SUBSTANCE ABUSE MATERIALS NOW AVAILABLE ONLINE

In an effort to combat the devastating effects of substance abuse, Harvard Pilgrim and Optum/UBH have published several new materials for providers to share with patients and their families, as referenced in this article from last month’s issue of Network Matters. The materials, which can be found in the “Substance Use” section on the “Patient Education Handouts” page in the provider section of our website, offer information about warning signs, treatment programs for substance use disorders, and resources for guidance and support — such as the confidential Substance Use Treatment Helpline at 855-780-5955.

CLINICIAN CORNER

MEDICAL POLICY CHANGES FOR INJECTABLE AND INFUSIBLE DRUGS

Harvard Pilgrim regularly reviews our clinical medical policies, clinical literature, and utilization trends, and updates policies and procedures as appropriate. Based on these ongoing reviews, Harvard Pilgrim is making the following changes, effective for dates of service beginning October 1, 2016.

RETIRED MEDICAL POLICIES

Previously, Harvard Pilgrim had clinical medical policies in place for the injectable and infusible medications listed below. In these cases, Harvard Pilgrim provided reimbursement for the injectable and infusible drugs when billed with the diagnosis codes and dose referenced in the appropriate policy. After a review, Harvard Pilgrim is expanding coverage by retiring the policies and the corresponding diagnosis-based claims edits for the following medications:

- Abraxane (paclitaxel protein bound)
- Alimta (pemetrexed injection)
- Doxil (doxorubicin injection 10 mg/imported lipodox injection)
- Eloxatin (oxaliplatin)
- Gemzar (gemcitabine HCL injection)
• Hycamtin (topotecan injection)
• Taxotere (docetaxel injection)
• Vectibix (panitumumab injection)
• Zoladex (goserelin acetate implant)

Expanding coverage

In addition, Harvard Pilgrim is updating the clinical medical policies for the injectable and infusible drugs listed below to include additional covered indications. For details on these changes, please refer to the linked clinical medical policies for the following medications:

• Avastin (bevacizumab injection) — updated to include coverage for multiple additional indications
• Erbitux (cetuximab injection) — updated to include coverage for anal cancer and penile cancer
• Herceptin (trastuzumab injection) — updated to include coverage for esophageal and gastoesophageal cancer
• Lupron (Leuprolide acetate 3.75 mg/leuprolide acetate suspension) and Eligard — updated to include coverage for infertility and gender dysphoria
• Velcade (bortezomib injection) — updated to include coverage for cutaneous or peripheral T-cell lymphoma and multicentric Castleman disease

Change in coverage for Trelstar Depot LA

Harvard Pilgrim found that the current clinical literature did not support the use of Trelstar Depot LA for endometriosis and will be updating our clinical medical policy and coverage accordingly. For further information, please refer to the Trelstar Depot LA (triptorelin pamoate) Clinical Medical Policy.

New Prior Authorization Policy for Sandostatin

Also effective for dates of service beginning October 1, 2016, Harvard Pilgrim is requiring prior authorization for Sandostatin (octreotide depot). Harvard Pilgrim is continuing to offer coverage of Sandostatin for the same conditions going forward, but this clinical review will allow for greater individual consideration and flexibility.
Harvard Pilgrim authorizes medically necessary use of Sandostatin LAR Depot for the treatment of the conditions listed below, provided the criteria outlined in the policy are met:

- Acromegaly
- Bleeding gastroesophageal varices associated with liver disease
- Carcinoid tumors
- Chemotherapy/radiation-induced diarrhea
- CNS cancers (e.g. meningiomas)
- HIV/AIDS-related refractory diarrhea
- Neuroendocrine tumors (e.g. pituitary adenoma, insulinoma, glucagonoma, vasoactive intestinal polypeptidoma, or VIPoma)
- Pancreatic endocrine tumors (Islet cell tumors)
- Thymic cancer and thymomas

For more information, please refer to the Sandostatin Prior Authorization Medical Review Criteria. ◆

**Coverage of Vitamin B12 Screening and Testing**

Harvard Pilgrim has developed a new medical policy for Vitamin B12 screening and testing. Effective for dates of service beginning October 1, 2016, Harvard Pilgrim does not consider routine vitamin B12 screening and testing in healthy, asymptomatic adults medically necessary and will not offer reimbursement for this testing in these cases.

Harvard Pilgrim will offer coverage of medically necessary vitamin B12 screening and testing for members who are clinically symptomatic or considered high-risk for deficiency due to certain medical conditions. For a complete list of the conditions in which vitamin B12 screening and testing is considered medically necessary, please refer to the Vitamin B12 Screening and Testing Medical Policy.

In addition, Harvard Pilgrim considers the testing of methylmalonic acid (MMA) medically necessary for the diagnosis of vitamin B12 deficiency when vitamin B12 levels are borderline-low or low.

However, the testing of holo-transcobalamin as a marker of vitamin B12 is considered investigational/experimental. ◆
Coverage of Tumor Treatment Field Device for Glioblastoma

In response to inquiries from providers about coverage of tumor treating fields therapy (TTF), Harvard Pilgrim has developed a new medical policy for this treatment. TTF therapy uses alternating electric fields to inhibit cell proliferation and leads to programmed cell death in the treatment of glioblastoma, a cancer that forms from star-shaped cells in the brain called astrocytes.

Effective for dates of service beginning October 1, 2016, Harvard Pilgrim provides coverage for medically necessary TTF in the following cases:

- For the treatment of histologically confirmed glioblastoma (GBM) in members 22 years of age or older
- When used with temozolomide (TMZ) for the treatment of adult patients with newly diagnosed, supra-tentorial GBM following maximal debulking surgery and completion of radiation therapy together with concomitant standard of care chemotherapy
- For the treatment of recurrent GBM when used as a monotherapy after surgical and radiation options have been exhausted

For more complete information, please refer to the Tumor Treatment Field Medical Policy.

Briviact Covered With Prior Authorization

Effective immediately, Harvard Pilgrim is covering the new medication Briviact on the Premium formularies only, at the highest tier (i.e., Tier 3 on the 3-Tier and Tier 4 on the 4-Tier) with prior authorization. Approvals are valid for a 12-month period.

In February, the U.S. Food and Drug Administration approved Briviact for use along with other medications to treat partial onset seizures in patients ages 16 and older with epilepsy.

Harvard Pilgrim’s Briviact Clinical Review Criteria detail the requirements that must be met in order to obtain prior authorization. To request prior authorization, please complete the Briviact Medication Request Form and fax it to MedImpact Healthcare Systems at 888-807-6643. For more information, refer to the Pharmacy Section of Harvard Pilgrim’s provider website.
Nuplazid Covered With Prior Authorization

In April, the U.S. Food and Drug Administration approved the medication Nuplazid, making it the first-ever drug approved to treat hallucinations and delusions associated with psychosis experienced by some people with Parkinson’s disease. Effective immediately, Harvard Pilgrim will cover Nuplazid on the Premium formularies only at the highest tier (i.e., Tier 3 on the 3-Tier and Tier 4 on the 4-Tier) with prior authorization. Approvals are valid for a 12-month period, and the medication has a quantity limit of 60 tablets per 30-day supply.

Harvard Pilgrim’s Nuplazid Clinical Review Criteria detail the requirements that must be met in order to obtain prior authorization. To request prior authorization, please complete the Nuplazid Medication Request Form and fax it to MedImpact Healthcare Systems at 888-807-6643. For more information, refer to the Pharmacy Section of Harvard Pilgrim’s provider website. ◆

New Medical Policy for H. Pylori Testing

Harvard Pilgrim has developed a new medical policy on testing for helicobacter pylori (H. pylori), which is a type of bacteria that causes peptic ulcers, infection of the stomach, and sometimes stomach cancer. Effective for dates of service beginning October 1, 2016, the Helicobacter Pylori Medical Policy details Harvard Pilgrim’s coverage criteria.

There are currently three types of non-invasive tests available to determine the presence of H. pylori: isotope (13C or 14C) urea breath testing, stool antigen testing, and serology antibody testing. Harvard Pilgrim considers isotope (13C or 14C) urea breath testing or stool antigen testing for the diagnosis of H. pylori in symptomatic members medically necessary. However, based on clinical evidence, Harvard Pilgrim does not consider serology antibody testing medically necessary testing for the diagnosis of H. pylori and does not reimburse for it.

For more information, please refer to the Helicobacter Pylori Medical Policy. ◆

New Medical Policy for Nucala

Effective for dates of service beginning August 1, 2016, Harvard Pilgrim has developed a new medical policy for the use of the drug Nucala. Nucala, which was approved by the U.S. Food and Drug Administration in November 2015, is an interleukin-5 antagonist
monoclonal antibody indicated for add-on maintenance treatment of severe eosinophilic asthma in patients ages 12 and older.

Harvard Pilgrim considers Nucala medically necessary when prescribed by an allergist, immunologist, or pulmonologist, as an add-on maintenance treatment for members ages 12 and older with severe eosinophilic asthma who:

- Have documented eosinophil levels greater than 150 cells/µL; and
- Have inadequately controlled asthma symptoms with failure or intolerance of all other asthma medications over a three-month period, including, but not limited to:
  - Inhaled corticosteroids
  - Long-acting bronchodilators
  - Combination long-acting bronchodilator and corticosteroid
  - Oral corticosteroids
  - Leukotriene modifiers

For complete information, please refer to the Nucala Medical Policy.

**Tier Increase for Apidra and Apidra SoloSTAR on the Premium Formulary**

Effective August 1, 2016, Apidra and Apidra SoloSTAR — insulins used to treat type 1 diabetes in children and adults, and type 2 diabetes in adults only — will move from Tier 2 to Tier 3 on the 3-Tier Premium Formulary, and from Tier 3 to Tier 4 on the 4-Tier Premium Formulary. The comparable insulin product Humalog is available at Tier 2 on the 3-Tier Premium Formulary and Tier 3 on the 4-Tier Premium Formulary. Members were notified of the tier change for Apidra and Apidra SoloSTAR in early June.

**Tier Increase for Edecrin on the Premium Formulary**

Effective August 1, 2016, Edecrin — a diuretic used to treat edema — will move from Tier 2 to Tier 3 on the 3-Tier Premium Formulary, and from Tier 3 to Tier 4 on the 4-Tier Premium Formulary. The comparable diuretics furosemide and bumetanide are available at Tier 1 on the 3-Tier Premium Formulary. Members were notified of the tier change for Edecrin in early June.
Diagnosing and Treating Depression in Older Adults

Older adults are at an increased risk for depression, but they are often misdiagnosed or undertreated. Primary care physicians play an integral role in identifying and treating depression in these high-risk patients, appropriately screening them using the Patient Health Questionnaire (PHQ-9), and using the findings to develop a comprehensive treatment plan.

Increased risk in older adults and undertreatment

In January 2016, the U.S. Preventive Services Task Force (USPSTF) issued an updated recommendation statement on screening for depression in all adults over the age of 18, including pregnant and postpartum women. The statement recommends that screening be done in the primary care setting, with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

According to the USPSTF, depression is one of the leading causes of disability in adults. Because it is more common in people who have other illnesses or whose function becomes limited, and 80% of older adults have at least one chronic health condition, the risk for depression is especially significant in this population. In addition to feelings of hopelessness stemming from physical conditions like Parkinson’s disease, stroke, and Alzheimer’s disease, certain life changes common for older people can also increase the risk for depression or exacerbate existing depression. Examples include: moving to a retirement community, children moving away, spouses or close friends passing away, and loss of independence. Along with the high rate of depression in the older adults comes disproportionate suicide rate — while older adults make up 12% of the U.S. population, they account for 18% of all suicide deaths.

Unfortunately, depression in older adults often goes undetected. Both health care providers and the patients themselves may mistake common depressive symptoms such as fatigue, trouble sleeping, and appetite loss for natural effects of the aging process.

Screening with the PHQ-9

The PHQ-9 is a reliable, efficient tool for assessing and monitoring the severity of depression in behavioral health patients, serving as a strong base for diagnosis and coordination of follow-up care. The questionnaire, which can be completed by the patient in minutes, rates the frequency of depressive symptoms. A non-scored follow-up question on the PHQ-9 assesses the degree to which the patient’s depression has affected his or her level of function. The treating physician can score the results of the
questionnaire rapidly, and can administer the PHQ-9 multiple times throughout the course of treatment to monitor improvement or worsening of depressive symptoms.

Referral for treatment

In most cases, older adults see a notable improvement in their symptoms when provided with an appropriate treatment plan. The care for a patient diagnosed with depression will likely involve collaboration between the PCP and behavioral health practitioners. Treatment plans vary, depending on the frequency and severity of these depressive symptoms; for those with only mild depression (a score of five to nine on the PHQ-9), the recommended course of action is a “watchful waiting” approach, with another PHQ-9 screening being administered at a follow-up appointment. Antidepressant medications are not indicated for the treatment of mild depression. The treatment plan for patients with moderate to severe depression may consist of referring the patient for psychotherapy, prescribing antidepressants, or a combination of both.

*How Optum/UBH can help your patients* — For complex clinical situations, Optum/UBH is available to provide consultative assistance. Practitioners can call the Optum/UBH Physicians Consultation Service at 800-292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742.

**P&T Committee Meeting Update**

At the June 6th, 2016 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed four medications and decided the following.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description &amp; Indication</th>
<th>Decision</th>
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</thead>
</table>
| Jardiance (empagliflozin) | Jardiance is a sodium glucose cotransporter 2 (SGLT2) inhibitor used along with diet and exercise to improve glycemic control in people with type 2 diabetes. | • **Premium formulary**: Added to preferred brand tier  
• **Value formulary**: Added to preferred brand tier  
• **Medicare Advantage Formulary**: Added to preferred brand tier |
| Osphena (ospemifene)  | Osphena is a selective estrogen receptor                                                  | • **Premium formulary**: Continued coverage at non- |
modulator (SERM) indicated for treatment of moderate-to-severe dyspareunia due to vulvar and vaginal atrophy (VVA) of menopause.

Trulicity (dulaglutide)  
Trulicity is a glucagon-like peptide-1 (GLP-1) receptor agonist used along with diet and exercise to improve glycemic control in adults with type 2 diabetes.

Veltassa (patiromer)  
Veltassa is a potassium binder indicated for the treatment of hyperkalemia (not to be used as an emergency treatment for life-threatening hyperkalemia due to its delayed onset of action).

**Specialty Pharmacy Update**

Harvard Pilgrim’s Specialty Pharmacy Program has added the following medications for the Premium and Value formularies.

<table>
<thead>
<tr>
<th>Name</th>
<th>Indication</th>
<th>Coverage</th>
<th>Available From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aralast NP [alpha₁-proteinase inhibitor (human)]</td>
<td>Aralast NP is an alpha₁-proteinase inhibitor used to treat emphysema in adults with an inherited alpha₁-</td>
<td>Medical</td>
<td>Accredo</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Description</td>
<td>Pharmacy</td>
<td>Supplier</td>
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<td>Venclexta (venetoclax)</td>
<td>Venclexta is a BCL-2 inhibitor used to treat chronic lymphocytic leukemia (CLL) in patients with 17p deletion (as detected by an approved test) who have received at least one prior therapy.</td>
<td>Pharmacy</td>
<td>Diplomat</td>
</tr>
<tr>
<td>Wilate [von Willebrand factor/coagulation factor VIII complex (human)]</td>
<td>Wilate is a plasma-derived, highly purified concentrate of freeze-dried human von Willebrand factor (VWF) and coagulation factor VIII (FVIII). It is indicated for on-demand treatment and control of bleeding episodes, and perioperative management of bleeding in pediatric and adult patients with von Willebrand disease.</td>
<td>Medical</td>
<td>Caremark</td>
</tr>
<tr>
<td>Xeljanz XR (tofacitinib citrate)</td>
<td>Xeljanz XR is an extended-release formulation of tofacitinib citrate used to treat moderate to severe active rheumatoid arthritis in adults who have had an inadequate response to, or are intolerant of, methotrexate.</td>
<td>Pharmacy</td>
<td>Accredo</td>
</tr>
</tbody>
</table>

**OFFICE ASSISTANT**

**Reminder: Keep Panel Status and Demographic Information Up to Date**

In order to help the providers in our network serve our members as effectively as possible, it’s important that we maintain our Provider Directory with the most complete and accurate provider enrollment information. Please be sure to provide Harvard Pilgrim with up-to-date information, including panel status so that our members know whether or not your practice is accepting new patients, address, phone number, and other demographic information.

Using the “Provider Analytics” tool offered through HPHConnect, you can review the information we currently have for your practice—including panel status, practice
address, and billing address—to ensure that everything is current. Refer to the Provider Analytics Guide for additional guidance.

If you need to update your panel status or any other information, please fill out a Provider Change Form and submit it to Harvard Pilgrim; notification of panel status changes should be submitted at least 30 days in advance. For any further questions, call the Provider Service Center at 800-708-4414.◆

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