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AGENDA

- Medicaid Updates
- Medicare Updates
- Measure Information and Best Practices
- Pay For Performance Pharmacy Programs
 - > Longitudinal Adherence Monitoring Program (LAMP)- EQUIPP- Enhanced Services
 - > Pharmacy Performance Network Incentive Program- EQUIPP- My Programs
 - » YOY improvement
 - » Market Share
 - » Med-Adherence Quality Measures
- Questions

MedImpact Contact Information

Member Customer Service: 1-800-210-7628, Option 2

Provider- PA-Phone: 1-844-336-2676 (8am-7pm, EST)

Provider-PA-Fax: 1-858-357-2612

Member/Provider Eligibility- MedImpact Customer Service:1-800-210-7628

Prior-Authorization Forms:

https://kyportal.medimpact.com/sites/default/files/2023-12/ky_parequestform_universal_general-mi_10_17_2023_final_5.pdf

<https://kyportal.medimpact.com/sites/default/files/2022-04/Benzodiazepines%202022-04-11.pdf>

https://kyportal.medimpact.com/sites/default/files/2022-04/Stimulants_2022_04_11.pdf

Searchable Formulary:

<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

Medicaid PA Criteria:

<https://kyportal.medimpact.com/sites/default/files/2023-12/kentucky-medicaid-pa-criteria.pdf>

WellCare Contact Information

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Medicare: WellCare Customer Service:1-877-389-9457

Ambetter: WellCare Customer Service:1-877-389-9457

RxEffect: help@rxeffect.com

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Medical Drug Authorizations:

- **WellCare Medical PA site:**
<https://www.wellcareky.com/providers/medicaid/authorizations.html>
- **Prior Authorization Requests:**
 - WellCare Medical PA Fax: 877-831-2045
 - WellCare Medical PA Phone: 877-389-9457

Medicaid – Formulary Updates –

EFFECTIVE DATE	AGENT	DESCRIPTION
February 14	Novo-Nordisk Novolog cartridge, Flexpen & vial	Moving to Preferred (Insulin Aspart and Zegalogue discontinued by manufacturer.)
February 15	MCO OTC Products	Update rebate indicator configuration
March 1	Hypertonic saline	Add Clinical criteria for Diagnosis check
March 1	Javadin	New Clinical Criteria
March 1	Tonmya	New Clinical Criteria
March 1	Gold Salts	New Clinical Criteria
March 1	Itvisma	New Clinical Criteria
March 1	IVIG/SCIG	Updated Clinical Criteria
April 1	Stelara	Non-Preferred. Pro-active authorizations for Pyzchiva and Yesintek have been entered for members with active Stelara prior-authorizations
April 1	Ventolin HFA	Non-Preferred. Generic albuterol sulfate HFA has been available for members as of February 14, 2026
May 1	Generic Fluticasone HFA	Will move to Non-Preferred on May 1, 2026. DMS will extend current Prior-authorizations until November 1, 2026
May 1	Arnuity Ellipta	Will move to Preferred status on May 1, 2026

2026 Part D Updates and Overview

CENTENE PHARMACY SERVICES

Part D Benefit Parameters for Defined Standard Benefit for CY2025 and CY2026 for Non-LIS Beneficiaries




	2025		2026		
Deductible Phase	Cost sharing: 100%		Cost sharing: 100%		
	Deductible: \$590		Deductible: \$615		
Initial Coverage Phase	Applicable Drugs Cost sharing: 25% Plan Pays: 65% Manufacturer Discount: 10%	Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%	Selected Drugs Cost sharing: 25% Plan Pays: 65% Selected Drug Subsidy: 10%	Applicable Drugs Cost sharing: 25% Plan Pays: 65% Manufacturer Discount: 10%	Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%
	Out-of-Pocket Threshold: \$2,000		Out-of-Pocket Threshold: \$2,100		
Catastrophic Phase	Applicable Drugs Plan Pays: 60% Manufacturer Discount: 20% Reinsurance: 20%	Non-Applicable Drugs Plan Pays: 60% Reinsurance: 40%	Applicable Drugs Plan Pays: 60% Manufacturer Discount: 20% Reinsurance: 20%	Non-Applicable Drugs and Selected Drugs Plan Pays: 60% Reinsurance: 40%	

- Updates for CY2026:
- Standard deductible is \$615, a \$25 increase from 2025's \$590.
- Maximum out-of-pocket spend for Part D covered medications is capped at \$2,100, a \$100 increase over 2025's \$2,000.
- New category to show cost-sharing responsibility for the Drug Price Negotiation Program's selected drugs. It mirrors the Applicable Drug cost-sharing with the manufacturer's 10% liability replaced with a select drug subsidy from Medicare of equal amount.

Medicare Formulary Changes






Generics and authorized generics listed in the table below with the double asterisk (**) have the same active ingredients as the drug not covered on the formulary. If your patient has an *active* prescription for a drug *not* covered, they will still be able to access the listed double-asterisked drug without needing a new prescription.

 Drug(s) not covered on the Formulary	 Drug(s) covered on the Formulary	 Formulary restrictions
BASAGLAR KWIKPEN (insulin glargine) TRESIBA (insulin degludec) INSULIN DEGLUDEC [DISCONTINUED] SEMGLEE (insulin glargine-yfgn)** LANTUS (insulin glargine)** INSULIN GLARGINE	INSULIN GLARGINE-YFGN**, INSULIN GLARGINE U-300	None
TOUJEO U-300 (insulin glargine)**	INSULIN GLARGINE U-300**, INSULIN GLARGINE-YFGN	None
BYDUREON BCISE [DISCONTINUED]	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY	PA, QL
XULTOPHY	SOLIQUA	QL

(continued)

Medicare Formulary Changes (continued)

 Drug(s) not covered on the Formulary	 Drug(s) covered on the Formulary	 Formulary restrictions
ADVAIR DISKUS**, wixela inhub**	fluticasone-salmeterol diskus**, breyna hfa, BREO ELLIPTA, ADVAIR HFA	QL
fluticasone-salmeterol hfa**	ADVAIR HFA**, breyna hfa, fluticasone-salmeterol diskus, BREO ELLIPTA	QL
SYMBICORT (budesonide-formoterol)** budesonide-formoterol hfa** DULERA	breyna hfa (budesonide-formoterol)**, fluticasone- salmeterol diskus, BREO ELLIPTA, ADVAIR HFA	QL
PULMICORT FLEXHALER	ARNUITY ELLIPTA	QL
FASENRA	DUPIXENT, XOLAIR	PA, QL
SIMBRINZA	ALPHAGAN P 0.1%, brimonidine 0.2%, brimonidine 0.15%, carteolol, COMBIGAN, dorzolamide, dorzolamide-timolol, brinzolamide, levobunolol, timolol gel, timolol drops	None
GEMTESA	mirabegron, tolterodine IR/ER, solifenacin, oxybutynin IR/ER	QL
diclofenac 2% topical solution pump	diclofenac 1.5% topical solution	QL
REPATHA	PRALUENT	PA
omega-3 ethyl esters	icosapent ethyl, VASCEPA	None
AJOVY	AIMOVIG, EMGALITY 120mg/ml	PA, QL
QULIPTA, UBRELVY, ZAVZPRET	NURTEC	PA, QL

Medicare Formulary Changes (continued)

ACTEMRA (tocilizumab)	TYENNE (tocilizumab-aazg), CYLTEZO, YUFLYMA, STEQEYMA, COSENTYX, OTEZLA, RINVOQ, SKYRIZI, TREMFYA	PA, QL
HUMIRA (adalimumab)**	CYLTEZO (adalimumab-adbm)**, YUFLYMA (adalimumab-aaty)**, STEQEYMA, COSENTYX, OTEZLA, RINVOQ, SKYRIZI, TREMFYA, TYENNE	PA, QL
STELARA (ustekinumab)**	STEQEYMA (ustekinumab-stba)**, CYLTEZO, YUFLYMA, COSENTYX, OTEZLA, RINVOQ, SKYRIZI, TREMFYA, TYENNE	PA, QL
AUSTEDO, AUSTEDO XR	INGREZZA, tetrabenazine	PA, QL
abiraterone acetate 500mg tab	abiraterone acetate 250mg tab, abirtega 250mg tab	PA, QL
EPOGEN (epoetin alfa), PROCRIT (epoetin alfa)	RETACRIT (epoetin alfa-epbx)	PA
VELTASSA	sodium polystyrene sulfonate, SPS, kionex, LOKELMA	None
TRULANCE	LINZESS, lubiprostone	QL
OPSUMIT	sildenafil 20mg, tadalafil 20mg, ambrisentan, bosentan	PA, QL

- ▶ Uppercase text = Brand Name Drug ▶ Lowercase text = generic drug
- ▶ **interchangeable alternative (same active ingredient) ▶ PA = Prior Authorization ▶ QL = Quantity Limit

Part D Supplemental Excluded Drug Coverage

100% of non-DSNP MAPD plans and EGWP plans will offer coverage of generic erectile dysfunction (ED) drugs and several popular vitamins through the supplemental excluded drug benefit.

Covered drugs on **Tier 1 with \$0 copay** at preferred pharmacies:

- Sildenafil (generic Viagra) 25 mg, 50 mg, 100 mg tablet (QL 6 tabs per 30 days)
- Vardenafil (generic Levitra) 2.5 mg, 5 mg, 10 mg, 20 mg tablet (QL 6 tabs per 30 days)
- Folic Acid 1 mg tablet
- Vitamin D-2 (Ergocalciferol) 1.25 mg (50,000 iu) capsule
- Vitamin B-12 (Cyanocobalamin) 1 mg/mL injectable solution

EGWP plans include additional coverage of some other drugs that Medicare Part D does not traditionally cover such as:

- Cough and cold: benzonatate, promethazine-PE-codeine, hydrocodone-chlorpheniramine ER
- Prescription vitamins: phytonadione, Galzin (zinc acetate)

Part D Coverage of Insulin

All insulins and insulin-combination products that are on the formulary, regardless of tier, are price capped at the lesser of \$35 per month supply, 25% of the drug's negotiated price, or 25% of the Maximum Fair Price (MFP). The cap applies through all benefit coverage phases and no deductible applies. Members may pay less depending on their benefit design.

LIST OF COVERED INSULIN PRODUCTS

Rapid-Acting

- Merilog 100 unit/mL vial³
- Merilog SoloStar 100 unit/mL pen injector³
- NovoLog FlexPen 100 unit/mL pen injector¹
- NovoLog 100 unit/mL vial¹
- NovoLog Penfill 100 unit/mL cartridge¹
- Fiasp FlexTouch 100 unit/mL pen injector¹
- Fiasp 100 unit/mL vial¹
- Fiasp Penfill 100 unit/mL cartridge¹

Regular-/Short-Acting

- Humulin R KwikPen 500 unit/mL pen injector
- Novolin R FlexPen 100 unit/mL pen injector
- Novolin R 100 unit/mL vial

Intermediate-Acting

- Novolin N FlexPen 100 unit/mL pen injector
- Novolin N 100 unit/mL vial

Long-Acting

- Insulin Glargine Max SoloStar 300 unit/mL pen injector
- Insulin Glargine SoloStar 300 unit/mL pen injector
- Insulin Glargine-yfgn 100 unit/mL pen injector³
- Insulin Glargine-yfgn 100 unit/mL vial³

Pre-Mixed Insulin Combination

- NovoLog Mix 70-30 FlexPen 100 unit/mL pen injector
- NovoLog Mix 70-30 100 unit/mL vial
- Novolin 70-30 FlexPen 100 unit/mL pen injector
- Novolin 70-30 100 unit/mL vial

Insulin-GLP-1 Combination

- Soliqua 100 unit-33 mcg/mL pen injector²

1 = Selected Drug for CMS Price Negotiation CY26; 2 = Non-formulary for Value Script PDP; 3 = biosimilar product

Note: Insulin products are also listed under the therapeutic class Endocrine/Diabetes and subclass Diabetes Therapy in the Formulary Search Tool (Drug List).

Preferred Part B Diabetic Testing Supply Manufacturer Update

Below is a list of preferred diabetic testing supplies (blood glucose meters and test strips) which represents a change year-over-year as One Touch is no longer covered. Accu-Chek is formulary as of 8/1/2025 and True Metrix as of 1/1/2026. All lancets, lancing devices, and/or lancing kits from any manufacturer are covered.

BLOOD GLUCOSE MONITORS	TEST STRIPS	RESTRICTIONS	FREE METER BY MANUFACTURER ⁺
Accu-Chek Guide Meter	Accu-Chek Guide	Quantity Limit: • 1 meter kit per 365 days (1 per calendar year) • 4 strips per day (e.g. 100 strips per 25 days)	BIN: 01884, RxPCN: 3F, Group#: FVTRUEPORT50, ID#: TRPT5023493
Accu-Chek Guide Me Meter			
True Metrix Meter*	True Metrix*		BIN: 610524, RxPCN: 1016, Group#: 40026479, ID#: 029318512
True Metrix Air Meter*			

* Includes Relion labeled products; NDCs starting with 56151-; + Limitations may apply, network providers may also provide a meter (from their samples) during an office visit.

Communication Plan (impact 80K members):

- Conversational text (Nov-Dec 2025)
- Pharmacy POS messaging
- Manufacturer supported flyers/education to high-volume providers providing notice of preferred status
- Annual High-Impact Formulary Change letter

No changes to the preferred Continuous Glucose Monitoring (CGM) products: Dexcom and FreeStyle Libre (Prior Authorization Required). Non-preferred manufacturers may be covered at the preferred copay with approved prior authorization. Prescription is required for Medicare Part B coverage.

\$0 Part D Vaccines

All preventive vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for use by adult populations (age 19 and older) are covered under Medicare Part D at no cost in all coverage phases and at any pharmacy. Below are some common Part D preventive vaccines covered, list is not all-inclusive.

VACCINE	PRODUCT NAME(S) AND RESTRICTIONS
Respiratory Syncytial Virus (RSV)	Abrysvo; Arexvy; Mresvia (Note: recommended for ages 60 and older, Abrysvo also recommended for pregnant women)
Human Papillomavirus (HPV)	Gardasil 9 (Note: recommended up to age 45)
Tetanus and Diphtheria (Td)	Tenivac; Tdvax
Diphtheria, Tetanus, and Pertussis (Tdap)	Adacel; Boostrix
Hepatitis A (HepA)	Havrix; Vaqta
Hepatitis B (HepB)	Engerix-B; Heplisav-B; Recombivax HB (Part B vs D Prior Authorization)
Hepatitis A and Hepatitis B Combo (HepA-HepB)	Twinrix
Measles, Mumps, and Rubella (MMR)	M-M-R II; Priorix
Meningococcal serogroups A, C, W, Y (Meningitis)	Menactra; Menveo; Menquadfi
Meningococcal serogroups B (Meningitis)	Bexsero; Trumenba
Herpes Zoster (Shingles)	Shingrix (quantity limit of two shots per lifetime)

\$0 Part B Vaccines

Medicare Part B vaccine coverage includes vaccines to prevent influenza (flu), pneumococcal disease, hepatitis B for beneficiaries who are at medium or high risk*, and COVID-19. Vaccines for these conditions do not have any coinsurance, copay, or deductible. Below are some common Part B preventive vaccines covered, list is not all-inclusive.

VACCINE	PRODUCT NAME(S) AND RESTRICTIONS
Influenza (Flu)	2025-2026 Season: Fluarix; FluLaval; Flublok; Fluzone; Afluria; Flucelvax; FluMist (live attenuated vaccine, not covered for at-home program by govt ins.) Recommended for 65 years and older: Fluzone High-Dose; Fluad (note: quantity limit of one shot per flu season, recommended by October)
Pneumococcal (Pneumonia)	Pevnar 20; Pneumovax 23; Vaxneuvance
Hepatitis B (HepB)	Engerix-B; Heplisav-B; Recombivax HB (Part B vs D Prior Authorization)
Coronavirus (COVID-19)	All approved manufacturers

Note:

- Part B does cover certain reasonable and necessary vaccines to treat an injury or exposure to a disease, such as Tetanus (Td)
- * Part B pays for vaccination to protect against hepatitis B if an individual is deemed to be at medium or high risk. Conditions include but are not limited to hemophilia, end-stage renal disease, chronic liver disease, diabetes, HIV infection, sexual exposure risk, current or recent injectable drug use, percutaneous or mucosal risk for exposure to blood (healthcare workers), incarcerated persons, or travel to countries with high or intermediate endemic hepatitis B. Otherwise the vaccine is covered under Medicare Part D.

Pharmacy Chapter Overview



Tier 6 Select Care Drugs

What is Medicare Part D Tier 6?

Tier 6, also known as the “**Select Care Drugs**” tier, is designed to provide affordable access to certain medications. It includes preventive vaccines* and many commonly prescribed generic drugs used to manage chronic conditions.

What is the Cost for Tier 6 Medications?

The drugs in this tier have no deductible and a **\$0 copay** for up to a 100-day supply through all coverage phases and for most plans when filled at any in-network pharmacy*. Although this may seem confusing, as typically high tiers are associated with higher out-of-pocket costs, it’s specifically designed to reduce costs for essential medications, making them more accessible to members.

High Blood Pressure

Benazepril ± HCTZ	Olmesartan ± HCTZ
Benazepril and Amlodipine	Olmesartan and Amlodipine ± HCTZ
Candesartan ± HCTZ	Perindopril
Captopril ± HCTZ	Quinapril ± HCTZ
Enalapril ± HCTZ	Ramipril
Fosinopril ± HCTZ	Telmisartan ± HCTZ
Irbesartan ± HCTZ	Telmisartan and Amlodipine
Lisinopril ± HCTZ	Trandolapril
Losartan ± HCTZ	Valsartan ± HCTZ
Moexipril	Valsartan and Amlodipine ± HCTZ

Diabetes

Acarbose
 Glimepiride
 Glipizide
 Glipizide ER
 Glipizide and Metformin
 Metformin
 Metformin ER
 Nateglinide
 Pioglitazone
 Pioglitazone and Glimepiride
 Pioglitazone and Metformin
 Repaglinide

High Cholesterol

Atorvastatin
 Atorvastatin and Amlodipine
 Fluvastatin
 Fluvastatin ER
 Lovastatin
 Pravastatin
 Rosuvastatin
 Simvastatin
 Simvastatin and Ezetimibe

*excluding 23 D-SNP/LIS plans that have a copay of \$1-\$10 at standard pharmacies; Note: ± HCTZ = drug(s) alone or in combination with hydrochlorothiazide; ER = extended release

SUPD/SPC Best Practices

- Educate patients on the benefits of statin medication to prevent cardiovascular events.
- Educate and encourage patients to contact you if they think they are experiencing side effects.
- If a patient has had previous intolerance to statins, consider a statin rechallenge using a different moderate- to high-intensity statin. Hydrophilic statins, such as pravastatin and rosuvastatin, may have lower risk of myalgia side effects.
- Encourage prescribers to document in the medical record patient conditions that exclude them from taking a statin and submit a claim with appropriate exclusion diagnosis code.
- Encourage patients to obtain extended day supplies at their pharmacy once they demonstrate they tolerate statin therapy.
 - Note: Sample medications/VA benefits, Patient assistance programs **will not count** for the measure.

Common Billing Exclusion ICD-10-CM Codes – SUPD

Measure	Condition	Example ICD-10-CM Codes
SUPD	Pre-Diabetes	R73.03, R73.09
SUPD	Polycystic Ovarian Syndrome	E28.2
SUPD	ESRD	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
SUPD	Myopathy, Myositis, Rhabdomyolysis	G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82
SUPD	Pregnancy/Lactation	Numerous
SUPD	Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69

Using virtual care to document and submit an exclusion condition

You can use virtual care to confirm and document your patient’s exclusion condition in their medical record. To submit this documentation, simply bill the non-reimbursable HCPCS code G9781 for the amount of \$0.01 with the applicable ICD-10 exclusion code attached. This will remove your patient from the measure.

Common Billing Exclusion ICD-10-CM Codes – SPC

Measure	Condition	Example ICD-10-CM Codes
SPC	Myalgia, Myopathy, Myositis, Rhabdomyolysis	M79.1, M79.10, M79.12, M79.18, G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82
SPC	Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
SPC	ESRD	N18.5, N18.6, Z99.2
SPC	Pregnancy/Lactation	Numerous

Using virtual care to document and submit an exclusion condition

You can use virtual care to confirm and document your patient’s exclusion condition in their medical record. To submit this documentation, simply bill the non-reimbursable HCPCS code G9781 for the amount of \$0.01 with the applicable ICD-10 exclusion code attached. This will remove your patient from the measure.

Formulary Statins

Drug	Strengths (moderate/high intensity statins are denoted in red)	Requirements/Limits
Amlodipine-Atorvastatin Oral Tablet	2.5-10, 2.5-20, 2.5-40, 5-10, 5-20, 5-40, 5-80, 10-10, 10-20, 10-40, 10-80 mg	Quantity Limits (QL)
Atorvastatin Oral Tablet	10, 20, 40, 80 mg	QL
Ezetimibe-Simvastatin Oral Tablet	10-10, 10-20, 10-40, 10-80 mg	QL
Fluvastatin Oral Capsule	20, 40 (if dosed BID) mg	QL
Fluvastatin Oral Tablet Extended Release	80 mg	QL
Lovastatin Oral Tablet	10, 20, 40 mg	QL
Pitavastatin Oral Tablet	1, 2, 4 mg	QL
Pravastatin Oral Tablet	10, 20, 40, 80 mg	QL
Rosuvastatin Oral Tablet	5, 10, 20, 40 mg	QL
Simvastatin Oral Tablet	5, 10, 20, 40, 80 mg	QL

****Please reference the Wellcare website for the most up to date formulary****



COB/POLY-ACH

Measure Medications

Table COB-A: Opioids^{a,b}

Opioid Medications		
benzhydrocodone	hydrocodone	opium
buprenorphine	hydromorphone	oxycodone
butorphanol	levorphanol	oxymorphone
codeine	meperidine	pentazocine
dihydrocodeine	methadone	tapentadol
fentanyl	morphine	tramadol

^a Includes combination products and prescription opioid cough medications.

^b Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine[®] Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

Table COB-B: Benzodiazepines^{a,b}

Benzodiazepine Medications		
alprazolam	diazepam	oxazepam
chlordiazepoxide	estazolam	quazepam
clobazam	flurazepam	temazepam
clonazepam	lorazepam	triazolam
clorazepate	midazolam	

^a Includes combination products.

^b Excludes injectable formulations.

Table POLY-ACH-A: Anticholinergic Medications^{a,b}

Antihistamine Medications		
brompheniramine	dimenhydrinate ^c	hydroxyzine
chlorpheniramine	diphenhydramine (oral)	meclizine
cyproheptadine	doxylamine	triprolidine
Antiparkinsonian Agent Medications		
benztropine	trihexyphenidyl	
Skeletal Muscle Relaxant Medications		
cyclobenzaprine	orphenadrine	
Antidepressant Medications		
amitriptyline	doxepin (>6 mg/day) ^d	paroxetine
amoxapine	imipramine	
clomipramine	nortriptyline	
desipramine		
Antipsychotic Medications		
chlorpromazine	olanzapine	
clozapine	perphenazine	
Antimuscarinic (urinary incontinence) Medications		
darifenacin	oxybutynin	tolterodine
fesoterodine	solifenacin	tropium
flavoxate		
Antispasmodic Medications		
atropine (excludes ophthalmic)	dicyclomine	hyoscyamine
clidinium-chlordiazepoxide ^e	homatropine (excludes ophthalmic)	scopolamine (excludes ophthalmic)
Antiemetic Medications		
prochlorperazine	promethazine	

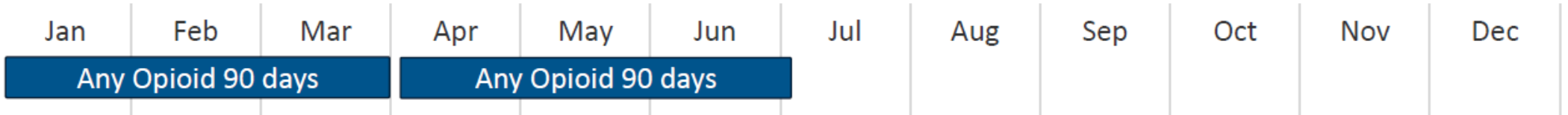
Medication list last reviewed on 10/2025

COB: Overlapping Medication Scenarios

Any Benzo
30 days

Any Opioid 90 days

Scenario 1: Member qualifies for the measure with two distinct fill dates of an Opioid but no overlapping Benzo fills. **The member is compliant with the measure.**



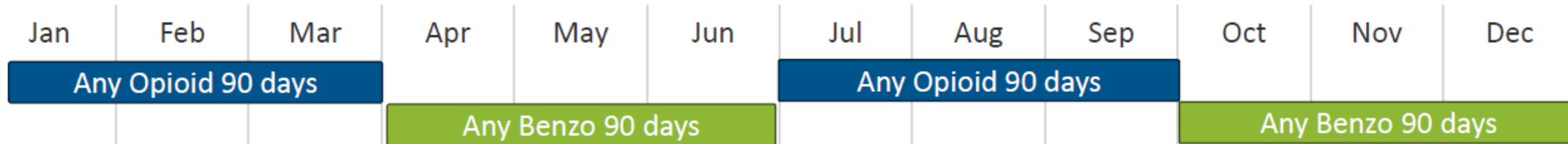
Scenario 2: Measure qualification requires two Opioid prescriptions with at least 15 total days. **Member does not qualify for the measure.**



Scenario 3: Member qualifies for the measure and has two fills of at least two Opioid meds and ≥ 30 days of cumulative overlap. **The member is non-compliant with the measure.**

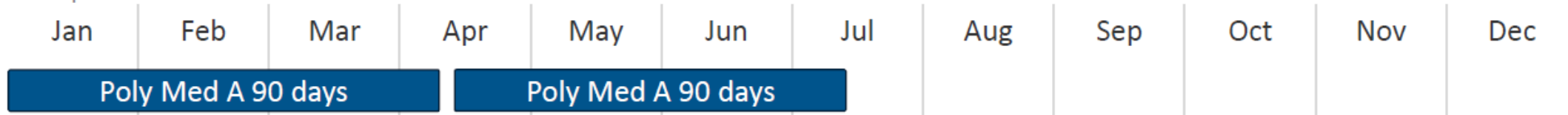


Scenario 4: Member qualifies for the measure with two fills of at least two Opioid meds and ≤ 30 days of overlap. **The member is compliant with the measure.**



Poly-ACH – Overlapping Med Scenarios

Scenario 1: Member qualifies for the measure with two fills of a poly-ACH med but no overlapping fills. The member is compliant with the measure. No overlap as the two medications are the same.



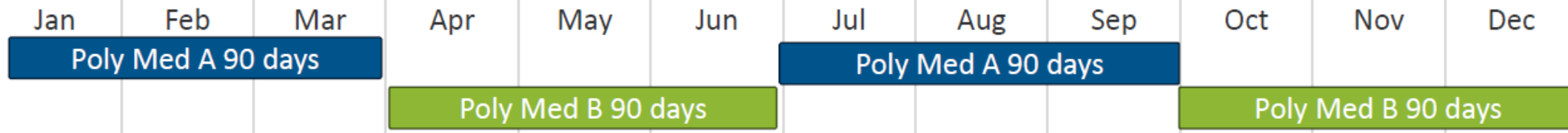
Scenario 2: Member qualifies for the measure with two fills of a poly-ACH med and ≥ 30 days of overlap, but the 2nd med only has one fill (and does not count). The member is compliant with the measure



Scenario 3: Member qualifies for the measure and has two fills of at least two poly-ACH meds and ≥ 30 days of overlap. The member is non-compliant with the measure

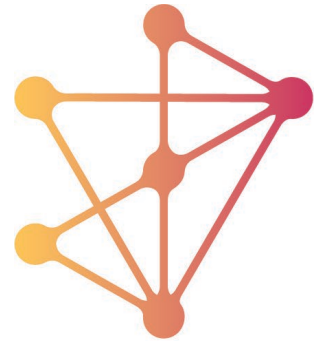


Scenario 4: Member qualifies for the measure with two fills of at least two poly-ACH meds and ≤ 30 days of overlap. The member is compliant with the measure



QUESTIONS

Longitudinal Adherence Monitoring Program (LAMP)



EQUIPP
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Program Purpose

- LAMP – Longitudinal Adherence Monitoring Program
- Patient engagement performance program designed to improve and maintain adherence for targeted patients
- Pharmacies will be rewarded (\$\$\$) for documented interventions and patients at or above adherence (80% and above) on maintenance medications
- Core Adherence Measures evaluated:
 - Diabetes PDC
 - RASA PDC
 - Cholesterol PDC
 - SUPD (Medicare only)
 - SPC (Medicare only)
 - Controlling Blood Pressure (Medicare only)
- Program performance will be evaluated from January 1 through December 31, 2026
- Program is for Medicare and Ambetter lines of business



EQUIPP ACCESS

Contact your PSAO to register

Pharmacies that are not affiliated with an organization can obtain access through an independent contract by contacting EQUIPP® Support at:

<https://www.pharmacyquality.com/support>



EQUIPP
Powered by PQS



yours@example.com



your password

Don't remember your password?

LOG IN >

Select a Goal Set
CMS Star Measures

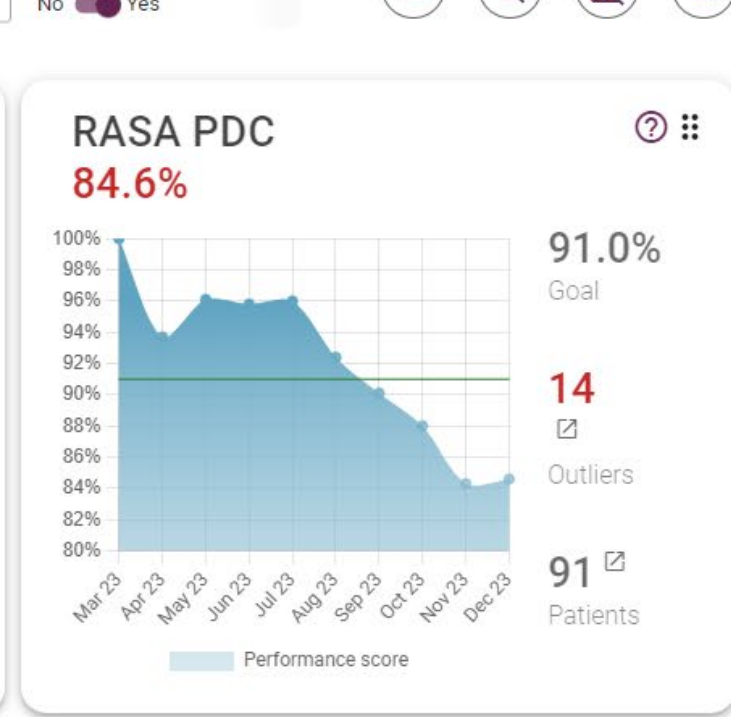
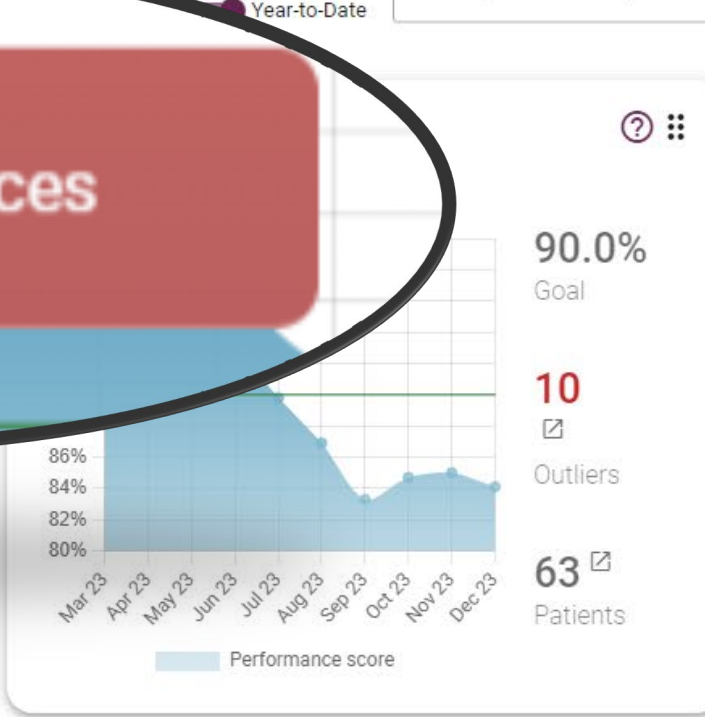
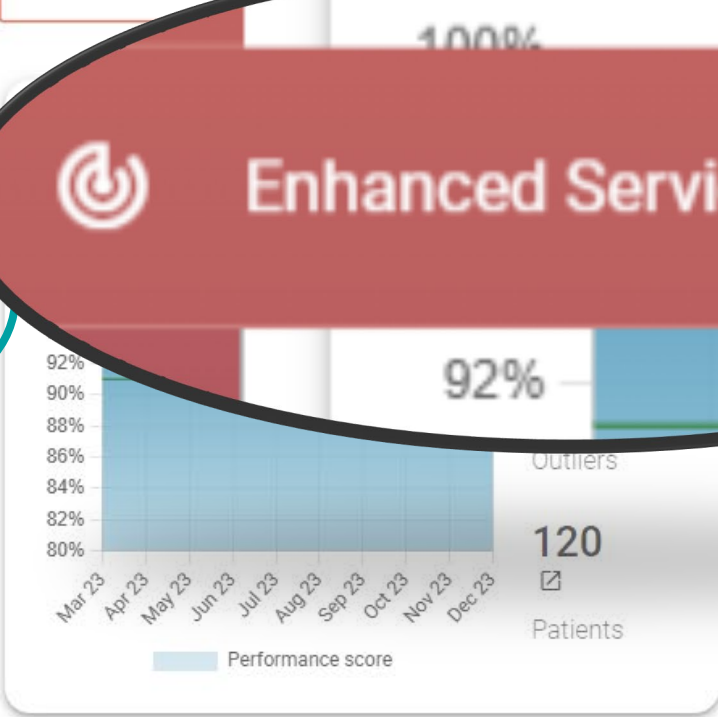
Select a Trend
Year-to-Date

Select a Date Range
Jan 01, 2023 - Dec 31, 2023

Show Immunizations
No Yes



Enhanced Services



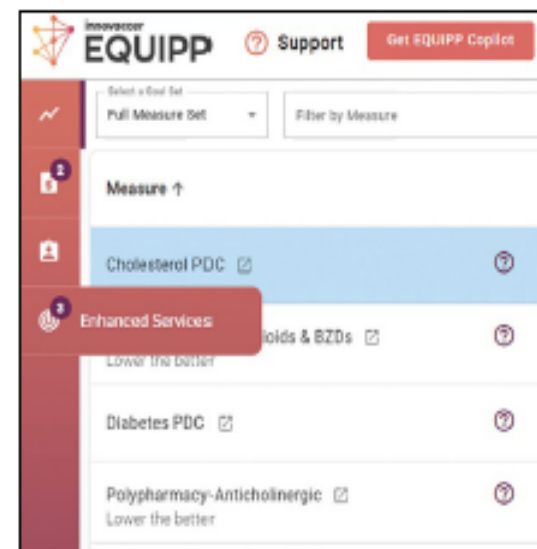
The Longitudinal Adherence Monitoring Program (LAMP)

Why this matters: The LAMP program helps pharmacies proactively support patient adherence throughout the year while earning performance-based payments for documented interventions.

Tip: Checking Enhanced Services weekly helps ensure no LAMP opportunities expire without action.

Step 1: Navigate to the Enhanced Services Page WEEKLY!

- Targeted patients for the LAMP program will be displayed in the Enhanced Services section of EQUIPP or in the “All Patients” page.
- After logging into EQUIPP, navigate to the bullseye (target) icon on the left-hand menu labeled Enhanced Services, then select “Longitudinal Adherence Monitoring Program.” Eligible patients will be displayed there.
- For patients with one or multiple encounters, simply select anywhere in the patient row to expand and view all opportunities.



Step 2: Document!

A

Only active opportunities will be listed under the patient. Opportunities that expire without documentation are removed and will no longer appear.

B

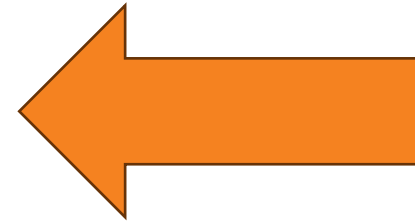
To document an intervention, click on “Doc Pending” in the documentation status column.

C

The documentation window will pop up. Complete the applicable questions after speaking with the patient.

D

Important: For interventions requiring validation, documentation must be completed on or before the prescription is filled, and the prescription must be filled on or before the listed expiration date to qualify for payment.



Pharmacies should expect to receive payment through their Pharmacy Services Administrative Organization (PSAO) after PQS receives payment from the health plan, with payments beginning no later than October 2026.

Step 3: Keep Your Patients Adherent!

- Weekly PDC score updates beginning April 2026 will allow pharmacies to monitor adherence trends and proactively engage patients throughout the year.



Questions?

If you have questions regarding EQUIPP or your performance, please contact Pharmacy Quality Solutions (PQS) at support@pharmacyquality.com.

Thank you for your continued efforts to improve the health and well-being of your patients.

EQUIPP Demo

[Request an EQUIPP Dashboard Demo](#)

Controlling Blood Pressure

(Will Launch around June)

Interactions with patients do not have to take a lot of time to be meaningful. There are simple steps that can be followed to facilitate short, purposeful interactions around BP readings.

- 1.** Open the dialog by issuing an invitation to get their blood pressure taken. Some patients will say no, but we have prepared replies to common objections.
- 2.** Take the patient's blood pressure reading, deliver feedback, and document the encounter.
- 3.** Briefly discuss next steps.

Examples can be found in the material below.

CONVERSATION STARTERS



Hello, I'm calling from your pharmacy. My name is Susan. We're helping your insurance support their members with high blood pressure to prevent future problems such as stroke and heart attack. We don't have a recent blood pressure reading on file this year. Can you take a minute when you come in to pick up your prescription to let us take your blood pressure?



Here is your prescription, Mr. Thomas. And if you have just a second, regular blood pressure readings are one of the best ways to prevent stroke and heart attacks. It looks like you haven't had a recent blood pressure reading. Can we get one from you now?

TIP

Your invitation should be just that, an invitation – not a directive such as “We need your blood pressure reading, when can you come in?” or “You don't have a blood pressure reading in our files, you need to come in and have your blood pressure taken.”

RESPONDING TO “NO”

Inevitably you will have some patients who don't want to have their BP taken. Here are some common objections and ways to counter them:

“I don't have time right now.”

Let's make an appointment for a time that would work for you – it will only take a minute. Your refill for X is due next week, can we set up an appointment for when you come in to pick it up? What time would work best for you – I can put an appointment into our system so that you can get in and out quickly.

“I monitor my own blood pressure at home.”

It's great that you're monitoring your blood pressure regularly. We like to make sure that our customers who use their own equipment still have a reading done by healthcare staff at least once a year to make sure we have up-to-date information on your health. We want to make sure your medications are at the right dose and are working to prevent other issues caused by high blood pressure.

“My doctor takes my BP.”

It's good that you get in to see your doctor regularly, that's really important. It looks like you haven't seen the doctor recently. Can we get a BP reading today? Having your BP taken more frequently can give you a better picture of your health and the things you can do to prevent issues like kidney failure and heart failure.

“My blood pressure is going to be high. I keep forgetting to take my medication in the morning.”

It sounds like you're worried about your reading being high because you've forgotten your medication. That's okay, this is just a reading and if you like we can talk about ways to help you remember to take your meds.

“Why should I get my BP taken at the pharmacy?”

Readings help the pharmacist make recommendations about your blood pressure medications. More regular monitoring of your blood pressure can help you and your doctor learn what changes are working for you. You can get your blood pressure taken for free at the pharmacy any time.

SHARING FEEDBACK ON BP READING

Feedback about blood pressure readings should be direct and delivered without judgement or accusation. Accusatory or judgmental feedback might sound something like “Wow, that’s really high. I can tell you haven’t been taking your meds.” Instead, use concise language that delivers the results and relates them to blood pressure control guidelines..”

Blood Pressure Category	Systolic mm Hg (Upper Number)		Diastolic mm Hg (Lower Number)
Normal		and	Less Than 80
Elevated	120-129	and	Less Than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or Higher	or	90 or Higher
Hypertensive Crisis (consult your doctor immediately)	Higher Than 180	and/or	Higher than 120

TIP

Be careful starting questions with “why.” Although they are open-ended they often come across as accusatory.

www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

DISCUSSING CHANGE PLANS

- Once you've taken a blood pressure reading and given feedback, you're in a position to discuss change plans with the client if they are open to having that discussion. You could build off your feedback as in these examples:
- Your blood pressure is 135 over 86, which is high. I see that you haven't filled your valsartan for the past 2 months. Would it be okay if we talked about how you're taking it? Your blood pressure is 140 over 80 which is considered high. You've been filling your prescription for amlodipine regularly which is good, can we talk about the other ways you're managing your high blood pressure?
- End the interaction with a quick overview of your conversation with emphasis on next steps. For instance: "Okay, so your reading today was a little high, and you were concerned that it was because your salt intake has been too high lately. So, we talked about working with your doctor to set up a conversation with the dietician to help you identify some other ways to reduce the salt in your diet."

Controlling Blood Pressure

DOCUMENTATION STEPS

- 1 **Select yes or no depending on if you were able to obtain a reading.**

Documentation

Obtained blood pressure and reviewed results with patient *

Yes

No

When NO is selected, the patient opportunity will return for intervention after 21 days.

- 2 **You will receive a series of follow up questions based on your response to the first question.**

Interventions *

- Documented patient about taking a blood pressure reading
- Educated patient on importance of blood pressure monitoring
- Discussed reading and its interpretation with the patient
- Reviewed medication list
- Assessed adherence to blood pressure medications

Was BP Reading Taken *

Choose a date *

Systemic Reading *

Choose a value *

Diastolic Reading *

Choose a value *

How was BP reading captured? *

- In-clinic (e.g., HCP, pharmacist)
- Digital kiosk
- Digital kiosk
- Other

Followed advised for further care? *

- No
- Yes, managed patient to discuss BP reading with physician at next PDP visit
- Yes, referred patient to seek immediate medical attention

Additional Documentation

- 3 **Once you have completed these questions, read the attestation and check the box, enter your name, and click “Save and Sign.”**

By checking here and signing and completing this documentation, I attest (1) that the medical record entry and notations provided for herein accurately reflect observations I made when I evaluated the above listed beneficiary and (2) this information is true, accurate and complete and any falsification, omission, or concealment of material fact may subject me to Fraud, Waste, or Abuse. *

Cancel Save and Sign

- 4 **The patient documentation status will change to “Completed” and their blood pressure will show, if applicable.**

Compensation	Health Plan	Systolic	Diastolic	Documentation Status
✓	Emblem	123	85	Completed

Controlling Blood Pressure Cont'd

Must complete every section (check radio buttons)

Click Sign and Save at the bottom

EQUIPP Copilot™

- All-in-One Workflow Solution
- Zero-Click Workflow Integration
- Automatic patient matching triggers relevant insights
- No need to leave workflow or switch systems
- Care gaps and opportunities appear instantly
- PMS-agnostic design works with your existing system
- <https://equipp.pharmacyquality.com/equipp-copilot-download>

EQUIPP Copilot

Flexible Subscription Options

Annual Growth Plan – Best Value

- \$99/month (billed annually at \$1,188)
- 30-day free trial or 250 flyouts
- Ideal for high-volume, multi-store pharmacies
- Cancel prior to annual renewal via Stripe

Monthly Flex Plan – Most Flexible

- \$119/month
- 30-day free trial or 250 flyouts
- No long-term commitment
- Cancel anytime via Stripe

The screenshot displays the EQUIPP Copilot interface for a patient named Jerome Jones. The top navigation bar includes Home, Patient, Pyrls, and Settings. The patient's name and a green checkmark are shown, along with demographic information: Male, 11/28/1963. Below this, there are tabs for Insights, Internal notes, Chat, and AI Agent. The main content area is divided into several sections:

- Enhanced Service Opportunities** (3 items):
 - Controlling Blood Pressure** (€ 30): Documentation pending + Add
 - RASA PDC - Q2 check in (LAMP)** (€ 10): PDC: 82% ↗ • Lisinopril 20 mg tablet [] Documentation pending + Add
 - HbA1c Testing** (€ 45): Documentation pending + Add
- Star Rating Program** (3 items):
 - Antiretrovirals PDC** (!): PDC: 74% → • Dolutegravir 50 mg tablet []
 - Antipsychotic PDC** (5): PDC: 82% ↗ • Risperidone 2 mg tablet []
 - RASA PDC** (): PDC: 74% ↘ • Lisinopril 20 mg tablet []
- Formulary Compliance Program** (3 items):
 - Overactive Bladder**: **Outlier** • Gemtesa 75 mg tablet [] Preferred Alternatives: Myrbetria Tolterodine Solifenarin Oxybutynin

Reimbursement

Encounter Type	Payment Amount	Frequency/ Availability	Notes
Quarterly Check-in (per patient measure)	\$10	Up to 3 per year	Q2 Check-in: Apr-Jun Q3 Check-in: Jul-Sep Q4 Check-in: Oct-Dec
On-Time-Fill (OTF) Bonus (per patient measure)	\$15* per 28+ day supply or \$45* per 84+ day supply or greater	Per eligible refill (per patient per measure); <u>excluding</u> Final Fill.	Refill must occur on or before the encounter expiration date. Completion of the first Quarterly Check-in is required to unlock this encounter type.
Extended Days Supply Conversion (per patient measure)	\$10*	Max of 1 per year	Defined as an 84 days supply or longer (up to 100 days supply)
Final Fill Intervention (per patient measure)	\$60*	Available late Sep-Dec	Eligibility is limited to individuals who are targeted to achieve adherence for the program year
SUPD Gap Intervention	\$60*	Max of 1 per year	Diabetic patient with statin prescribed, filled, and picked up.
SPC Gap Intervention	\$60*	Max of 1 per year	Statin prescribed, filled, and picked up. Moderate or high intensity required. (See SPC table)
SPC Intensity Conversion	\$60*	Max of 1 per year	Patient on low-intensity statin. Converted to moderate/high intensity statin (prescribed, filled, and picked up). (See SPC table)

*requires validation

All the encounter types must be documented in EQUIPP via Enhanced Services to be eligible for payment.

Note: Not all patients will be eligible for all encounter types. OTF will be entirely claim based post first Quarterly Check-in.

QUESTIONS?

Pharmacy Performance Network Incentive Program

Pharmacy Performance Network Incentive Program

- Administered by PQS
- Program hosted within My Programs page in EQUIPP allowing for full performance and financial transparency.
- 2-part initiative
 - Quality Measures (YOY improvement, Med-adherence)
 - Formulary Adherence
 - Pharmacy Reporting:
 - Weekly member opportunities presented
 - Monthly Performance reports
- Payment model
 - Centene-funded; no downside for pharmacies
 - Bonus payout based on pharmacy performance targets at Tier 1 (50%) or Tier 2 (100%)
 - Bonus payments vary by LOB (Medicare MAPD and Medicare PDP)
 - Market share targets for formulary adherence

My Program

Navigation Icons

Performance Dashboard

My Program

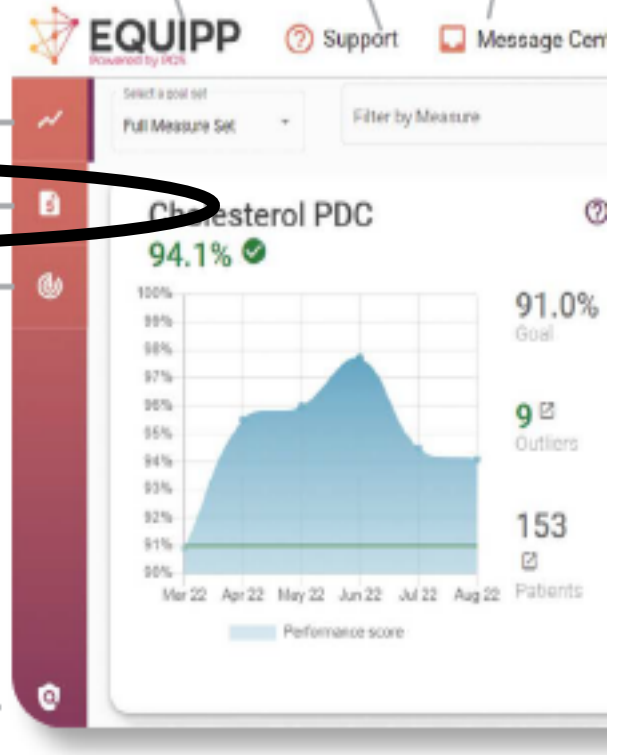
Enhanced Services

Terms of Use & Privacy Policy

EQUIPP® Logo Home Screen

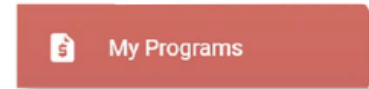
Support EQUIPP® Support Website

Message Center New Notifications



My Program Overview

Select the "My Programs" tab in the navigation bar.



View your pharmacy's list of participating programs.

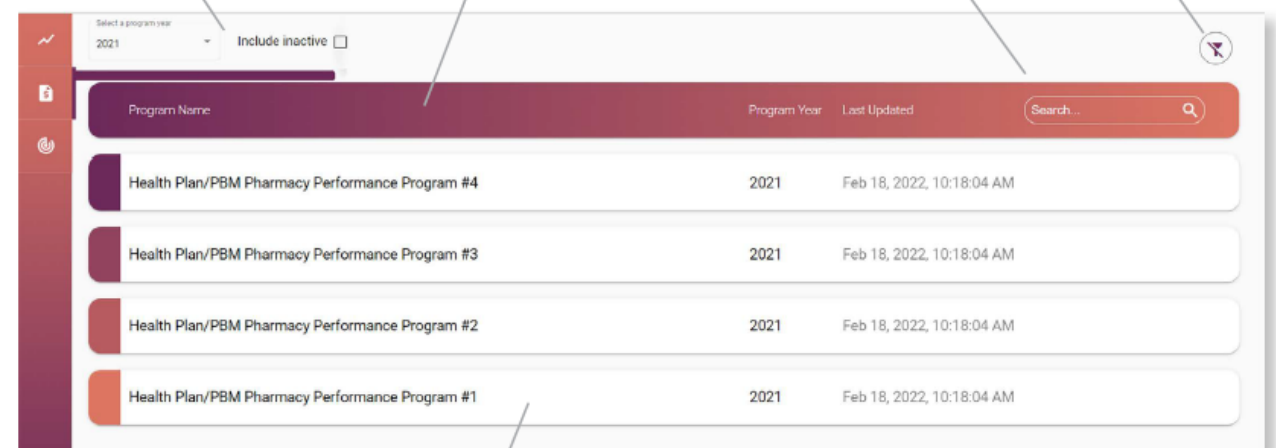
Filter by program year, include inactive programs or not

Sorting options:

- Program Name
- Program Year
- Last Updated

Search by Program Name

Reset Filters

A screenshot of a web application interface. At the top, there is a navigation bar with a red "My Programs" tab. Below it, a filter section includes a dropdown menu for "Select a program year" (set to 2021) and a checkbox for "Include inactive". To the right, there are sorting options: "Program Name", "Program Year", and "Last Updated". A search bar labeled "Search by Program Name" and a "Reset Filters" button are also present. The main content area is a table with four rows, each representing a program. The table has columns for "Program Name", "Program Year", and "Last Updated".

Program Name	Program Year	Last Updated
Health Plan/PBM Pharmacy Performance Program #4	2021	Feb 18, 2022, 10:18:04 AM
Health Plan/PBM Pharmacy Performance Program #3	2021	Feb 18, 2022, 10:18:04 AM
Health Plan/PBM Pharmacy Performance Program #2	2021	Feb 18, 2022, 10:18:04 AM
Health Plan/PBM Pharmacy Performance Program #1	2021	Feb 18, 2022, 10:18:04 AM

Click a program name to access program details

Programs will have Centene nomenclature

Line of Business	Drug Category	Non-Preferred Drug (NPD)	Preferred Formulary Alternative (PREF)	Clinical Notes
All	Inflammatory Conditions, Adalimumab	Humira*	Yuflyma(T5)*, Cyltezo(T5)*	Existing users of NPDs: PAs will be termed for NPD and loaded for PREF. 30-day transition fill available in Q1
All	Inflammatory Conditions, Others	Orencia, Taltz, Bimzelx	Cyltezo(T5), Yuflyma(T5), Steqeyma(T3/T5**), Cosentyx(T5), Otezla(T5), Rinvoq(T5), Skyrizi(T5), Tremfya(T5)	Existing users of NPDs will be grandfathered, PA required for PREF
All	Inflammatory Conditions, Etanercept	Enbrel	Cyltezo(T5), Yuflyma(T5), Steqeyma(T3/T5**), Cosentyx(T5), Otezla(T5), Rinvoq(T5), Skyrizi(T5), Tremfya(T5)	Existing users of NPD will be grandfathered and PAs will be loaded for Cyltezo and Yuflyma
All	Inflammatory Conditions, Ustekinumab	Stelara* Steqeyma(T3/T5**)*) Existing users of NPDs:PAs will be termed for NPD and loaded for PREF. 30-day transition fill available in Q1	Steqeyma(T3/T5**)*)	Existing users of NPDs: PAs will be termed for NPD and loaded for PREF. 30-day transition fill available in Q1
All	Insulin, Rapid-acting	Novolog, insulin aspart	Merilog(T3)	No PA requirement for PREF
All	Insulin, Long-acting	Basaglar Kwikpen, insulin degludec, Semglee*,Lantus*,insulin glargine (AG), Toujeo U-300*,Tresiba	insulin glargine-yfgn(T3)*, insulin glargine U-300(T3)*	No PA requirement for PREF
All	Multiple Sclerosis	Aubagio*,Avonex, Plegridy,Copaxone*, Gilenya*,Tecfidera*,Vumerity	teriflunomide(T5)*,glatiramer(T5)*, glatopa(T5), dimethyl fumarate(T4/T5**)*)*, fingolimod(T5)*, Betaseron(T5)	Existing users of NPDs:PAs will be termed for NPDs with authorized generics and loaded for PREF. 30-day transition fill available in Q1
All	Migraine	Ajovy,Qulipta, Ubrelvy,Zavzoret	Aimovig(T3), Nurtec ODT(T5), Emgality 120mg/ml(T3)	Existing users of NPDs will be grand- fathered and PAs will be loaded for PREF
All	SGLT2 inhibitor	Jardiance	Farxiga(T3), dapagliflozin(T3)	No PA requirement for PREF
All	Denosumab	Prolia*	Conexence(T4)*,Stoboclo(T4)*	Existing users of NPD: 30-day transition fill available in Q1. No PA requirement for PREF
PDP	Glaucoma	Rocklatan	latanoprost(T1),betaxolol(T4), carteolol(T2),timolol drops(T1), timolol gel(T4), levobunolol(T2), dorzolamide/timolol(T2), brimonidine0.2% (T1/T2**), brimonidine 0.15%(T4), dorzolamide(T2),brinzolamide(T4)	Existing users of NPD: 30-day transition fill available in Q1. No PA requirement for PREF

My Programs Keys To Success



- Review the formulary information available in the Centene Formulary Adherence Program details (found in My Programs).
- Initiate prescriber communication
- Implement patient education programs
- Track and monitor your progress through EQUIPP My Programs in 2026

QUESTIONS?
