SCOPE | Provider Updates

Independent Health

February 2022

What's New?

COVID-19 Coronavirus provider updates

- At-Home/Over-the-Counter COVID-19 Testing Coverage

Clinical Matters

The primary care provider's role in diagnosis and treatment of STIs

Food First pilot program addresses food insecurity for Independent Health MediSource & MediSource Connect members

Updates to Independent Health Clinical Practice Guidelines - Fall 2021

Office Matters

Mental Health (OMH) led Performance Opportunity Project: Screening tool to identify and notify Independent Health of member hospitalization

Provider Portal Tip: Review and update the list of users for your practice regularly

Pharmacy Update

January 2022 policy updates

Community Health Matters

How tech is making our region healthier

COVID-19 Coronavirus provider updates

Because the ongoing situation about COVID-19 is changing daily, general and practice-specific information is posted in our public provider portal and communicated directly through secure message(s) accessible when logged-in to our provider portal.

COVID-19 updates are accessible by clicking on "For our Providers" near the top of the Independent Health website homepage at www.independenthealth.com/

At-Home/Over-the-Counter COVID-19 Testing Coverage

The Biden Administration issued guidance on January 10, 2022 regarding the requirement that insurance companies and group health plans cover at-home over-the-counter (OTC) COVID-19 tests.

More information about Independent Health coverage for at-home/OTC COVID-19 testing is accessible online at https://www.independenthealth.com/coronavirus

The primary care provider's role in diagnosis and treatment of STIs

Why it Matters?

Rates of reportable sexually transmitted infections, including syphilis (including congenital syphilis), gonorrhea, and chlamydia continue to rise in Erie County. These fast facts help demonstrate how recent trends are moving in the wrong direction for the region –

- Despite social distancing regulations prompted by the COVID-19 pandemic, STIs continued to rise.

  There were more than 112 cases of syphilis in 2020, with young, non-Hispanic black males (particularly those who have sex with men) being most impacted.

…continued

The primary care provider's role in diagnosis and treatment of STIs continued …

Gonorrhea increased 56% from 2019 with more than 3000 cases. Men who have sex with men, men aged 20-34, and women aged 15-24 saw the highest infection rates.

In 2019 over 5000 cases of chlamydia were diagnosed, mostly affecting women aged 15-24.

Data from 2020 is being compiled, but it's expected that cases rose yet again.

- Preliminary data indicate that the Buffalo region experienced a 41% increase in HIV diagnoses in 2020, compared to the average for 2018-2019, and these numbers continued to increase in the first half of 2021.

  There has been a similar increase in new HIV diagnoses at the time of STI diagnosis.

Reported numbers of bacterial STIs are far lower than the actual number of infections in Erie County.

- Asymptomatic patients may not seek testing or treatment, resulting in increased transmission and potential complications including pelvic inflammatory disease (PID) and infertility in women.
- Health care providers may not feel comfortable asking patients about their sexual history or risk, which reduces opportunities to treat infections and prevent further STI transmission. Taking a sexual history is also an important step in reducing HIV risk and viral hepatitis transmission.

It's important to note that several highly prevalent STIs, such as human papillomavirus, genital herpes and trichomoniasis, are left out of reporting, causing a major gap in valuable data.

What can be done?

- Conduct a complete sexual health history, risk, and drug use assessment for every patient at least annually.

…continued

The primary care provider's role in diagnosis and treatment of STIs continued …

An example of a rapid sexual health assessment is online at https://mcusercontent.com/04e0b3b90e304681ef1786be3/files/0f159d6e-5a19-bce8-f08b-b60396812383/IH_Sexual_Health_Assessment.pdf

- Screen sexually active patients for STIs US Preventive Services Task Force (USPSTF) guidelines recommend screening for chlamydia and gonorrhea in all sexually active women aged 24 and younger (and for all women older than 24 who have increased risk for these infections).
- Test females (and exposed or symptomatic males) at the anatomic site(s) of sexual exposure and offer three-site testing for gonorrhea and chlamydia.

  Offer and perform HIV testing for every patient aged 13 years and older (in accordance with NYSDOH regulations)

  Offer and perform HCV testing for every patient aged 18 and older (in accordance with USPSTF recommendations)

- Treat promptly or link patients immediately to care and treatment to interrupt the spread of HIV, syphilis, and other STIs.

  Consider the role of Expedited Partner Therapy (EPT) for chlamydia, gonorrhea, and trichomoniasis.

- Provide harm reduction services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV prevention.

  Vaccinate patients against sexually transmitted viral infections – It's about more than just the STI.

- It's unlikely that patients born before 1991 received a Hepatitis B Virus (HBV) vaccine. Catch up vaccination is possible and particularly important for those with risk factors for the condition.

- Viral Hepatitis is one of the most common causes of cirrhosis and cancer of the liver.

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The primary care provider's role in diagnosis and treatment of STIs continued …

- Human Papilloma Virus (HPV) vaccination is recommended for all patients at ages 11 or 12 until aged 26 (in females) or 21 (in males unless they have additional risk factors) with catch up schedules available for adults.
- While some types of HPV are known to cause genital or anal warts, they also are the leading cause of head and neck cancers in both males and females.

  Collaborate with existing community organizations that provide resources for underrepresented minorities and others at disproportionate risk for bacterial and viral STI transmission.

For questions on any of the information shared in this article, please reach out to our Clinical Pharmacist – MTM – HIV/Behavioral Health, Joshua Sawyer via mail at Joshua.Sawyer@independenthealth.com or phone at (716) 250-4478.

Independent Health Food First pilot program addresses food insecurity for MediSource & MediSource Connect members

Independent Health and Foodsmart have introduced Food First, a new pilot program to address food insecurity among our MediSource and HARP (MediSource Connect) members and their families who reside in targeted ZIP codes of need.

Independent Health introduced Food First to Independent Health's eligible MediSource and MediSource Connect members beginning in January.

Food insecurity can contribute to poor nutrition and result in cardiovascular disease, type 2 diabetes, osteoporosis, certain types of cancer we well as pregnancy and early childhood complications.

In partnership with FoodSmart, a digital platform offering Independent Health members a personalized journey to proper nutrition,

…continued

Independent Health Food First pilot program addresses food insecurity for MediSource & MediSource Connect members continued …

Food First will provide eligible members consultation with a registered dietitian via unlimited tele-nutrition appointments to guide meal planning tailored to the member's clinical and environmental situation, as well as facilitate SNAP application submission for those not receiving benefits.

Members will have a choice of subscription through either Walmart+ or Instacart Express. This subscription is available at no cost to eligible members and will be valid for 12 months. Through Walmart+, members can use SNAP benefits for online grocery orders for home delivery. Food First is also available through Instacart Express for Aldi.

Members also have access to meal kits, including medically tailored "heat and eat" meals, as well as SNAP enrollment support and recipe recommendations.

Updates to Independent Health Clinical Practice Guidelines - Fall 2021

Heart Failure

The American College of Cardiology had a 2021 update to their Expert Consensus Decision Pathway for the optimization of heart failure regarding heart failure with reduced ejection fraction (HFrEF). After publication of the 2017 HF guidelines more data emerged that supported

1. the use of angiotensin receptor-neprilysin inhibitors (ARNIs) for patients with HFrEF.
2. Also, the FDA came out with approval for sodium-glucose cotransporter-2 inhibitors (SGLT2) in the treatment of HFrEF with clear benefit.
3. Lastly was endorsement for percutaneous treatment of mitral regurgitation.

Online: https://doi.org/10.1016/j.jacc.2020.11.022

Adult Preventive Health

The American Academy of Family Physicians updated their Adult preventive health care schedule based on recommendations from the United States Preventive Service Task Force.

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The starting age screening for colorectal cancer was decreased to 45 years from 50 years.

1. Screening for lung cancer criteria decreased to a 20-pack-year history from a 30-pack-year history.
2. Diet/activity counseling for all adults with CVD risk factors, dropped was the criteria if overweight or obese.
3. Added was counseling for all pregnant women related to healthy weight gain in pregnancy.

Online Resource:
https://www.aafp.org/dam/AAFP/documents/journals/afp/USPSTFHealthCareSchedule2021.pdf

USPSTF Updates

* Screen for hypertension in adults 18 years or older (even without known HTN) with office blood pressure measurement. Obtain BP outside of clinic for diagnostic confirmation before starting treatment. (April 17, 2021)

* Screening for colorectal cancer in all adults ages 45-75 years. (May 18, 2021)

* Offer pregnant women behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy. (May 25, 2021)

* Screen for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after. (August 10,2021)

* Screen for pre-diabetes and type 2 diabetes in adults 35-70 years who are overweight or obese. Offer or refer patients with pre-diabetes to effective preventive interventions. (August 24,2021)

* Screen for chlamydia and gonorrhea in all sexually active women 24 years or younger (including those who are pregnant) and those 25 years and older (including those who are pregnant) who are at increased risk of infection. (September 14, 2021)

* Low dose aspirin (81mg/day) after 12 weeks of gestation in pregnant persons at risk for preeclampsia (September 28, 2021)

Updates to Independent Health Clinical Practice Guidelines - Fall 2021 continued …

Online Resource:
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations

American College of Obstetricians and Gynecologists (ACOG)

Antepartum Fetal Surveillance to decrease the risk of stillbirth - Level A recommendations provide good evidence:

1. to diagnose oligohydramnios using deepest pocket measurement, as opposed to amniotic fluid index. This has resulted in a reduction in unnecessary interventions without an increase in adverse perinatal outcomes.
2. Also improved outcomes were realized with growth-restricted fetuses when umbilical artery doppler velocimetry is used with standard fetal surveillance.

Online Resource
http://dx.doi.org/10.1097/AOG.0000000000004410

Obesity in Pregnancy – Obesity is the most common medical condition in women of reproductive age. Management for obesity should begin before pregnancy and continue right through post-partum. This clinical management guideline is an integrated approach to obesity management among women of reproductive age who are planning a pregnancy. Level A recommendations are as follows:

1. Encourage behavioral interventions focused on improving both diet and exercise, this has been shown to improve outcomes compared to programs that focus on exercise alone.

2. At the first prenatal visit obtain a BMI to provide diet and exercise counseling guided by the institute of Medicine recommendations for gestational weight gain during pregnancy

Level B recommendations based on limited evidence:

… continued

1. Weight loss before pregnancy should be encouraged. Even small weight loss before pregnancy in women who are obese may result in improved pregnancy outcomes

2. Allow a longer first stage labor prior to a decision to perform a c/s should be considered in obese women

3. All women with obesity should be provided and referred to behavioral counseling interventions focused on improving healthy diet and exercise to achieve a healthier weight before another pregnancy

Online Resource: http://dx.doi.org/10.1097/AOG.0000000000004395

Multifetal Gestations: Twin, Triplet, and higher order multifetal pregnancies

The incidence of multifetal gestations in the US has increased significantly over past decades. Multiple gestations increase perinatal complications including fetal anomalies, preeclampsia, gestational diabetes, and preterm birth with the resulting infant mortality and morbidity. Level A recommendations are as follows:

1. Serial ultrasonographic evaluation is recommended every 2 weeks beginning at 16 weeks in monochorionic gestations to monitor for twin-to-twin transfusion syndrome

2. Progesterone treatment does not reduce the incidence of spontaneous preterm birth in unselected women with twin or triplet gestations and is not recommended

3. Prophylactic use of any tocolytic agent in women with multifetal gestations is not recommended. This includes the prolonged use of betamimetics for this indication.

Level B recommendations based on limited evidence:

1. In multifetal pregnancy the chorionicity should be established as early as possible. The optimal timing for determination of chorionicity by ultrasound is in the first trimester or early second trimester

…continued

1. In multifetal pregnancy the chorionicity should be established as early as possible. The optimal timing for determination of chorionicity by ultrasound is in the first trimester or early second trimester

2. Routine prophylactic interventions including cerclage, hospitalization, bedrest, tocolytics, and pessary have not been proved to decrease neonatal morbidity or mortality and should not be used based solely on the indication of a multifetal gestation

3. Without a contraindication, antenatal corticosteroids should be administered to all patients who are at risk of delivery within 7 days and who are between 24 weeks and 34 weeks gestation irrespective of the fetal number.

4. Women with one previous low transverse c-section, who are otherwise appropriate for twin vaginal delivery may be considered for a trial of labor

5. Magnesium sulfate reduces the severity and risk of cerebral palsy in surviving infants if administered when birth is anticipated before 32 weeks, regardless of fetal number.

Online Resource
https://dx.doi.org/10.1097/AOG.0000000000004398

Anemia in Pregnancy

Iron requirements increase during pregnancy and failure to maintain sufficient levels may result in adverse maternal-fetal outcomes.

Level A recommendation is:

Low-dose iron supplementation is recommended starting in the first trimester to decrease the prevalence of maternal anemia at delivery

Level B recommendations based on limited evidence:

…continued

1. Iron deficiency anemia during pregnancy has been associated with an increased risk of low birthweight, preterm delivery, and perinatal mortality and should be treated with iron supplementation in addition to prenatal vitamins.

2. Severe anemia is maternal Hgb levels less than 6 g/dL. This is associated with abnormal fetal oxygenation resulting in nonreassuring fetal heart rate patterns, reduced amniotic fluid, fetal cerebral vasodilation, and fetal death. Maternal blood transfusions should be considered.

3. After the first trimester and postpartum parenteral iron may be considered for those women who cannot tolerate or do not respond to oral iron or for those with severe iron deficiency later in pregnancy.

Level C recommendation based on consensus and expert opinion:

All pregnant women should be screened for anemia with a CBC in the first trimester and again at 24 weeks.

Those who meet the criteria for anemia based on HCT levels less than 33% in the 1st and 3rd trimesters and less than 32% in the second trimester should be evaluated to determine the cause.

Online Resource:
http://dx.doi.org/10.1097/AOG.0000000000004477

Prediction and Prevention of Spontaneous Preterm Birth

About 1 in 10 births in the United States is preterm. These preterm newborns account for ¾ of perinatal mortality and more than ½ of long-term neonatal morbidity. This is all at significant social and economic cost.

The purpose of this guideline is to describe risk factors, screening methods, and treatments for preventing spontaneous preterm birth. Level A recommendations are as follows:

…continued

Updates to Independent Health Clinical Practice Guidelines - Fall 2021 continued …

1. For single pregnancy and a prior preterm birth serial endovaginal ultrasound measurement of cervical length beginning at 16 0/7 weeks and repeat until 24 0/7 weeks

2. Antibiotic treatment for bacterial vaginosis in pregnancy without symptoms of vaginitis is not recommended

3. For single pregnancy, a short cervix, and no history of preterm birth vaginal progesterone is recommended in asx women

4. Intramuscular 17-OHPC is not recommended for prevention of preterm birth in women who do not have a history of spontaneous preterm birth

5. For single pregnancy and a prior spontaneous preterm birth women should be offered progesterone supplementation (either vaginally or IM) in the context of shared decision making

6. Cervical pessary is not recommended for prevention of preterm birth in twin pregnancy with a short cervix

Level B recommendations based on limited evidence:

1. For women without a prior preterm birth the cervix should be visualized at 10 0/7-22 6/7 weeks with either a transabdominal or endovaginal approach

2. Screening of cervical length with serial endovaginal ultrasound is not indicated in pregnant women without a prior preterm birth

3. Cervical pessary is not recommended for the single pregnancy with a short cervix and no history of spontaneous preterm birth

4. Intramuscular 17-OHPC is not recommended for prevention of preterm birth based solely on the indication of multiple gestation

5. In twin pregnancy routine prophylactic use of vaginal progesterone to prevent preterm birth is not recommended

…continued

6. Cervical pessary is not recommended for prevention of preterm birth in twin pregnancy with a short cervix

Level B recommendations based on limited evidence:

1. For women without a prior preterm birth the cervix should be visualized at 10 0/7-22 6/7 weeks with either a transabdominal or endovaginal approach
2. Screening of cervical length with serial endovaginal ultrasound is not indicated in pregnant women without a prior preterm birth
3. Cervical pessary is not recommended for the single pregnancy with a short cervix and no history of spontaneous preterm birth
4. Intramuscular 17-OHPC is not recommended for prevention of preterm birth based solely on the indication of multiple gestation
5. In twin pregnancy routine prophylactic use of vaginal progesterone to prevent preterm birth is not recommended
6. Cervical cerclage is not recommended for prevention of preterm birth based solely on the indication of multiple gestation

Online Resource:
https://dx.doi.org/10.1097/AOG.0000000000004479

Center for Disease Control and Prevention

Guidelines for Prescribing Opioids for Chronic Pain

The objective is to improve the way opioids are prescribed and ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose opioids.

This guideline is intended for persons 18 years and older in primary care settings and outside of active cancer, palliative, and end-of-life care. The CDC guideline addresses patient-centered clinical practices and has three focus areas:

…continued

Updates to Independent Health Clinical Practice Guidelines - Fall 2021 continued …

1. Determining when to initiate or continue opioids for chronic pain
2. Opioid selection, dosage, duration, follow-up, and discontinuation
3. Assessing risk and addressing harms of opioid use

Online Resource:
https://www.cdc.gov/opioids/providers/prescribing/guideline.html

Mental Health (OMH) led Performance Opportunity Project: Screening tool to identify and notify Independent Health member hospitalization

Independent Health continues to participate in the Office of Mental Health (OMH) led Performance Opportunity Project (POP), which focuses on improving outcomes for high need Medicaid Managed Care and HARP individuals with serious mental illness by increasing uptake of care transition interventions and clozapine use.

Goals of the program center on cost savings based on lowering inpatient and emergency room utilization for this population, while increasing access to intensive care transition interventions for psychiatrically hospitalized individuals to improve linkages with community-based care such as Health Home and ACT providers.

To support these goals, OMH has created a 9-month schedule of intensive care management services performed by Health Homes and/or ACT providers in which the high user population should begin receiving prior to discharge, spanning over a 9-month period post hospitalization.

Eligibility Criteria

OMH flags the high user population within their clinical platform PSYCKES (Psychiatric Services and Clinical Knowledge Enhancement System) based on the following eligibility criteria:

…continued

Mental Health (OMH) led Performance Opportunity Project: Screening tool to identify and notify Independent Health member hospitalization continued…

- 3+ MH Inpatient visits in prior 12-months
- 4+ MH ED visits in prior 12-months
- 3+ Medical Inpatient visits in prior 12-months & schizophrenia/bipolar diagnosis
- Individuals age 18 and older

Per OMH Guidance, to align definitions of high need populations, OMH adopted the Health Home Plus (HH+) definition of high utilization. In turn, individuals who receive a POP high user flag in PSYCKES automatically qualify for Health Home Plus services.

Call to Action

The call to action for hospitals is to utilize PSYCKES as a screening tool to identify Independent Health's POP membership. The POP high user flag is intended to identify members eligible for the 9-month schedule of intensive case management as well as support mobilization of a rapid community care coordination response in the hospital prior to discharge.

When hospital staff use PSYCKES to screen, the following alert will appear on the members homepage: "POP High User: This client is enrolled in an episode of intensive care transition services. To coordinate, contact Independent Health via email at nysmedicaidclozapinemhpop@independenthealth.com."

When POP flagged individuals utilize CPEP and/or inpatient hospital services, please have hospital staff utilize the above-mentioned email address to notify Independent Health that the POP member is at the hospital prior to discharge. This immediate real time email notification will allow Independent Health to help support and notify community providers such as Health Homes to mobilize and successfully contact the member prior to discharge.

For further questions on this OMH initiative please contact william.greene@independenthealth.com.

Provider Portal Tip

Review and update the list of users for your practice regularly

Do all your current employees have access they need to the information available through Independent Health's provider portal? Are you certain former employees no longer have this access?

An important reminder from Independent Health's Information Risk Office: it is critical to regularly review and update the list of users of our provider portal in your practice to ensure all current employees maintain access to the information needed to perform their duties. It's equally important that you ensure former employers no longer have access to the financial, performance and other practice-specific information received directly from Independent Health.

Users with Practice Admin Full Access or Practice Admin Technical roles assigned by their practice can review the list of users for the provider portal in your practice when logged-in and then selecting "User Administration" from the drop down under their name at the top right corner of the landing page.

Please update your list of users who have access to our provider portal annually or more often, if appropriate, for your practice.

Email providerportal@independenthealth.com if you have any questions or are in need of assistance.

Pharmacy Update: Formulary and Policy Changes

1) Formulary changes for Medicare Advantage individual and group members effective February 1, 2022 or March 1, 2022 are accessible near the end of this printable edition of Scope.

2) Formulary changes for Pharmacy Benefit Dimensions members using their 5-Tier formulary effective February 1, 2022 or March 1, 2022 are accessible near the end of this printable edition of Scope.

3) Formulary changes for Pharmacy Benefit Dimensions members using their 3-Tier formulary effective February 1, 2022 or March 1, 2022 are accessible near the end of this printable edition of Scope.

Independent Health's drug formulary

To obtain a hard copy, please contact Independent Health Provider Relations by calling (716) 631-3282 or 1-800-736-5771, or via email at at providerservice@servicing.independenthealth.com, Monday through Friday from 8 a.m. to 6 p.m.

January 2022 policy updates

Our policies are updated, revised, discontinued or reviewed often, so check these pages frequently. Look on the Policies page under Policies & Guidelines on the top red menu bar of the provider portal.

How tech is making our region healthier

Read how Independent Health is launching new tech to help its members prevent and manage disease in pioneering new ways in this report recently published in The Buffalo News: https://buffalonews.com/sponsored/how-tech-is-making-our-region-healthier/article_15521b84-74a5-11ec-ab34-d77af8593fc4.html?utm_medium=social&utm_source=twitter&utm_campaign=user-share

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Thank you for reading Scope, Independent Health’s newsletter containing provider updates. Please consider printing copies to share this with others at your practice who may not have access to Scope through our provider portal.

Comments or questions about Scope can be submitted via email at scope@independenthealth.com

Proposed Sexual Health / Risk Assessment Questionnaire

Client Name or ID Number: ______________________________ Date of Assessment: _______________

Introduction to client: I am going to ask you some questions to assess your risk for sexually transmitted infections, including hepatitis and HIV. They are very personal and intimate questions, and it may feel uncomfortable talking about sexual health with me, but the answers you give will remain confidential. By talking about sex and substance use we can develop strategies to keep you healthy and to protect the people you love.

Demographics

1. What is your gender?

☐Male ☐Female
☐Trans female (born with male genitalia) ☐Trans male (born with female genitalia)
☐ Non-Binary ☐ Agender
☐None of the Above / Other: ____

2. Are your sexual partners (check all that apply):

☐Male ☐Female
☐Trans female (born with male genitalia) ☐Trans male (born with female genitalia)
☐None of the Above / Other: ____

History of HIV/Sexually Transmitted Infections (STIs)

3. In the past 12 months, have you or a partner been treated for an STI?	**4. In the past 12 months, have you been tested for HIV?**
☐ Yes ☐ No ☐ I don't know *If yes or I don't know, refer for HIV, STI testing*	☐ Yes ☐ No ☐ I don't know *If no or I don't know, refer for HIV testing*

5. If answered yes to question 4 above, what was the result?

☐ Positive *If positive, where do they receive care?* ____
☐ Negative *If positive, but not in HIV care, refer to HIV treatment*
☐ I don't know *If "I don't know", refer for HIV testing*

6. In the past 12 months, have you or your partners used intravenous (IV) drugs or shared medical supplies?	**7. In the past 12 months, have you had unprotected sex willingly or against your will?**
☐ Yes ☐ No ☐ I don't know *If yes or I don't know, refer for HIV testing or PrEP consult*	☐ Yes ☐ No ☐ I don't know If yes or I don't know, *refer for HIV testing or PrEP consult*

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8. **In the past 12 months, have you had sex with more than one partner willingly or against your will?** ☐ Yes *If yes or I don't know,* ☐ No *refer for HIV testing or* ☐ I don't know *PrEP consult*	9. **Do you know the HIV status of your partners?** ☐ Yes *If **no** or I don't know,* ☐ No *refer for HIV testing or* ☐ I don't know *PrEP consult*
Prevention	
10. **What do you use to protect yourself against STIs or to prevent pregnancy?** ☐ External Condoms ☐ Internal Condoms ☐ Other (please describe):	11. **When do you use this protection? (Check all that apply)** ☐ With my main partner(s) ☐ With my extra / other partner(s) ☐ All of the Time *If not all of the time,* ☐ Most of the Time *refer for HIV testing or* ☐ Some of the Time *PrEP consult* ☐ Rarely ☐ Never
12. **Have you ever had a condom break or fall off?** ☐ Yes If yes or I don't know, ☐ No *refer for HIV testing* ☐ I don't know *or PrEP consult*	13. **Are you currently vaccinated against Hepatitis A, Hepatitis B, and Human Papilloma Virus (genital warts)? (Check all that apply)** ☐ Hepatitis A *If not, please refer* ☐ Hepatitis B *to primary care or* ☐ Human Papilloma Virus *PrEP consult*
14. **Do you have any other questions or concerns about the information we discussed today? If so, what are your questions or concerns?**	
15. **Would you like more information about the information we discussed today?**	

Medicare Advantage Individual and Group Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
Durezol ophth	Formulary Deletion	DIFLUPREDNAT EMU 0.05%	Generic Alternative on T4	2/1/2022
Afinitor 10 mg tab	Formulary Deletion	EVEROLIMUS TAB 10MG	Generic Alternative on T5	2/1/2022
Afinitor 2 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T5	**3/1/2022**
Afinitor 3 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 3MG	Generic Alternative on T5	2/1/2022
Afinitor 5 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 5MG	Generic Alternative on T5	2/1/2022
Bystolic 2.5 mg	Formulary Deletion	NEBIVOLOL TAB 2.5MG	Generic Alternative on T2	2/1/2022
Bystolic 5 mg	Formulary Deletion	NEBIVOLOL TAB 5MG	Generic Alternative on T2	2/1/2022
Bystolic 10 mg	Formulary Deletion	NEBIVOLOL TAB 10MG	Generic Alternative on T2	2/1/2022
Bystolic 20 mg	Formulary Deletion	NEBIVOLOL TAB 20MG	Generic Alternative on T2	2/1/2022
Paxil suspension	Formulary Deletion	PAROXETINE SUS 10MG/5ML	Generic Alternative on T4	2/1/2022
Chantix 0.5 mg tab	Formulary Deletion	VARENICLINE TAB 0.5MG	Generic Alternative on T2	2/1/2022
Chantix 1 mg tab	Formulary Deletion	VARENICLINE TAB 1MG	Generic Alternative on T2	2/1/2022
Zomig 5 mg nasal spray	Formulary Deletion	ZOLMITRIPTAN SPR 5MG	Generic Alternative on T3	2/1/2022

How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health's Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 250-4401 or 1-800-665-1502, we are available Monday through Friday between the hours of 8 a.m. and 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn't be appropriate given your patient's condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient's life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions®
An Independent Health company

Pharmacy Benefit Dimensions PDP 5 Tier Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
Durezol ophth	Formulary Deletion	DIFLUPREDNAT EMU 0.05%	Generic Alternative on T4	2/1/2022
Afinitor 10 mg tab	Formulary Deletion	EVEROLIMUS TAB 10MG	Generic Alternative on T5	2/1/2022
Afinitor 2 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T5	**3/1/2022**
Afinitor 3 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 3MG	Generic Alternative on T5	2/1/2022
Afinitor 5 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 5MG	Generic Alternative on T5	2/1/2022
Bystolic 2.5 mg	Formulary Deletion	NEBIVOLOL TAB 2.5MG	Generic Alternative on T2	2/1/2022
Bystolic 5 mg	Formulary Deletion	NEBIVOLOL TAB 5MG	Generic Alternative on T2	2/1/2022
Bystolic 10 mg	Formulary Deletion	NEBIVOLOL TAB 10MG	Generic Alternative on T2	2/1/2022
Bystolic 20 mg	Formulary Deletion	NEBIVOLOL TAB 20MG	Generic Alternative on T2	2/1/2022
Paxil suspension	Formulary Deletion	PAROXETINE SUS 10MG/5ML	Generic Alternative on T4	2/1/2022
Chantix 0.5 mg tab	Formulary Deletion	VARENICLINE TAB 0.5MG	Generic Alternative on T2	2/1/2022
Chantix 1 mg tab	Formulary Deletion	VARENICLINE TAB 1MG	Generic Alternative on T2	2/1/2022
Zomig 5 mg nasal spray	Formulary Deletion	ZOLMITRIPTAN SPR 5MG	Generic Alternative on T3	2/1/2022

How do I request coverage determination, including an exception?

To request a coverage determination, including an exception, you may contact us in any of the following ways:

- Mail your coverage determination request to: Independent Health's Pharmacy Department, 511 Farber Lakes Drive, Buffalo, NY 14221
- Fax: (716) 631-9636 or 1-800-273-7397
- Phone: (716) 250-4401 or 1-800-665-1502, we are available Monday through Friday between the hours of 8 a.m. and 5 p.m.

Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn't be appropriate given your patient's condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient's life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.

Pharmacy Benefit Dimensions
An Independent Health company

Pharmacy Benefit Dimensions PDP 3 Tier Formulary Changes				
Brand Drug Name	**Type of Change**	**Generic Alternative**	**Reason**	**Effective**
Durezol ophth	Formulary Deletion	DIFLUPREDNAT EMU 0.05%	Generic Alternative on T1	**3/1/2022**
Afinitor 10 mg tab	Formulary Deletion	EVEROLIMUS TAB 10MG	Generic Alternative on T1	2/1/2022
Afinitor 2 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 2MG	Generic Alternative on T1	**3/1/2022**
Afinitor 3 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 3MG	Generic Alternative on T1	2/1/2022
Afinitor 5 mg dispersible	Formulary Deletion	EVEROLIMUS TAB 5MG	Generic Alternative on T1	2/1/2022
Bystolic 2.5 mg	Formulary Deletion	NEBIVOLOL TAB 2.5MG	Generic Alternative on T1	**3/1/2022**
Bystolic 5 mg	Formulary Deletion	NEBIVOLOL TAB 5MG	Generic Alternative on T1	**3/1/2022**
Bystolic 10 mg	Formulary Deletion	NEBIVOLOL TAB 10MG	Generic Alternative on T1	**3/1/2022**
Bystolic 20 mg	Formulary Deletion	NEBIVOLOL TAB 20MG	Generic Alternative on T1	**3/1/2022**
Paxil suspension	Formulary Deletion	PAROXETINE SUS 10MG/5ML	Generic Alternative on T1	2/1/2022
Chantix 0.5 mg tab	Formulary Deletion	VARENICLINE TAB 0.5MG	Generic Alternative on T1	2/1/2022
Chantix 1 mg tab	Formulary Deletion	VARENICLINE TAB 1MG	Generic Alternative on T1	2/1/2022
Zomig 5 mg nasal spray	Formulary Deletion	ZOLMITRIPTAN SPR 5MG	Generic Alternative on T1	2/1/2022

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Requests for coverage of a non-formulary drug, or an exception to a coverage rule, require a supporting statement. For non-formulary drug requests, your statement must show that the requested drug is medically necessary for treatment, because all other drugs on our formulary would be less effective or would have adverse effects for the patient. For prior authorization or other coverage rule requests, your statement must show that the coverage rule wouldn't be appropriate given your patient's condition or would have adverse effects for your patient.

For expedited requests, we must notify you of our decision no later than 24 hours from when we receive your request. For standard requests, we must notify you of our decision no later than 72 hours from when we receive your request.

For exceptions, the time-frame begins when we obtain your statement. We will expedite your request if we determine, or you tell us, that your patient's life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard decision.