

PROVIDER NEWSLETTER

Third Quarter 2020



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Submitting Electronic Data Interchange (EDI) Claims

Look at all the benefits to using EDI:

- Electronic Claims Submission ensure HIPAA compliance
- Electronic Claims Submission helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission increases accuracy of data and efficient information delivery
- Electronic Claims Submission reduces claims delays since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission eliminates mailing time and claims reach Molina faster!

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI through your own Clearinghouse or use Molina’s contracted Clearinghouse. If you do not have a Clearinghouse, Molina offers additional electronic claims submissions options. Log onto Molina’s Provider Services Web Portal <https://provider.molinahealthcare.com> for additional information about the claim’s submission options, available to you.

FAQ’S

- Can I submit COB claims electronically?
 - Yes, Molina and our connected Clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
 - No, any number of claims via EDI saves both time and money.

- Which Clearinghouses are currently available to submit EDI claims to Molina?
 - Molina Healthcare uses Change Healthcare as our channel partner for EDI claims. You may use the Clearinghouse of your choice. Change Healthcare partners with hundreds of other Clearinghouses.
- What claims transactions are currently accepted for EDI transmission?
 - 837P (Professional claims), 837I (Institutional claims).
- What if I still have questions?
 - More information is available at www.molinahealthcare.com under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims
 1-866-409-2935
EDI.Claims@MolinaHealthcare.com
 Molina Healthcare of Texas Payer ID: 20554

Electronic Fund Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina.

<p>New ProviderNet User Registration:</p> <ol style="list-style-type: none"> 1. Go to https://providernet.adminisource.com 2. Click "Register" 3. Accept the Terms 4. Verify your information <ol style="list-style-type: none"> a. Select Molina Healthcare from Payers list b. Enter your primary NPI c. Enter your primary Tax ID d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare 5. Enter your User Account Information <ol style="list-style-type: none"> a. Use your email address as user name b. Strong passwords are enforced (8 or more characters consisting of letters/numbers) 6. Verify: contact information; bank account information; payment address <ol style="list-style-type: none"> a. Note: Any changes to payment address may interrupt the EFT process. b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in. 	<p>If you are associated with a Clearinghouse:</p> <ol style="list-style-type: none"> 1. Go to "Connectivity" and click the "Clearinghouses" tab 2. Select the Tax ID for which this clearinghouse applies 3. Select a Clearinghouse (if applicable, enter your Trading Partner ID) 4. Select the File Types you would like to send to this clearinghouse and click "Save" <p>If you are a registered ProviderNet user:</p> <ol style="list-style-type: none"> 1. Log in to ProviderNet and click "Provider Info" 2. Click "Add Payer" and select Molina Healthcare from the Payers list 3. Enter recent check number associated with your primary Tax ID and Molina Healthcare <p>BENEFITS</p> <ul style="list-style-type: none"> ▪ Administrative rights to sign-up/manage your own EFT Account ▪ Ability to associate new providers within your organization to receive EFT/835s ▪ View/print/save PDF versions of your Explanation of Payment (EOP) ▪ Historical EOP search by various methods (i.e. Claim Number, Member Name) ▪ Ability to route files to your ftp and/or associated Clearinghouse
<p>If a provider has questions regarding the actual registration process, they can contact ProviderNet at: (877) 389-1160 or email: wco.provider.registration@changehealthcare.com.</p>	

Note: Providers please ensure you are registered for EFT for all participating Molina Healthcare Lines of Business.

Are You Culturally Competent?

Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs. The National CLAS Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide and facilitate culturally and linguistically appropriate services.



Communicating Across Cultures

Clear communication is the foundation of culturally and linguistically competent care.

Guiding the conversation

- Initial greetings can set the tone for an interaction. If the patient's preference is not clear, ask how they would like to be addressed (i.e. Mr. Jones, Michael, Ms. Gonzalez).
- Ask open-ended questions whenever possible.
- Some individuals can tell you more about themselves through story telling than by answering direct questions.
- Inquire about preferred language and preferred method of communication (i.e. written, spoken, graphics, sign language, assistive listening devices, etc.).
- Consider treatment plans with respect to the patient's culture-based beliefs about health.
- Ask about any complimentary or alternative medicine possibly used by the patient.

Assisting patients whose first language is not English

- Speak slowly and try not to raise your voice.
- Use simple words and avoid jargon.
- Do not use acronyms, idioms and avoid technical language if possible. (i.e. shot vs. injection).
- Please articulate words.
- Give information in small chunks and short sentences.
- Repeat important information and have the patient repeat information back to you.
- Inform the interpreter of any specific patient needs.
- Hold a brief introductory discussion.
- Reassure the patient about confidentiality.
- Allow enough time for the interpreted sessions.
- Avoid interrupting during interpretation.
- Speak in the first person.
- Talk to the patient directly, rather than addressing the interpreter.

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

Molina's Language Access Services

Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve the quality of health care for Limited English proficiency patients.

Molina provides the following services to members at no cost, when needed:

- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and Sign Language Interpreter Services
- Relay Service (711)
- 24 Hour Nurse Advice Line
- Bilingual/Bicultural Staff

Also, Molina’s materials are always written simply in plain language and at required reading levels. For additional information on Molina’s language access services or cultural competency resources, contact Provider Services or visit www.MolinaHealthcare.com.

Training for Providers

A series of short Cultural Competency Training videos are available on Molina’s website on the Culturally and Linguistically Appropriate Resources page listed under the Health Resources tab. Topics covered include: How Culture Impacts Health Care, Health Disparities, Social Determinants of Health, Seniors and Persons with Disabilities, LGBTQ Population, Immigrant and Refugee Populations, Perspective-taking and Molina’s Language Access Services.

Sources:

U.S. Department of Health & Human Services: Office of Minority Health. Health Research & Educational Trust, 2013.
Industry Collaboration Effort, Better Communication, Better Care: Provider Tools to Care for Diverse Populations.
Industry Collaboration Effort, Cultural and Linguistic Services, 2017.

Molina’s New Site of Care Program



In an effort to provide high-quality treatment services while controlling costs, Molina Healthcare, Inc. is promoting a new way of thinking, “site of care optimization.” Site of care (SOC) optimization is a program that seeks to offer certain infused or injected drugs, including expensive specialty drugs and biologics, at clinically appropriate, convenient, and lower-cost care settings.

The SOC program is designed to encourage the consideration of treatment services through community offices, ambulatory infusion suites (AIS), or home-based settings such as home infusion services.

Home infusion offers the convenience of care in the home without the hassle of traveling to a care center and remaining there throughout treatment, which may be particularly useful during the current COVID-19 pandemic. At Molina Healthcare, Inc., we are monitoring developments and are focused on making sure our members have uninterrupted and appropriate access to the medications they need. The SOC program is an opportunity to help keep our members safe and at home.

The medication list below, when covered under the medical benefit, may require a site of care clinical review and/or a clinical prior authorization. This list is not a guarantee of benefits, may not be all inclusive, and should be used for reference purposes only.

Actemra® (tocilizumab)	Givlaari® (givosiran)	Radicava® (edaravone)
Adakveo® (crizanlizumab)	Ilaris® (canakinumab)	Reblozyl® (luspatерcept-aamt)
Aldurazyme® (laronidase)	Ilumya™ (tildrakizumab-asmn)	Remicade® (infliximab)
Aralast® NP (A1-PI)	Inflectra® (infliximab-dyyb)	Renflexis® (infliximab-abda)
Benlysta® (belimumab)	Kanuma® (sebelipase alfa)	Revcovi® (elapegamase-lvlr)
Cerezyme® (imiglucerase)	Lemtrada® (alemtuzumab)	Simponi Aria® (golimumab)
Cinqair® (reslizumab)	Lumizyme® (alglucosidase alfa)	Soliris® (eculizumab)
Cinryze® (C1 Esterase inhibitor)	Mepsevii™ (vestronidase alfavjkb)	Trogarzo® (ibalizumab)
Crysvita® (burosumab)	Naglazyme® (galsulfase)	Tysabri® (natalizumab)
Elaprased® (idursulfase)	Nucala® (mepolizumab)	Ultomiris® (ravulizumab-cwvz)
Elelyso® (taliglucerase)	Ocrevus® (ocrelizumab)	
Entyvio® (vedolizumab)		

Exondys 51® (eteplirsen) Fabrazyme® (agalsidase beta) Fasenra® (benralizumab) Glassia® (A1-PI)	Onpattro® (patisiran) Orencia® (abatacept) Prolastin®-C™ (A1-PI)	Vimizim® (elosulfase alfa) VPRIV® (velaglucerase) Vyondys 53® (golodirsen) Zemaira® (A1-PI)
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2020 Molina HealthCare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid and Medicare Services (CMS), Molina requires PCPs and key high- volume specialists to receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC). The SNPs Model of Care is the plan for delivering coordinated care and care management to special needs Members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete multiple trainings by different health plans.



Model of Care training materials and attestation forms are available on the Molinahealthcare.com website. The completion date for this year's training is December 31, 2020.

If you have any additional questions, please contact your local Molina Healthcare Provider Services Representative at: (855) 322-4080.

CMS Coverage of the Opioid Treatment Programs

In accordance with CMS rules, effective Jan. 1, 2020, Molina Healthcare began covering opioid treatment services (OTP) for members enrolled in our Medicare Advantage and MMP plans. Opioid Use Disorder (OUD) services are covered under the Medicare Part B benefit (Medical Insurance). Covered services include:

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing

OTPs wishing to render services to Molina members must be certified by CMS as an OTP. Molina encourages all potential eligible providers to learn more about this program and consider their participation options visit the following CMS resources:

- CMS Opioid Treatment Programs (OTP) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/index>
- CMS OTP Enrollment Information <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/Enrollment>

How to Manage Stress During COVID-19

As many individuals experience psychological and emotional impacts of stressors related to COVID-19, Molina has developed supplemental tools to support primary care providers in identifying and providing appropriate intervention to members at risk.

The Molina Behavioral Health C.O.V.I.D. Screening Tool is a 5-question screener that allows primary care providers to assess for potential psychological and social determinant of health impacts as a result of COVID-19 stressors. It is recommended providers consider one or more positive responses to the questionnaire as a positive screen and to reach out to the local Molina Case Management Team for assistance with care coordination.

In addition to the screening tool, Molina has developed supplemental one-page documents to provide additional information on the following topics:

- The Psychological Impact of COVID-19
- Emotional Aspects of Medical Conditions
- Trauma Informed Care

The Molina Behavioral Health C.O.V.I.D Screening Tool and the supplemental one-pagers can be found under “Behavioral Health” on the COVID-19 webpage for providers at www.MolinaHealthcare.com. For additional behavioral health resources and tools, please visit the Molina Behavioral Health Toolkit for Providers under the “Health Resources” tab at www.MolinaHealthcare.com.

Is Your Authorization Request Urgent/Expedited?

Medicare

CMS defines expedited/urgent authorization requests as - “applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee’s ability to regain maximum function.”

When submitting urgent/expedited prior authorization requests, keep the following items in mind to ensure the request is processed without delay:

- Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member’s health or could jeopardize the enrollee’s ability to regain maximum function. Requests outside of this definition will be handled as routine/ non-urgent.
- Please remember to include all the supporting clinical/documents.

Marketplace/Medicaid

Molina recognizes that the authorization process can be puzzling. To help our providers Molina has implemented the Texas Department of Insurance (TDI) Standard Prior Authorization (PA) form.

The Molina UM Team’s objective is to approve authorization requests that are medically necessary and appropriate. There are some things providers can to help us get to “yes” quickly when it’s the right thing to do.

1. Use Urgent request types only when it meets the state definition of Urgent:
 - a. Per the TDI Standard PA form Instructions - Request an urgent review for a patient with a life-threatening condition, or for a patient who is currently hospitalized, or to authorize treatment following stabilization of an emergency condition. You may also request an urgent review to authorize treatment of an acute injury or illness, if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient’s condition or health.
2. Use Non-Urgent (Standard) Request types for all other requests. It is important to know that Standard requests are typically processed within 3 business days for Marketplace, CHIP and Medicaid.

3. Be sure to submit the clinical information necessary to support the request.
4. Be aware that unnecessary use of Expedited request type may lead to authorization denials due to a shorter timeframe for us to make the decision.

Please note: Molina does not require authorization for Emergency Services or for Observation Services.

Molina Texas UM processing time standards are:

- ✓ Inpatient Requests – 24 hours
- ✓ Outpatient Requests- 3 days (working/ business days as defined in contract for the specific members' coverage.) Medicare allows up to 14 days.
- ✓ Expedited requests for CHIP, Medicaid, Marketplace is up to 72 hours

Inpatient Admissions and Notifications

When Molina members are admitted to an acute care facility Molina UM is ready to partner with providers to help. There are some important contract and regulatory requirements that impact the inpatient authorization process.

Some best practice tips:

- ✓ **Correctly Send Notification and Inpatient Authorization Requests:** Use the Molina Texas Provider Portal or Inpatient Fax Number 833-994-1960 to submit notifications and inpatient requests with clinical information. Use this number for Medicaid urgent discharge planning associated requests for SNF, LTAC or Acute Inpatient Rehabilitation. For post hospital needed items such as DME or medical supplies please send that request to our regular authorization fax number as listed on the Molina authorization form. If the member needs these items for discharge within 24 hours please indicate that and mark urgent on the request form.
- ✓ **Notification is Required:** Molina Provider contracts require notification of **all** inpatient admissions for planned and unplanned admissions. Most contracts require notification within 24 hours. Notify Molina when one of our members is admitted to your facility. Our clinical team wants to partner with acute care providers to help facilitate care transitions. Notification is separate from requesting authorization for an inpatient level of care. Per the Provider Manual if a notification request is received without clinical information and without a request for inpatient authorization, Molina will consider this a simple notification and will not start the inpatient admission and associated processing time standard of 24 clock hours for response. Leveraging this process allows our providers time to gather and submit clinical information to support an inpatient authorization request. This helps prevent denials.
- ✓ **Inpatient Authorization Requests:** Provide clinical information with this request. When Molina is notified of an inpatient authorization request Texas Department of Insurance (TDI) Utilization Review (UR) regulations and NCQA accreditation requires that we decide within 24 clock hours of the request.
- ✓ **Peer to Peer Process:** TDI UR rules require that a peer to peer is offered prior to a denial (adverse determination.) This means that a Molina Medical Director is available to discuss the case. For inpatient admissions with the 24-hour abbreviated time for decisions the peer to peer must be offered prior to a denial. Peer to peer notification does not mean the request is denied. It does mean that the case is referred to a Molina Medical Director because the clinical information provided does not meet UM approval criteria.

- ✓ **Denials and Continuation of UM Review:** When Molina is not able to approve an inpatient authorization request, we issue a denial within the TDI required timeframe. When an inpatient stay is denied Molina leverages an NCQA process that allows for a continuation of the UM Review. With this process providers may submit additional clinical information up to 5 business days after the denial notification is received. Providers should leverage this process when additional information supports the inpatient admission to prevent claims denial and the requirement of initiating the appeals process.

Molina UM and Medical Directors are happy to partner with our acute care providers through Joint Operating Committees or other communications. We appreciate the care to provide to our members.

COVID-19 Provider Communications

Even as a crisis drives us apart, we heal by coming together.



Molina extends our heart-felt thanks to our provider community for caring for our members throughout the ongoing COVID-19 emergency. We are monitoring COVID-19 developments daily and have created a COVID-19 provider communications page on our website to share resources and updates with you, our provider partners. Please access COVID-19 news and updates at:

<https://www.molinahealthcare.com/providers/tx/medicaid/comm/COVID-19.aspx>.

Texas Health Steps for Children of Traveling Farmworkers

Connecting with and educating traveling farmworker families on the services covered by Texas Medicaid is crucial in making sure these families receive the quality care and support they need to stay healthy. Special attention should be paid to educating traveling farmworker families on the importance of their children receiving timely or accelerated Texas Health Steps (THSteps) medical and dental checkups prior to the family traveling for work. Many of these children need additional assistance and personalized attention due to their unusual living circumstances, migratory work patterns, working conditions and eating habits – all which can contribute to poor health.

To stay current on THSteps policy and available resources, visit the [THSteps](#) website for information and policy updates. If you have questions about identifying children of Migrant Farmworkers or Texas Health Steps, please call Provider Services at (855) 322-4080, Monday – Friday, 8 a.m. – 5 p.m., central time.

Texas Incontinence Sole Vendor Program

Effective May 1, 2020, Molina transitioned to using Longhorn Health Solutions as the sole vendor for Incontinence Services and Supplies. This transition will apply to all Medicaid, CHIP and MMP members for whom Molina processes and pays claims for incontinence services.

10/1/2020	GILOTRIF TAB 40MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GLEEVEC TAB 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	GLEEVEC TAB 400MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	IBRANCE CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE CAP 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE CAP 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	ICLUSIG TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ICLUSIG TAB 45MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IMBRUVICA CAP 140MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	JAKAFI TAB 10MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 20MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 5MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI 200 PAK FEMARA	Adding Quantity Limit (QL)	QL: 49 per 28 days
10/1/2020	KISQALI 400 PAK FEMARA	Adding Quantity Limit (QL)	QL: 70 per 28 days
10/1/2020	KISQALI 600 PAK FEMARA	Adding Quantity Limit (QL)	QL: 91 per 28 days
10/1/2020	KISQALI TAB 200 DAILY DOSE	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	KISQALI TAB 400 DAILY DOSE	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI TAB 600 DAILY DOSE	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 10 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 12 MG (3 x 4 mg)	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 14 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 18 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 20 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 24 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 4 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 8 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LONSURF TAB 15-6.14	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	LONSURF TAB 20-8.19	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	MALATHION LOT 0.5%	Removing Step Therapy Requirement, adding Quantity Limit (QL)	QL: 59 per 30 days
10/1/2020	MEKINIST TAB 0.5MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	MEKINIST TAB 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	NEULASTA INJ 6MG/0.6M	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	NEXAVAR TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days

10/1/2020	NEXLIZET TAB 180/10MG	Adding to formulary, Tier 3, Prior Authorization required	
10/1/2020	ODOMZO CAP 200MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POLY-VI-SOL SOL 50MG/ML	Adding to formulary, Tier 2	
10/1/2020	POLY-VI-SOL SOL IRON	Adding to formulary, Tier 2	
10/1/2020	POMALYST CAP 1MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 3MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 4MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 10MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 15MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 2.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 20MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 25MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	RIBAVIRIN CAP 200MG	Removing Prior Authorization requirement	
10/1/2020	RIBAVIRIN TAB 200MG	Removing Prior Authorization requirement	
10/1/2020	RUBRACA TAB 200MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 250MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 300MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RYBELSUS TAB 14MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 3MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 7MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	SPINOSAD SUS 0.9%	Removing Step Therapy requirement, adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SPRYCEL TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 140MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 20MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SPRYCEL TAB 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 70MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

10/1/2020	STIVARGA TAB 40MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SUTENT CAP 12.5MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SUTENT CAP 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	SUTENT CAP 37.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SUTENT CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAFINLAR CAP 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAFINLAR CAP 75MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAGRISSE 40MG TAB	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAGRISSE TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 150MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 25MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	TASIGNA 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 150MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	THALOMID CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	THALOMID CAP 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TIVICAY TAB FOR ORAL SUSP 5MG (BASE EQUIV)	Adding to formulary, Tier 2, with Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	TYKERB TAB 250MG	Adding Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	UDENYCA INJ 6MG/.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	VOTRIENT TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	XALKORI CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	XALKORI CAP 250MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZEJULA CAP 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	ZIEXTENZO INJ 6/0.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	ZOLINZA CAP 100MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	ZYDELIG TAB 100MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYDELIG TAB 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYTIGA TAB 250MG	Adding Quantity Limit (QL)	QL: 120 per 30 days