately 17 percent of women ages 67-85 received a BMD test or prescription for a medication to treat/prevent osteoporosis within the six-months following a fracture.

For more information, MVP's Prevention and Treatment of Osteoporosis guideline is available at www.mvphealthcare.com by selecting *Providers*, then *Provider Quality Improvement Manual*, and finally *Caring for Older Adults*.

CLINICAL QUALITY UPDATE

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Breastfeeding Support

MVP recognizes the importance of breastfeeding babies and we are committed to ensuring that breastfeeding support is available for every mother and child we cover. We now offer a comprehensive lactation support program that provides guidance while breastfeeding and the necessary equipment through Corporate Lactation Services.

Through this relationship with Corporate Lactation Services, MVP offers 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 to the age of their child. Moms can also call in with questions or concerns until weaning.

All of these services are offered at no additional charge to our members. Benefit limitations may apply. Members may call the MVP Customer Care Center at the phone number on the back of their Member ID card to see if they qualify.

To enroll in this support program, members can visit www.corporatelactation.com and select *Subsidy Login*, then enter the company code, *MVP2229*. Members can contact Corporate Lactation Services by calling **1-888-818-5653**.

Smoking Cessation Benefits for Medicaid Enrollees

Many people who use tobacco want to quit, but need help. There are tools and support available to help you encourage your patients to quit smoking. Medicaid expanded coverage of Smoking Cessation Counseling (SCC) to all Medicaid beneficiaries on March 1, 2014 and MVP extended that benefit to all Medicaid enrollees. The expanded benefit allows each member a total of eight SCC sessions per calendar year, in addition to coverage of prescribed smoking cessation medications or over-the-counter nicotine replacement therapy products.

Prior authorization is not needed to provide or bill for SCC services. However, practices may call the MVP Provider Services Department at **1-800-684-9286** to verify that a member has not exceeded the allowed eight visits per year. Services are reimbursable when provided face-to-face by a physician, physician assistant, nurse practitioner, or midwife. SCC may take place during individual or group counseling sessions and may be billed as a stand-alone service or on the same day that a separate evaluation and management service is billed. Patient records must include information on the service provided and the duration of the counseling session. Reimbursement will be at contracted rates.

- Claims must include at least one of the following ICD-10-CM diagnosis code(s), for Nicotine Dependence, F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, or F17.291, **and**
- CPT 99406-Intermediate SCC, 3-10 minutes (billable only as an individual session), **or**
- CPT 99407-Intensive SCC, greater than 10 minutes (billable as an individual or group session; using the "HQ" modifier to indicate a group SCC session, up to eight patients in a group), **or**

- G9016–Smoking cessation counseling 6–10 minutes, **or**
- S9453–Smoking cessation counseling and smoking cessation classes.
- Providers reimbursed for SCC through Ambulatory Patient Groups must comply with billing guidelines detailed in the New York State Medicaid Update; April 2011, Volume 27, Number 5, available at www.health.ny.gov.

If your patient would like more information to help them quit using tobacco or to assess if they are ready, they can visit www.mvphealthcare.com and select *Members*, then *Live Healthy*, and finally *Health Tools & Calculators*. Physicians are urged to also advise patients that phone and online quit support is available free from the New York State Smokers' Quitline at **1-866-NY-QUITS (1-866-697-8487)** or www.nysmokefree.com.

PHARMACY UPDATES

Electronic Prescribing Mandate

Starting March 27, 2016, electronic prescribing for both controlled and non-controlled substances is mandatory in New York State.

- Non-prescription items such as durable medical equipment do not need to be electronically prescribed.
- Official New York State Prescription forms may be used in the event of a power outage or technical failure.

For additional information, visit www.health.ny.gov and select *Providers/Professionals*, then *Narcotic Enforcement*, then *Electronic Prescribing*, and finally *FAQs (PDF)*.

New Quantity Limits for Medicaid

Effective April 1, 2016, there will be a new quantity limits for Medicaid members on the following drugs:

- brand and generic Adderall XR, one capsule per day
- buprenorphine sublingual tablet, three tablets per day

Lidocaine (Topical) Products for Medicaid

Lidocaine cream, ointment, jelly, and patches require prior authorization for Medicaid members. Criteria for the cream, ointment, or jelly includes that they are being used for a FDA or compendia approved indication such as local anesthesia for short term use, partial thickness burns, neuropathic pain associated

with malignancy, urethral procedure, or urethritis. Criteria for lidocaine patches include that they are being used for the treatment of post-herpetic neuralgia or diabetic neuropathy. Requests that are submitted for non-FDA or compendia approved indication will not meet the policy criteria and therefore will not be approved.

Medicare Part D Prescriber Enrollment

The Center for Medicare & Medicaid Services (CMS) has delayed the enforcement of the Part D Prescriber Enrollment requirements until February 1, 2017. For more information please visit www.cms.gov and select *Medicare*, then *Medicare Provider-Supplier Enrollment*, and finally *Part D Prescriber Enrollment-Home*.

Policy Updates Effective June 1, 2016

Copay Adjustment for Medical Necessity:

- No changes

Cosmetic Drug Agents:

- The following drugs were added: Latisse, Chromelin, Vitadye, Melquin, Aclaro, and Kinerase
- The following discontinued drugs were removed: Artra and Obagi

Diclofenac (topical) Products **NEW POLICY**

- The following products will now require prior authorization for Medicaid members only- diclofenac 1.5% drops, diclofenac 3% gel, Flector patch, Pennsaid drops, Solaraze gel, Voltaren gel
- Criteria will include failure or contraindication to oral NSAID's Glumetza
- Generic Glumetza will also require prior authorization

Lidocaine (topical)

- Lidocaine patch criteria will now include failure of 1800mg of gabapentin for post-herpetic neuralgia and 60mg duloxetine for diabetic neuropathy

Medicare Part B vs. Part D Determination

- Policy updated to include coverage criteria for inhalation drugs, infusion pump drugs, immunosuppressive drugs, hemophilia clotting factors, oral anti-cancer drugs, oral anti-emetic drugs, immunizations, parenteral nutrition, and IVIG

Psoriasis Drug Therapy:

- Criteria for Cosentyx added to policy
- Stelara will be covered as a medical benefit
- Criteria for Humira used for the treatment of Hidradenitis Suppurativa added to policy

Formulary Updates for Commercial, Medicaid, and Marketplace Formularies

New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)

Drug Name	Indication
Nucala	Severe asthma with eosinophilic phenotype
Iressa	NSCLC with EGFR exon 19 deletions or exon 21 substitutions
Darzalex	Multiple Myeloma after 3 prior lines of therapy
Kanuma	Lysosomal Acid Lipase deficiency
Portrazza	First line treatment of NSCLC
Alecensa	NSCLC after failure of crizotinib
Bendeka	CLL or NHL after progression on rituximab

Drug Name	Indication
Uptravi	Pulmonary arterial hypertension
Dyanavel XR	ADHD
Quillichew ER	ADHD
Propel Imp	Chronic sinusitis
Xuriden	Hereditary orotic aciduria
Enstilar foam	Plaque psoriasis

Drugs Added to Formulary (Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace)

Imatinib
Metoformin ER (generic Glumezta), prior authorization required
Naftifine cream 2%

Drugs Removed from Prior Authorization

Entresto Natpara
Prestalia Rezulti



UN-CASHED CHECKS?

Visit www.longlostmoney.com to see if MVP has any un-cashed checks in your name or in the name of your business.

11/18

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