

HealthPro News

A monthly publication for participating HMSA health care providers, facilities, and their staff.

January 2019

ADMINISTRATION & NEWS

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Request for Services from a Nonparticipating Provider

HMSA strives to maintain a comprehensive network of participating providers so that our members can get the care they need. To receive the most from their health plan benefits, we encourage members to get care from HMSA participating providers. However, we know that's not always possible. In those cases, PPO and HMO members may ask HMSA to cover services from an out-of-network (nonparticipating) provider at an in-network (participating) level of benefits.

Members should work with their PCP or referring provider first to find a suitable participating provider and take advantage of their health plan's travel assistance benefits. To search for participating providers who can provide the service they need, members can also use the Find a Doctor tool at hmsa.com/search/providers.

If no suitable option is available, members should work with their PCP or referring provider to fill out and submit a precertification request. Completed forms should be faxed to 944-5611 on Oahu.

To get approval, a member must be diagnosed with a condition or disease that requires specialty care. Also, HMSA either:

- Doesn't have a participating provider who can provide the appropriate health care services for the member's condition or disease.
- Cannot provide reasonable access to a participating provider who can give the appropriate health care services without unreasonable travel or delay.

The request must be made before services are received. If services aren't approved first, HMO members won't be covered for out-of-network services and PPO members will be covered for these services only at the out-of-network level.

For more information on requesting services from a nonparticipating provider, members should call HMSA using the phone numbers on the back of their HMSA membership card or by calling 1 (800) 776-4672 toll-free.

This request applies only to PPO and HMO members; it doesn't include Medicare, QUEST Integration, or Federal Employee Plan members.

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Free Continuing Education Units

As a partner of HMSA, Beacon Health Options® has made continuing education units (CEUs) available for behavioral health providers in HMSA's network. Beacon has developed a series of free webinars to look in-depth at the Healthcare Effectiveness Data and Information Set (HEDIS) measures and discuss interventions that support those quality metrics. Beacon is now offering CEUs to HMSA providers at no cost.

To earn CEUs, behavioral health providers can review the slides and recorded training, then submit the Beacon Course Evaluation Form before the July 10, 2019, deadline. Go to the Beacon Health Options website to complete the provider training and to find additional resources such as HEDIS measures tip sheets and clinical toolkits: beaconhealthoptions.com/providers/beacon/important-tools/clinical-tools.

For additional information about specific licensure types and eligibility for CEUs, please visit commonwealthseminars.com/seminar-ce-credit.html.



Changes to Recredentialing Application

To increase the efficiency of provider data updates, the Provider Data Verification (PDV) form has been removed from the provider re-credentialing application. This change was made because HMSA recently launched a new online provider self-service tool at provider.hmsa.com/ProviderSelfService/SelfService/Verify. This will allow providers to update their demographic information online, which includes:

- Patient acceptance.
- Location additions or closures.
- Location information such as contact phone number, staff languages, mailing address, etc.
- Marketing specialty.
- Hospital affiliations.

Currently, only individual providers can access the tool; group practices will soon get access. Providers undergoing re-credentialing should visit the provider self-service tool now to review and update their demographic information currently on HMSA's online directory (Find a Doctor).



Importance of Accurate Provider Network Data

Accurate information about your practice is critical to our members who rely on our directories. They need up-to-date information to make it easier to contact providers in our network. Also, the Centers for Medicare & Medicaid Services (CMS) requires us to have current information.

We'll notify providers (by email or mail) listing each individual and/or group practice location with a web address or hyperlink. The link will take you to a portal where you can update your HMSA online directory (Find a Doctor) information.

For now, provider locations associated with medical groups can't be edited, so providers should reach out to their group administrators to make any updates. If group administrators need to update provider information, they can fill out the applicable form from the list below and submit it to us:

- Changing PCP status or their status about accepting new patients: hmsa.com/portal/provider/HMSA_Change_in_Provider_Panel_Form.pdf.
- No longer practice at one of their locations: hmsa.com/portal/provider/HMSA_Provider_Address_Change_Form.pdf.
- Closed one of their locations: hmsa.com/portal/provider/HMSA_Provider_Closed_Location_Form.pdf.
- Added a location: hmsa.com/portal/provider/HMSA_Provider_Additional_Location_Form.pdf.

Instructions for submitting the form are on the last page of each form. If you have any questions, call us at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.



Taxonomy Code Migration

In accordance with Blue Cross Blue Shield Association (BCBSA) policy, HMSA will assign each participating provider a taxonomy code effective April 2019. The codes will align with a national standard to improve claims and provider data analysis.

Taxonomy codes are administrative codes to identify the provider type and area of specialization for health care providers. The assigned taxonomy codes will follow Health Insurance Portability and Accountability Act (HIPAA) standards. The taxonomy code for each participating provider will be determined by the provider's education or training and enrolled or credentialed specialty as part of HMSA's regular credentialing activities.

Taxonomy codes will be included on a weekly PDF file that will be sent to BCBSA and used to process host/home claims.

Taxonomy codes will also be used on BCBSA's National Doctor and Hospital Finder web page.



HHIN Benefits Section Changes

Please visit the Benefits section on the Hawaii Healthcare Information Network (HHIN) to see its new look. The line of business selections has been simplified and the section headings have been expanded to now show you the member's responsibility (co-insurance/copayment). You can now go directly to the benefit section you're looking for.



Postpartum Visit Paid Separately

We understand the importance of a post-partum visit 21 and 56 days after delivery as recommended by Healthcare Effectiveness Data and Information Set (HEDIS).

We're pleased to announce that we'll recognize separate payment of those post-partum visits following a delivery effective April 1, 2019. Please refer to the payment policy for billing guidelines, found at hmsa.com/portal/provider/zav_pel.ph.MAT.400.htm.

CONTRACT NOTIFICATION



Annual Review of Medical Specialty Drug Policies

The following policies have undergone review and are available for 90-day provider notification. The policy is effective April 1, 2019.

- Arcalyst.
- Cerezyme.
- Elelyso.
- Forteo (commercial and QUEST Integration only).
- Growth Hormone (commercial and QUEST Integration only):
 - o Genotropin.
 - o Humatrope.
 - o Norditropin.
 - o Nutropin/Nutropin AQ.
 - o Omnitrope.
 - o Saizen.

- o Serostim.
- o Zomacton.
- o Zorbtive.
- Ilaris.
- Krystexxa.
- Myalept (commercial and QUEST Integration only).
- Signifor (commercial and QUEST Integration only).
- VPRIV.
- Xolair.

Updated medical specialty drug policies are posted online for your review. Please visit info.caremark.com/hmsapolicies for updates to policies that may affect your practice.



Annual Review of Medical Specialty Drug Policies—Update

In the December 2018 issue of *HealthPro News*, information on the Benlysta policy was included. However, the policy is still under review, so please disregard the 90-day provider notification.



Significant Changes for Medical Policies Requiring 90-day Notice

The following policy has undergone significant changes and goes into effect April 1, 2019:

- Colonoscopy.

To best understand the changes in context, please see the Provider Resource Center.



MAC Changes

The following maximum allowable charge (MAC) has been established as of January 1, 2019:

Procedure	Description	New MAC
S0128	Injection, follitropin beta, 75 IU (Follistim)	\$169.48



Essential Prescription Formulary Changes

The Pharmacy and Therapeutics Committee made the following formulary changes effective April 1, 2019. The Essential Prescription Formulary is available in the HMSA Provider Resource Center at hmsa.com/portal/provider/HMSA_Essential_Prescription_Formulary.pdf.

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
albiglutide	Tanzeum	3	DC	Product Discontinued
clobetasol cream		NF	NF, QL	Quantity Limit: 100 grams per month
clobetasol emollient cream		NF	NF, QL	Quantity Limit: 200 grams per month
clobetasol foam		1	1, QL	Quantity Limit: 100 grams per month
clobetasol gel		1	1, QL	Quantity Limit: 100 grams per month
clobetasol lotion		1	1, QL	Quantity Limit: 200 mL per month
clobetasol ointment		NF	NF, QL	Quantity Limit: 100 grams per month
clobetasol shampoo		1	1, QL	Quantity Limit: 240 mL per month
clobetasol solution		1	1, QL	Quantity Limit: 100 mL per month
clobetasol spray (liquid)		1	1, QL	Quantity Limit: 240 mL per month
colesevelam	Welchol	3	NF	Alternative: colesevelam (generic Welchol)
cyclosporine	Cequa	NF	NF, QL	Quantity Limit: 1 box per 30 days
darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	NF	3	Effective 1/1/19
doravirine	Pifeltro	NF	3	
doravirine/lamivudine/ tenofovir disoproxil fumarate	Delstrigo	NF	3	
doxepin cream 5 %	Prudoxin cream 5%	NF	NF, QL	Quantity Limit: 90 grams per month
doxepin cream 5 %	Zonalon cream 5 %	NF	NF, QL	Quantity Limit: 90 grams per month
doxepin cream 5 %		1	1, QL	Quantity Limit: 90 grams per month
dulaglutide	Trulicity	3	2	Effective 1/1/19
exenatide	Byetta	3	NF	Alternatives: Victoza, Ozempic, Trulicity
exenatide ER	Bydureon	2	NF	Alternatives: Victoza, Ozempic, Trulicity
fluocinonide 0.1 % cream		1	NF, QL	Quantity Limit: 120 grams per month
glycopyrronium	Qbrexa	NF	3	
halobetasol cream		1	1, QL	Quantity Limit: 100 grams per month
halobetasol lotion		1	1, QL	Quantity Limit: 120 mL per month
halobetasol lotion	Ultravate	NF	NF, QL	Quantity Limit: 120 mL per month
halobetasol ointment		1	1, QL	Quantity Limit: 100 grams per month
lidocaine 4% topical solution	Xylocaine 4 % topical solution	NF	NF, QL	Quantity Limit: 100 mL per month
lidocaine 4% topical solution		1	1, QL	Quantity Limit: 100 mL per month
lidocaine 5 % ointment		1	1, QL	Quantity Limit: 100 grams per month
lidocaine patch 5 %		1	1, QL	Quantity Limit: 3 patches per day
lidocaine prilocaine 2.5-2.5%		1	1, QL	Quantity Limit: 60 grams per month
lidocaine prilocaine 2.5-2.5%	EMLA	NF	NF, QL	Quantity Limit: 60 grams per month
lidocaine-tetracaine 7-7% cream	Pliaglis cream 7-7%	NF	NF, QL	Quantity Limit: 60 grams per month

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
lidocaine-tetracaine 7-7% cream		1	1, QL	Quantity Limit: 60 grams per month
methylphenidate ER	Jornay PM	NF	NF, QL	Quantity Limit: 1 capsule per day
phytonadione	Mephyton	2	NF	Alternative: phytonadione (generic Mephyton)
praziquantel	Biltricide	3	NF	Alternative: praziquantel (generic Biltricide)
segesterone acetate and ethinyl estradiol	Annovera	NF	ACA-QL	Quantity Limit: 1 vaginal ring per year
semaglutide	Ozempic	NF	2	Effective 1/1/19
stiripentol	Diacomit	NF	3	
tecovirimat	TPOXX	NF	3	

Specialty

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
avatrombopag	Doptelet	NF	5 PA, QL	Prior Authorization Quantity Limit: 15 tablets per treatment (15 tablets for 10 days)
binimetinib	Mektovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
		NF	5, PA	Fed87 only Prior Authorization
cannabidiol	Epidiolex	NF	5 PA	Prior Authorization
cenegermin-bkbj	Oxervate	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 carton containing 7 vials per week for a supply of 8 consecutive weeks
elagolix	Orilissa	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 tablet per day (150 mg), 2 tablets per day (200 mg)
encorafenib	Braftovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
		NF	5, PA	Fed87 only Prior Authorization
ivosidenib	Tibsovo	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
		NF	5, PA	Fed87 only Prior Authorization
lusutrombopag	Mulpleta	NF	5 PA, QL	Prior Authorization Quantity Limit: 7 tablets per treatment course (7 tablets per 14 days)
migalastat	Galafold	NF	5 PA	Prior Authorization
pimavanserin	Nuplazid	NF	5 PA	Prior Authorization



Metallic Formulary Changes

The Pharmacy and Therapeutics Committee made the following formulary changes effective April 1, 2019. The Metallic Formulary is available in the HMSA Provider Resource Center at hmsa.com/portal/provider/HMSA_Metallic_Prescription_Formulary.pdf.

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
albiglutide	Tanzeum	3	DC	Product Discontinued
clobetasol cream		1	1 QL	Quantity Limit: 100 grams per month
clobetasol emollient cream		1	1 QL	Quantity Limit: 200 grams per month
clobetasol foam		1	1 QL	Quantity Limit: 100 grams per month
clobetasol gel		1	1 QL	Quantity Limit: 100 grams per month
clobetasol lotion		1	1 QL	Quantity Limit: 200 mL per month
clobetasol ointment		1	1 QL	Quantity Limit: 100 grams per month
clobetasol shampoo		1	1 QL	Quantity Limit: 240 mL per month
clobetasol solution		1	1 QL	Quantity Limit: 100 mL per month
clobetasol spray (liquid)		1	1 QL	Quantity Limit: 240 mL per month
colesevelam	Welchol	3	NF	Alternative: colesevelam (generic Welchol)
cyclosporine	Cequa	NF	NF QL	Quantity Limit: 1 box per 30 days
darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	NF	3	Effective 1/1/19
doravirine	Pifeltro	NF	3	
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	NF	3	
doxepin cream 5 %	Prudoxin cream 5%	NF	NF QL	Quantity Limit: 90 grams per month
doxepin cream 5 %	Zonalon cream 5 %	NF	NF QL	Quantity Limit: 90 grams per month
doxepin cream 5 %		1	1 QL	Quantity Limit: 90 grams per month
dulaglutide	Trulicity	3	2	Effective 1/1/19
exenatide	Byetta	3	NF	Victoza, Ozempic, Trulicity
exenatide ER	Bydureon	2	NF	Victoza, Ozempic, Trulicity
fluocinonide 0.1 % cream		1	NF QL	Quantity Limit: 120 grams per month
glycopyrronium	Qbrexa	NF	3	
halobetasol cream		1	1 QL	Quantity Limit: 100 grams per month
halobetasol lotion		1	1 QL	Quantity Limit: 120 mL per month
halobetasol lotion	Ultravate	3	3 QL	Quantity Limit: 120 mL per month
halobetasol ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine 4% topical solution	Xylocaine 4 % topical solution	NF	NF QL	Quantity Limit: 100 mL per month
lidocaine 4% topical solution		1	1 QL	Quantity Limit: 100 mL per month
lidocaine 5 % ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine patch 5 %		1	1 QL	Quantity Limit: 3 patches per day
lidocaine prilocaine 2.5-2.5%		1	1 QL	Quantity Limit: 60 grams per month
lidocaine prilocaine 2.5-2.5%	EMLA	NF	NF QL	Quantity Limit: 60 grams per month

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
lidocaine-tetracaine 7-7% cream	Pliaglis cream 7-7%	NF	NF QL	Quantity Limit: 60 grams per month
lidocaine-tetracaine 7-7% cream		1	1 QL	Quantity Limit: 60 grams per month
methylphenidate ER	Jornay PM	NF	NF QL	Quantity Limit: 1 capsule per day
phytonadione	Mephyton	2	NF	Alternative: phytonadione (generic Mephyton)
praziquantel	Biltricide	3	NF	Alternative: praziquantel (generic Biltricide)
segesterone acetate and ethinyl estradiol	Annovera	NF	ACA-QL	Quantity Limit: 1 vaginal ring per year
Semaglutide	Ozempic	NF	2	Effective 1/1/19
stiripentol	Diacomit	NF	3	
tecovirimat	TPOXX	NF	3	

Specialty

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
avatrombopag	Doptelet	NF	5 PA, QL	Prior Authorization Quantity Limit: 15 tablets per treatment (15 tablets for 10 days)
binimetinib	Mektovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
cannabidiol	Epidiolex	NF	5 PA	Prior Authorization
cenegermin-bkbj	Oxervate	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 carton containing 7 vials per week for a supply of 8 consecutive weeks
elagolix	Orilissa	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 tablet per day (150 mg), 2 tablets per day (200 mg)
encorafenib	Braftovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
ivosidenib	Tibsovo	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
lumacaftor/ ivacaftor	Orkambi granules	NF	5 PA	Prior Authorization
lusutrombopag	Mulpleta	NF	5 PA, QL	Prior Authorization Quantity Limit: 7 tablets per treatment course (7 tablets per 14 days)
migalastat	Galafold	NF	5 PA	Prior Authorization
pimavanserin	Nuplazid	NF	5 PA	Prior Authorization



Optimal Formulary Changes

The Pharmacy and Therapeutics Committee made the following formulary changes effective April 1, 2019.

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
albiglutide	Tanzeum	NF	DC	Product Discontinued
clobetasol cream		NF	NF QL	Quantity Limit: 100 grams per month
clobetasol emollient cream		NF	NF QL	Quantity Limit: 200 grams per month
clobetasol foam		1	1 QL	Quantity Limit: 100 grams per month
clobetasol gel		1	1 QL	Quantity Limit: 100 grams per month
clobetasol lotion		1	1 QL	Quantity Limit: 200 mL per month
clobetasol ointment		NF	NF QL	Quantity Limit: 100 grams per month
clobetasol shampoo		1	1 QL	Quantity Limit: 240 mL per month
clobetasol solution		1	1 QL	Quantity Limit: 100 mL per month
clobetasol spray (liquid)		1	1 QL	Quantity Limit: 240 mL per month
colesevelam	Welchol	3	NF	Alternative: colesevelam (generic Welchol)
cyclosporine	Cequa	NF	NF QL	Quantity Limit: 1 box per 30 days
doxepin cream 5 %	Prudoxin cream 5%	NF	NF QL	Quantity Limit: 90 grams per month
doxepin cream 5 %	Zonalon cream 5 %	NF	NF QL	Quantity Limit: 90 grams per month
doxepin cream 5 %		1	1 QL	Quantity Limit: 90 grams per month
fluocinonide 0.1 % cream		1	NF QL	Quantity Limit: 120 grams per month
glycopyrronium	Qbrexa	NF	3	
halobetasol cream		1	1 QL	Quantity Limit: 100 grams per month
halobetasol lotion		1	1 QL	Quantity Limit: 120 mL per month
halobetasol lotion	Ultravate	NF	3 QL	Quantity Limit: 120 mL per month
halobetasol ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine 4% topical solution	Xylocaine 4 % topical solution	NF	NF QL	Quantity Limit: 100 mL per month
lidocaine 4% topical solution		1	1 QL	Quantity Limit: 100 mL per month
lidocaine 5 % ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine patch 5 %		1	1 QL	Quantity Limit: 3 patches per day
lidocaine prilocaine 2.5-2.5%		1	1 QL	Quantity Limit: 60 grams per month
lidocaine prilocaine 2.5-2.5%	EMLA	NF	NF QL	Quantity Limit: 60 grams per month
lidocaine- tetracaine 7-7% cream	Pliaglis cream 7-7%	NF	NF QL	Quantity Limit: 60 grams per month
lidocaine- tetracaine 7-7% cream		1	1 QL	Quantity Limit: 60 grams per month
methylphenidate ER	Jornay PM	NF	NF QL	Quantity Limit: 1 capsule per day
phytonadione	Mephyton	2	NF	Alternative: phytonadione (generic Mephyton)
praziquantel	Biltricide	3	NF	Alternative: praziquantel (generic Biltricide)
segesterone acetate and ethinyl estradiol	Annovera	NF	ACA-QL	Quantity Limit: 1 vaginal ring per year

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
stiripentol	Diacomit	NF	3	
tecovirimat	TPOXX	NF	3	

Specialty

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
avatrombopag	Doptelet	NF	5 PA, QL	Prior Authorization Quantity Limit: 15 tablets per treatment (15 tablets for 10 days)
binimetinib	Mektovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
cannabidiol	Epidiolex	NF	5 PA	Prior Authorization
cenegermin-bkbj	Oxervate	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 carton containing 7 vials per week for a supply of 8 consecutive weeks
doravirine	Pifeltro	NF	5	
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	NF	5	
elagolix	Orilissa	NF	5 PA, QL	Prior Authorization Quantity Limit: 1 tablet per day (150 mg), 2 tablets per day (200 mg)
encorafenib	Braftovi	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
ivosidenib	Tibsovo	Oral Chemo, PA	Oral Chemo, PA	Prior Authorization
lusutrombopag	Mulpleta	NF	5 PA, QL	Prior Authorization Quantity Limit: 7 tablets per treatment course (7 tablets per 14 days)
migalastat	Galafold	NF	5 PA	Prior Authorization
pimavanserin	Nuplazid	NF	5 PA	Prior Authorization



Select Formulary Changes

The Pharmacy and Therapeutics Committee made the following formulary changes effective April 1, 2019. The Select Formulary is available in the HMSA Provider Resource Center at hmsa.com/portal/provider/DR_Formulary_HTML.htm.

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
albiglutide	Tanzeum	3	DC	Product Discontinued
clobetasol cream		1	1 QL	Quantity Limit: 100 grams per month
clobetasol emollient cream		1	1 QL	Quantity Limit: 200 grams per month
clobetasol foam		1	1 QL	Quantity Limit: 100 grams per month
clobetasol gel		1	1 QL	Quantity Limit: 100 grams per month
clobetasol lotion		1	1 QL	Quantity Limit: 200 mL per month
clobetasol ointment		1	1 QL	Quantity Limit: 100 grams per month
clobetasol shampoo		1	1 QL	Quantity Limit: 240 mL per month
clobetasol solution		1	1 QL	Quantity Limit: 100 mL per month
clobetasol spray (liquid)		1	1 QL	Quantity Limit: 240 mL per month
cyclosporine	Cequa	3	3-QL, step w/ Restasis	Step Therapy: must try Restasis first Quantity Limit: 1 box per 30 days
doxepin cream 5 %	Prudoxin cream 5%	3	3 QL	Quantity Limit: 90 grams per month
doxepin cream 5 %	Zonalon cream 5 %	3	3 QL	Quantity Limit: 90 grams per month
doxepin cream 5 %		1	1 QL	Quantity Limit: 90 grams per month
dulaglutide	Trulicity	3	2	Effective: 1/1/19
exenatide	Byetta	3	3 MNPA	Prior Authorization
exenatide ER	Bydureon	2	3 MNPA	Prior Authorization
fluocinonide 0.1 % cream		1	1 QL	Quantity Limit: 120 grams per month
halobetasol cream		1	1 QL	Quantity Limit: 100 grams per month
halobetasol lotion		1	1 QL	Quantity Limit: 120 mL per month
halobetasol lotion	Ultravate	3	3 QL	Quantity Limit: 120 mL per month
halobetasol ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine 4% topical solution		1	1 QL	Quantity Limit: 100 mL per month
lidocaine 4% topical solution	Xylocaine 4 % topical solution	3	3 QL	Quantity Limit: 100 mL per month
lidocaine 5 % ointment		1	1 QL	Quantity Limit: 100 grams per month
lidocaine patch 5 %		1	1 QL	Quantity Limit: 3 patches per day
lidocaine prilocaine 2.5-2.5%		1	1 QL	Quantity Limit: 60 grams per month
lidocaine prilocaine 2.5-2.5%	EMLA	3	3 QL	Quantity Limit: 60 grams per month
lidocaine- tetracaine 7-7% cream	Pliaglis cream 7-7%	3	3 QL	Quantity Limit: 60 grams per month
lidocaine- tetracaine 7-7% cream		1	1 QL	Quantity Limit: 60 grams per month
lixisenatide	Adlyxin	3	3 MNPA	Prior Authorization
methylphenidate ER	Jornay PM	3	3 QL	Quantity Limit: 1 capsule per day
phytonadione	Mephyton	2	3	Alternative: phytonadione (generic Mephyton)
praziquantel	Biltricide	3	3	Alternative: praziquantel (generic Biltricide)

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
segesteron acetate and ethinyl estradiol	Annovera	ACA	ACA-QL	Quantity Limit: 1 vaginal ring per year
semaglutide	Ozempic	3	2	Effective: 1/1/19

Specialty

Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes
avatrombopag	Doptelet	4 PA	4 PA, QL	Prior Authorization Quantity Limit: 15 tablets per treatment (15 tablets for 10 days)
binimetinib	Mektovi	OC-PA	OC-PA	Prior Authorization
cannabidiol	Epidiolex	4 PA	4 PA	Prior Authorization
cenegermin-bkbj	Oxervate	4 PA	4 PA, QL	Prior Authorization Quantity Limit: 1 carton containing 7 vials per week for a supply of 8 consecutive weeks
elagolix	Orilissa	4 PA	4 PA, QL	Prior Authorization Quantity Limit: 1 tablet per day (150 mg), 2 tablets per day (200 mg)
encorafenib	Braftovi	OC-PA	OC-PA	Prior Authorization
ivosidenib	Tibsovo	OC-PA	OC-PA	Prior Authorization
lumacaftor/ivacaftor	Orkambi granules	4 PA	4 PA	Prior Authorization
lusutrombopag	Mulpleta	4 PA	4 PA, QL	Prior Authorization Quantity Limit: 7 tablets per treatment course (7 tablets per 14 days)
migalastat	Galafold	4 PA	4 PA	Prior Authorization
pimavanserin	Nuplazid	4 PA	4 PA	Prior Authorization



QUEST Integration Formulary Changes

The Pharmacy and Therapeutics Committee made the following changes to the HMSA QUEST Integration formulary effective April 1, 2019. We encourage you to talk with your patients to determine if an alternative medication is appropriate. Patients who are currently taking a medication that will be removed from the formulary must switch to a formulary alternative that's a benefit of their plan.

If you believe your patient should continue taking a current medication, you can request a nonformulary exception. Please use the form at [hmsa.com/portal/provider/CVS_Formulary_Exception_\(BR\)_Prior_Auth_122812.pdf](https://hmsa.com/portal/provider/CVS_Formulary_Exception_(BR)_Prior_Auth_122812.pdf).

The HMSA QUEST Integration formulary is available in the HMSA Provider Resource Center at hmsa.com/portal/provider/HMSA_QUEST_Drug_Formulary_CVS.pdf.

Medication	Strength	Drug class	Utilization Management	Change/Criteria
Aerospan	80mcg/actuation	Respiratory		Non-Formulary Alternative: Arnuity Ellipta, Flovent
Anoro Ellipta Inh	62.5-25 mcg	Respiratory		Non-Formulary Alternative: Stiolto Respimat
Auryxia Tab	210mg	Endocrine and Metabolic		Non-Formulary Alternative: Calcium Acetate Caps, Sevelamer Carbonate
Betimol Sol	0.25%	Ophthalmic		Non-Formulary Alternative: Levobunolol, Metipranolol, Timolol Maleate, Timolol Maleate Gel
Betimol Sol Op	0.5%	Ophthalmic		Non-Formulary Alternative: Levobunolol, Metipranolol, Timolol Maleate, Timolol Maleate Gel
budesonide inhalation res	1mg/2ml	Respiratory	QL	Quantity Limit: 60 ml per month. Additional quantities approved if used for eosinophilic esophagitis.
levonorgestrel Tab	0.75 mg	Endocrine and Metabolic		Non-Formulary Alternative: Levonorgestrel - Next Choice One Dose, Ella
norethindrone & mestranol Tab	1 mg-50 mcg	Endocrine and Metabolic		Non-Formulary Alternative: Consult Prescriber
Plan B One-Step	1.5mg	Endocrine and Metabolic	QL	Quantity Limit: 4 treatments (8 tablets of 0.75mg OR 4 tablets of 1.5mg) per 365 days
sevelamer carbonate Pak	0.8gm 2.4gm	Endocrine and Metabolic	ST	Formulary addition Step Therapy: must try generic Phoslo first
sevelamer Tab	800mg	Endocrine and Metabolic	ST	Formulary addition Step Therapy: must try generic Phoslo first
Soliqua Inj	100 units and 33 mcg/ml	Endocrine and Metabolic	ST	Formulary addition Step Therapy: must try metformin AND long-acting insulin or mono-GLP-agonist first
Stiolto Respimat Inhaler	2.5-2.5mcg	Respiratory	QL	Formulary addition Quantity Limit: 1 package (4gm) per 25 days; 3 packages (4gm each) per 75 days

Specialty

Medication	Strength	Drug class	Utilization Management	Change/Criteria
Copaxone Inj	40mg/ml	Central Nervous System	PA, QL	Formulary addition Quantity Limit: 12 syringes per 28 days
Humira Pen Kit CD/UC/HS	80mg/0.8ml	Immunologic Agents	PA, QL	Formulary addition Quantity Limit: 3 syringes per 28 days
Humira Pen Kit PS/UV	80mg/0.8ml & 40mg/0.4ml	Immunologic Agents	PA, QL	Formulary addition Quantity Limit: 2 syringes per 28 days
Lenvima Cap	4mg 12mg	Antineoplastic Agents	PA, QL	Formulary addition Quantity Limit: 4mg: 1 carton (30 capsules total) per 30 days 12mg: 1 carton (90 capsules total) per 30 days
Orenitram Tab	5mg	Cardiovascular	PA	Formulary addition
Orkambi Granules	100-125 mg 150-188 mg	Respiratory	PA, QL	Formulary addition Quantity Limit: 56 packets per 28 days
Xeljanz Tab	10mg	Immunologic Agents	PA, QL	Formulary addition Quantity Limit: 60 tablets per 30 days

CODING & CLAIMS



EPSDT DHS 8015 and 8016 Forms

Please remember to submit your claim and EPSDT DHS 8015 or 8016 form soon after the completion of the exam. We're still receiving claims and forms that were completed in 2017.

Recent reasons why EPSDT DHS 8015 and DHS 8016 forms are being rejected:

- We've received multiple forms with corrections made by writing over the incorrect information. This makes the information illegible and we're unable to decipher what the correct information is. If there's incorrect information on the form, please discard the form and complete a new one.
- If you're using a computer to populate the information on the form, please make sure the alignment is correct. We've received forms with information that belongs on the line above where it's printed. Even though the correct information is on the form, we're unable to accept it if the information is in the wrong place.



Medicare Crossover Claims

Effective January 2019, HMSA QUEST Integration will electronically coordinate benefits with Medicare. This change will apply to Traditional Medicare and HMSA Akamai Advantage.

Under most circumstances, this change will eliminate the need for providers to submit secondary claims for members with dual coverage.

PHARMACY



EUTF Part D Vaccinations

Starting November 1, 2018, Medicare Part D vaccinations were fully covered under the EUTF and HSTA VB Medicare prescription drug plans administered by SilverScript (SSI). Previously, members had a copayment, generally \$30 for EUTF members and \$9 for HSTA VB members. Patients may receive Part D vaccinations at a pharmacy or a provider's office:

- Pharmacy: The patient pays nothing.
- Provider's office: If you administer Part D vaccinations, you may submit a claim for the full cost of the vaccination, including the administration fee, to SSI. SSI will reimburse you directly and the patient won't have to pay anything.

If your office cannot submit a claim form to SSI on behalf of the patient, you'll need to charge the patient the full cost of the vaccination, including the administration fee. To receive reimbursement from SSI for the vaccination and administration fee, the patient must complete and submit a claim form with invoice to SSI within 12 months of the date of service. The patient should indicate on the claim form, which can be downloaded from eutf.silverscript.com/documents.aspx, that the medicine isn't covered under any other insurance.

If you have any questions about coverage of Part D vaccinations, contact SSI at 1 (877) 878-5715 toll-free. For a list of Part D covered vaccinations, please refer to the SSI formulary available at eutf.silverscript.com/Documents.aspx.



Formulary Changes

The latest formulary changes are listed in the Contract Notification section of this newsletter.

PLANS



QHS Pharmacy Benefits Notification

Starting January 1, 2019, some coverage codes for Queen's Health System (QHS) plans will change. Until now, medical specialty drugs dispensed by pharmacies weren't a benefit for some QHS members under their HMSA medical plan. These drugs may be covered under the member's drug plan administered through QHS's pharmacy benefit manager (PBM). The following is a list of coverage codes that'll continue to cover specialty drugs under HMSA medical plans, as of January 2019.

HMSA Coverage code	HMSA Group Number and Name
507	21603-1 QHS QMC HNA RN TRN Choice Medical Only 21693-1 QHS QMC HNA RAD Choice Medical Only 100106-1 QHS COBRA Choice HNA/ILWU Medical Only
723	21609-1 QHS QMC TEA Choice Medical Only 21613-1 QHS QMC NBG Choice Medical Only 21624-1 QHS MGH UPW Choice Medical Only 21637-1 QHS MGH NBG Choice Medical Only 21641-1 QHS QEL Choice Medical Only 21649-1 QHS QDC Choice Medical Only 21654-1 QHS Choice Medical Only 21659-1 QHS DLS Choice Medical Only 21665-1 QHS COBRA Regular Choice Medical Only 21691-1 QHS COBRA Pre 65 Choice Medical Only 21692-1 QHS COBRA Post 65 Choice Medical Only 22909-1 QHS CRH Choice Medical Only 30802-1 QHS NHCH NBG Choice Medical Only

For all other HMSA health plans for QHS members, medical specialty drugs aren't covered by the HMSA medical plans and should be submitted to QHS's PBM. Pharmacies providing these services for QHS members file these claims with QHS's PBM. QHS's PBM determines if these specialty drugs require preauthorization. If preauthorization is required, physicians should submit preauthorization requests to the QHS's PBM.

For pharmacy claims troubleshooting, please call the CVS Caremark Help Desk at 1 (800) 364-6331 toll-free. If you're a physician with questions about preauthorization request, please call CVS Caremark at 1 (800) 361-3588 toll-free.

Medical specialty drugs administered or dispensed elsewhere (facilities, clinics, infusion centers, physicians, etc.) will continue to be covered under the member's HMSA medical plan. These providers should continue to submit claims to HMSA and follow the HMSA preauthorization drug polices and request process.

POLICY NEWS



Annual Review of Medical Policies

The following policies have been reviewed and updated in the Provider E-Library at hmsa.com/prc0006; printed copies are available on request.

Effective November 16, 2018:

- Bone (Mineral) Density Studies.
- Composite Tissue Allotransplantation of the Hand and Face.
- Erectile Dysfunction.
- Posterior Tibial Nerve Stimulation.
- Preimplantation Genetic Diagnosis (PGD).
- Radiofrequency Ablation of Misc. Solid Tumors Excluding Liver Tumors.
- Repetitive Transcranial Magnetic Stimulation for Treatment Refractory Depression.
- Spinal Interventional Pain Management and Spine Surgery.
- Telehealth Services.



Codes That Don't Meet Payment Determination Criteria

The following codes will be added to the list of codes that don't meet payment determination criteria:

0509T, 0512T, 0513T, 0514T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 90689

For a complete list of codes that don't meet payment determination criteria, see hmsa.com/prc0047.



Claim Documentation Requirements

The following codes will be added to the list of codes that require documentation:

0335T, 0510T, 0511T, 0523T

For a complete list of codes that require documentation, see hmsa.com/prc0048.

Medical policies are in the Provider E-Library at hmsa.com/prc0004. To request copies or to ask questions, call Provider Services at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands.

More policy changes are listed in the Contract Notification section of this newsletter.

CALENDAR



Health Education Workshops

The following workshops are available to HMSA members at no cost. These informative sessions can help your patients improve their health and well-being. Non-HMSA members may attend if space is available.

For more information, refer your patients to hmsa.com/well-being/workshops or have them call 1 (855) 329-5461, option 1, toll-free to register at least three days before the workshop.

HAWAII ISLAND

Digestive Health

Nothing grabs our attention like a tummy ache. Discover that the way to a loved one's heart really is through the stomach—and what you can do to help your tummy stay well and pain-free.

- 1/31, 10–11 a.m.
HMSA Center @ Hilo

Supermarketing

Learn how to read nutrition labels so you can save time and make healthier choices at the grocery store.

- 1/8, 10–11 a.m.
HMSA Center @ Hilo

KAUAI

Supermarketing

Learn how to read nutrition labels so you can save time and make healthier choices at the grocery store.

- 1/16, 5–6 p.m.
Kuhio Medical Center

MAUI

Supermarketing

Learn how to read nutrition labels so you can save time and make healthier choices at the grocery store.

- 1/30, 10–11 a.m.
HMSA Center @ Kahului

OAHU

Digestive Health

Nothing grabs our attention like a tummy ache. Discover that the way to a loved one's heart really is through the stomach—and what you can do to help your tummy stay well and pain-free.

- 1/18, 10–11 a.m.
HMSA Center @ Honolulu
- 1/24, 10–11 a.m.
HMSA Center @ Pearl City

Eating on the Run

Eating healthy on the run can be challenging. Learn strategies to choose the best meal and snack options when you're in a hurry.

- 1/17, 12:15–1:15 p.m.
YMCA Mililani

Supermarketing

Learn how to read nutrition labels so you can save time and make healthier choices at the grocery store.

- 1/15, 10–11 a.m.
HMSA Center @ Honolulu



Community Activities

Adult Fitness at Queen's: Learn body shaping, tai chi, kickboxing, chair yoga, and more. Times and instructors vary. The Queen's Medical Center, Women's Health Center Classroom. Six classes for \$66. Call 691-7117 for details and to register.

Big Island Ostomy Group: January 19, 11:30 a.m.–12:30 p.m. Hilo Medical Center Cafeteria. A support group for ostomates, pre-ostomy patients, caregivers, medical professionals, and the public. Free. Sandy Wright, 339-7640.

COPD Support Group: January 8, 10 a.m.–noon. Pali Momi Women's Center. A support group for people with chronic obstructive pulmonary disease (COPD) and their caregivers, health care providers, and the public. The group is moderated by respiratory therapist and lung health educator, featuring varying guest speakers about lung health and related topics. Materials and light refreshments are provided free of charge. Free. Valerie Chang, 699-9839.

Farmers Market at HMSA: Every Friday, 11 a.m.–2 p.m. HMSA Center @ Honolulu. Fresh island-grown produce and ready-to-eat local food. For information on vendors, call HMSA at 948-6521.

Health & Education at Queen's: The Queen's Medical Center, Women's Health Center Classroom.

- **Lymphedema/Breast Cancer Clinic:** Learn exercises to prevent lymphedema (swelling of the arms). Free. 691-7633.
- **Mammogram and Cervical Cancer Screening:** Every other Friday, 8 a.m.–noon. Free for women ages 50–64, uninsured or underinsured, or low income. 691-7726.

Parkinson's Bike Exercise Group: Every Sunday, 9–10 a.m. Lagoon Drive Parking Lot, Honolulu. The Parkinson's Bike Exercise Group is led by Richard A. Weinstein, diagnosed with PD in 2015. It's open to anyone living with PD who would like to build strength and confidence through a weekly bike ride. Family members and caregivers are welcome.

Walk with a Doc Oahu: Every Saturday, 8 a.m. Patsy T. Mink Central Oahu Regional Park. Walk includes a brief warm-up/stretch and a health tip from a community doctor. New participants are asked to arrive by 7:45 a.m. 677-9988 or walkwithadoc.org.

Walk with a Doc on Hawaii Island: Every Sunday, 8 a.m. Liliuokalani Gardens, Hilo. Walk includes a brief warm-up/stretch and an informative talk from a community physician or medical student. Meets rain or shine. craig@hilointernalmedicine.com or wwadbigisland.org.