



Drug Coverage for EpiPens to Change July 1

Epinephrine auto-injector pens (e.g., EpiPen® and Adrenaclick®) have seen recent cost increases, now with a price tag of more than \$600 for each prescription. The availability of authorized generic alternatives for these products provides an opportunity for cost-savings without sacrificing clinical efficacy.

According to the Food and Drug Administration, the term “authorized generic” drug is most commonly used to describe an approved brand name drug that is marketed as a generic product without the brand name on its label.

Authorized generic drug quick facts:

- An authorized generic drug is the exact same drug as the branded product.
- The authorized generic version may be marketed by the brand name drug company, or another company with the brand company’s permission.
- Authorized generic drugs are often sold at a lower cost than their brand name counterparts. This is the case with the epinephrine-authorized generic products available today.

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Drug coverage for EpiPen is changing.

Beginning July 1, products labeled as brand EpiPen and EpiPen Jr. will move to tier 3 of our custom formularies and **will require preauthorization**. Currently, Adrenaclick-branded products require preauthorization.

Members affected by this change will be notified by mail within the next few weeks; they will be asked to contact their prescribers or pharmacists about using authorized generics instead of brands.

The use of authorized generics for both Adrenaclick (made by Impax) and EpiPen (made by Mylan) will be recommended. These authorized generic products will remain on tier 2, will be covered, and do not require preauthorization. Authorized generics are labeled as “Epinephrine pens” at the pharmacy.

Because the FDA considers an authorized generic to be therapeutically equivalent to its brand-name complement, prescriptions for the EpiPen may be automatically substituted at pharmacies for the Mylan Epinephrine pen. Please be aware of the therapeutic equivalence between branded products and their authorized generics and avoid prescribing brand EpiPens with a *dispense as written* notation, if possible. Writing a prescription for “Epinephrine pen” specifically can also ensure that a covered, lower-cost authorized generic will be filled for your patient as well.

The use of authorized generics will result in:

- Fewer preauthorization requests
- Lower cost-share for your patients
- Lower contributions to health care costs overall

All preauthorization requests for coverage of EpiPen brand products will be reviewed by our clinical team to permit coverage, when appropriate.



Updated Drug Therapy Guidelines

Updated drug therapy guidelines are available on our provider website. Go to: [Policies & Guidelines > Drug Therapy Guidelines](#)

These updates are a result of the annual review and new drug evaluations performed quarterly by our Pharmacy and Therapeutics Committee.



Medical Services Protocol Updates Now on Our Website

Medical protocols that have recently undergone an annual review are now available online. Three new protocols have been added and two have been archived. The effective date of these changes is July 1, 2017 unless otherwise noted.

To view the protocols and cover letters, go to: [Policies and Guidelines > Medical Protocols](#)

- Please note that some of the protocol updates may not pertain to the members to whom you provide care.
- If you need assistance obtaining specific protocol updates, please contact Provider Service.



Health Management Program Descriptions

Our Health Care Services Department has updated and submitted program descriptions to the Quality Management Committee for review and approval.

The following program descriptions are available upon request at 1-877-878-8785, option 2:

Disease Management

- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Cardiac
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes

- Obstructive Sleep Apnea
- Spine

Case Management

- Chronic Kidney Disease
- Complex Case Management (including behavioral health)
- HIV/AIDS
- Oncology
- Palliative Care
- Right Start (maternity)
- Transplant
- Preventive Health
- Immunizations (childhood, adolescent, and adult)
- Well Visits and Preventive Health Screenings (childhood, adolescent, and adult)



Successful Strategies for Controlling Blood Pressure

Take the Time

- Any patient — even younger ones — can have high blood pressure; take time to build trust and engagement
- Measure the patient’s blood pressure and explain the risks of hypertension
- Educate about lifestyle factors such as a healthy diet, exercise, and not smoking
- Provide materials to take home for reference

Measure, Measure, Measure

- Teach how to properly check his/her blood pressure at home
- Encourage keeping record of home blood pressure readings to bring to follow-up visits
- Record blood pressure readings and review appropriate medication regime
- Proper follow up to recheck blood pressure is optimal

Address Medication Adherence

- Work to develop a treatment plan that fits his/her health goals
- Address barriers to taking medicines as directed — including medication cost and side effects
- Emphasize the importance of following a treatment plan and discussing any challenges with his/her health care team

We can provide additional resources for patients who would benefit from extra assistance; e.g., weight management and smoking cessation programs. Contact our Care Management team at 1-877-878-8785, option 2.



Cervical Cancer Screening and the Human Papillomavirus Vaccine

The American Cancer Society estimates that approximately 12,820 new cases of invasive cervical cancer will be diagnosed and about 4,210 women will die from cervical cancer in 2017. With regular screening tests and vaccination to prevent human papillomavirus (HPV) infections, cervical cancer is the easiest gynecologic cancer to prevent. When detected early, cervical cancer is one of the most treatable cancers.

The U.S. Preventive Services Task Force recommends the following screenings for cervical cancer:

- Every three years, cytology (Pap smear) for women ages 21 to 65 years, or
- Every five years, screening with a combination of cytology and human papillomavirus (HPV) testing for women ages 30 to 65

HPV is the most common sexually transmitted infection in the United States. In most cases, HPV goes away on its own, but when HPV does not go

away, it can cause health problems like genital warts and cancer. Currently, about 79 million Americans are infected and about 14 million people become newly infected each year. The HPV vaccine is a key factor in preventing the spread of this disease.

In October 2016, Advisory Committee for Immunization Practices (ACIP) updated HPV vaccination recommendations regarding dosing schedules.

- ACIP continues to recommend routine vaccination for girls and boys at age 11 or 12 years; the vaccination series can be given as early as age 9.
- For girls and boys starting the vaccination series before the 15th birthday, the recommended schedule is 2 doses of HPV vaccine.
 - The second dose should be given 6–12 months after the first dose.
- ACIP continues to recommend a 3-dose schedule for persons starting the HPV vaccination series on or after the 15th birthday, and for persons with certain immunocompromising conditions.
 - The second dose should be given 1–2 months after the first dose.
 - The third dose should be given 6 months after the first dose.
- ACIP also recommends vaccination for females through age 26 years and for males through age 21 years who were not adequately vaccinated previously.
- In addition, the vaccine is also recommended for men with compromised immune systems and for gay and bisexual men through age 26.

For more information on cervical cancer screening or the HPV vaccine, go to cdc.gov/cancer/cervical/



Statin Therapy in Patients with Diabetes

Cardiovascular disease (CVD) is the leading cause of death globally, and patients with diabetes are nearly twice as likely to have heart disease or stroke as people without diabetes.^{1,2}

Clinical trials have shown that statins improve cardiovascular outcomes in primary and secondary prevention patients. Additionally, several trials have demonstrated a significant reduction in all-cause mortality and vascular mortality in diabetic patients.

On November 13, 2016, the US Preventive Services Task Force (USPSTF) released its final recommendation on the use of statins for the primary prevention of CVD.³ The USPSTF recommends adults without a history of CVD use a low-to-moderate dose statin as primary prevention of CVD when all of the following criteria are met:

- Age 40 to 75 years
- One or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking)
- A calculated 10-year risk of a cardiovascular event of 10% or greater

Several other guidelines also recommend the use of statins in patients with diabetes. The American College of Cardiology/American Heart Association (ACC/AHA) guidelines recommend moderate-to-high intensity statin therapy for primary prevention of CVD for persons aged 40-75 years with diabetes.⁴

The American Diabetes Association (ADA) recommends initiation of statin therapy regardless of baseline lipid levels in all patients with diabetes and CVD, and in all patients with diabetes ages 40 and older with or without CVD.⁵

Discuss the importance of using statins to improve cardiovascular outcomes and prevent CVD with your patients.

1. <http://www.who.int/mediacentre/factsheets/fs317/en/>
2. <http://www.diabetes.org/diabetes-basics/statistics/>
3. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/statin-use-in-adults-preventive-medication1>
4. Stone NJ, Robinson JG, Lichtenstein AH, Merz CNB, Blum CB, Eckel RH, et al. "ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines –2013" heart.org.
5. American Diabetes Association. Standard of Medical Care in Diabetes-2014. *Diabetes Care*. 2014;37(1):S14-S80.



Out-of-Plan Referral Guidelines

Out-of-plan (OOP) referrals should only be requested for BlueCross BlueShield patients when:

- The patient is outside their service area
- Participating providers in the area cannot provide the necessary services

Services must be requested by the patient's PCP or participating specialty provider. A request form for OOP coverage can be found on our website.

The following information is required:

- Office notes, consultation reports, diagnostic studies, in-plan provider documentation that supports the need for the patient to be seen by an OOP provider

- OOP provider name (requesting provider, assistant surgeon, co-surgeon)
- OOP provider address
- OOP provider specialty
- Planned services CPT® codes, if applicable
- OOP provider assistant/co-surgeon information

Definitions

Non-participating provider (NPP): A provider (e.g., facility, vendor, physician, or other clinician) who does not participate with any BlueCross/BlueShield plans; claims submitted by an NPP will process to the patient's out-of-network (OON) benefit unless an out-of-plan (OOP) referral is on file.

Out-of-network provider (OONP): A provider (e.g., facility, vendor, physician, or other clinician) who does not participate with the patient's Home Plan but does participate with the BlueCross/BlueShield plan in the provider's local area. Claims submitted by an OON provider will process to the patient's OON benefit unless an OOP referral is on file.

Out-of-network benefits: Coinsurance, copay, and/or deductible that the patient is financially responsible for when receiving services from an NPP or OON provider. Typically, when a patient uses their OON benefit, they encounter higher out-of-pocket costs.



PHONE DIRECTORY



**BlueCross BlueShield
of Western New York**

	Provider Service	1-800-950-0051 or (716) 884-3461 (Traditional) 1-800-950-0052 or (716) 882-2616 (Managed Care) 1-877-327-1395 (Government Programs)
	Network Management	1-800-666-4627
	Utilization Management	1-800-677-3086 or (716) 884-2942