

## Opioid prior authorization changes

Applies to: All providers

Plan(s): All plans except Geisinger Gold

Throughout 2018 and 2019, GHP implemented changes, based on Commonwealth of Pennsylvania guidance, to authorization requirements for opioid medications. The changes occurred in three phases.

### Phase 1 (Sept. 1, 2018): Completed

Long-acting opioids (LAO)	All LAOs require PA
Short-acting opioids (SAO)	PA required for patients <b>new</b> to opioid therapy after: 3 days (children) 5 days (adults)
Morphine milligram equivalents (MME)	PA required for $\geq 90$ MME/day
Exceptions	Active cancer, sickle cell crisis, and palliative care/hospice

### Phase 2 (Jan. 1, 2019): Completed

Short-acting opioids (SAO)	PA required for <b>all</b> patients after: 3 days (children) 5 days (adults)
Exceptions	Active cancer, sickle cell crisis, and palliative care/hospice

### Phase 3 (July 1, 2019): Pending

Morphine milligram equivalents (MME)	PA required for $\geq 50$ MME/day
Exceptions	Active cancer, sickle cell crisis, and palliative care/hospice

We ask that you evaluate your patient's opioid needs with these dates in mind, and obtain authorization in a timely manner to avoid any issues. Request forms can be accessed on Navinet at:

<https://www.geisinger.org/health-plan/providers/forms-and-resources-for-non-participating-providers>.

Providers can also submit electronic requests via PromptPA at: <https://ghp.promptpa.com>.

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Geisinger Health Plan (GHP) may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.

HPM50 GHP MPU March 2019

# Opioid resources

Applies to: All providers

Plan(s): All plans

## Resources for providers prescribing opioids

- KBML Prescribing and Substance Abuse Screening and treatment Resources: <https://kbml.ky.gov/prescribing-substance-abuse/Pages/default.aspx>
- Ohio PMP MED Calculator: [https://www.ohiopmp.gov/med\\_calculator.aspx](https://www.ohiopmp.gov/med_calculator.aspx)
- PA DOH CME Modules, including Tapering: <https://www.health.pa.gov/topics/programs/PDMP/Pages/Education.aspx>
- PA DOH Prescribing Guidelines: <https://www.health.pa.gov/topics/disease/Opioids/Pages/Prescribing-Guidelines.aspx>
- CDC 2016 Guidelines: [https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm)

## Requesting opioid prior authorization

Opioid prior authorization request forms can be accessed on Navinet.net under *Forms* on the left side of your screen:

- [GHP Family/GHP Kids opioid use request form](#)
- [GHP Commercial/GHP Marketplace/TPA opioid use request form](#)
- [Geisinger Gold MED prior authorization request form](#)
- Providers can also submit electronic requests via PromptPA at <https://ghp.promptpa.com>.

## GHP Family 90-day prescriptions for maintenance medications

Applies to: All prescribing providers Plan(s): GHP Family

As of April 1, 2019, your GHP Family patients should be prescribed 90-day supplies for their maintenance medications. Patients will have the choice of filling these prescriptions at any participating GHP Family network pharmacy.

The 90-day supply policy for maintenance medications will offer cost savings and convenience to your GHP Family patients and has been approved by the Pennsylvania Department of Human Services (DHS). Controlled substances and specialty medications are excluded from this policy.

For more information regarding the new GHP Family pharmacy policy, see the February edition of the monthly provider update available on NaviNet. See what your GHP family patients are hearing about the program now in the [Spring 2019 member newsletter](#) available under *Members/Newsletters* at [GHPFamily.com](http://GHPFamily.com).

Check the [online formulary](#) to see what drugs are covered by GHP Family. GHP pharmacy customer service can be reached at 855-552-6028.

# Geisinger Gold Part D vaccines and immunizations – do not use outpatient medical claims

Applies to: All providers

Plan(s): All plans except Geisinger Gold

Generally, all vaccines (except influenza, pneumococcal and hepatitis B for members at risk) that are approved by the FDA are covered under Medicare Part D. Examples of Part D-covered vaccines are routine, scheduled Td/Tdap boosters and Zostavax/Shingrix (shingles vaccine).

Do not bill Medicare Part D vaccines and immunizations for your Geisinger Gold patients using outpatient medical claims. Medicare Part D vaccines and their administration are a pharmacy benefit.

Your Geisinger Gold patients may take a prescription for a vaccine to any Geisinger Gold network pharmacy. If your patient wishes to have the vaccine administered at the pharmacy, they may visit any network pharmacy that offers vaccination and immunization services. If your patient wants to have the vaccine administered in the provider office, they may purchase the vaccine and take it to their provider's office for administration. Under Medicare Part D rules, the payment for vaccine administration is included in the price charged for the vaccine. If there is a separate provider charge for administering the vaccine, the member may need to pay out-of-pocket for the administration charges. Generally, vaccine administration is not separately billable if an office visit is also billed for the same date of service.

Providers who wish to supply and administer Part D-covered vaccines to their patients may bill the member's Geisinger Gold Part D prescription drug benefit by using the TransactRx Vaccine Manager program; or, they may collect payment directly from the member at the point of service. The member may submit their receipt for reimbursement under their Part D drug benefit. Reimbursement will be at the Part D negotiated price for the vaccine, minus the member's Part D copayment. There is no cost for using TransactRx.

For more information about the TransactRx Part D Vaccine Manager service, visit [www.transactrx.com/faq](http://www.transactrx.com/faq), or contact Geisinger Gold pharmacy customer service at 800-988-4861.



The monthly Provider Update is published by Geisinger Health Plan and serves as an informational resource for the provider network. This update and more resources are available at [NaviNet.net](http://NaviNet.net).

# Medicare health outcomes survey — monitoring physical activity

The Medicare Health Outcomes Survey (HOS) is used to gather clinically meaningful data from Medicare Advantage (MA) beneficiaries. The survey is used to gauge MA plan performance, inform MA beneficiaries' healthcare choices and advance research into population health. All managed care organizations with Medicare contracts, including Geisinger Gold, must participate.

With the focus on childhood obesity in recent years, we hear a lot about physicians encouraging exercise and active play for children. But when it comes to adults and those with disabilities, discussions about physical fitness and exercise are sometimes overshadowed by more immediate concerns over chronic conditions, medications and treatment plans. As a primary care provider, you are in a key position to influence participation in beneficial physical activity among your adult patients and those with disabilities.

The HOS survey will ask Geisinger Gold patients if their doctor or other healthcare provider discussed exercise or advised them to start, increase or maintain their physical activity. Prepare for a discussion about physical activity and exercise with your Geisinger Gold patients:

- Ask your patients about their level of physical activity and if they exercise regularly.
- Encourage your patients to start, increase or maintain their level of exercise or physical activity. Suggest things like taking the stairs, walking 20 minutes per day or joining GHP's Silver Sneakers program.

For comprehensive information about the Medicare Health Outcomes Survey program, visit the CMS HOS website at <http://hosonline.org>.

## No balance billing for Geisinger Gold Secure Rx patients

**Applies to:** All providers

**Plan(s):** Geisinger Gold Secure Rx

All Secure Rx members have Medicare and full Medicaid benefits. You may bill Medicaid as a secondary payer for services rendered. You do not have to participate with Medicaid to treat and accept GHP reimbursement. Geisinger Gold Secure Rx members may not be balance billed; any balance after Geisinger Gold payment is not the liability of the member.

# Formulary and policy updates

Visit Geisinger Health Plan on NaviNet.net today to view new, revised and recently reviewed medical and pharmaceutical policies, as well as the latest clinical guidelines, formulary changes and drug recalls. Updates may affect prior authorization. The most current prior authorization list is also available on NaviNet.net. Clinical guidelines, formulary and medical policy information are also available in the “For Providers” section at GeisingerHealthPlan.com. Printed copies are available upon request.

## Medical policy update

GHP uses medical policies as guidelines for coverage decisions made within the insured individuals written benefit documents. Coverage may vary by line of business. Providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy. [Click here for updates](#). **The new and revised medical policies listed below go into effect April 15, 2019:**

- MP226 Proton Beam Radiation – REVISED – Added Indication
- MP252 Colon Motility Testing – REVISED – Added Covered Services
- MP264 Ventricular Assist Device (VAD) – REVISED – Added Indication
- MP316 High Intensity Focused Ultrasound – REVISED – Added Indication

**The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.**

- MP147 Artificial Intervertebral Disc
- MP171 Clinical Guideline Development, Implementation, and Review Process
- MP184 Intracranial Percutaneous Transluminal Angioplasty
- MP192 Intensity Modulated Radiation Therapy
- MP207 Corneal Hysteresis
- MP211 Endovascular Repair of Intracranial Aneurysms
- MP220 Epiretinal Radiation Therapy
- MP222 Intradiscal Biacuplasty
- MP223 Functional Anesthetic Discography
- MP231 Facet or Sacroiliac Joint Denervation
- MP235 Total Facet Arthroplasty
- MP236 Immune Cell Function Assay for Transplant Rejection
- MP237 Transurethral Radiofrequency Tissue Remodeling
- MP238 Ocular Blood Flow Tonometer
- MP245 Helicobacter pylori Testing
- MP248 SNP's To Predict Risk of Non-Familial Breast CA
- MP249 Bioimpedance Spectroscopy
- MP254 Tinnitus Treatment

GHP continues to solicit physician and non-physician provider input concerning medical policies. Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at [pkrebs@GeisingerHealthPlan.com](mailto:pkrebs@GeisingerHealthPlan.com).

# Formulary and policy updates

The following policies have been reviewed with no change to the policy section. Continued.

- MP255 Comparative Genomic Hybridization for Evaluation of Developmental Delay
- MP275 Speech Generating Devices
- MP281 Bone Morphogenetic Protein
- MP282 Termination of Pregnancy
- MP285 Tonsillectomy
- MP286 Cholecystectomy
- MP303 Molecular Markers to Predict Thyroid FNA (Fine-Needle Aspiration)

## Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect April 15, 2019:

- MBP 187.0 Zemdri (plazomicin) – NEW POLICY
- MBP 188.0 Onpattro (patisiran) – NEW POLICY
- MBP 189.0 Lumoxiti (moxetumomab pasudotox-tdfk) – NEW POLICY
- MBP 190.0 Ilumya (tildrakizumab-asmn) – NEW POLICY
- MBP 59.0 White Blood Cell Stimulating Factors – UPDATED POLICY
- MBP 85.0 Cinryze (C1 esterase inhibitor, human) – UPDATED POLICY
- MBP 119.0 Keytruda (pembrolizumab) – UPDATED POLICY
- MBP 144.0 Tecentriq (atezolizumab) – UPDATED POLICY
- MBP 159.0 Kymriah (tisagenlecleucel) – UPDATED POLICY
- MBP 162.0 Yescarta (axicabtagene ciloleucel) – UPDATED POLICY
- MBP 166.0 Adcetris (brentuximab vedotin) – UPDATED POLICY
- MBP 167.0 Vabomere (meropenem/vaborbactam) – UPDATED POLICY

For questions regarding drug benefits call 800-988-4861, 8:00 a.m. to 5:00 p.m., Monday through Friday.

The following policies have been reviewed with no change to the policy section.

- MBP 60.0 Cerezyme (imiglucerase)
- MBP 64.0 Arranon (nelarabine)
- MBP 65.0 Torisel (temsirolimus)
- MBP 90.0 Benlysta (belimumab)
- MBP 93.0 Nulojix (belatacept)
- MBP 96.0 Voraxaze (glucarpidase)
- MBP 105.0 VPRIV (velaglucerase alfa)
- MBP 108.0 Kadcylya (ado-trastuzumab emtansine)
- MBP 111.0 Marqibo (vincristine sulfate liposome injection)
- MBP 117.0 Beleodaq (belinostat)
- MBP 118.0 Entyvio (vedolizumab)
- MBP 131.0 Cosentyx (secukinumab)
- MBP 168.0 Parsabiv (etelcalcetide)
- MBP 169.0 Baxdela IV (delafloxacin)
- MBP 170.0 Lutathera (lutetium Lu 177 dotatate)
- MBP 172.0 Trisenox (arsenic trioxide)