



Pharmacy Updates

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Medicare 2024 Formulary Information



Medication Adherence Drug List (CMS Star Ratings Measure)

100-
Day
Supply

ANTIHYPERTENSIVES

(Drugs used to treat high blood pressure)

Drug class: RAS Inhibitors

Aliskiren tab
Benazepril HCl tab/cap (+H/A)
Candesartan Cilexetil tab (+H)
Captopril tab (+H)
Edarbi tab
Edarbyclor tab
Enalapril Maleate tab (+H)
Fosinopril Sodium tab (+H)
Irbesartan tab (+H)
Lisinopril tab (+H)
Losartan Potassium tab (+H)
Moexipril HCl tab
Olmesartan Medoxomil tab (+H/A)
Perindopril Erbumine tab
Quinapril HCl tab (+H)
Ramipril cap
Telmisartan tab (+H/A)
Trandolapril tab
Valsartan tab (+H/A)

ANTIDIABETICS

(Drugs used to treat diabetes/high blood sugar)

Drug class: Multiple, excludes Insulins

Bydureon Bcise auto inj	Metformin HCl tab
Farxiga tab	Metformin HCl ER tab
Glimepiride tab	Mounjaro pen inj
Glipizide tab	Nateglinide tab
Glipizide ER tab	Ozempic pen inj
Glipizide-Metformin tab	Pioglitazone HCl tab
Glyxambi tab	Pioglitazone-Glimepiride tab
Invokamet tab	Pioglitazone-Metformin tab
Invokamet XR tab	Repaglinide tab
Invokana tab	Rybelsus tab
Janumet tab	Synjardy tab
Janumet XR tab	Synjardy XR tab
Januvia tab	Tradjenta tab
Jardiance tab	Trijardy XR tab
Jentadueto tab	Trulicity pen inj
Jentadueto XR tab	Victoza pen inj
Metformin ER Osmotic tab	Xigduo XR tab

ANTIHYPERLIPIDEMICS

(Drugs used to treat high cholesterol)

Drug class: Statins

Altoprev tab
Amlodipine-Atorvastatin tab
Atorvastatin Calcium tab
Ezallor Sprinkle cap
Ezetimibe-Simvastatin tab
Fluvastatin ER tab
Fluvastatin Sodium cap
Livalo tab
Lovastatin tab
Pravastatin Sodium tab
Rosuvastatin Calcium tab
Simvastatin tab
Zypitamag tab

Note: List may not be all inclusive, only includes medications on at least one MAPD/PDP formulary; Brand name drugs are in Bold
(+ H) = combination product with Hydrochlorothiazide available; (+A) = combination product with Amlodipine available.

Confidential and Proprietary Information

Confidential and Proprietary Information

**GENERIC
DRUGS-NO
COPAY or No
DEDUCTIBLE**



GLP-1 and Diabetes Measures

- Ensure appropriate prescribing of diabetes medications

MEDICARE	MEDICAID
EED - Diabetes - Dilated Eye Exam	BPD - Diabetes BP < 140/90
GSD - Diabetes HbA1c <= 9	CDC - Diabetes HbA1c < 8
Med Adherence - Diabetic	EED - Diabetes - Dilated Eye Exam
Med Adherence - Diabetic - Last Fill at 90 Days	SPD - Statin Adherence for Patients With Diabetes
SUPD - Statin Use in Persons With Diabetes	SPD - Statin Therapy for Patients with Diabetes
BPD - Diabetes BP < 140/90	GSD - Diabetes HbA1c <= 9
CDC - Diabetes HbA1c < 8	KED - Kidney Health for Patients With Diabetes
KED - Kidney Health for Patients With Diabetes	SMD - Diabetes Monitor Diabetes and Schizophrenia
SPD - Statin Adherence for Patients With Diabetes	SSD - Diab Screen Schizo or Bipolar Antipsych Meds
SPD - Statin Therapy for Patients with Diabetes	

Part B Covered Diabetic Testing Supplies

Below is a list of preferred diabetes testing supplies (blood glucose meters and test strips).

BLOOD GLUCOSE MONITORS	TEST STRIPS	RESTRICTIONS
OneTouch Ultra Mini® Meter	OneTouch Ultra®	Quantity Limit: <ul style="list-style-type: none"> • 1 meter kit per 365 days (1 per calendar year) • 100 test strips per 25 days (4 per day)
OneTouch Ultra 2® Meter		
OneTouch Verio® Meter	OneTouch Verio®	
OneTouch Verio IQ® Meter		
OneTouch Verio Flex® Meter		
OneTouch Verio Reflect® Meter		

FOR EGWP ONLY
<ul style="list-style-type: none"> • Accu-Check® and OneTouch® preferred • No quantity limits on blood glucose meters and test strips • PA required for CGMs

Below is a list of preferred Continuous Glucose Monitoring (CGM) products.

CGM	RESTRICTIONS
Dexcom® (G6 and G7)	Prior authorization required
FreeStyle Libre	
FreeStyle Libre 14 Day	
FreeStyle Libre 2	

Non-preferred manufacturers may be covered at the preferred manufacturer copay with approved prior authorization

New Prior Authorization: Glucagon-Like Peptide-1 (GLP-1) Agonists

- In 2024, a prior authorization will be required for the GLP-1 Agonists: Bydureon Bcise, Mounjaro, Ozempic, Rybelsus, and Trulicity
- Requires confirmation of Diabetes diagnosis for new and existing utilizers; goal is to curb use for weight-loss which is excluded for coverage under Medicare law
- Smart logic* will bypass the PA requirement at point-of-sale if presence of:
 - Diagnosis of Diabetes in eligibility/medical data
 - Claim history for other relevant Diabetes medication(s) (non-GLP-1) within a 180-day lookback period
- Prior to 1/1, prior authorizations will be pre-loaded for members with validated diagnosis information from medical data or other means to minimize potential disruption of PA rejection
- Not eligible for transition fill

* Smart PA details subject to change



Part D Coverage of Insulin –IRA

All insulins and insulin-combination products that are on the formulary, regardless of tier, are included in the \$35 cap for one month's supply (\$70 for up to a two-month supply or \$105 for up to a three-month supply)⁺. The cap applies through all benefit coverage phases. Insulin products are listed under the therapeutic class Endocrine/ Diabetes and subclass Diabetes Therapy in the Formulary Search Tool (Drug List).

LIST OF COVERED INSULIN PRODUCTS

- **Basaglar KwikPen** 100 units/mL Insulin Pen
- **Fiasp** 100 units/mL Vial
- **Fiasp FlexTouch** 100 units/mL Insulin Pen
- **Fiasp PenFill** 100 units/mL Cartridge
- **Humulin R** 500 units/mL Vial
- **Humulin R Kwikpen** 500 units/mL Insulin Pen
- **Novolin** 70-30 units/mL Vial
- **Novolin FlexPen** 70-30 units/mL Insulin Pen
- **Novolin N** 100 units/mL Vial
- **Novolin N FlexPen** 100 units/mL Insulin Pen
- **Novolin R** 100 units/mL Vial
- **Novolin R FlexPen** 100 units/mL Insulin Pen
- **Novolog** 100 units/mL Vial*
- **Novolog FlexPen** 100 units/mL Insulin Pen*
- **Novolog Mix** 70-30 units/mL Vial
- **Novolog Mix FlexPen** 70-30 units/mL Insulin Pen
- **Novolog PenFill** 100 unit/mL Cartridge*
- **Soliqua** 100-33 units-mcg/mL Insulin Pen
- **Toujeo Max SoloStar** 300 units/mL Insulin Pen[^]
- **Toujeo SoloStar** 300 units/mL Insulin Pen[^]
- **Tresiba** 100 units/mL Vial
- **Tresiba FlexTouch** 100 units/mL Insulin Pen
- **Tresiba FlexTouch** 200 units/mL Insulin Pen
- **Xultophy** 100-3.6 units-mg/mL Insulin Pen

+ Members may pay less than \$35 per month depending on their benefit design

*Covered on MAPD plans only, non-formulary for PDP plans ^ Non-formulary on PDP Classic

Note: Under Part B, if insulin is delivered through a traditional pump under the durable medical equipment benefit, the cost-sharing amount is also capped at \$35/month

\$0 Part D Vaccines

- The vaccines covered by Medicare Part D prevent infectious diseases that have serious health and quality of life effects and may lead to increased health care utilization for patients.
- Thanks to a new prescription drug law (IRA) that went into effect last year, all preventive vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for use by adult populations (age 19 and older) are covered under Medicare Part D at no cost in all coverage phases. Below are some common Part D preventive vaccines covered on our MAPD and PDP plans at no cost.

DISEASE/CONDITION	VACCINES (RESTRICTIONS)
Cervical, Vulvar, Vaginal Cancer – HPV	Gardasil 9 (Note: Recommended up to age 45; members 46 and older may have a copay based on their vaccine tier.)
Diphtheria, Tetanus, Pertussis – TDAP	Adacel; Boostrix
Hepatitis A – HepA	Havrix; Vaqta
Hepatitis B – HepB	Engerix-B; Recombivax HB (B versus D Prior Authorization)
Hepatitis A, Hepatitis B Combo	Twinrix
Measles, Mumps, Rubella – MMR	M-M-R II; Priorix
Meningitis – Meningococcal Group A,C,Y,W-136	Menactra; Menveo; Menquadfi
Shingles – Herpes Zoster	Shingrix (Quantity limit of two vials (shots) per lifetime)
Respiratory Syncytial Virus – RSV	Arexvy; Abrysvo (Only for ages 60+)

Note: List is not all-inclusive



\$0 Part B Vaccines

- Medicare Part B vaccine coverage includes vaccines to prevent influenza (flu), pneumococcal disease, hepatitis B for beneficiaries who are at medium or high risk, and COVID-19. Vaccines for these conditions do not have any coinsurance, copay, or deductible. Below are some common Part B preventive vaccines covered on our MAPD plans at no cost.

DISEASE/CONDITION	VACCINES (RESTRICTIONS)
Influenza (Flu)	23-24 Season: Afluria QU; Fluad QU; Fluarix QU; Flublok QU; Flucelvax QU; FluLaval QU; FluMist QU; Fluzone High-Dose QU; Fluzone QU* (1 vaccine per season)
Pneumonia	Pevnar 20; Pneumovax 23; Vaxneuvance
Hepatitis B - HepB	Engerix-B; Recombivax HB (B versus D Prior Authorization ⁺)
COVID-19	All approved manufacturers

Note:

- List may not be all-inclusive
- Part B does cover certain reasonable and necessary vaccines to treat an injury or exposure to a disease, such as Tetanus (Td)
- * QU = Quadrivalent
- ⁺ Part B pays for vaccination to protect against hepatitis B if an individual is deemed to be at medium or high risk (chronic liver disease, HIV infection, sexual exposure risk, current or recent injection drug use, percutaneous or mucosal risk for exposure to blood, incarcerated persons, or travel to countries with high or intermediate endemic hepatitis B.)





Medicaid Updates

Who to contact for pharmacy inquiries?

MedImpact (Medicaid)
WellCare Customer Service
(Medicare & Ambetter)

- PA or appeal status/inquiries
- Refill-too-soon/vacation/lost stolen medications/override requests
- Pharmacy Network Issues
- Help finding a pharmacy
- Questions about covered drugs
- Pharmacy grievances

WellCare Customer Service

- Lock-In overrides
- Coordination of Benefit overrides

Market Pharmacy
Department

- Med-Adherence Questions
- RxEffect access concerns
- Delayed and/or questions about responses from MedImpact/Pharmacy Help Desk on WellCare members

MedImpact Contact Information

Member Customer Service: 1-800-210-7628, Option 2, Option 4 (24 hrs/day, 7 days/week)

Provider- PA-Phone: 1-844-336-2676 (8am-7pm, EST)

Provider-PA-Fax: 1-858-357-2612

Member/Provider Eligibility- MedImpact Customer Service:1-800-210-7628

Prior-Authorization Forms:

https://kyportal.medimpact.com/sites/default/files/2022-04/KY_PARequestForm_universal_general-MI-v12.2_2022-04-07.pdf

<https://kyportal.medimpact.com/sites/default/files/2022-04/Benzodiazepines%202022-04-11.pdf>

https://kyportal.medimpact.com/sites/default/files/2022-04/Stimulants_2022_04_11.pdf

Searchable Formulary:

<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

Medicaid PA Criteria: [Kentucky Medicaid External Clinical Criteria \(medimpact.com\)](#)

WellCare Contact Information

LockIn Inquiries: WellCare Customer Service:1-877-389-9457

Medicare: WellCare Customer Service:1-877-389-9457

Ambetter: WellCare Customer Service:1-877-389-9457

RxEffect: help@rxeffect.com

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Medical Drug Authorizations:

- **WellCare Medical PA site:**
<https://www.wellcareky.com/providers/medicaid/authorizations.html>
- **Prior Authorization Requests:**
 - WellCare Medical PA Fax: 877-831-2045
 - WellCare Medical PA Phone: 877-389-9457

- Calculations
- Measure Inclusion
- Timing
- RxEffect Platform
- Benefits to Members
- Benefits to Providers



- Triple-Weighted Pharmacy Measures

- Diabetes (DIAB)
- Hypertension (RASA)
- Cholesterol (STAT)

- Single-Weighted

- Statin use in persons with diabetes (SUPD)
- Statin therapy for patients with cardiovascular disease (SPC)

- Each adherence measure evaluates the percentage of members with a proportion of days covered (PDC) $\geq 80\%$

$$\text{PDC} = \frac{\text{Total Days' Supplied}}{\text{Days in the Reporting Interval}}$$

- The PDC determines an individual members' adherence status
 - Adherent
 - Non-adherent
- Each adherence measure calculates the % of members who are adherent (PDC > 80%)
- The SUPD measure calculates the % of diabetic members with a cholesterol prescription

Data Source

- Prescription Drug Event (PDE) (i.e., pharmacy claims data)
- Claims submitted from network pharmacies are sent to the PBM and CMS

Network Pharmacies

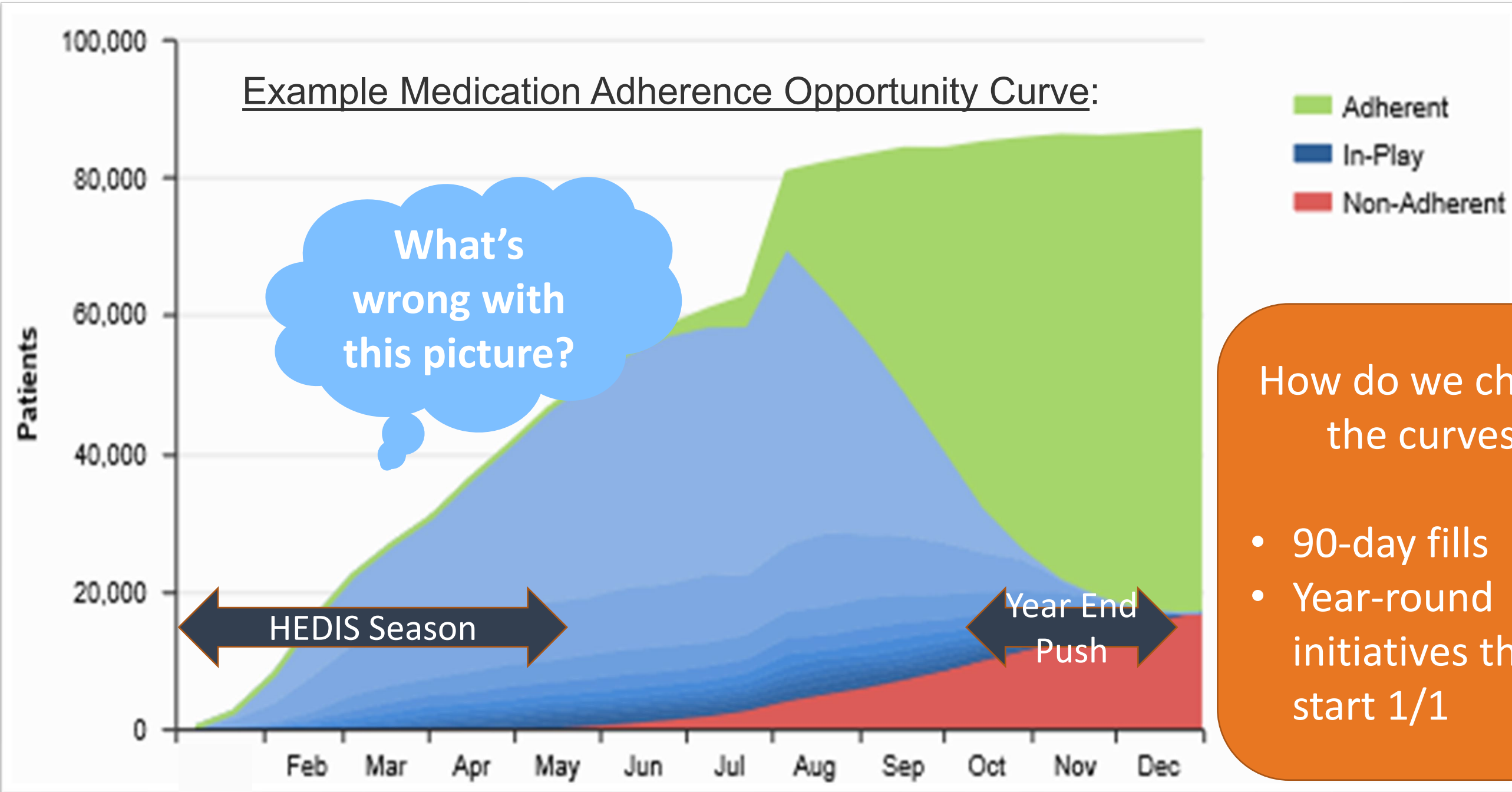
- All plan claims are adjudicated through our PBM (Express Scripts)
- Medicare network is “any willing provider” and includes all significant retail and grocery pharmacies



Measure inclusion

- Beneficiaries who are 18 years or older
- At least two prescription fills within a single class
- The measure calculation runs from January – December (or a member’s disenrollment data)
 - All claims end at the end of the reporting interval and do not carry over to the next year
 - Every year the member must requalify
- Only plan prescription claims count for the measures
 - Cash claims or special pharmacy discount programs are not submitted to CMS

Example Medication Adherence Opportunity Curve:

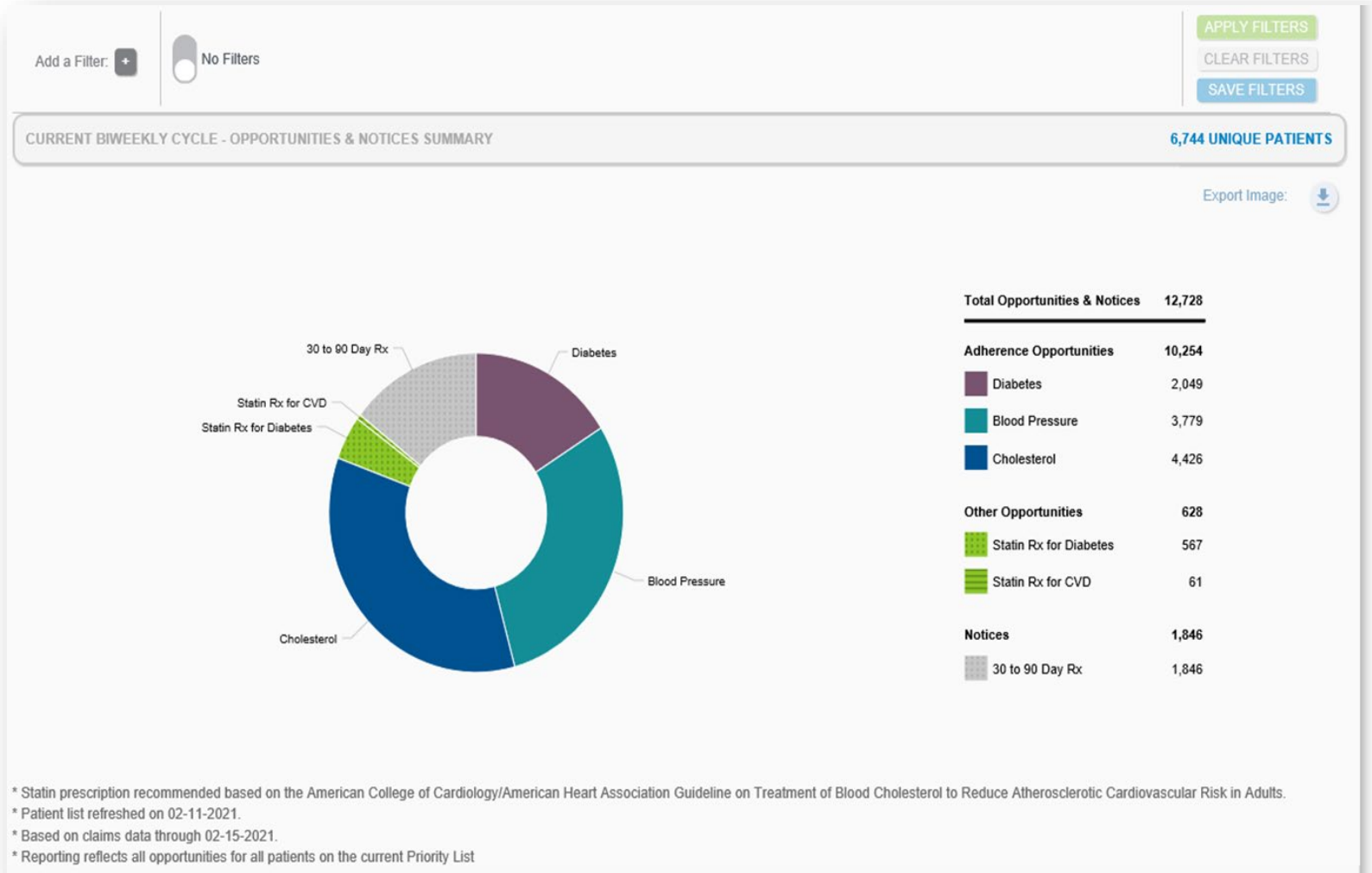


What's wrong with this picture?

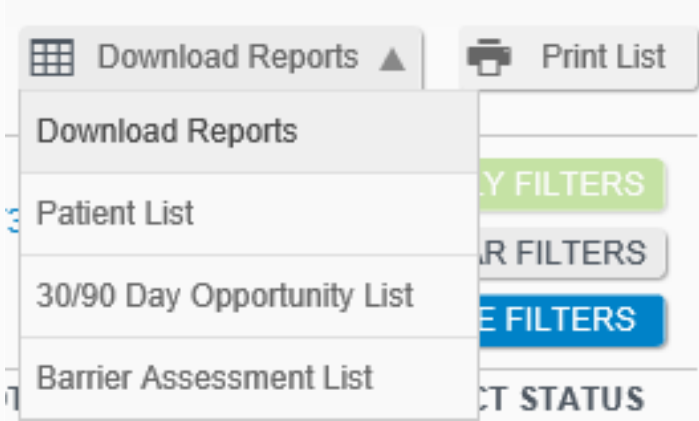
How do we change the curves?

- 90-day fills
- Year-round initiatives that start 1/1

Notices and Opportunities Reports



The Patient List and 30/90 Opportunity List can be downloaded as an Excel report and distributed.



- ✓ **Plan-sponsored QI program** – equips providers with information to improve medication use, keep control of disease states, and keep members out of the hospital
- ✓ **Healthier Patients** – Keep patients out of the hospital as they fill their maintenance medication and keep in control of their chronic conditions
- ✓ **Real Time Data** –
 - ✓ Member fill history and routine updates with pharmacy claims
 - ✓ Tracks days to non-adherence
 - ✓ Flags next fill due date
- ✓ **Optimize Staff Time** – Algorithm to prioritize patients based on their risk of non-adherence and ability to impact adherence measures for the year
- ✓ **Focused on behavior change** – Presents medication-related context to enable behavior-changing conversations
- ✓ **Bonus Dollars** – Earn RxEffect incentive bonus opportunities for adherence gaps closed



**Medication
Adherence Training:
Next Step:**

RxEffect Training

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■ Formulary Updates – Effective April 1, 2024

- The following medications will move from **non-preferred to preferred**:

Drug Class	Preferred Agent
Cephalosporins and Related Antibiotics	cefadroxil suspension
Glucocorticoids, Inhaled	fluticasone propionate HFA
Macrolides/Ketolides	Ery-Tab DR tablet
Oxazolidinones	linezolid suspension

- The following medications will move from **preferred to non-preferred**. All non-preferred agents will **require a PA**. Please consider an alternative preferred agent:

Drug Class	Non-Preferred Agent	Preferred Agents
Hepatitis C	Vosevi	Mavyret sofosbuvir/velpatasvir
Oxazolidinones	Zyvox Suspension	linezolid suspension linezolid tablet
Macrolides/Ketolides	Morgidox capsule	demeclocycline tablet doxycycline hyclate capsule, tablet doxycycline monohydrate suspension, tablet minocycline capsule tetracycline capsule

- **Formulary Updates – Effective April 1, 2024**
 - The following medications are new to market and will **require a PA:**

Drug Class	Drug Name	PDL Status	Preferred Alternatives
Antibiotics, Gastrointestinal	Vowst™	Non-Preferred	Vancomycin oral Dificid Metronidazole oral
Cytokine and CAM Antagonists	Bimzelx® Velsipity™ Omvoh™	Non-Preferred	Cosentyx Enbrel Humira Otezla Xeljanz
Antidepressants, Other	Zurzuvae™	Non-Preferred	bupropion bupropion XL 150mg, 300mg tablet mirtazapine ODT mirtazapine tablet trazodone tablet
Electrolyte Depleters	Xphozah®	Non-Preferred	calcium acetate capsule calcium acetate tablet Renvela powder packet Renvela tablet





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