

July/August 2023



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Entry of More Humira Biosimilars

The beginning of July brought in an influx of Humira biosimilars. In addition to Humira and Amjevita, Network Health Commercial and Medicare insurance will be covering the low cost options of Sandoz' adalimumab-adaz, Viatrix' adalimumab-fjkg and Coherus' Yusimry. This will offer our members high and low citrate-free concentration options in a variety of strengths. In addition, Sandoz and Viatrix are currently seeking interchangeability. We

encourage providers to write a prescription for generic adalimumab, allowing pharmacists to fill the prescription based on a patient's formulary options. Beginning in 2024, Amjevita will no longer be on the Medicare and Commercial formulary due to price considerations, so please consider prescribing one of the alternatives formulary products.

NHP Covered?	Drug Name	Cost	Interchangeable?	Formulations	Strength
Yes	Humira	\$\$	N/A	N/A	N/A
Yes	Adalimumab-adaz	\$	Seeking	50 mg/ml (CF)	40 mg/0.8 mL 20 mg/0.4 mL
Yes	Yusimry	\$	No	50 mg/ml (CF)	40 mg/0.8 mL
Yes	Adalimumab-fjkg	\$	Seeking	100 mg/ml (CF)	20 mg/0.2 mL 40 mg/ 0.4 mL 80 mg/0.8 mL
Only in 2023	Amjevita	\$\$	Seeking	50mg/ml (CF) 100mg/ml (CF)	20 mg/0.4 mL 40 mg/0.8 mL

CF = citrate-free

\$ = Around \$500, \$\$ = Greater than \$1000

For a member-focused article on the concept of biosimilar medications, please reference Network Health's previous blog article: <https://networkhealth.com/grow-in-the-know/2023/02/what-to-know-about-biosimilar-medications>

Network Health - Flu Shot Events

Network Health vaccine clinics are returning this fall as a way to offer a convenient and accessible way for Medicare members to receive their \$0 flu shot. Beginning August 31 and ending October 24, area pharmacies including Walmart, Walgreens, Northland Hometown and Kimberly Hometown will be providing these services. Both Fluzone High Dose Quadrivalent and Fluzone Quad will be available. If members need other vaccinations (for example, Shingrix) please have them ask at the visit and the pharmacy will do their best to accommodate the request. Members can sign up online or by calling the pharmacy they plan to attend for the flu shot. For more information, please visit networkhealth.com/flushot.

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty	Non-Formulary
Relyvrio	PA ¹				M	C
Sotyktu	PA, QL				M, C	
Sunlenca					M, C ²	
Tecvayli	PA ³				M, C	
Tzield						M, C
Filspari	PA				M, C	
Orserdu	PA ³				M, C	
Rebyota						M, C

C indicates commercial preferred drug list (PDL) status

M indicates Medicare PDL status

PA indicates that prior authorization is required

QL indicates a quantity limit

ST indicates that step therapy is required

Footnotes:

1. PA applies to Medicare
2. PA applies to Commercial for IV product – PA through CCUM
3. PA applies to Medicare and Commercial – Oncology PA through Evicore

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Amjevita 10mg/0.2ml syringe	Add 2/28 days
Amjevita 20 mg/0.4 ml syringe	Add 2 syringes/28 days
Amjevita 40 mg/0.8 ml syringe, auto-injector	Add 4 syringes/28 days
Gilenya 0.25 mg capsule	Add 30/30 days
Posaconazole 200 mg/5 ml oral suspension	Add 600 ml/30 days
Teriflunomide 7 mg tablet	Add 30/30 days
Teriflunomide 14 mg tablet	Add 30/30 days
Tezspire 210 mg/1.91 ml pen injector	Add 1/28 days
Gefitinib	Add 60/30 days
Kalydeco 13.4mg granules in packet	Add 60/30 days
Lumryz 4.5g packet	Add 30/30 days
Lumryz 6g packet	Add 30/30 days
Lumryz 7.5g packet	Add 30/30 days
Lumryz 9g packet	Add 30/30 days
Trikafta 100-50-75mg granules in packet	Add 56/28 days

Trikafta 80-40-60mg granules in packet	Add 56/28 days
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Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Amjevita 20 mg/0.4 ml syringe, 40 mg/0.8 ml syringe and autoinjector	Add 2/28 days
Berinert 500 unit kit	Add 32/28 days
Cerdelga 84 mg capsule	Update from 60/30 days to 56/fill
Cinryze 500 unit vial	Add 32/28 days
Firazyr 30 mg/3ml syringe	Add 12/28 days
Fluticasone-Salmeterol 45-21, 115-21, 230-21	Add 1/fill
Fuzeon 90 mg vial	Add 60/fill
Haegarda 2,000 unit vial	Add 24/28 days
Haegarda 3,000 unit vial	Add 16/28 days
Kalbitor 10 mg/ml vial	Add 12/28 days
Lurasidone 20 mg, 40 mg, 60 mg, 120 mg tablet	Add 30/fill
Lurasidone 80 mg tablet	Add 60/fill
Mycapssa DR 20 mg capsule	Add 56/28 days
Orladeyo 110, 150 mg capsule	Add 28/28 days
Oxbryta 300 mg tablet	Add 300/fill
Ozempic 0.25-0.5 mg/dose pen	Add 3/28 days

Qdolo 5 mg/ml solution	Add 2400/fill
Ruconest 2,100 unit/vial	Add 16/28 days
Sabril 500 mg tablet	Update from 180/30 days to 180/fill
Sabril 500 mg powder packet	Update from 180/30 days to 150/fill
Sajazir 30 mg/3ml syringe	Update 12/28 days
Sandostatin Lar Depot 20 mg kt, vial	Update 1/28 days
Takhzyro 300 mg/2 ml vial	Add 2/28 days
Teriflunomide 7 mg, 14 mg tablet	Add 30/fill
Vigadrone 500 mg powder packet	Update from 180/30 days to 150/fill
Zavesca 100 mg capsule	Update from 90/30 days to 90/fill
Gefitinib 250mg tablet	Add 30/fill
Oxbryta 300mg tablet	Change from 300/fill to 150/fill
Sandostatin LAR Depot 20mg KT	Change from 1/28 days to 2/28 days
Sandostatin LAR Depot 20mg VL	Change from 1/28 days to 2/28 days
Udenyca 6mg/0.6ml Autoinjector	Add 2/30 days

2023 Prior Authorization (PA) Updates

Policy	Change
PAR-250 Etanercept (Enbrel)	Medicare and Commercial: For Medicare uveitis policy, changing Humira to now say adalimumab, to encompass biosimilar launches.
PAR-275 Adalimumab (Humira and biosimilars)	Medicare and Commercial: Updating Medicare portion of the policy to include Amjevita at parity.
PAR-276 Anakinra (Kineret)	Medicare and Commercial: Updating criteria to incorporate adalimumab biosimilar products.
PAR-277 Certolizumab pegol (Cimzia)	Medicare and Commercial: Updating to include Amjevita as additional pre-requisite option.
PAR-284 Golimumab (Simponi)	Medicare and Commercial: Updating language to include Amjevita as an additional adalimumab pre-requisite product.
PAR-287 Tocilizumab (Actemra)	Medicare and Commercial: Updating policy to reflect the Humira biosimilar, Amjevita, is included as a pre-requisite option.
PAR-300 Abatacept (Orencia)	Medicare and Commercial: Updating to include reference to adalimumab biosimilars.
PAR-315 Tofacitinib (Xeljanz, Xeljanz XR and Xeljanz oral solution)	Medicare and Commercial: Updating to include reference to adalimumab biosimilars as pre-requisite options.
PAR-343 Aubagio (teriflunomide)	Medicare: Updating to include reference to generic, which recently came on the market.
PAR-356 Taltz (ixekizumab)	Medicare and Commercial: Updating to reference adalimumab, instead of Humira, due to launch of biosimilars.
PAR-385 Basal Insulins	Commercial: Add Rezvoglar to criteria
PAR-401 Tasimelteon (Hetlioz)	Medicare and Commercial: Updating Hetlioz wording to reference the newly available generic, tasimelteon.

PAR-402 Sarilumab (Kevzara)	Medicare and Commercial: Updating to include Amjevita, new biosimilar for Humira, as additional pre-requisite option. Updating to include new FDA-approved indication for polymyalgia rheumatica.
PAR-408 Siliq (brodalumab)	Medicare and Commercial: Updating to include adalimumab biosimilars in the criteria.
Par-413 Tremfya (Guselkumab)	Medicare and Commercial: Updating Medicare portion to reference adalimumab to account for Humira biosimilars.
PAR-448 Olumiant	Medicare and Commercial: Updating criteria to incorporate adalimumab biosimilar products.
PAR-456 Ilumya	Medicare and Commercial: Changing wording to include adalimumab biosimilar (Amjevita) as an additional pre-requisite option.
PAR-477 Continuous Glucose Monitor (CGM) – MNPA	Medicare and Commercial: Adding Medicare line of business to this policy.
PAR-499 Upadacitnib (Rinvoq)	Medicare and Commercial: Commercial ICCV update on commercial exclusions listed and include Amjevita as pre-requisite option.
PAR-587 Zeposia (ozanimod)	Medicare and Commercial: Updating to include adalimumab biosimilar as additional pre-requisite option. Xeljanz inadvertently referenced in continuation of therapy – updating to state Zeposia.
PAR-602 Livmarli (maralixibat chloride)	Medicare and Commercial: Received recent FDA update to allow for treatment in pediatrics age 3 months and up – will remove age restriction.
PAR-622 Anticonvulsant Therapy	Medicare: Removing PA from lacosamide due to price decrease. Update to clarify which products apply to open versus closed formulary.
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Removing Ukoniq (drug is obsolete). Adding in Zynyz.
PAR-645 Atypical Antipsychotics	Commercial: Adding generic lurasidone to criteria

PAR-651 Sotyktu	Medicare and Commercial: Updating to include adalimumab biosimilar as additional pre-requisite options.
PAR-658 Filspari	Medicare and Commercial: New PA
PAR-400 Sodium Oxybate Products	Medicare and Commercial: Adding in Lumryz ER to criteria
PAR-476 Firdapse (amifampridine)	Medicare and Commercial: Updating age restriction based on recent FDA update
PAR-499 Upadacitnib (Rinvoq)	Medicare and Commercial: Updating criteria to add in new FDA indication for Crohn's disease
PAR-502 Trikafta (elexacaftor/tezacaftor/ivacaftor)	Medicare and Commercial: Updating age restriction due to recent FDA update
PAR-524 Basal Insulin	Medicare: Adding in Rezvoglar to criteria
PAR-607 Qulipta (atogepant)	Medicare and Commercial: Updating indication to include chronic migraine due to recent FDA update
PAR-651 Sotyktu	Commercial: Updating commercial criteria that member must try three preferred products

2024 Prior Authorization (PA) Updates

Policy	Change
PAR-231 Epoetin alfa (Retacrit), Darbepoetin alfa (Aranesp)	Medicare: Updating to remove commercial LOB (review id done through Evicore or CCUM based on indication). Removing Epogen and Procrit (non-formulary drugs).
PAR-333 Otezla (apremilast)	Medicare and Commercial: Adding in exclusion criteria
PAR-356 Taltz (ixekizumab)	Medicare: Updating non-radiographic axial spondyloarthritis to require pre-requisite trials. Update

	related to rebate implications
PAR-395 Deutetrabenazine (Austedo)	Medicare and Commercial: Adding in pre-requisite therapy of tetrabenazine for Huntington's Chorea
PAR-409 Adempas (riociguat)	Medicare and Commercial: Adjusting criteria to be in line with other agents used for PAH
PAR-411 Opsumit (macitentan)	Medicare and Commercial: Updating criteria to align with other PAH medications
PAR-435 Nuplazid	Medicare and Commercial: Updating criteria, including changing continuation criteria to better address efficacy of product
PAR-436 Neudexta	Medicare and Commercial: Updating criteria, including diagnosis requirements
PAR-454 Galafold	Medicare and Commercial: Updating to include additional exclusion criteria
PAR-457 Takhzyro	Medicare and Commercial: Updating criteria to include pre-requisite therapy and adjusting continuation criteria
PAR-462 Auryxia	Medicare: Updating to clarify approval is for treatment of hyperphosphatemia in dialysis-dependent CKD patients
PAR-470 Tegsedi (inotersen)	Medicare and Commercial: Creating separate initial and continuation coverage criteria, including biopsy results and neuropathy-related scoring requirements
PAR-486 Sunosi (solriamfetol)	Medicare and Commercial: Updating criteria to include additional exclusion criteria and pre-requisite trial for OSA
PAR-488 Jynarque	Medicare and Commercial: Updating exclusions, adding in criteria related to continuation of therapy
PAR-509 Isturisa (osilodrostat)	Medicare and Commercial: Updating criteria to include pre-requisite trials, adjusting coverage duration and adding in criteria for continuation of therapy

PAR-534 Arikayce (amikacin sulfate liposomal with nebulizer accessories)	Medicare: Updating criteria to include MIC lab value for MAC lung disease and criteria related to continuation of therapy
PAR-547 Orladeyo (berotralstat)	Medicare and Commercial: Updating criteria to include pre-requisite therapy and adjusting continuation criteria.
PAR-573 Droxidopa	Medicare and Commercial: Updating to include fludrocortisone as additional pre-requisite therapy. Adding in criteria related to continuation of therapy.
PAR-577 Ingrezza (valbenazine)	Medicare and Commercial: Updating criteria to include additional requirements related to diagnosis. Adding in continuation of therapy criteria and updated coverage duration.
PAR-578 Haegarda	Medicare and Commercial: Updating policy to remove non-formulary medications. Updating criteria to align with other HAE prophylactic drugs.
PAR-592 Kerendia (finerenone)	Medicare and Commercial: Updating criteria to include SGLT2 as additional pre-requisite therapy. Removed continuation of therapy criteria.
PAR-597 Oxervate (cenegermin-bkbi)	Medicare and Commercial: Adding in exclusion criteria and additional items for required medical information
PAR-631 Nurtec ODT	Medicare: Updating pre-requisite therapies based on rebate considerations
PAR-634 GLP-1 Agonist	Medicare and Commercial: Updating to include exclusion criteria and extend coverage duration. Removing Adlyxin (obsolete drug).
PAR-635 Ubrelyvy	Medicare: Updating to require member to step through Nurtec ODT for rebate considerations
PAR-636 Radicava ORS (edaravone)	Medicare and Commercial: Updating criteria to add in Japan ALS severity classification grade and additional detail related to requirements for reauthorization.
PAR-639 GIP/GLP-1 Agonist	Medicare and Commercial: Updating to include exclusion criteria and extend coverage duration.

PAR-647 Reyvow	Medicare and Commercial: Adding in Medicare with step through Nurtec ODT
PAR-652 Agents for Urea Cycle Disorders	Medicare and Commercial: Adding in Ravicti, removing brand Pheburane and replacing with generic. Adding to commercial line of business in 2024.
PAR-655 Procsybi	Medicare and Commercial: New PA for 2024
PAR-657 Uptravi	Medicare and Commercial: Updating to include tablet on Medicare LOB. Updating criteria related to confirmation of diagnosis to be in line with other PAH medications.
PAR-659 Trintellix	Medicare: New PA
PAR-660 Chenodal	Medicare and Commercial: New PA
PAR-661 Tiopronin	Medicare and Commercial: New PA
PAR-662 Xermelo	Medicare: New PA
PAR-663 Ambrisentan	Medicare and Commercial: New PA
PAR-664 Orenitram	Medicare and Commercial: New PA
PAR-665 Bosentan	Medicare and Commercial: New PA
PAR-666 Ventavis	Medicare and Commercial: New PA
PAR-667 Xifaxan	Medicare and Commercial: New PA
PAR-668 Cayston	Medicare and Commercial: New PA
PAR-669 Lupron Depot	Medicare and Commercial: New PA
PAR-670 Prevymis	Medicare and Commercial: New PA
PAR-671 Deferasirox	Medicare and Commercial: New PA

PAR-672 Deferiprone	Medicare and Commercial: New PA
PAR-673 Filgrastim	Medicare: New PA
PAR-674 Regranex	Medicare and Commercial: New PA
PAR-675 Tyvaso	Medicare and Commercial: New PA
PAR-676 Cholbam	Medicare and Commercial: New PA
PAR-677 Carglumic acid	Medicare and Commercial: New PA
PAR-678 Nitisinone	Medicare and Commercial: New PA
PAR-679 Vtama	Medicare and Commercial: New PA

Contact Network Health Pharmacy Department

A pharmacist at Network Health is always available to help your office staff with any pharmacy-related questions. The pharmacist contact information is listed below.

- General pharmacist pharmacist@networkhealth.com
- Beth Coopman bcoopman@networkhealth.com
- Gary Melis gmelis@networkhealth.com
- Anna Peterson Sanders apeterso@networkhealth.com
- Ted Regalia tregalia@networkhealth.com
- Andy Wheaton awheaton@networkhealth.com
- Sarah Wilczek swilczek@networkhealth.com



Pharmacy Review

If you have questions about the 2022 pharmacy prescription benefits for Network Health members or about resources where members can learn more about patient assistance programs to help cover the cost of medications, contact Gary Melis gmelis@networkhealth.com or [920-720-1696](tel:920-720-1696). Gary is available for office visits to discuss any pharmacy-related topics with pharmacy staff.



Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at networkhealth.com/look-up-medications.

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