

PROVIDER ALERT

Date of Alert: December 15, 2022

THIS NOTIFICATION IS A SUMMARY OF THE INFLATION REDUCTION ACT (IRA) RELATED TO THE ALTERWOOD ADVANTAGE'S COVERAGE OF INSULIN AND PART D VACCINES IN 2023.

Starting January 1, 2023, Alterwood Advantage members will not pay more than \$35* for a month's supply of a formulary insulin that is dispensed at a network pharmacy, including the Elixir Mail Order Pharmacy regardless of formulary tier placement. If a member has a Part D deductible, it will not apply to these covered formulary insulin products listed below. More details on these insulins can be found in the formularies at www.AlterwoodAdvantage.com (Find A Medication).

*Alterwood Advantage members who receive "Extra Help" for their prescription drugs will pay a lower or no copay based on their low income subsidy.

Also starting January 1, 2023, adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), including the shingles vaccine, will be available to Alterwood Advantage members with a prescription drug plan at no cost to them. These ACIP Part D adult vaccines are listed on page 2.

Similarly, starting July 1, 2023, all Alterwood Advantage members will not pay more than \$35 for a month's supply of insulin used with an insulin pump, the latter will be covered through the durable medical equipment (DME) benefit. The insulin itself will not be subject to the plan level deductible while the insulin pump continues to be subject to the plan level deductible.

If you have any questions, please contact **Alterwood Advantage Provider Services at (866) 274-3265**. If your Alterwood Advantage patients have any questions regarding their insulin or vaccination coverage, please have them contact the Member Services number on the back of their Alterwood Advantage identification card.

ALTERWOOD ADVANTAGE FORMULARY INSULINS (Effective January 1, 2023)

FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML
FIASP INJECTION SOLUTION 100 UNIT/ML
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML

LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML
NOVOLOG INJECTION SOLUTION 100 UNIT/ML
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PENINJECTOR (70-30) 100 UNIT/ML
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML
SOLIQUA SUBCUTANEOUS SOLUTION PENINJECTOR 100-33 UNT-MCG/ML
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML

ALTERWOOD ADVANTAGE IRA PART D VACCINES (Effective January 1, 2023)

Acam2000 Injection Solution reconstituted, *smallpox*
BCG Injection Solution reconstituted, *tuberculosis*
BioThrax Intramuscular Suspension, *anthrax*
Daptacel Intramuscular Suspension, *diphtheria, pertussis, & tetanus*
Dengvaxia Subcutaneous Suspension reconstituted, *dengue*
Gardasil 9 Intramuscular Suspension, *human papillomavirus*
Imovax Rabies Intramuscular Suspension Reconstituted and injectable, *rabies*
Ipol Injection Injectable, *poliovirus*
Ixiaro Intramuscular Suspension, *Japanese encephalitis*
Jynneos Subcutaneous Suspension, *smallpox & monkeypox*
M-M-R II Injection Solution reconstituted, *measles, mumps & rubella*
Pevax HIB Intramuscular Suspension, *haemophilus b*
Pentacel Intramuscular Suspension reconstituted, *diphtheria, pertussis, tetanus, poliomyelitis*
ProQuad Subcutaneous Suspension reconstituted, *measles, mumps, rubella, & varicella*
Quadracel Intramuscular Suspension & Prefilled, *diphtheria, pertussis, tetanus, poliomyelitis*
Recombivax HB Injection Suspension & Prefilled, *hepatitis b*
Rotateq Oral Solution, *rotavirus*
Shingrix Intramuscular Suspension reconstituted, *zoster*
Stamaril Injection Suspension reconstituted, *yellow fever*
TdVax Intramuscular Suspension, *tetanus & diphtheria*
TicoVac Intramuscular Suspension Prefilled, *tick-borne encephalitis*
Trumenba Intramuscular Suspension Prefilled, *meningococcal b*
Twinrix Intramuscular Suspension Prefilled, *hepatitis a & hepatitis b*
Typhim VI Intramuscular Solution & Prefilled, *typhoid*
Vaqta Intramuscular Suspension, *hepatitis a*
Varivax Subcutaneous Injectable, *varicella virus*

Vaxchora Oral Suspension reconstituted, *cholera*

Vaxelis Intramuscular Suspension & Prefilled, *diphtheria, pertussis, tetanus, poliomyelitis, haemophilus b, & hep b*

*Note: The list of IRA Part D vaccines is subject to change. All Alterwood Advantage members continue to have access to Part B preventive vaccines such as Influenza, Pneumococcal, and COVID vaccines** at Alterwood Advantage's network pharmacies and provider offices at \$0 copay while other Part B vaccines for the treatment of specific conditions have a 20%-member liability, the later subject to the plan level deductible.*

***Refer to <https://www.cms.gov/files/document/covid-19-toolkit-issuers-ma-plans-22.pdf> for more information on COVID-19 vaccine billing.*

Please direct any questions to Provider Services at 866-274-3265 or to providers@alterwoodhealth.com

www.AlterwoodAdvantage.com