



June 5, 2024

Prescribing update: Change Healthcare cybersecurity issue

Due to the impact of the Change Healthcare cybersecurity issue, there was a delay with claims processing, effecting the entire healthcare industry. Previously held claims were released in stages as not to overwhelm the system. Due to the additional channels that have been added (Relay and Optum), the back log of claims has been cleared. Eligibility has also been restored and the online network is connected. To confirm eligibility, please follow these steps:

1. Log into the [provider portal](#)
2. Select the “Enrollment” tab
3. Enter member information
4. Select the “Coverage” tab
5. Determine Effective Date and/or Termination Date

As a reminder, when submitting claims to OhioHealth please use:

- 2024 Claims EDI Number – 48116
- 2024 Claims Mailing Address – OhioHealth, PO Box 4278, Clinton, IA 52733-4278

Pharmacy benefit drug formulary updates

The formulary and prior authorization lists for both medical specialty drugs and pharmacy benefit drugs are posted on <https://www.ohiohealthyplans.com/providers/pharmacy/> under Medical Drug Formularies for medical benefit drugs or in the [Navitus Prescriber Portal](#) for the pharmacy benefit drugs.

- Humira Biosimilars
 - OhioHealth moved Humira to a non-covered Tier as of 6/1/2024 following the **addition of multiple biosimilar medications that will be covered**. Impacted members were notified by mail in April.
 - **Covered biosimilars include Hadlima (adalimumab-bwwd), generic adalimumab-fkjp, generic adalimumab-adaz, Simlandi (adalimumab-bwwd), and generic adalimumab-aaty.**

- Simlandi submitted additional information to FDA that makes it interchangeable with Humira without a prescription. This does not indicate it is clinically more effective, it just indicates from a regulatory perspective it can be automatically substituted for the reference product Humira.
- All biosimilars per FDA definition are highly similar to and have no clinically meaningful differences in terms of safety and efficacy to the reference product (Humira).
- Humira biosimilars offer **significant member and total cost of care savings that are 75-85% less than the reference product.**
- For more information on biosimilar medications go to [Biosimilars | FDA](#)

OhioHealthy Formulary Humira Biosimilars						Available Doses		
Formulary Drug Name	Citrate Free	Pen	Syringe	Low Conc.	High Conc.	20mg	40mg	80mg
ADALIMUMAB-ADAZ (generic)	✓	✓	✓		✓		✓	
ADALIMUMAB-FKJP (generic)	✓	✓	✓	✓		✓	✓	
HADLIMA (adalimumab-bwwd)	✓	✓	✓	✓	✓		✓	
SIMLANDI (adalimumab-rvvk)	✓	✓	✓		✓		✓	
ADALIMUMAB-AATY (generic)	✓	✓	✓		✓	✓	✓	✓

All products are citrate free and available as a pen or prefilled syringe. Low concentration is 10mg/0.2mL and high concentration is 10mg/0.1mL. Note that some products are only available as a 40mg strength versus others that have low dose and/or high dose options.

Medical benefit drug formulary updates

Below are the medical benefit drug formulary updates for Q2. **Please note that there are no impacted members for the excluded drugs listed below on the medical benefit.** Medications are re-evaluated on an ongoing basis when new studies or guidelines are released. Changes to formulary coverage will always be reported in the provider newsletter and posted online. The full list of medical benefit drugs is posted on <https://www.ohiohealthyplans.com/providers/pharmacy/> under Medical Drug Formularies.

Brand Name	OhioHealthy Coverage
Adakveo (crizanlizumab)	Exclude
Adstiladrin (vadofaragene firadenovec)	Exclude
Daxxify (daxibotulinumtoxin A)	Exclude
Kanuma (sebelipase alfa)	Exclude
Lantidra (donislecel-jujn)	Exclude
Elrexio (elranatamab)	Exclude
Talvey (talquetamab)	Exclude
Aphexda (motixafortide)	Exclude

Pombiliti (cipaglucosidase alfa)	Exclude
generic plerixafor	Submit prior authorization to Archimedes

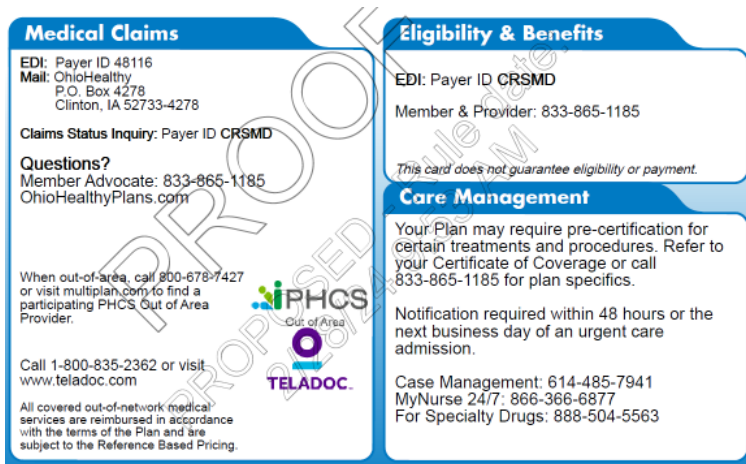
As a reminder, the following medications are covered and **do NOT require prior authorization** as of 1/1/2024.

Drug Name	HCPCS	Prior Authorization
Aloxi (palonosetron)	J2469	Covered and does not require prior authorization as of 1/1/2024
Avastin (bevacizumab)	J9035	
Emend (aprepitant) oral	J8501	
Emend (fosaprepitant) injection	J1453	
Kytril (granisetron)	J1626	
Liletta (levonorgestrel)	J7297	
Reclast (zoledronic acid)	J3488, J3489, J3487	
Sustol (granisetron)	J1627	
Trisenox (arsenic trioxide)	J9017	
Mirena (levonorgestrel)	J7298, J7302	

Wrap network added for ACA members

OhioHealthy is pleased to announce the addition of a new small group option for ACA (fully insured) plans effective May 1, 2024. This change provides a PHCS WRAP network outside of our primary service area, and aims to provide more flexibility and choice in healthcare coverage to meet the diverse needs of our population.

- Unless your OhioHealthy network agreement contains specific product exclusions, all participating providers are in network for the small group ACA (fully insured) plan and claims will pay per the terms of your agreement.
- Below is a sample of the new ID card members received in April with the PHCS logo addition.



If you have any further inquiries, please visit OhioHealthyPlans.com. If you require assistance, please contact ProviderRelations@OhioHealthyPlans.com.

Is your practice info up to date?

In order to better serve you, it is important that we have updated information about your practice. If any information related to your practice's operations or provider roster have changed, please update your practice information via the [provider portal](#) or you can complete the [OhioHealthy Provider Change Form](#) and submit it to:

OH-ProviderChanges@OhioHealth.com or via fax at 614-566-0401.

Visit our provider portal

- Visit OhioHealthyPlans.com to register for the new provider portal.
- Here you can connect with provider services and access self-service information to review claims, access patient coverage and check patient eligibility.
- Register for the portal by selecting the appropriate option under the login box.
- For more information on how to register for the provider portal click [here](#).

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