HIGHMARK Delaware
HEALTH OPTIONS

August 2019

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

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www.highmarkhealthoptions.com

PROVIDER UPDATES

Quarterly Outreaches

Beginning in April 2019, Highmark Health Options will conduct quarterly outreaches to verify your provider data. Our Vendor, Atlas Systems, Inc. will perform the quarterly outreach on our behalf. Your cooperation in this process is extremely important to ensuring that your claims and other data are reflected correctly. You do not have to wait for the outreach call. You can and should check your own information on a consistent basis to make sure it reflects what it should.

Save the Date

Our EPSDT Coordinator, Kim York and Clinical Transformation Consultant, Su-Linn Zywiol will be presenting valuable information on billing and coding for EPSDT visits and the Highmark Health Options Provider Excellence Program via web-ex . We are offering the following time and date options: October 23rd at 10:00 am , and 12:00pm and October 24th at 12:00 pm and 3:00 pm. Call in details will follow.

Provider Satisfaction Survey Launches in September!

Highmark Health Options will be launching the 2019 Provider Satisfaction survey beginning early September. Your feedback is important to us. Please complete and let us know how we are doing.

PROVIDER UPDATE

Screening for Drug Interactions with Hepatitis C Meds

More patients taking hepatitis C antivirals (*Epclusa, Mavyret,* etc.) will have you contending with many potential drug interactions. Interactions can lead to toxicity, or treatment failure. And this can be an expensive mistake, since antivirals cost up to $95,000/course. Plus hepatitis C meds may fly under the radar if they're not filled at the local pharmacy. Ask patients about ALL medications, prescriptions, OTCs, supplements, etc. Suggest delaying any interacting meds that aren't critical, since hepatitis C treatment is usually just for 8 to 12 weeks.

Keep in mind, interactions vary based on the hepatitis C antiviral, but a few should raise red flags.

- **Acid reducers** can decrease antiviral absorption. Be aware of dosing limits and spacing with PPIs, H2-blockers, and antacids.
    - For example, usually avoid a PPI with *Epclusa*. Recommend using an H2-blocker instead. Should be dosed at the same time as *Epclusa* or 12 hours apart.
- **Statin** side effects (myopathy, etc.) may be more common, since antivirals can increase statin levels.
    - Generally suggest reducing or holding the statin with hepatitis C meds. For instance, limit rosuvastatin to 10 mg/day with *Mavyret* or *Zepatier*. Advise restarting the original statin dose after stopping the antiviral.
- **Anticonvulsants** can reduce antiviral levels. Avoid potent CYP3A4 inducers, such as phenytoin or carbamazepine, in combo with any hepatitis C antiviral. Think of valproic acid or lamotrigine as an option.
- **Supplements** should usually be avoided. For example, St. John's wort is a CYP450 inducer and lowers antiviral levels.

Evaluate drug interactions using the package label or the University of Liverpool's website at Hep-DrugInteractions.org. It's recognized as an authority by the Infectious Diseases Society of America. Visit: https://www.hep-druginteractions.org/

The chart below provides hepatitis C treatment options for treatment-naïve adults based on a genotype and presence of compensated cirrhosis.

Patient Population (treatment naive)	Regimens: frequency and duration
Genotype 1a (or unknown subtype), without cirrhosis	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks. (8 wks. if non-Black, not HIV positive, and HCV RNA <6 million IU/mL) • Zepatier once daily x 12 wks. (only for patients without baseline NS5A polymorphisms) Alternatives Regimens • Daklinza once daily plus Sovaldi once daily x 12 wks. • Viekira XR (U.S.) once daily plus ribavirin twice daily x 12 wks. • Viekira Pak (U.S.) plus ribavirin twice daily x 12 wks. • Zepatier once daily plus ribavirin twice daily x 16 wks. (for patients with baseline NS5A polymorphisms)
Genotype 1a (or unknown subtype), with compensated cirrhosis (Child-Pugh Class A	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks. • Zepatier once daily (only for patients without baseline NS5A polymorphisms) x 12 wks. Alternative Regimens • Zepatier once daily plus ribavirin twice daily (for patients with baseline NS5A polymorphisms) x 16 wks.
Genotype 1b, without cirrhosis	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks. (8 wks. if non-Black, not HIV positive, and HCV RNA <6 million IU/mL) • Zepatier once daily x 12 wks. Alternative Regimens • Daklinza once daily plus Sovaldi once daily x 12 wks. • Viekira XR (U.S.) once daily x 12 wks. • Viekira Pak (U.S.) x 12 wks.
Genotype 1b, with compensated cirrhosis (Child-Pugh Class A)	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks. • Zepatier once daily x 12 wks. Alternative Regimens • Viekira XR (U.S.) once daily x 12 wks. • Viekira Pak (U.S.) x 12 wks.

Patient Population (treatment naive)	Regimens: frequency and duration
Genotype 2 (with or without compensated cirrhosis [Child-Pugh Class A])	• Epclusa once daily x 12 wks. Alternative Regimen • Daklinza once daily plus Sovaldi once daily x 12 wks. (16 to 24 wks. for compensated cirrhosis)
Genotype 3 (with or without compensated cirrhosis [Child-Pugh Class A])	• Epclusa once daily x 12 wks. (without cirrhosis, or with compensated cirrhosis [Child-Pugh Class A]) Alternative Regimen • Daklinza once daily plus Sovaldi once daily x 12 wks. (without cirrhosis) • Daklinza once daily plus Sovaldi once daily with or without ribavirin twice daily x 24 wks. (with compensated cirrhosis [Child-Pugh Class A]) • Vosevi once daily x 12 weeks (with compensated cirrhosis [Child-Pugh Class A] if Y93H is present)
Genotype 4 (with or without compensated cirrhosis [Child-Pugh Class A])	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks. • Zepatier once daily x 12 wks.
Genotype 5 or 6 (with or without compensated cirrhosis [Child-Pugh Class A])	• Epclusa once daily x 12 wks. • Harvoni once daily x 12 wks.

MEDICATIONS ON HIGHMARK HEALTH OPTIONS FORMULARY: PREFERRED

Epclusa, Mavyret, **Ribavirin**, *and Zepatier* **are all preferred but still require a prior authorization.**

Prior Authorization Criteria:
https://fm.formularynavigator.com/FormularyNavigator/DocumentManager/Download?clientDocumentId=b0x8r7KGiU-Ia3_SBa5_ng

THERAPEUTIC CONSIDERATIONS FOR USE OF ORAL HEPATITIS C DRUGS

Selected Considerations Related to Drug Interactions	Common Adverse Effects	Monitoring
All regimens		
• All may interact with certain anticonvulsants and HIV antivirals. • All but sofosbuvir can reduce statin metabolism. This may necessitate statin avoidance, statin dose reduction, and/or monitoring for statin muscle symptoms. Recommendations are given below for specific antiviral/statin combinations. • For all, frequent INR monitoring is recommended in warfarin-treated patients due to fluctuations in liver function. **NOTE**: Detailed drug interaction information can also be found at http://www.hep-druginteractions.org/, http://app.hivclinic.ca (HIV/HCV Drug Therapy Guide), or in the product labeling.	See individual agents.	**Before starting** treatment, check hep C genotype, subtype, quantitative RNA (i.e., viral load). Due to risk of reactivation of hep B by hep C antivirals, screen for current or prior hep B infection before starting treatment. Management of hep B patients is addressed in the guideline. **Within 12 weeks before starting**: CBC, INR, liver function, eGFR (calculated). **After four weeks and as clinically indicated**: creatinine, eGFR (calculated), liver function. **Discontinue treatment** in the event of 10-fold increase in ALT, or any increase that is accompanied by symptoms, or increased bilirubin, alkaline phosphatase, or INR. Consider discontinuation in the event of persistent elevation <10-fold.

ELBASVIR/GRAZOPREVIR (*ZEPATIER*)

Contraindicated with OATP1B1/3 inhibitors (e.g., cyclosporine, atazanavir, darunavir, lopinavir, saquinavir, tipranavir). **Contraindicated** with strong CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, St. John's wort, efavirenz). Use with moderate CYP3A inducers (e.g., bosentan, etravirine, modafinil, nafcillin) is **not recommended**. Use with certain strong CYP3A inhibitors (e.g., cobicistat, ketoconazole) is **not recommended**. **Statins**: max daily atorvastatin dose is 20 mg. Max daily rosuvastatin dose is 10 mg. Max daily fluvastatin, lovastatin, or simvastatin dose is 20 mg	>5% of patients: fatigue, headache, nausea with ribavirin, moderate to severe headache and anemia.	See "All regimens," above. Also check liver function tests at week 8 (and week 12 if receiving a 16-week course).

Glecaprevir/pibrentasvir (*Mavyret*)

May increase plasma concentrations of substrates of P-glycoprotein (P-gp e.g., dabigatran), BCRP, OATP1B1, or OATP1B3. Weakly inhibits CYP3A, CYP1A2, and UGT1A1. Drugs that inhibit P-gp, BCRP, OATP1B1, or OATP1B3 may increase plasma concentrations of glecaprevir and/or pibrentasvir. Drugs that induce P-gp and CYP3A4 may decrease glecaprevir and pibrentasvir concentrations. **Contraindicated** drugs: atazanavir, rifampin, **Not recommended for use with** darunavir, lopinavir, ritonavir, efavirenz, carbamazepine, phenytoin, St. John's wort, and stable cyclosporine doses >100 mg/day. **Statins**: reduce pravastatin dose by 50%. Do not exceed rosuvastatin 10 mg/day. Use the lowest necessary dose of fluvastatin or pitavastatin. Reduce **digoxin** dose by 50% or extend dosing interval. See **dabigatran** labeling for dosing with P-gp inhibitors	>10% of patients: headache, fatigue.	See "All regimens," above. Note: may increase direct and indirect bilirubin via OATP1B1/3 and UGT1A1 inhibition.

SOFOSBUVIR/VELPATASVIR (EPCLUSA)

Velpatasvir and sofosbuvir are P-gp and BCRP substates. Velpatasvir is metabolized by CYP2B6, CYP2C8, and CYP3A4. Use with inducers of P-gp and/or moderate or potent inducers of CYP2B6, CYP2C8, or CYP3A4 is **not recommended** (e.g., carbamazepine, efavirenz, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifampin, rifapentine, St. John's wort, tipranavir/ritonavir). Separate from **antacids** by four hours. Give **H2-blockers** with or 12 hours apart from *Epclusa* at a dose not greater than famotidine 40 mg twice daily, or equivalent. Use with **proton pump inhibitors** not recommended per U.S. labeling. If use is necessary, give *Epclusa* with food four hours before omeprazole 20 mg. These interactions are due to the velpatasvir component, not sofosbuvir. Use with **amiodarone** may result in serious bradycardia and is not recommended. **Topotecan** levels may be increased; concomitant use not recommended (U.S. labeling). Max daily **rosuvastatin** dose is 10 mg. Monitor muscle symptoms with atorvastatin. Monitor **digoxin** levels.	≥10% of patients: headache, fatigue.	See "All regimens," above.

RIBAVARIN(*REBETOL)*		
No CYP450 drug interactions. Contraindicated with didanosine. Patients taking azathioprine should have a CBC weekly for one month, twice monthly for two months, then at least monthly.	With *Sovaldi* and *Daklinza*>20% of patients, anemia, fatigue, nausea, headache. With *Viekira Pak, Viekira XR* >10% of patients, fatigue, nausea, dermatologic reactions, insomnia, weakness. Also see *Zepatier*, above.	Pregnancy test at baseline, then periodically and for six months after discontinuation. Patients with cardiac disease should have a baseline electrocardiogram (due to cardiac risk conferred by anemia). CBC at baseline, weeks two and four, and periodically. Biochemical tests (e.g., liver function, uric acid, TSH) at baseline and periodically Dose reduction or discontinuation may be indicated in the event of a drop in hemoglobin. Also see “All regimens,” above.

REFERENCES

Clinical Resource, Hepatitis C Treatment Overview. Pharmacist’s Letter/Prescriber’s Letter. July 2019.
(https://www.hcvguidelines.org/,n.d.)

MEDICATIONS TO REQUIRE PRIOR MEDICAL AUTHORIZATION

A subset of medications require a pre-service authorization for medications obtained through the medical benefit. This prior authorization process applies to all Highmark Health Options members. Medical necessity criteria for each medication listed below is outlined in the specific medication policies available online. To access Highmark Health Options medication policies, please visit: https://www.highmarkhealthoptions.com/Provider/Medication-Information/Medication-Prior-Authorization-Criteria. Failure to obtain authorization will result in a claim denial.

Procedure Codes Requiring Authorization

AUTHORIZATION REQUIRED AS OF 9/2/2019			
Procedure Code	**Description**	**Procedure Code**	**Description**
J0584	Crysvita (Burosumab-twza)	**Q2042**	Kymriah (Tisagenlecleucel)
J0180	Fabrazyme (Agalsidase Beta)	**J9217**	Lupron (Leuprolide acetate)
Q5108	Fulphila (Pegfilgrastim-jmdb)	**Q5107**	Mvasi (Bevacizumab-awwb)
J1559	Hizentra (immune globulin)	**Q5110**	Nivestym (Filgrastim-aafi)
J1575	Hyqvia (immune globulin/ hyaluronidase)	**Q5104**	Renflexis (Infliximab-abda)
Q5103	Inflectra (Infliximab-dyyb)	**Q2041**	Yescarta (Axicabtagene Ciloleucel)
Q5109	Ixifi (infliximab-qbtx)		

AUTHORIZATION REQUIRED AS OF 11/4/2019			
Procedure Code	**Description**	**Procedure Code**	**Description**
J3262	Actemra (Tocilizumab)	**J3490***	Onpattro (Patisiran)
J0881	Aranesp (non-ESRD) (Darbepoetin Alfa)	**Q5112**	Ontruzant (trastuzumab-dttb)
J0882	Aranesp (ESRD) (Darbepoetin Alfa)	**J0129**	Orencia (Abatacept)
J9039	Blincyto (Blinatumomab)	**J0885**	Procrit (non-ESRD) (Epoetin Alfa)
J0717	Cimzia (Certolizumab Pegol)	**Q4081**	Procrit (ESRD on dialysis) (Epoetin Alfa)
J0185	CInvanti (Burosumab-twza)	**J1301**	Radicava (Edaravone)
J9171	Docetaxel	**J3285**	Remodulin (Treprostinil)

J9999*	**Elzonris (Tagraxofusp-erzs)**	**Q5105**	**Retacrit (ESRD on dialysis) (Epoetin Alfa-epbx)**
J1453	Emend (Aprepitant)	**Q5106**	Retacrit (non-ESRD) (Epoetin Alfa-epbx)
J3380	Entyvio (Vedolizumab)	**J9311**	Rituxan Hycela (Rituximab/ Hyaluronidase)
J0885	Epogen (non-ESRD) (Epoetin Alfa)	**J1602**	Simponi Aria (Golimumab)
Q4081	Epogen (ESRD on dialysis) (Epoetin Alfa)	**J3357**	Stelara subQ (Ustekinumab)
J9019	Erwinaze (Asparaginase Erwinia Chrysanthemi)	**J3358**	Stelara IV (Ustekinumab)
J9307	Folotyn (Pralatrexate)	**Q9991/Q9992**	Sublocade (Buprenorphine)
J3590*	Gamifant (Emapalumab-lzsg)	**J7325**	Synvisc/Synvisc One (Hylan Polymers A and B)
J9179	Halaven (Eribulin Mesylate)	**J3590***	Takhzyro (Lanadelumab-flyo)
J9356	Herceptin Hylecta (Trastuzumab/ hyaluronidase-oysk)	**J9022**	Tecentriq (Atezolizumab)
Q5113	Herzuma (Trastuzumab)	**J3490***	Tegsedi (Inotersen)
J9173	Imfinzi (Durvalumab)	**J1746**	Trogarzo (Ibalizumab-uiyk)
J0202	Lemtrada (Alemtuzumab)	**Q5115**	Truxima (Rituximab-abbs)
J9999*	Libtayo (Cemiplimab-rwlc)	**Q5111**	Udenyca (Pegfilgrastim-cbqv)
J9999*	Lumoxiti (Moxetumomab Pasudotox-tdfk)	**J3590***	Ultomiris (Ravulizumab-cwvz)
A9513	Lutathera (Lutetium Lu 177 Dotatate)	**J3396**	Visudyne (Verteporfin)
J2503	Macugen (Pegaptanib Octasodium)	**J7179**	Vonvendi (Von Willebrand Factor Recombinant)

*These medications will be reviewed under the miscellaneous procedure code J3490, J3590, or J9999 until a permanent code is assigned.

What if medication is not on the list?

- If the medication you are prescribing for your patient is not addressed on the Highmark Health Options Medication Prior Authorization Criteria website (https://www.highmarkhealthoptions.com/Provider/Medication-Information/Medication-Prior-Authorization-Criteria) that means it does not require a pre-service prior authorization. The process for obtaining this medication, which is not listed above, has not changed.
- If you intend to bill the medication on the medical benefit, you will administer the medication and submit the claim as you have in the past.

Would you prefer to get the medication through pharmacy?

- This change only applies to the medical benefit. If the medication is to be billed at the pharmacy/ specialty pharmacy, you will continue to submit requests to Highmark Health Options Pharmacy Services. They can be reached at 1-844-325-6253.

Submitting a Request

- The most efficient path of submitting a request (for one of the medications on the list above) is via Navinet. A form has been added to Navinet with autofill functionality to make completing and submitting your online request easier and faster.
- If you have questions regarding the authorization process and how to submit authorizations electronically via Navinet, please contact your Highmark Health Options Provider Relations Representative directly or Provider Services Department using the phone number 1-844-325-6251.

Additional information

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered & non-covered services.
- Current and previous provider notifications can be viewed at: https://www.highmarkhealthoptions.com/provider/communications

Provider Network Contacts

Provider Relations:

Desiree Charest - Sussex County
Provider Account Liaison
**includes servicing of LTSS Providers*
DCharest@Highmarkhealthoptions.com
302-217-7991

Cory Chisolm - All Counties
Provider Account Liaison
Ancillary Strategy
CChisolm@Highmarkhealthoptions.com
302-217-7960

Nikki Cleary- All Counties
Provider Account Liaison for Hospitals and Ambulatory Surgery Centers
NCleary@Highmarkhealthoptions.com
302-502-4094

Chandra Freeman – Kent County and City of Newark
Provider Account Liaison
**includes servicing of LTSS Providers*
CFreeman@Highmarkhealthoptions.com
302-502-4067

Felicia Herron– New Castle County
Provider Account Liaison
**includes servicing of LTSS Providers*
FHerron@Highmarkhealthoptions.com
302-217-7973

Tracy Sprague
Provider Account Liaison/Provider Complaints
TSprague@Highmarkhealthoptions.com
302-502-4120

Paula Victoria
Manager, Provider Relations, LTSS
PVictoria@Highmarkhealthoptions.com
302-502-4083

Provider Contracting:

Melanie Anderson
Director, Provider Networks & Contracting
MAnderson@Highmarkhealthoptions.com
302-502-4072

Elsa Honma
Provider Contract Analyst, LTSS and Nursing Homes
EHonma@Highmarkhealthoptions.com
302-317-5967

Kia Knox
Senior Provider Contract Analyst
KKnox@Highmarkhealthoptions.com
302-502-4041

Paula Brimmage
Senior Provider Contract Analyst NEW-SCA's and DME, working to transition Ancillary when up to speed still training
Pbrimmage@highmarkhealthoptions.com
302-433-7709

Terri Krysiak
Provider Contract Analyst,/PR Representative Behavioral Health In training (Elsa still working BH and bringing Terri up to speed)
Tkrysiak@highmarkhealthoptions.com
302-502-4054

Important Addresses and Phone Numbers

Addresses	
Office Location	Highmark Health Options 800 Delaware Avenue Wilmington, DE 19801
Member Correspondence	Highmark Health Options – Member Mail P.O. Box 22188 Pittsburgh, PA 15222-0188
Provider Correspondence	Highmark Health Options – Provider Mail P.O. Box 22218 Pittsburgh, PA 15222-0188

NaviNet	
NaviNet Access 24/7	Click here to enter the NaviNet Portal

Department	Contact Number	Hours
Provider Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.
Member Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 8 p.m.
Member Services (DSHP Plus)	1-855-401-8251	Mon. – Fri. 8 a.m. to 8 p.m.
Authorizations	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (24/7 secure voicemail for inpatient admissions notification)
Care Management/Long Term Services and Supports (LTSS)	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (after hours support accessible through the Nurse Line)
Member Eligibility Check (IVR)	1-844-325-6161	24/7
Behavioral Health	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.
Opioid Management Program	855-845-6213	Mon.- Fri. 8 a.m. to 5 p.m.