**Group Health to join Kaiser Permanente**

**WE HAVE IMPORTANT NEWS TO SHARE—**
news we believe will make Group Health better for all of those who trust us with their health care. Group Health has signed an agreement to be acquired by Kaiser Permanente in order to best support our mission and our community for many years to come.

Nothing is changing right away. The process may take up to a year or more to complete. This involves approval by Group Health Cooperative’s voting members, as well as regulatory review and approval. There will be no immediate changes to the coverage and care currently provided.

Kaiser is one of America’s leading health systems, serving approximately 10 million members in eight states. We have shared values and a long relationship as trusted partners—caring for patients, training leaders and using our joint purchasing power to help keep drug costs lower for our members.

Kaiser is a national leader in health care and their whole philosophy is to focus on their members’ total health and prevent illness, just as we do.

It’s with great confidence and pride that we announce this decision.

> READ MORE AT WWW.GHC.ORG

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**PROVIDER UPDATE**
is published quarterly for Group Health contracted providers.

Send story ideas and comments to providercommunications@ghc.org.
**Important update about provider remittance checks**

After 1/1/2016 when KPS (Kitsap Physician Services) plans transition to Group Health, a new Group Health Options (GHO) corporation will be created for previous KPS Federal Employee Plan members. It will be called Group Health Options Federal Employee Plan (GHO FEP). Until December 31, 2015 our remittance checks are as follows:

- Group Health Options (GHO): one check per remittance cycle (check run): **No change**
- Group Health Cooperative (GHC): one check per remittance cycle (check run): **No change**
- Kitsap Physician Services (KPS): two checks per remittance cycle (check run) for any claims with dates of service before 1/1/2016.

Replacing the former KPS checks will be the new check labeled Group Health Options Federal Employee Plan (GHO FEP) for dates of service after 1/1/2016.

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**IMPORTANT OFFICIAL MESSAGE FOR PROVIDERS NOT CURRENTLY ENROLLED IN MEDICARE**

**Enroll in Medicare as a provider now!**

**Dear Prescriber:** You have been identified as a provider who currently prescribes drugs for Medicare patients, but who is not enrolled in (or validly opted-out of) Medicare. Because of a new Medicare requirement, it is crucial for your patients’ health that you enroll in Medicare (or validly opt out, if appropriate). As soon as possible, please follow the below steps. A delay on your part could result in your Medicare patients not being able to obtain drugs you prescribe for them.

**What's changed & when?**

We have published rules that will soon require nearly all providers (for example, dentists, physicians, psychiatrists, residents, nurse practitioners, and physician assistants), including Medicare Advantage providers, who prescribe drugs for Part D patients to enroll in Medicare (or validly opt out, if appropriate). Beginning June 1, 2016, we will enforce a requirement that Medicare Part D prescription drug benefit plans may not cover drugs prescribed by providers who are not enrolled in (or validly opted out of) Medicare, except in very limited circumstances.

**Why is this important to my patients and me?**

Unless you enroll (or validly opt out), Medicare Part D plans will be required to notify your Medicare patients that you are not able to prescribe covered Part D drugs. Please also note that if you opt out, you cannot receive reimbursement from traditional Medicare or a Medicare Advantage plan, either directly or indirectly (except for emergency and urgent care services; see 42 CFR 405.440 for details.)

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Enroll in Medicare as a provider now!

What steps do I need to take?
To help your Medicare patients, please enroll in Medicare either fully to bill or for the limited purpose of prescribing Part D drugs. There are no fees to complete the process. You can do so electronically or on paper:

1. **Electronic process:** Use the PECOS system at go.cms.gov/pecos. For limited enrollment, we recommend using the step-by-step instructions at go.cms.gov/PECOSsteps and a video tutorial at Go.cms.gov/PECOSvideo; or

2. **Paper process:** Complete the paper application for limited enrollment at go.cms.gov/cms855o and submit it to the MAC in your geographic area. To locate your MAC, please refer to the MAC list at: go.cms.gov/partdmaclist.

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area.

Thank you for your prompt and careful attention to this important matter, and for serving Medicare beneficiaries. These new CMS rules will enable federal officials to better combat fraud and abuse in the Part D program through verification of providers’ credentials via the Medicare enrollment/opt-out process.

The Centers for Medicare & Medicaid Services

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QUESTIONS ABOUT THIS LETTER? NEED ASSISTANCE?

Please contact CMS at providerenrollment@cms.hhs.gov if you have questions about this letter, you do not prescribe drugs, or if you believe that:

- You are already enrolled in (or validly opted out of) Medicare.
- You have a pending application.
- You are not eligible to enroll in Medicare (for example, you are a pharmacist).

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area. To locate your MAC, please refer to the MAC list on the CMS website at: go.cms.gov/partdmaclist.

Please visit the CMS Part D Prescriber Enrollment website at go.cms.gov/PrescriberEnrollment for helpful information about the new requirement, such as resources to check your application status, or to sign up for the listserv to receive updates.

**BACKGROUND INFORMATION**

The Medicare program is administered by the Centers for Medicare & Medicaid (CMS) within the U.S. Department of Health and Human Services. The Medicare program is divided into four parts: 1) Part A generally covers inpatient hospital services; 2) Part B generally covers physician services; 3) Part C (Medicare Advantage) refers to Medicare-approved private health insurance plans for individuals enrolled in Parts A and B; and 4) Part D covers the cost of most prescription medications.

The Part D prescriber enrollment rules referred to in this notice are CMS-4159-F Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (79 FR 29843; May 23, 2014); and CMS-6107-IFC Medicare Program; Changes to the Requirements for Part D Prescribers (80 FR 25958; May 6, 2015).

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Congratulations to PCMH recognized contracted providers

Group Health would like to congratulate all of our contracted provider groups who achieved Patient-Centered Medical Home recognition from NCQA in 2015!

These groups include: Mason General Hospital (Olympic Physicians), Providence Medical Group in Northwest and Southwest Washington, Interfaith Community Health Center, Franciscan Medical Group, Sea Mar, Columbia Basin Health Association, Community Healthcare, Yakima Neighborhood Health Services and MultiCare Medical Associates.

Thank you for your dedication to providing excellent patient care!
New outreach project supports seniors’ well-being, Group Health’s Medicare Star Rating

In November and December, Group Health is contacting all Group Health Medicare Advantage patients using automated, interactive voice recognition (IVR) calls. Patients will be asked questions similar to those on the annual Medicare Health Outcomes Survey (HOS). Questions include:

• How would you rate your overall physical health compared to a year ago?
• How would you rate your overall mental health compared to a year ago?
• Do you have concerns about your level of physical activity?
• Do you have any concerns about balance or falling?

The goal of these calls is to improve the well-being of Group Health’s Medicare patients. Group Health will send all participants a mailing of engaging, practical information and activities to support healthy aging. The project will later include additional follow-up with patients who expressed a health concern when responding to the IVR call—stay tuned.

Our thanks to the Group Health Foundation and Health Plan for supporting this project.

Questions?
Susan Carol Bradford, Manager, Screening & Outreach Program, bradford.s@ghc.org

Gestational Diabetes Guideline: Recommendations unchanged after review

FOLLOWING A STANDARD literature search and evidence review, Group Health’s Gestational Diabetes Guideline has been re-approved without any major content changes. The guideline provides recommendations for the screening, diagnosis, treatment, and monitoring of gestational diabetes, as well as the identification of previously undiagnosed diabetes in pregnant women.

Questions?
David K. McCulloch, MD, Medical Director, Clinical Improvement, mcculloch.d@ghc.org
Avra Cohen, RN, MN, Guideline Coordinator, Clinical Improvement & Prevention, cohen.al@ghc.org
Drugs limited to Group Health or BriovaRx pharmacies

**EFFECTIVE JANUARY 1,** the preferred specialty pharmacies will be changing and certain products will be limited (channeled) to Group Health and/or BriovaRx Specialty Pharmacy.

The member impact depends on their benefit:

• Changes do not apply to Medicare Part D.

• Only members receiving products through their pharmacy benefit will be impacted. Requirements for members filling products through the medical benefit will not change.

• Commercial members with In-Network only benefit must fill the prescription from a select pharmacy in order for that drug to be covered.

• Commercial members with an Out-of-Network benefit must fill the prescription at a preferred pharmacy to have the In-Network (lower) cost share.

**Members will be actively transitioned to the preferred specialty pharmacy to prevent disruptions in therapy:**

• Members filling prescriptions for medications that will be channeled to Group Health pharmacies have been sent a letter. The Group Health Specialty Medication Pharmacy will reach out to members and transfer their prescriptions. If members have questions about the letter, they can call the Group Health Specialty Medication Pharmacy toll-free at 1-800-483-3945 Monday through Friday between 8 a.m. and 6 p.m.

• Members filling prescriptions for drugs newly channeled to BriovaRx Specialty Pharmacy have been sent a letter. BriovaRx Specialty Pharmacy will reach out to members and work on transferring their prescription. If members have questions about the letter, they can call BriovaRx toll-free at 855-4BROIVA (855-427-4682) Monday through Friday between 5:30 a.m. and 7 p.m.

FDA alert on chronic Hepatitis C medications: Viekira Pak and Technivie

Viekira Pak and Technivie can cause serious liver injury in patients with advanced liver disease.

Since December 2014, at least 26 worldwide cases involving serious liver were submitted to the FDA and were considered to be related to either Viekira Pak or Technivie. The injury is reported primarily in patients with advanced cirrhosis.

In most cases, liver injury occurred within 1–4 weeks of starting treatment.

Consider alternative therapy to Viekira Pak or Technivie in patients with advanced disease/cirrhosis. If patients with advanced disease/cirrhosis are going to start Viekira Pak or Technivie monitor closely for worsening liver disease, particularly during the first 4 weeks of therapy.

For more information go to: www.FDA.gov
Medications limited to select pharmacies

Some medications are limited to Group Health mail order pharmacy and/or a designated specialty pharmacy. Limitations for the medications listed below only apply to the pharmacy benefit, not the medical benefit. Members with an out-of-network benefit may use any network pharmacy; however, they may pay a higher cost share.

THE FOLLOWING MEDICATIONS WILL BE LIMITED TO GROUP HEALTH PHARMACIES IN 2016:

- abatacept (Orencia)
- abiraterone (Zytiga)
- adalimumab (Humira)
- adefovir dipivoxil (Hepsera)
- afatinib (Gilotrif)
- alirocumab (Praluent)
- altretamine (Hexalen)
- apremilast (Otezla)
- axitinib (Inlyta)
- bexarotene (Targretin)
- bosutinib (Bosulif)
- busulfan (Myleran)
- capcitabine (Xeloda)
- C1 esterase inhibitor (Cinryze, Berinert, Ruconest)
- ceritinib (Zykadia)
- cetolizumab pegol (Cimzia)
- cetorelix (Cetrotide)
- chlorambucil (Leukeran)
- crizotinib (Xalkori)
- dabrafenib (Tafinlar)
- daclatasvir (Daklinza)
- darbopeptin (Aranesp)
- dasatinib (Sprycel)
- deferasirox (Exjade, Jadenu)
- dimethyl fumarate (Tecfidera)
- dornase alfa (Pulmozyme)
- eltrombopag (Promacta)
- etecavit (Baraclude)
- enalutamide (Xtandi)
- epoetin (Epogen)
- erlotinib (Tarceva)
- etanecpt (Enbrel)
- etosopide (Toposar)
- everolimus (Afinitor)
- evolocumab (Repatha)
- filigrastim (Neupogen)
- fingolimod (Gilenya)
- follitropin alpha (Gonal-F, Follistim AQ)
- ganirelix (Ganirelix AC)
- glatiramer acetate (Glatopa, Copaxone)
- golimumab (Simponi)
- hepatitis B immune globulin (Bayhep B, Hepagam B, Hyperhep B, Nabi-HB)
- ibritinib (Imbruvica)
- idelalisib (Zydelig)
- imatinib (Gleevec)
- interferon alpha-2b (Intron A)
- interferon alfacon-1 (Infergen)
- interferon beta-1a (Rebif, Avonex)
- interferon beta 1b (Extavia, Betaseron)
- interferon alfa-N3 (Alferon N)
- ivacaftor (Kalydeco)
- lanreotide (Somatuline)
- lapatinib (Tykerb)
- ledipasvir and sofosbuvir (Harvoni)
- lenalidomide (Revlimid)
- leuprolide (Eligard, Lupron)
- lumactaftor and ivaccafor (ORKambi)
- mercaptourine (Mercaptopur, Purinethol)
- mesna (Mesnex)
- mitotane (Lysodren)
- nafarelin (Synarel)
- nilotinib (Tasigna)
- nintedanib (Ofev)
- octreotide (Sandostatin)
- ombitasvir, paritaprevir, and ritonavir (Technivie)
- omacetaxine mespilucinate (Synribo)
- ombitasvir, paritaprevir, ritonavir, and dasabuvir (Viekira Pak)
- oprelvekin (Neumega)
- palbociclib (Ibrance)
- panobinostat lactate (Farydak)
- pazopanib (Vorient)
- pegfilgrastim (Neulasta)
- peginterferon alpha-2a (Pegasys)
- peginterferon alpha-2b (Peg-Intron, Sylatron)
- peginterferon beta-1a (Plegridy)
- pirfenidone (Esbriet)
- pomalidomide (Pomalyst)
- regorafenib (Stivarga)
- ribavirin (Virazole, Copegus, Moderiba, Rebetol, Ribasphere, Ribapak)
- ruxolitinib (Jakafi)
- sargramostim (Leukine)
- secukinumab (Cosentyx)
- sildenafil (Revatio)
- simprevir (Olysio)
- sofosbuvir (Sofvaldi)
- somatropin (Humatrope, Genotropin Norditropin, Nutropin AQ, Serostim, Saizen, Omnitrope, Zorbtive, Tiv-tropin)
- sorafenib tosylate ( Nexavar)
- sunitinib (Sutent)
- tadalaafil (Adcirca)
- temozolomide (Temodar)
- teriparatide (Forteo)
- thalidomide (Thalomid)
- thioguanine (Tabloid)
- tobramycin (Tobi, Kitabis, Bethkis)
- trametinib (Mekinist)
- treprostinil (Tyvaso)
- teriflunomide (Aubagio)
- tocilizumab (Actemra)
- tofacitinib (Xeljanz)
- tretinoin (oral)
- ustekinumab (Stelara)
- vemurafenib (Zelboraf)
- vorinostat (Zolinza)

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Group Health Drug Formularies

**THE GROUP HEALTH DRUG FORMULARIES** are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee. You can find the Formulary Decision Highlights from the most recent P&T Committee meetings at provider.ghc.org.

**Group Health has six formularies:**

The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

**To view the Group Health formularies:**

- **On MyGroupHealth for Providers**—go to provider.ghc.org and click on “Drug Formulary” in the left hand navigation.
- **On ePocrates**—go directly to www.epocrates.com and register free of charge.

If you have questions about formulary status of a drug or prior authorization, please contact our Pharmacy Help Desk toll-free at 1-800-729-1174 or by fax toll-free at 1-866-510-1765.

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*Newly offered for 2016.

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**THE FOLLOWING MEDICATIONS ARE LIMITED TO BROVARX SPECIALTY MEDICATION PHARMACY IN 2016:**

dalfampridine (Ampyra)  
desmopressin acetate (Stimate)  
eliglustat (Cerdelga)  
grass mixed pollens allergen extract (Oralair)  
ictibant (Firazyr)  
immune globulin (Hizentra)  
rho D immune globulin (Winrho SDF)  
short ragweed pollen allergen extract (Ragwitek)  
timothy grass pollen allergen (Grastek)  
tolvaptan (Samsca)  
topotecan (Hycamtin)  
trientine (Cuprid, Spyrine)  
vismodegib (Erivedge)

For formulary status and limitations, refer to the formulary listing. To order these medications or for questions related to these medications, you can reach the Group Health mail order Specialty Medication Pharmacy toll-free at 1-800-483-3945. The BriovaRx Specialty Pharmacy can be reached toll-free at 855-427-4682.

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**PHARMACY NEWS**

**PROVIDER UPDATE | DECEMBER 2015**
Medicare Part D Formulary updates for 2016

Changes are on the horizon in 2016 for Group Health Medicare members. These changes represent Group Health’s continued efforts to offer high quality, affordable health care.

2016 Medicare Part D Pharmacy and Benefit Overview
Group Health Medicare Part D plans will continue to offer a 5-tier formulary.
• Tier 1 (preferred generic)
• Tier 2 (non-preferred generic)
• Tier 3 (preferred brand)
• Tier 4 (non-preferred brand)
• Tier 5 (specialty drugs)

Clinical Prior Authorization
Starting January 1, 2016, Group Health Medicare Part D plans will have new and updated prior authorization edits for high risk medications in elderly. These requirements aim to improve the safety and quality of care for members. Members will be allowed one fill (day supply 30 or less) before prior authorization is required.
• New clinical prior authorization for members 65 years of age and older
  - Skeletal muscle relaxants: cyclobenzaprine XR (Amirix), cyclobenzaprine (Fexmid), meprobamate, metaxalone (Skelaxin), methocarbamol, orphenadrine citrate
  - New clinical prior authorization for members 64 years of age and older
    - High risk NSAIDs: Indocin, indomethacin (Tivorbex), ketorolac tromethamine (Sprix)
    - Systematic estrogens: estradiol-drospirenone (Angeliq, Mimvey, Mimvey lo), estradiol-levonorgestrel patch (Climara Pro), delestragon, depo-estradiol, conjugated estrogens-bazedoxifene (Duavee), conjugated estrogen (Enjuvia, Premarin), estradiol cream (Estrace), estradiol patch (Alora, Climara, Menostar), estradiol gel (Divigel, Elestrin), estradiol valerate, estradiol-norethindrone acetate patch (Combipatch), estradiol-norethindrone acetate (Activella, Femhrt, Jintel, Lopreeza), estropipate, Evamist (estradiol spray), esterified estrogens (Menest), estradiol film (Minivelle), estradiol-norgestimate (Prefest), conjugated estrogens-medroxyprogesterone acetate (Prempack, Prempak), estradiol patch (Vivelle-dot)
  - Non-benzodiazepine hypnotics: zolpidem tartrate (Ambien, Ambien CR, Edluar, Intermezzo), Lunesta (eszopiclone), zaleplon (Sonata), zolpidem tartrate spray (Zolpimist)

The prior authorization criteria for these medications can be found at: Group Health Medicare Advantage HMO 2016 Prior Authorization Requirements

The prior authorization edits were developed with the assistance of clinical experts and have been approved by the Pharmacy & Therapeutics Committee and the Centers for Medicare and Medicaid Services. The intent is to improve patient safety, control cost, and reduce the risk of fraud, waste and abuse within the Part D program.
Save these dates

Continuing Medical Education information is available at MyGroupHealth for Providers

CASE STUDIES IN PRIMARY CARE:
PART 2
Friday, December 4, 2015
Cedarbrook Lodge, SeaTac, Washington
To Register:
https://cmetracker.net/GHC/Catalog
Contact:
Christopher Scott
scott.cj@ghc.org

TRANSGENDER CARE AT GROUP HEALTH
Friday, February 26, 2016
Group Health Headquarters
Seattle, Washington
To Register:
https://cmetracker.net/GHC/Catalog
Contact:
Maria Cardenas-Anson
cardenasanson.m@ghc.org

2016 BEST APPROACHES IN PRIMARY CARE
April 11–14, 2016
Sheraton, Kauai, Hawaii
To Register:
https://cmetracker.net/GHC/Catalog
Contact:
Maria Cardenas-Anson
cardenasanson.m@ghc.org