Healthy Practices

An Unhealthy Relationship

Chronic Conditions and COVID-19

The global coronavirus pandemic has played a significant role in complicating the management of chronic conditions. Balancing the need to protect individuals who are at increased risk for severe disease and death from COVID-19 while managing their chronic conditions has been the challenge from the start.

Heart disease, diabetes, chronic obstructive pulmonary disease, obesity, and chronic kidney disease have emerged as important risk factors for severe illness from the COVID-19 infection. While rapid innovations like Telehealth have given providers the ability to care for patients virtually, many adults with chronic conditions have simply delayed or foregone care in fear of exposure to COVID-19.

How can COVID-19 increase the risk of new or worsening chronic conditions?

Diabetes: Delaying preventive and routine care visits has led to a rise in undiagnosed diabetes and an increase in uncontrolled blood sugar levels among those already diagnosed. A study published by the Centers for Disease Control and Prevention showed that approximately 40% of more than 10,000 people who died of COVID-19 had diabetes, one of many conditions that can increase a person's risk of severe illness tied to the disease. And though much focus has been on how COVID-19 impacts people who already have diabetes, there is evidence that suggests COVID-19 itself may fuel new diabetes cases.

Respiratory Diseases: COVID-19 can make people with asthma or chronic obstructive pulmonary disease particularly vulnerable to complications such as blood clots, pneumonia, and acute respiratory distress syndrome.[1] What we have learned through the pandemic is that practices such as wearing masks and engaging in social distancing can decrease the risk of airborne threats. Those who are vulnerable should be encouraged to continue these precautions as common practice. Improved messaging will be necessary for the public to adhere to social distancing and mask wearing as other airborne disease threats occur in the future.

Cancer: Decreases in cancer screenings have occurred during the pandemic. In many instances, health facilities have had to redeploy care personnel from their cancer centers to other areas to address hospital staff shortages.[1] Other factors include national nursing shortages as well as the closure of some in-person clinics. Such factors have led to a steep decline in the detection of new cancer cases, at least some of which may be found later at a more advanced stage.

Let's Deliver

health insurance built around

me

We welcome your comments.

Customer Care Center for Provider Services

1-800-684-9286

![MVP Health Care logo]

Moving Forward *continued*

While we are continuing to learn more about the effects of COVID-19, we have uncovered important lessons that apply to chronic-disease care. We must remember that marginalized populations are particularly vulnerable, as they often lack optimal patient health care and are disproportionately impacted by both chronic conditions and COVID-19. Social Determinants of Health (SDOH), which are factors that influence health where people live, and can create challenges like overcrowded or unsafe housing, limited access to health care, lack of healthy food, and other root causes. As we emerge from the COVID-19 public health emergency, consider collaborating with community partners to address SDOH and connecting patients with partners that can provide support and encourage good health. Review your patient panel to identify patients who have not had a visit with you recently to manage their chronic condition. Continue to coach and educate patients in behavior changes and self-management. Continue to educate and encourage them to get all necessary vaccinations. Remind them that at the end of the day, they are the most important person in managing and preventing chronic illness.

[1] U.S. News A World Report, *How COVID Has Impacted Chronic Disease* By Steven Ross Johnson, published March 10, 2022.

TransactRx Online Billing for Part D Vaccines and Administration

MVP's contracted Providers have an online resource for processing Medicare Part D vaccine claims electronically. TransactRx Part D Vaccine Manager provides physicians with real time claims processing for in-office administered vaccines. This online resource helps to reduce the current challenges in providing Medicare Part D vaccines and vaccine administration reimbursement to our Members. Enrollment in TransactRx is available at no cost to physicians or patients. After completing a simple one-time online enrollment process at **enroll.mytransactrx.com** physician offices can:

- Verify Members' eligibility and benefits in real-time
- Advise Members of their appropriate out-of-pocket expense
- Submit vaccine claims electronically
- Receive reimbursement information in real-time

Physicians should select an authorized staff member who will be the primary user of the system to enroll the practice. This person should be prepared to provide the following information about the practice:

- Tax identification number (TIN)
- National provider identifier(s) (NPI)
- Medicare ID number
- Drug Enforcement Administration (DEA) number
- State medical license number

When using TransactRx Part D Vaccine Manager to file a Medicare Part D vaccine claim, physicians will be reimbursed according to MVP's reimbursement schedule, less the Member's co-pay. TransactRx cannot be used to bill the administration and cost of Medicare Part B covered vaccines (e.g., influenza vaccine, pneumococcal vaccine, or Hepatitis B vaccine for high or intermediate risk individuals).

Using TransactRx will ensure your patient pays the correct cost-share. If TransactRx is not used, there is a possibility that the Member may incur additional out-of-pocket costs that they will have to submit a reimbursement to recoup.

For questions related to enrollment and claims processing, call Dispensing Solutions' customer support center at **1-866-522-3386** (EDVM). You can also contact the Professional Relations Service Center at **1-585-325-3114** or **1-800-999-3920** or email MVP at **professionalrelations@mvphealthcare.com**.

MVP D-SNP Plan

MVP offers a Dual Special Needs Plan (D-SNP) for enrolled individuals dually eligible for Medicare and Medicaid in the Capital Region and the Hudson Valley. On January 1, 2023, Monroe county will also be added to our service area. D-SNPs are a type of Medicare Advantage (MA) plan designed for individuals with special needs focusing on intensive care coordination. The MVP D-SNP benefit plan is known as the DualAccess plan.

As of November 1, 2022, to participate in MVP's DualAccess network, Providers must participate in both the MVP Medicare Advantage and MVP Medicaid networks. Some exceptions exist for providers who offer Medicaid-only services.

As a reminder:

- Providers cannot collect any cost share from these patients
- Participating Providers are asked to complete an annual course to learn about their important role in the care team of D-SNP Members. Access it at **mvphealthcare.com/DSNPeducation**
- Be sure to bill and send prescriptions to the pharmacy using the Member Medicare ID card
- Be sure to submit prior authorization requests using the Member Medicare ID card
- Follow Medicare billing and coverage practices, including billing for immunizations through the Part D benefit where applicable

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

Changes to MVP Payment Summaries

Effective October 1, 2022, MVP will no longer print and mail explanations of payment or capitation summaries with paper remittances. Electronic versions of your payment summaries will be available for download and printing, only from the Payspan website.

If you do not have a Payspan account

To register, please visit **payspanhealth.com**. A **Registration Code** and **PIN** are required to create a Payspan health account. This information can be found on your latest MVP paper remittances, or you can obtain from Payspan by phone or email noted below.

If you have a Payspan account

If you have a Payspan account, you can activate service for your MVP payment summaries:

1. Access your current Payspan account at **payspanhealth.com**
2. Login and select *Your Payments*
3. Select *Manage Reg Codes*
4. Select *Add New Reg Code* (far right of screen)
5. Enter required fields on the *Add Registration Code* screen

Once completed, you will have access to payment summaries and MVP Member details from your Payspan dashboard. To view, select *Research Payments*, hover over *View Remit*, and choose *Download CSV* to export.

Save time and ensure secure payment

This is the perfect time to register for Electronic Funds Transfer (EFT) payments, a service provided at no cost to you, saving you time and ensuring faster and secure payments. If you wish to receive EFT payments, have your bank account and routing numbers ready when registering for a Payspan health account.

If you need additional assistance, please visit **payspanhealth.com**, or contact Provider Support via email at **providersupport@payspanhealth.com** or by phone at **877-331-7154**, Option 1.

This change in process is part of MVP's commitment to going green and eliminating unnecessary printing and mailing. We appreciate your efforts in supporting this goal.

Exclusionary Database Monitoring Attestation

Exclusionary Database Monitoring is a critical tool for ensuring compliance, program integrity, and patient safety for your patients. MVP is obligated to confirm our Medicaid Provider Network has the appropriate policies and procedures in place regarding exclusionary databases and required annual training for all practitioners, employees, and staff.

Why this action is important

- Practices must monitor state and federal exclusion lists to verify that an employee or provider is in good standing
- Providers or employees not in good standing cannot receive money for state and federal health care programs in Sections 1128 and 1156 of the Social Security Act and the U.S. Department of Health & Human Services (HHS) Office of Inspector General prohibits health care organizations from contracting with excluded or sanctioned individuals or entities

Provider Policies and Payment Policies Effective October 1, 2022

MVP Provider Policies and Payment Policies includes revisions on operational procedures, plan type offerings, and clinical programs. The policies are designed to serve as a reference tool for Providers and facilities. The following policies have been updated, with an effective date of October 1, 2022, and are posted at **mvphealthcare.com/policies**.

PROVIDER POLICY UPDATES EFFECTIVE OCTOBER 1, 2022

Credentialing

MVP Plan Type Information

Provider Responsibilities

PAYMENT POLICY UPDATES EFFECTIVE OCTOBER 1, 2022

Article 28 Split Billing

Contrast Materials

Diagnosis Matching Edits

Durable Medical Equipment

Evaluation & Management

Eyewear

Modifier Policy

Observation Policy

Personal Care/Consumer Directed Personal Assistance

Physical Therapy (PT)

Preoperative Testing

Preventive Health Care

Radiopharmaceuticals

Robotic and Computer Assisted Surgery

Surgical Supplies

Telehealth

Unlisted CPT Code

Urgent Care

Virtual Check-ins

![MVP Health Care logo]

Clinical Guidelines and Supporting Tools for Clinicians

As a reminder, the MVP Quality Programs web page is a one-stop resource hub to find:

- Provider Quality Improvement Manual (PQIM)
- MVP's Current Quality Programs and Initiatives
- Quality Improvement Clinical Guidelines and Supporting Resources
- HEDIS Provider Tip Sheets and HEDIS Compliance Resources
- Guidance for Granting MVP Remote Access to EMRs
- Best Practices for Submitting Medical Records

To access these resources, visit **mvphealthcare.com/providers** and select *Quality Programs.*

MVP Professional Relations Contact Information Updates

MVP has made updates to the phone numbers of some of our Professional Relations Representatives. To be sure that you have the correct information on file, please review the updated territory lists at **mvphealthcare.com/providers** and select *Contact Us*. Then select the appropriate territory listing to review this information.

Closing Gaps in Care

MVP Joins the CVS Caremark™ Adherence Program

Medication adherence for chronic conditions is an ongoing challenge. One in two Americans has a chronic condition,[1] yet 50% of medications for chronic conditions are not taken as prescribed.[2] As a result, the estimated annual cost for medication nonadherence in the Unites States is $298 billion.[3]

To help promote medication adherence for prescribed therapies and to support our Members stay on track with what may be complex medication regimens, MVP is participating in the CVS Caremark™ (CVS) Adherence Program.

Program Overview

As of July 1, 2022, CVS has been notifying prescribers via fax that an MVP Member is late to fill their medication or is considered off therapy.

- Late to Fill communication—Prescribers are notified 10 days past the first refill due date (with no refill claim)
- Off Therapy communication—Prescribers are notified 10 days past the second refill due date (with no refill claim)

Prescriber communications are sent within 72 hours of claim adjudication for Medicaid, Medicare, Commercial, and Marketplace Members with prescribed therapies for:

- Behavioral health
- Benign prostatic hypertrophy (BPH)
- Breast cancer
- Coronary artery disease/ischemic heart disease
- Diabetes
- Heart failure
- High cholesterol
- Hypertension
- Osteoporosis
- Parkinson's disease
- Respiratory disease

CVS will also outreach MVP Medicare, Commercial, and Marketplace Members directly via direct mail, telephonic outreach, and/or email (if email address is on file):

- 10 days past the first refill due date (with no refill claim)
- 10 days past the second refill due date (with no refill claim)
- 15 days prior to refill due date, if utilizing CVS prescription mail order service

Better Adherence, Better Outcomes

Engaging with MVP Members and prescribers can help to improve adherence and close medication therapy gaps. Automatic refills and alerts can help Members avoid lapses in their medication therapy. By working together to help close medication adherence gaps, prescribers are equipped with evidence-based information to enhance their patient's drug therapy. Adherence promotion and alignment with our Providers will lead to enhanced support and improved outcomes, and more importantly, a more personal and positive health care experience for our Members, your patients.

1. Cassil, Alwyn. *Rising rates of chronic health conditions: What can be done?* Center for studying health system change 2008; no.125.
2. https://www.ncbi.nlm.nih.gov/pubmed/22964778.
3. DeVol, R., Bedroussian, A. An Unhealthy America.

Diabetes Management: HbA1c Gap Closures

Blood glucose control remains a critical component of managing diabetes and avoiding complications. This summer, MVP communicated with Members living with diabetes who have a gap for an A1c test, reminding them that this simple blood test is an important way for them and their Provider to know if their diabetes is in good control. An A1c should be completed at least twice a year, or every three months for unstable patients or those with medication changes.

Members are encouraged to talk to their Provider about scheduling their A1c test, either by calling your practice or during well visits.

We appreciate your support and collaboration in helping to close these important gaps in care.

Pharmacy Policy Updates

Below is a recap of the Pharmacy and Formulary updates that went into effect from August 1 to October 1, 2022. All policies are reviewed at least once annually. For more detailed information on these changes, please review updates at **mvphealthcare.com/FastFax.**

EFFECTIVE AUGUST 1, 2022

PHARMACEUTICAL POLICY NAME	STATUS
Zoladex Medicaid (effective May 14, 2022)	**New**
Enteral Therapy (New York)	**Updated**
Enteral Therapy (Vermont)	**Updated**
Rinvoq (effective June 1, 2022)	**New**
Aduhelm	**Updated**
Medicare Part B vs Part D Determination	**Reviewed/No changes**
Copay Adjustment for Medical Necessity	**Reviewed/No changes**
Infliximab (effective January 1, 2022)	**Updated**
Preventive Services-Medication	**Updated**

EFFECTIVE SEPTEMBER 1, 2022

PHARMACEUTICAL POLICY NAME	STATUS
Cystic Fibrosis Agents (Select Agents for Inhalation)	**Reviewed/No changes**
Cystic Fibrosis Agents (Select Oral Agents)	**Reviewed/No changes**
Idiopathic Pulmonary Fibrosis	**Updated**
Xolair	**Updated**
Quantity Limits for Prescription Drugs	**Updated**
Patient Medication Safety	**Reviewed/No changes**
Ulcerative Colitis (effective June 1, 2022)	**Updated**
Botulinum Toxin Treatment	**Updated**
Entyvio (effective July 1, 2022)	**New**
Inflammatory Biologic Drug (effective July 1, 2022)	**Updated**
Migraine Agents	**Updated**

EFFECTIVE OCTOBER 1, 2022

PHARMACEUTICAL POLICY NAME	STATUS
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	**Updated**
PCSK9 Inhibitors	**Updated**
Epinephrine Autoinjector	**Reviewed/No changes**
Pulmonary Hypertension (Advanced Agents) Commercial	**Reviewed/No changes**
Pulmonary Hypertension (Advanced Agents) Medicaid/HARP	**Reviewed/No changes**
Transthyretin Mediated Amyloidosis Therapy	**Reviewed/No changes**
Gout Treatments	**Updated**
ACL Inhibitors	**Reviewed/No changes**
Methotrexate Autoinjector	**Reviewed/No changes**
Cialis for BPH	**Reviewed/No changes**
Orphan Drugs and Biologicals	**Updated**
Specialty Procurement (Commercial, Exchange & Select ASO business only)	**Updated**

Formulary Updates

COMMERCIAL, MARKETPLACE, AND MEDICAID

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

EFFECTIVE AUGUST 1, 2022

DRUG	INDICATION	COMMERCIAL	MEDICAID	MEDICARE
Tezspire™ (tezepelumab-ekko)	The add-on maintenance treatment of patients aged 12 years and older with severe asthma	Medical	Medical	Medical Part D, Non-formulary
Pyrukynd® (mitapivat)	The treatment of hemolytic anemia in adults with pyruvate kinase deficiency	Tier 3	Non-Formulary	Non-Formulary
Carvykti™ (ciltacabtagene autoleucel)	The treatment of adults with relapsed or refractory multiple myeloma after 4 or more prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody	Medical	Medical	Medical Part D- Tier 5, if RxCui becomes available
Ibsrela® (tenapanor)	The treatment of irritable bowel syndrome with constipation in adults	Tier 3	Non-Formulary	Non-Formulary
Korsuva® (difelikefalin)	The treatment of moderate-to-severe pruritus associated with chronic kidney disease in adults undergoing hemodialysis	Medical	Medical	Medical Part D- Non-Formulary
Vonjo™ (pacritinib)	The treatment of adults with intermediate or high-risk primary or secondary myelofibrosis and severe thrombocytopenia	Tier 3	Non-Formulary	Tier 5, if RxCui becomes available
Pluvicto™ (lutetium Lu 177 vipivotide tetraxetan)	The treatment of adults with prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer who have been treated with androgen receptor pathway inhibition and taxane-based chemotherapy	Medical	Medical	Medical Part D- Non-Formulary
Opdualag™ (nivolumab/relatlimab-rmbw)	The treatment of metastatic or unresectable melanoma in patients aged 12 years and older	Medical	Medical	Medical Part D- Tier 5, if RxCui becomes available
Releuko® (filgrastim-ayow)	Use to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant risk of severe neutropenia with fever, to reduce the time to neutrophil recovery and duration of fever following induction or consolidation chemotherapy in patients with acute myeloid leukemia, to reduce the duration of neutropenia and neutropenia-related clinical sequelae in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation, and to reduce the incidence and duration of sequelae of severe neutropenia in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia (biosimilar of Neupogen)	Tier 3	Non-Formulary	Non-Formulary Part D- Tier 5, if RxCui becomes available
Camcevi® (leuprolide depot 6-month formulation)	The treatment of adults with advanced prostate cancer	Medical	Medical	Medical Part D- Tier 5, if RxCui becomes available

EFFECTIVE SEPTEMBER 1, 2022

DRUG	INDICATION	COMMERCIAL	MEDICAID	MEDICARE
Quviviq™ (daridorexant)	The treatment of adults with insomnia characterized by difficulties with sleep onset and/or sleep maintenance	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Camzyos™ (mavacamten)	The treatment of symptomatic New York Heart Association class II-III obstructive hypertrophic cardiomyopathy	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Vijoice® (alpelisib)	The treatment of patients aged 2 years and older with severe manifestations of PIK3CA-related overgrowth spectrum who require systemic therapy	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Norliqva® (amlodipine)	The treatment of hypertension in patients aged 6 years and older, the treatment of chronic stable angina, and the treatment of angiographically documented coronary artery disease in patients without heart failure or an ejection fraction less than 40%	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary

EFFECTIVE OCTOBER 1, 2022

DRUG	INDICATION	COMMERCIAL	MEDICAID	MEDICARE
Mounjaro (tirzepatide)	The improvement in blood sugar control in adults with type 2 diabetes, as an addition to diet and exercise	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Voquezna™ Triple Pak (vonoprazan + amoxicillin + clarithromycin)	The treatment of Helicobacter pylori infection in adults	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Ztalmy® (ganaxolone)	The treatment of seizures associated with cyclin-dependent kinase-like 5 deficiency disorder in patients aged 2 years and older	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Medical Part D- Tier 5, if RxCui becomes available
Tpoxx® Inj	The treatment of smallpox infection	Prior Authorization, Medical	Prior Authorization, Medical	Non-Formulary
Tpoxx® Capsule	The treatment of smallpox infection	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Lyvispah® (baclofen)	The treatment of spasticity resulting from multiple sclerosis, particularly for the relief of flexor spasms and concomitant pain, clonus, and muscular rigidity	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Alymsys® (bevacizumab-maly)	The treatment of metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment, and the treatment of metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen (biosimilar of Avastin)	Prior Authorization, Medical	Prior Authorization, Medical	Prior Authorization, Medical
Adlarity® (donepezil)	The treatment of mild, moderate, and severe Alzheimer's dementia	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Byooviz® (ranibizumab-nuna)	The treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, and myopic choroidal neovascularization (biosimilar of Lucentis)	Prior Authorization, Medical	Prior Authorization, Medical	Medical Part D- Non-Formulary
Tyvaso® DPI (treprostinil)	The treatment of pulmonary arterial hypertension and the treatment of pulmonary hypertension associated with interstitial lung disease	Prior Authorization, Tier 3	Prior Authorization, Tier 3/Non-Formulary	Non-Formulary
Pemetrexed (pemetrexed iv solution)	The maintenance treatment of patients with locally advanced or metastatic, nonsquamous non-small cell lung cancer (NSCLC) whose disease has not progressed after 4 cycles of platinum-based first-line chemotherapy, and the treatment of patients with recurrent, metastatic nonsquamous NSCLC after prior chemotherapy	Prior Authorization, Medical	Prior Authorization, Medical	Medical Part D- Tier 5, if RxCui becomes available

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Welireg	**Eprontia™ Oral Solution**
Exkivity	**Vuity Solution**
Tivdak	**Elyxyb™ Solution**
Tavneos	**Besremi**
Scemblix	**Fyarro**
	Livtencity

DRUG EXCLUSION COMMERCIAL, EXCHANGE, AND MEDICAID

Twyneo	**Skytrofa**
Loreev XR	**Tyrvaya**
Trudhesa	
Lybalvi	
Opzelura Cream	
Qulipta	

NEW GENERICS (ALL BRANDS WILL BE NON-FORMULARY, TIER 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Apokyn	**Apomorphine solution**	Prior Authorization, Tier 1	Prior Authorization, Tier 1	Prior Authorization, Tier 2
Vimpat	**Lacosamide**	Brand Tier 2, Generic Tier 1	Tier 1	Tier 2
Bidil	**Isosorbide dinitrate/hydralazine**	Tier 1	Tier 1	Tier 2
Ozobax	**Baclofen oral solution**	Tier 1	Tier 1	Tier 2
SSKI solution	**Potassium Iodide oral solution**	Exclude	Prior Authorization, Tier 1	Exclude
Esbriet	**Pirfenidone**	Prior Authorization, Tier 1	Prior Authorization, Tier 1	Prior Authorization, Tier 2
Velcade	**Bortezomib**	Medical	Medical	Medical
Diclofenac Sodium solution 2%	**Pennsaid**	Brand excluded, Generic Tier 1	Brand non-formulary/Prior Authorization, Tier 3; Generic Prior Authorization, Tier 1	Brand excluded, Generic Tier 2
Revlimid	**Lenalidomide**	Tier 1	Tier 1	Tier 2
Pentasa	**Mesalamine ER**	Brand Tier 2, Generic Tier 1	Brand Tier 2, Generic Tier 1	Brand Tier 2, Generic Tier 2
Vimpat	**Lacosamide**	Brand Tier 2, Generic Tier 1	Tier 1	Tier 2
Targretin	**Bexarotene gel**	Tier 1	Tier 1	Tier 2
Nexavar	**Sorafenib**	Tier 1	Tier 1	Tier 2
Viibryd	**Vilazodone**	Brand Tier 2, Generic Tier 1	Brand Tier 2, Generic Tier 1	Brand Tier 2, Generic Tier 2

Miscellaneous Updates

COMMERCIAL AND EXCHANGE FORMULARY EFFECTIVE

DRUG	ACTION
Shingrix	Age edit removed
Ondansetron	Quantity limit removed

MEDICAID FORMULARY

DRUG	ACTION
Shingrix	Age edit removed
Ondansetron	Quantity limit removed
Sterile water for injection	No longer covered
Quzyttir	Updated to Non-Formulary

Medical Policy Updates

Below is a recap of the Medical Policies that went into effect August 1, 2022, and October 1, 2022. All policies are reviewed at least once annually. For more detailed information on these changes, please review **mvphealthcare.com/Fastfax** or visit **mvphealthcare.com/Providers** and *Sign In* to your account, and select *Resources*, then *Medical Policies*.

EFFECTIVE AUGUST 1, 2022

MEDICAL POLICY NAME

Ambulatory Holter Monitors and 30-Day Cardiac Event Recorders/Monitors

Breast Pumps

Continuous Passive Motion Devices

Electrical Stimulation Devices & Therapies

Emergency Department Services

Evaluation of New Technology, Procedures, Behavioral Health Services and Programs

Gas Permeable Scleral Contact Lenses

Gender Affirming Treatment

Genetic and Molecular Diagnostic Testing

Home and Community Based Services-Adult

Idiopathic Scoliosis Surgery and Growing Rods Technique

Imaging Procedures

Immunizations Childhood, Adolescent, and Adult

Interspinous Process Decompression Systems (IPD)

Magnetoencephalography and Magnetic Source Imaging

Molecular Markers in Fine Needle Aspirates of the Thyroid

Oxygen & Oxygen Equipment

Panniculectomy/Abdominoplasty

Personalized Recovery Oriented Services (PROS)

Private Duty Nursing

Prosthetic Devices (Upper & Lower Limb)

Radiofrequency Neuroablation Procedures for Chronic Pain

Speech Therapy (Outpatient) & Cognitive Rehabilitation

Surgical Procedures for Glaucoma

Temporomandibular Joint Dysfunction (TMJ) NY

Temporomandibular Joint Dysfunction (TMJ) VT

Tissue-Engineered Skin Substitutes (pol w/issues)

EFFECTIVE OCTOBER 1, 2022

MEDICAL POLICY NAME

Breast Reconstruction Surgery

Cell-Free Fetal DNA Based Prenatal Screening

Continuous Glucose Monitoring

Endobronchial Valve Devices

Endoscopy (Esophagogastroduodenoscopy and Colonoscopy)

Experimental or Investigational Procedures

Fertility Preservation Services

Hospital Inpatient Level of Care

Imaging Procedures

Infertility Services (Advanced) and IVF

Infertility Services (Basic)

Inhaled Nitric Oxide (INOmax)

Investigational Procedures

Liposuction for Lipedema

Obstructive Sleep Apnea: Devices

Obstructive Sleep Apnea: Diagnosis

Obstructive Sleep Apnea: Surgical

Oncotype DX and Cancer Gene Expression Tests

Procedures for the Management of Chronic Spinal Pain and Chronic Pain

Rhinoplasty

MVP Living Well Programs For Your Patients

MVP offers a variety of classes and workshops at all activity levels to Members and non-MVP members.

Featured virtual classes and workshops that may be of interest to your patients

- **Get the Facts on Breast Cancer Screenings, Risks and Resources**
  October 20

- **Let us Avoid a Fracture! (Three-part series)**
  October 24, October 31, November 11

- **Get the Facts on Cervical Cancer Screenings, Risks and Resources**
  October 27

- **The Practice of Self Compassion for Mental Health**
  November 1

- **Get the Facts on Colorectal Cancer Screenings, Risks and Resources**
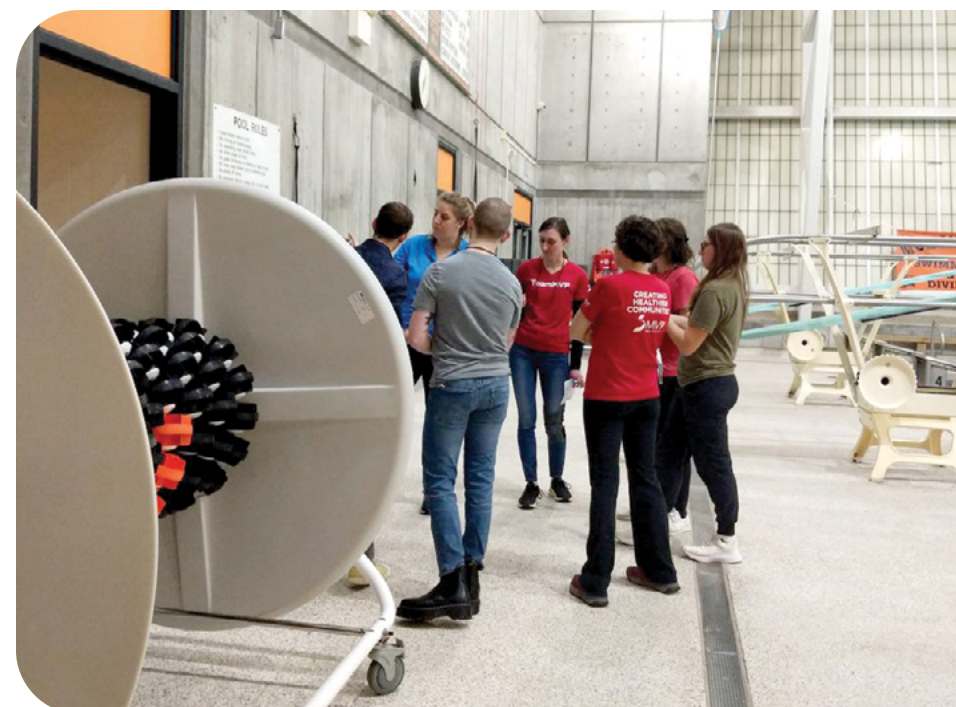 November 3

- **Bone Health**
  November 15

Those interested can visit **mvphealthcare.com/calendar** to learn more and register.

Healthy Practices

MVP IN THE COMMUNITY
STRIDE Adaptive Sports
West Sand Lake

Recently, Team MVP helped STRIDE Adaptive Sports prepare for a swim meet by preparing the pool decks, making posters, timing the kids, and handing out trophies and ribbons.