

PHARMACY

MedPrescription Insight

MedPrescription Insight is a product of our Pharmacy Benefit Manager (PBM), Medimpact, that optimizes prescribing workflow and member experience with real-time information. The following programs are available at point of care, depending on the Electronic Medical Record (EMR) switch, in the Active Guidelines (AGL) Activity through your EMR:

- MedPrescription (eRX) offers verification of Health Tradition Health Plan Member Eligibility, Claim History and Formulary & Benefit Coverage.
- Real Time Benefit Check (RTBC) offers member specific cost and coverage details, including low-cost therapeutic alternative drugs and preferred alternative pharmacy network.
- ePrior Authorization (ePA) offers better access and automation in the preauthorization process.

These programs allow for shared decisions regarding safe, effective and affordable prescription medications. In addition, when selecting a drug therapy, if there are lower cost alternatives, these will appear in the EMR as well. These are not mandatory options, but options to choose from and discuss with your patient. We hope you find this to be a valuable resource in patient medication management. ▲

Biosimilar Coverage

Effective January 1, 2020, biosimilar Kanjinti will replace Herceptin and Mvasi will replace Avaston as covered biosimilars. Herceptin and Avaston will be excluded. This applies to new starts in therapy ONLY. ▲

Welcome to Personalized Medicine

Approximately 32% of prescribed medications have potential lack of efficacy or documented adverse events, which may be due to individual genetic factors. On average, 29% of antidepressants and 15% of cardiovascular may be ineffective for your patients due to their genetic makeup. As a fully covered benefit, Health Tradition Health Plan members have access to a unique approach to pharmacogenomics.

We identify patients who are most likely to benefit from genetic testing. The testing screens for genetic interactions with more than 240 commonly prescribed medications. We provide detailed notifications to every provider who has prescribed medications for the member within the previous year. Members are provided with a generalized, easy to understand report about their individual response to drugs, possible alternatives, and how to talk to their prescribers. In addition, pharmacists are notified when a member has a new medication with a potential genetic-drug interaction. Our goal is to fill safer, more effective alternatives to achieve better patient outcomes, fewer adverse events, and higher overall satisfaction.

- 1 Dosing recommendations for pharmacogenetic interactions related to drug metabolism. Wolters Kluwer Health, Inc. Volume 26 No 7. P334, 2016
- 2 Concordance between actual and pharmacogenetic predicted desvenlafaxine dose needed to achieve remission in major depressive disorder: a 10-week open-label study Wolters Kluwer Health, Inc. Volume 27 No 17, 2017
- 3 Assessment of patient perceptions of genomic testing to inform pharmacogenomic implementation. 2017 Wolters Kluwer Health, Inc. Pharmacogenetics and Genomics, Vol 27 No 5
- 4 Cost-Effectiveness of a Pharmacogenetic Test to Guide Treatment for Major Depressive Disorder. Journal of Managed Care & Specialty Pharmacy, August 2018 Vol. 24, No. 8
- 5 On the Marketing and Use of Pharmacogenetic Tests for Psychiatric Treatment, Published online May 23, 2018, American Medical Association.
- 6 Patient perspective following pharmacogenomics results disclosure in an integrated health system. Future Science Group. P321-P331. November 15, 2017.
- 7 Use of combinatorial pharmacogenomic testing in two cases from community psychiatry. Pharmacogenomics and Personalized Medicine, P79-84, Dove Press Journal: August 16, 2016.
- 8 Pharmacogenetic polymorphism as an independent risk factor for frequent hospitalizations in older adults with polypharmacy: a pilot study. Pharmacogenomics and Personalized Medicine, P107-116, Dove Press Journal: October 14, 2016.
- 9 CYP2D6 phenotypes are associated with adverse outcomes related to opioid medications. Pharmacogenomics and Personalized Medicine, P217-227, Dove Press Journal: July 14, 2017.
- 10 Updating the landscape of direct-to-consumer pharmacogenomic testing. Pharmacogenomics and Personalized Medicine, P229-232, Dove Press Journal: August 22, 2017.
- 11 2013 Overview of pharmacogenomic testing, Sonic Genetics, info@sonicgenetics.com.au ▲

Pharmacist Medication Reviews

With the addition of our new clinical pharmacist, Amy Johnson, we are leveraging the full capacity of our pharmacists! We are striving to support members and providers with information and resources to achieve their desired health outcomes. Amy and our team will be reaching out to members identified as high risk

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Welcome to Personalized Medicine How Does It Work?



Pharmacist Review.....continued from page 1

having either multimorbidity and/or polypharmacy. By speaking with the patient and reviewing claims history, we have the advantage of evaluating a member's profile encompassing their multiple prescribers and/or pharmacies to identify possible drug interactions, adherence concerns, gaps in care, or more cost-effective therapies.

The process will utilize a shared decision-making approach and is hoped that this service will augment the current care you are providing. Our role is to identify and notify members and providers of opportunities to achieve improved adherence to medication therapy, achievement of lifestyle modifications, and improvement in clinical outcomes. Recommendations are based on current disease state guidelines and best available evidence. Please be on the lookout for faxes coming to your office with recommendations on how to achieve the best therapeutic outcomes possible for our mutual patients. An excerpt from a sample fax can be found below:



Real Time Benefit Check (RTBC)

Already in place, our members using our pharmacy benefit have their eligibility, preferred formulary and out-of-pocket costs pushed through the EMR to the provider so shared decisions can be made regarding safe, effective, and affordable prescription medications. In addition, when selecting a drug therapy, if there are lower cost alternatives, these will show up on your EMR. These are not mandatory options, but options to choose from and discuss with your patient, if they are suitable alternatives. The program is called MedPrescription Insight, a product of our PBM partner Medimpact. We hope to see ePA, electronic PA, available in the not too distant future. ▲

Injectable Iron Products

Effective January 1, 2020, the injectable iron products: Venofer, Ferrlecit, and Infed will NOT require preauthorization. The products Injectafer and Feraheme will be moved to non-preferred status and will require preauthorization.

Venofer	J1756	Preferred; No PA
Ferrlecit	J2916	Preferred; No PA
Infed	J1750	Preferred; No PA
Injectafer	J1439	Non-preferred; PA
Feraheme	Q0138	Non-preferred; PA ▲

Dysport vs. Botox-Dysport is the preferred product for certain indications

While Botox will continue to require authorization for coverage, our preferred product for certain services is Dysport (abotulinumtoxinA). Dysport is FDA-approved for cervical dystonia and upper and lower limb spasticity. Dysport is a more cost-effective treatment for the above conditions. Dysport also requires authorization. Approved requests for these treatments will likely result in recommendation and coverage of Dysport rather than Botox. ▲

Preauthorization Updates

Effective January 1, 2020, the following specialty drugs will need Pre-Authorization:

Drug	HCPCS
Synagis	90378
Somatuline (acromegaly only)	J1930
Supprelin LA	J9226
Signifor LAR	J2502
Fabrazyme	J0180
Paricalcitol	J2501
Kanuma	J2840
Aldurazyme	J1931
Elaprase	J1743
Vimizim	J1322
Naglazyme	J1458
Lumizyme	J0221
Brineura	J3490
Cerezyme	J1786
Elelyso	J3060
Vpriv	J3385
Adagen	J2504
Mepsevii	J3590
Revcovi	J3590
Flolan	J1325
Veletri	J1325
Remodulin	J3285
Eylea	J0178
Macugen	J2503
Lucentis	J2778
Sylvant	J3590
Parsabiv	J0606
Onpattro	J3490/J3590

MEDICAL MANAGEMENT

This is How Health Tradition Health Plan Does Care Management

Care Management at Health Tradition Health Plan doesn't look like the case management done by most insurance companies. Between the rising out of pocket member expenses and multiple new plan designs with different networks of providers to choose from, the healthcare journey has taken on a whole new experience for individuals; an often very intimidating and frustrating one. Our care management staff work compassionately to ease this frustration and advocate for our members, so that they get the care they need, when they need it, and with the best possible outcomes.

Health Tradition Health Plan has a multidisciplinary team that works together to deliver a personalized approach for each member with the goal that they have all the objective information they need to be an active participant with their provider care team and make healthcare choices that align with their goals.

We identify gaps in care and work with the member to fill those gaps. Some examples of this are providing education about disease processes, self-management of symptoms, and proper use of healthcare resources. In addition, we work with our members to identify barriers they may be facing and assist them to take steps to overcome those barriers. If appropriate, a Care Manager may provide community resources to fill a gap that the health system or plan cannot.

Controlling the rise in healthcare costs is everyone's responsibility. We teach our members to be good consumers by giving them options. We are here to partner with you to manage population health. We have health solutions that are easy to access, cost effective and have positive health outcomes

which complement the services providers offer. This allows us to control avoidable spend.

We empathize with our members in times of confusion or sadness, and we celebrate with them in times of joy. We acknowledge the complexities of healthcare and health insurance, and we try our very best on each interaction to make sure our members know they are the center of everything we do. That's just how we do Care Management at Health Tradition Health Plan. ▲

Preauthorization Update – Cochlear Implants

Effective November 1, 2019, Health Tradition Health Plan will no longer require preauthorization for follow up care after a cochlear implant. The initial cochlear implant and device will continue to require preauthorization. ▲

REMINDER

Provider Service Contact Information

If you need to reach our Provider Service team for assistance you may contact the department directly at 608.395.6598 or toll free at 844.825.9319. ▲

Let's Keep in Touch

Stay updated with Health Tradition news and reminders.



Follow us on social media

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<https://twitter.com/healthtradition>



<https://www.facebook.com/HealthTradition>

Correspondence Mailing Address:

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P.O. Box 21171
Eagan, MN 55121

Claims Mailing Address:

Health Tradition Health Plan
P.O. Box 21191
Eagan, MN 55121

Physical Address:

Health Tradition Health Plan
45 Nob Hill Road
Madison, WI 53713

Chiropractic Claims Address:

Magellan Healthcare
7805 Hudson Road, Suite 190
St. Paul, MN 55125

Hours: Monday - Friday: 7:30 a.m. to 5:00 p.m.

Provider Service

Telephone: 844.825.9319 or 608.395.6598

Fax: 608.781.9654

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Provider Network Contacts

