

Medicaid Medical Pharmacy Benefit Changes

Neighborhood News - July 2022

Infliximab Products – Home Infusion Requirement for Medicaid Members

Effective February 1, 2022, Neighborhood will exclusively cover the administration of Remicade (infliximab (J1745)), Inflectra (infliximab-dyyb, biosimilar (Q5103)), Renflexis (infliximab-abda (Q5104)), and Avsola (infliximab-axxq (Q5121)) for adult **Medicaid** members, stable on their infusion, through a home infusion provider instead of in the outpatient hospital setting.

- Remicade, Inflectra, Renflexis, and Avsola for Neighborhood’s Commercial and INTEGRITY lines of business can continue to be administered in the outpatient hospital setting.
- For Medicaid members with active Remicade, Inflectra, Renflexis, and Avsola authorizations on the Medical Benefit approved beyond February 1st, 2022, their authorization will continue to be eligible and active in the outpatient hospital setting until the authorization end date.
- For adult Neighborhood Medicaid members stable on Remicade, Inflectra, Renflexis, and Avsola on or after February 1st, 2022, please send member information (prescription and chart notes) to an in-network home infusion provider:
 - Option Care Health: 800-431-4250 or 401-431-1300 (phone), 401-633-6076 (fax) or OC-ProvidenceIntake@optioncare.com (email)
- The network home infusion provider will be contacting your office regarding the transfer of the patient from the outpatient hospital setting to the home infusion provider.

Preferred Glucagon-like Peptide-1 Receptor Agonist

As of July 1, 2022, Neighborhood’s preferred glucagon-like-peptide-1 (GLP-1) agonist for Medicaid members is changing **to Trulicity or Ozempic**.

- Members 18 years of age and older currently taking other GLP-1 agonists (Victoza, Bydureon, or Byetta) will be required to transition to Trulicity or Ozempic when their current Prior Authorization expires.
 - If the member needs to continue on their current therapy, an exception request for medical necessity will be required.
- *Members 10-18 years of age currently taking Victoza or Bydureon will be able to stay on their medication as long as it remains medically necessary, through the prior authorization renewal process.*
- For members/providers who would like to **transition to Trulicity or Ozempic before July 1st, 2022**, please submit a prior authorization request for Trulicity or Ozempic before July 1st, 2022.

Erythropoiesis-Stimulating Agent (ESA) Backorder

Pfizer has notified Neighborhood that Retacrit (Q5105 and Q5106) will be on manufacturer backorder starting in May 2022 and will continue throughout 2022.

- To prevent access to care, as of May 1st, 2022, members with an active authorization on the Medical Benefit for Retacrit will also be provided access to Epogen/Procrit (J0885 and Q4081) through the remainder of their Authorization.
- For members new to ESA therapy, please consider prescribing Epogen/Procrit instead of Retacrit in 2022.