December 1, 2024

Medica | PROVIDER NEWS

Your monthly Medica Provider News

In this edition:

Effective Jan. 1, 2025:

2025 pharmacy benefit update for Medicare Part D plans

Effective Jan. 1, 2025, our health plan is continuing to offer the same cost-saving benefits along with some new benefits for members enrolled in our Medicare Advantage Part D plans.

- **$0 copay for tier 1 at preferred retail locations for 90 days or obtained through Costco Mail Order Pharmacy program.** Members do not have to be a Costco member to sign up for the mail order program. Our website has information about enrolling in the Costco Mail Order Pharmacy program, including a link to the online or paper enrollment form. Members can call Costco's Customer Care help line at **1 (877) 232-7566** (TTY:711) for assistance.
- **Biosimilars for 2025 formulary:** As part of our commitment to providing effective and affordable treatments, our health plan has recently made an important update: *Humira will no longer be covered on the 2025 part D formulary*. Instead, we now support the use of its biosimilar Hadlima. Biosimilars approved by the U.S. Food & Drug Administration (FDA) offer similar clinical outcomes, making them a reliable option for your patients while ensuring significant cost savings.
    - Why biosimilars? Biosimilars undergo rigorous FDA testing to ensure they are as safe and effective as their reference biologics. Clinical

studies confirm that these biosimilars deliver comparable therapeutic results in managing conditions like rheumatoid arthritis, Crohn's disease and ulcerative colitis.
    - Switching patients from Humira to its biosimilar not only aligns with our formulary coverage but also enhances access by reducing both costs and insurance barriers. Also, these biosimilars are available in high-concentration formulations and user-friendly autoinjectors, similar to Humira, to facilitate patient adherence and ease of use.
- **Inflation Reduction Act (IRA) 2025 impact on patients:** In 2025, Medicare will implement a new cap on out-of-pocket costs, known as the Maximum Out-of-Pocket (MOOP) limit, which will affect the full picture of patient expenses for Medicare Part D. Plus, a patient's MOOP drug costs may differ when compared to True Out-of-Pocket (TrOOP) costs.
    - MOOP:
        - *Cap Amount:* In 2025, the MOOP for Medicare beneficiaries will be set at $2,000 annually. This means that once a beneficiary's out-of-pocket spending reaches this threshold, he or she will no longer pay for covered drugs for the remainder of the year.
        - *Included Costs:* The MOOP includes costs that beneficiaries pay for their medications, such as deductibles, copays and coinsurance. However, it does not count premium expenses.
    - TrOOP: The TrOOP calculation is a measure of what patients have spent out-of-pocket for prescription drugs and includes any spending that counts toward reaching the catastrophic coverage phase. The TrOOP amount comprises beneficiary copays and coinsurance that have been paid, as well as certain third-party reimbursements and cost-sharing support.
    - Part D members will no longer experience a "Donut hole" or a coverage gap.
    - Part D members who reach the catastrophic coverage phase will then pay $0 for their prescription medications.
- **New pharmacy formulary benefits for 2025:** Here are some highlights of Part D formulary medication benefits that will be effective as of Jan. 1, 2025:
    - Keeping branded Novo insulin products on formulary for $30/month at preferred pharmacies.
    - Myrbetriq is now generic; mirabegron tablets will be covered.
    - Victoza is now generic; liraglutide injection will be covered.
    - Revlimid is now generic; lenalidomide capsules will be covered.
    - Humira now has a biosimilar; Hadlima will be covered.
    - Generics for insulins and anti-asthmatic medications:

Drug name	Tier level
Albuterol inhaler (generic for Ventolin)	Tier 2 – 8-gram inhaler
Ventolin inhaler	Tier 2 – 17-gram inhaler
Budesonide/formoterol fumarate dry powder inhaler (generic for Symbicort)	Tier 3
Wixela dry powder inhaler (generic for Advair)	Tier 1
Fluticasone propionate/salmeterol powder inhaler (generic for Advair)	Tier 3
Breyna inhaler (generic for Symbicort)	Tier 3
Fluticasone propionate inhaler (generic for Flovent)	Tier 1
Fluticasone propionate powder inhaler (generic for Flovent)	Tier 3
Insulin aspart (generic for Novolog)	Tier 3
Insulin aspart mix (generic for Novolog mix)	Tier 3
Insulin glargine-yfgn (generic for Lantus)	Tier 3

Medical Policy Committee updates

Highlights of recent medical and drug policy revisions, new policies, and formulary updates approved by the Health Plan's Medical Policy Committee, as well as information on how to locate policies and criteria are published as part of our newsletter:

See Provider News Policy Notice for Dec. 1, 2024

Drug policies
Drug policies are applicable to all of our health plan products, unless directly specified within the policy. **Note:** All changes to the policies may not be reflected in the written highlights in our Provider News Policy Notice. *We encourage all prescribers to review the current policies*.

Medical policies
In addition to our medical policies, all other clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **1 (800) 356-7344**, ext. 4012.

Coverage of any medical intervention in a medical policy is subject to the limitations and exclusions outlined in the member's certificate (or evidence) of coverage and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer

Care Center number found on the member's card for specific prior authorization requirements.

We've partnered with Carelon, a utilization management (UM) program vendor, to support the provider submission and medical necessity review process for select musculoskeletal (MSK), cardiovascular and radiology services, as well as those for interventional pain management. Submissions and review by Carelon replace those previously managed by NIA Magellan (for MSK and radiology). Refer to our Medical Management Master Services List to find which services need Carelon review before providing the service. Submit requests to Carelon **using this portal** or by calling **1 (833) 476-1463**.

For help with the Carelon provider portal, contact Carelon at **1 (800) 252-2021**, option 2, weekdays from 7 a.m. to 6 p.m. Central Time. Or contact them at **WebCustomerService@carelon.com**.

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