

The Script – May/June/July 2025

Stelera Biosimilar Update for July 2025

As new biosimilars become commercially available, Network Health is actively incorporating them into the formulary. Stelara is one of the most recent biologic medications to have a biosimilar become available and the impact on cost savings is substantial. Current utilizers of Stelara with an existing prior authorization will have the ability to fill any of the preferred formulary Stelara biosimilars without the need for additional prior authorization requests. Of note, Yesintek is FDA-approved as an interchangeable biosimilar, meaning pharmacies are allowed to substitute the biosimilar in situations where the prescription is not restricted to brand Stelara only. However, many pharmacies prefer to have a new prescription written for the biosimilar when a switch is being made. In order to keep our providers up to date, Network Health is providing an update regarding coverage for Stelara biosimilars.

Medicare

Yesintek (ustekinumab-kfce) has been added to the Medicare formulary. The 45 mg/0.5 ml strengths are tier 3 (preferred brand) and the 90 mg/ml strength is a tier 5 (specialty) medication. Medicare members are not restricted to a certain pharmacy so they can obtain it at any pharmacy willing to purchase and stock the medication. Members will need to request that their provider send in a new prescription. The cost for Yesintek is around 90% less than Stelara, which will help the member save money and assist Network Health in being able to continue to keep premiums stable and offer supplemental benefits.

Ustekinumab product	Wholesale Acquisition Cost* Per Year
Stelara	\$190,000
Yesintek	\$19,500

Commercial

For commercially covered individuals with SaveOn benefits, Stelara will be removed from SaveOn and will increase to a tier 5 (non-preferred specialty) medication on July 1, 2025. If the member has exhausted manufacturer assistance funds, the member will be responsible for the tier 5 charges. Alternatively, the biosimilars listed below will be

preferred and will be included on the SaveOn coverage beginning July 1, 2025. If appropriate, doctors may send in a new prescription for Selarsdi or Yesintek to Accredo Specialty Pharmacy.

- Selarsdi (ustekinumab-aekn)
- Yesintek (ustekinumab-kfce)

The biosimilar listed below will be preferred, however, it will not be included on the SaveOn program at this time.

- Ustekinumab-TTWE

Individual and Family Plans

Beginning on August 1, 2025, Stelara will be excluded from the formulary. The preferred Stelara biosimilar products will include Yesintek, Selarsdi, and Ustekinumab-TTWE. Members can begin switching prior to August 1 and will also receive notification regarding the change in formulary coverage prior to that date.

Members in Southeast Wisconsin can obtain the preferred biosimilars at Froedtert Specialty Pharmacy (Phone: 414-805-5690, Fax: 414-805-6513). Members in Northeast Wisconsin are directed to use Accredo Specialty Pharmacy (Phone: 800-803-2523, Fax: 800-391-9707).

New Delivery Pharmacy for GLPs

EnReachRx is the new Evernorth/Express Scripts program developed to provide high-touch patient support for members on GLP-1 (Glucagon-like peptide-1) prescriptions. Support includes access to a pharmacist, assistance with dose management and long-term supplies and offers extended payment plans and refill reminders. This program applies to Commercial and Healthcare Exchange lines of business.

On June 15, 2025, EnGuide Pharmacy debuted as the new Express Scripts home delivery pharmacy exclusively for GLP-1 medications. EnGuide Pharmacy will offer patient support services that are similar to the EnReachRx program. All existing patients who are currently filling their GLP-1 prescriptions at Express Scripts Home Delivery have been automatically transitioned to EnGuide Pharmacy. Members can simply contact EnGuide Pharmacy to obtain a refill of their GLP-1 prescription. When members get their first bills through EnGuide pharmacy, they will include a full welcome kit explaining all of the available resources to them.

Express Scripts sent letters to members who received GLP-1 medications at Express Scripts Home Delivery within the last 180 days to notify them of this change. Instructions on how to obtain a refill through EnGuide Pharmacy were provided with this letter

Additionally, Express Scripts call center staff have been fully trained and are aware of the EnGuide Pharmacy and EnReachRX program, meaning members can call and expect to have their requests understood and routed appropriately.

Updated SaveOn List for July 1st.

An updated SaveOnSP list went live on July 1. Providers can [access the document here](#). As a reminder, the SaveOnSP program allows for \$0 cost share for applicable drugs and applies to Commercial self-insured/Assure and Large Group. It does not apply to Medicare, Healthcare Exchange, small group ACA, or fully insured groups sized 1-50. Those groups would include small group transitional and transitional Individual and Family Plans (IFP).

Pharmacy and Therapeutic Changes for May and July 2025

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	
Alyftrek	M, C ¹				
Attruby	M, C ¹				
Crenessity	M, C ¹				
Vyalev	M ²				
Niktimvo	M ²				
Ryonicil	M ²				

Tryngolza	M, C ¹			
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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. Non-Formulary for Medicare and Commercial
2. Non-Formulary for Medicare
3. PA through CCUM for Commercial

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Abirtega 250 mg tablet	Add 120/30 days
Evryydi 5 mg tablet	Add 30/30 days
OmvoH 300 mg/3 ml pen injector	Add 3 ml/28 days
OmvoH 300 mg/3 ml syringe	Add 3 ml/28 days
Raldesy 10 mg/ml oral solution	Add 1200 ml/30 days
Revuforj 25 mg tablet	Add 240/30 days
Romvimza 14 mg, 20 mg, 30 mg capsule	Add 60/30 days
Rybelsus 1.5 mg tablet	Add 30/30 days
Rybelsus 4 mg tablet	Add 30/30 days
Rybelsus 9 mg tablet	Add 30/30 days
Simlandi(CF) 80 mg/0.8 ml autoinjector	Add 2 autoinjectors/28 days

Tremfya pen 100 mg/ml pen injector	Add 2 ml/28 days
Tremfya pen induction PK-Crohn	Add 4 ml/28 days
Xpovio 40 mg/week tablet	Add 16/28 days
Yesintek 45 mg/0.5 ml syringe, vial	Add 0.5 ml/28 days
Yesintek 90 mg/1 ml syringe	Add 1 ml/28 days
Avmapki-Fakzynja 0.8-200 mg combination package	Add 66/28 days
Eltrombopag 12.5 mg suspension packet	Add 360/30 days
Eltrombopag 12.5 mg tablet	Add 30/30 days
Eltrombopag 25 mg suspension packet	Add 180/30 days
Eltrombopag 25 mg tablet	Add 30/30 days
Eltrombopag 50 mg tablet	Add 60/30 days
Eltrombopag 75 mg tablet	Add 60/30 days
Eslicarbazepine 200 mg tablet	Add 30/30 days
Eslicarbazepine 400 mg tablet	Add 30/30 days
Eslicarbazepine 600 mg tablet	Add 60/30 days
Eslicarbazepine 700 mg tablet	Add 60/30 days
Paxlovid 300/150-100 mg (severe)	Add 11/90 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Adalimumab-adaz(CF) 10 mg/0.1 ml syringe	2 syringes/28 days

Adalimumab-adaz(CF) pen 80 mg	2 pens/28 days
Abirtega 250 mg tablet	120 tablets/fill
Evrysdi 5 mg tablet	30 tablets/30 days
Evrysdi 60 mg/80 ml oral solution	Change from 2480 ml/360 days to 240 ml/30 days
Ilaris 150 mg/1 ml prefilled syringe	2 vials/28 days
Imicvree 10 mg/1 ml vial	Change from 6 ml/30 days to 9 ml/30 days
Octreotide acetate ER 10 mg IM vial	1 vial/28 days
OmvoH 300 mg dose – 2 pens	1 carton/28 days
OmvoH 300 mg dose – 2 syringes	1 carton/28 days
Rybelsus 1.5 mg, 4 mg, 9 mg tablet	30 tablets/30 days
Selarsdi 45 mg/0.5 ml syringe	1 syringe/84 days

Selarsdi 90 mg/ml syringe	1 syringe/56 days
Simlandi(CF) 20 mg/0.2 ml syringe	2 syringes/28 days
Simlandi 80 mg/0.8 ml syringe	2 syringes/28 days
Simlandi AI 80 mg/0.8 ml	2 auto-injectors/28 days
Tremfya 200 mg/2 ml pen induction pack	1 pen/28 days
Ustekinumab-ttwe 45 mg/0.5 ml syringe	1 syringe/84 days
Ustekinumab-ttwe 90 mg/ml syringe	1 syringe/56 days
Vigafyde 100 mg/150 ml oral solution	750 ml/fill
Yesintek 45 mg/0.5 ml vial	1 vial/84 days
Yesintek 45 mg/0.5 ml syringe	1 syringe/84 days

Yesintek 90 mg/ml syringe	1 syringe/56 days
Amnesteem 30 mg capsule	Add 60 capsules/30
Etrombopag 12.5 mg suspension packet	Add 30 packets/30 days
Eltrombopag 12.5 mg tablet	Add 30 tablets/30 days
Eltrombopag 25 mg suspension packet	Add 30 packets/30 days
Eltrombopag 25 mg tablet	Add 30 tablets/30 days
Eltrombopag 50 mg tablet	Add 60 tablets/30 days
Eltrombopag 75 mg tablet	Add 60 tablets/30 days
Exenatide 10 mcg dose pen injector	Add 2.4 ml/30 days
Nilotinib 150 mg capsule	Add 112 capsules/fill

Nilotinib 200 mg capsule	Add 112 capsules/fill
Nilotinib 50 mg capsule	Add 120 capsules/fill
Romvimza 14 mg capsule	Add 8 capsules/fill
Tremfya 100 mg/ml pen	Add 1 pen/56 days
Tremfya 200 mg/2 ml pen induction pack	Change from 1 pen/28 days to 3 pack/365 days
Zunveyl DR 5 mg, 10 mg, 15 mg tablet	Add 60 tablets/30 days

2025 Prior Authorization Updates

Policy	Change
FCR PAR-103 Non-Formulary: Zepbound	Commercial and Medicare – Updated requirement for sleep study showing AHI>15 while using CPAP must be completed within the last year; added requirement to try formulary alternatives modafinil/armodafinil

FCR PAR-113 Non-Formulary: Ongentys	Commercial and Medicare - New non-formulary policy
FCR PAR-114 Non-Formulary: Gemtesa	Commercial and Medicare - New non-formulary policy ²⁵ New non-formulary criteria
FCR PAR-115 Non-Formulary: Praluent	Commercial and Medicare – New non-formulary policy
FCR PAR-116 Uptravi	Commercial and Medicare – New non-formulary policy
FCR PAR-117 Attruby	Commercial and Medicare – New non-formulary policy
FCR PAR-118 Crenessity	Commercial and Medicare – New non-formulary policy
FCR PAR-119 Fosfomicin	Commercial and Medicare – New non-formulary policy
FCR PAR-120 Non-Formulary: Ohtuvayre	Commercial and Medicare – New non-formulary policy
FCR PAR-109 Non-Formulary: Tyvaso	Commercial & Medicare: Updated to add step through all formulary alternatives for PAH

FCR PAR-112 Orenitram	Commercial & Medicare: Updated to add step through all formulary alternatives for PAH
FCR PAR-116 Uptravi	Commercial & Medicare: Updated to add step through all formulary alternatives for PAH
FCR PAR-123 Non- Formulary: Apokyn	Commercial & Medicare: New FCR Policy
PAR-250 Etanercept (Enbrel)	Medicare – Updated psoriasis, RA and AS criteria to have less stringent documentation requirements; Extended continuation duration to 3 years
PAR-275 Adalimumab (Humira and biosimilars)	Medicare: Updating per CMS review to remove pre-requisite therapies from psoriatic arthritis and Crohn’s disease. Updated psoriasis, RA and AS criteria to have less stringent documentation requirements; Extended continuation duration to 3 years
PAR-277 Certolizumab pegol (Cimzia)	<ul style="list-style-type: none"> • Commercial: Updating to align with ESI’s ICCV criteria changes. • Medicare: Adding in preferred Stelara products.

<p>PAR-284 Golimumab (Simponi)</p>	<ul style="list-style-type: none"> • Commercial: Updating to align with ESI's ICCV criteria changes. • Medicare: Updating to include preferred Stelara products.
<p>PAR-286 Ustekinumab (Stelara)</p>	<ul style="list-style-type: none"> • Medicare: Updated psoriasis criteria to have less stringent documentation requirements; Extended continuation duration to 3 years. Adding in preferred Stelara products. • Commercial: Updating non-preferred products and accompanying exception criteria to align with ESI's ICCV changes.
<p>PAR-315 Tofacitinib (Xeljanz, Xeljanz XR and Xeljanz oral solution)</p>	<p>Medicare: Updated RA and AS criteria to have less stringent documentation requirements; Extended continuation duration to 3 years</p>
<p>PAR-333 Otezla (apremilast)</p>	<p>Medicare: Updated psoriasis criteria to have less stringent documentation requirements; Extended continuation duration to 3 years</p>
<p>PAR-338 Cosentyx</p>	<ul style="list-style-type: none"> • Medicare: Updated psoriasis and AS criteria to have less stringent

	<p>documentation requirements; Extended continuation duration to 3 years.</p> <ul style="list-style-type: none"> Commercial: Updating to align with ESI's ICCV criteria changes.
PAR-408 Siliq (brodalumab)	<ul style="list-style-type: none"> Commercial: Updating to align with ESI's ICCV criteria updates. Medicare: Adding in preferred Stelara products.
PAR-413 Tremfya (Guselkumab)	Medicare: New indication for treatment of moderate to severe Crohn's disease. Added in Stelara biosimilar language.
PAR-416 Dupixent (dupilumab)	Commercial and Medicare - New indication for chronic spontaneous urticaria
PAR-445 Aimovig	Medicare - Updating criteria to allow for automation
PAR-456 Ilumya	Medicare - Updating to remove commercial criteria, since this is handled by CCUM. Updating to add in preferred Stelara products.
PAR-483 Risankizumab (Skyrizi)	Medicare: Updated psoriasis criteria to have less stringent documentation requirements; Extended continuation duration to 3 years

<p>PAR-499 Upadacitnib (Rinvoq)</p>	<ul style="list-style-type: none"> • Medicare: Updated RA and AS criteria to have less stringent documentation requirements; Extended continuation duration to 3 years • Commercial: Updated criteria to align with ESI's ICCV criteria changes.
<p>PAR-526 Emgality (galcanezumab-gnlm)</p>	<p>Medicare - Updating criteria to allow for automation</p>
<p>PAR-527 Ajovy (fremanezumab-vfrm)</p>	<p>Medicare - Updating criteria to allow for automation</p>
<p>PAR-535 Nexletol (bempedoic acid), Nexlizet (bempedoic acid/ezetimibe)</p>	<p>Commercial and Medicare – Increased approval duration from 1 to 3 years</p>
<p>PAR-543 Evrysdi</p>	<p>Commercial and Medicare - Updating coverage duration following CMS' review, finding current duration overly burdensome</p>
<p>PAR-563 Jakafi (ruxolitinib)</p>	<p>Commercial and Medicare - Updating to include commercial line of business</p>
<p>PAR-587 Zeposia (ozanimod)</p>	<p>Medicare: Updated Medicare approval duration from 1 to 3 years. Commercial: Updating to align with ESI's ICCV criteria.</p>

PAR-630 Oncology Products Reviewed by Evicore	Medicare: Added Abirtega, Gomekli, Ivra, Revuforj and Romvimza
PAR-631 Nurtec ODT	Medicare: Updating criteria to allow for automation
PAR-651 Sotyktu	Medicare: Updating to include preferred Stelara products.
PAR-663 Ambrisentan	Commercial and Medicare - Update approval duration from 1 to lifetime
PAR-665 Bosentan	Commercial and Medicare - Update approval duration from 1 to lifetime
PAR-670 Prevymis	Commercial and Medicare - Extending coverage duration to 7 months. Drug is continued through day 200 post-transplant
PAR-679 Vtama	Commercial and Medicare - Adding new indication for atopic dermatitis. Updating plaque psoriasis to include additional crucial body areas per CMS' review.
PAR-689 Entyvio SC	Commercial: Updating to align with ESI's ICCV criteria changes. Medicare: Updating to include Stelara preferred products.
PAR-691 Omvoh (mirikizumab-mrkz subcutaneous)	Medicare: Updating to include preferred Stelara products.

PAR-692 Velsipity (etrasimod tablet)	Medicare: Updating to include preferred Stelara products.
PAR-693 Bimzelx (bimekizumab-bkxz)	<ul style="list-style-type: none"> • Commercial: Updating to align with ESI's ICCV criteria changes. • Medicare: Updating to include Stelara preferred products.
PAR-717 Ryoncil	Commercial, Medicare and HIX – New Policy
PAR-718 Amvuttra	Commercial, Medicare and HIX – New Policy
PAR-250 Etanercept (Enbrel)	Commercial & Medicare: Updated FDA-approved dosing requirement to allow medically accepted dosing for off-label indications
PAR-275 Adalimumab (Humira and biosimilars)	<ul style="list-style-type: none"> • Medicare: Removed pre-requisite therapy requirement for ulcerative colitis per CMS kickout • Commercial: Updated to align with ESI ICCV criteria, Humira requires step through all preferred products
PAR-277 Certolizumab pegol (Cimzia)	Commercial & Medicare: Removed disease severity requirement for psoriatic arthritis per CMS kickout

<p>PAR-286 Ustekinumab (Stelara)</p>	<ul style="list-style-type: none"> • Medicare: PsA: Removed disease severity requirement per CMS kickoff. UC: Removed pre-requisite therapy requirement per CMS kickoff • Commercial: updated non-preferred products
<p>PAR-300 Abatacept (Orencia)</p>	<p>Medicare: Removing pre-requisite therapy requirement for psoriatic arthritis per CMS kickoff</p>
<p>PAR-316 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</p>	<p>Commercial: Adding non-preferred sitagliptin-metformin ER to prior authorization</p>
<p>PAR-333 Otezla (apremilast)</p>	<p>Medicare: PP: removing BSA 3% or greater option to meet documentation requirement per CMS kickoff. PsA: removed disease severity and pre-requisite therapy duration requirements</p>
<p>PAR-338 Cosentyx</p>	<p>Medicare: Removed disease severity requirement for psoriatic arthritis per CMS kickoff</p>
<p>PAR-353 Mepolizumab recombinant (Nucala)</p>	<p>Commercial & Medicare: Adding in criteria for new indication of COPD</p>

PAR-392 Exenatide/Bydureon (Commercial)	Commercial: Updating to remove Byetta (non-formulary) and add in its generic, exenatide
PAR-445 Aimovig	Medicare: Removed pre-requisite therapy requirement for chronic migraine per CMS kickoff
PAR-463 Calcitonin Gene-Related Peptide (CFRP) Receptor Antagonists	Commercial: Updating to allow for automation
PAR-483 Risankizumab (Skyrizi)	Medicare: PsA: Removed disease severity requirement per CMS kickoff. UC: Removed pre-requisite therapy requirement per CMS kickoff
PAR-499 Upadacitnib (Rinvoq)	<ul style="list-style-type: none"> • Medicare: Removed disease severity requirement for psoriatic arthritis per CMS kickoff. Addition of criteria for giant cell arteritis. • Commercial: Removed COVID 19 from exclusions to align with ESI ICCV criteria
PAR-509 Isturisa (osilodrostat)	Commercial & Medicare: Updated FDA indication for endogenous hypercortisolemia in adults with Cushing's

	syndrome instead of Cushing's disease
PAR-526 Emgality (galcanezumab-gnlm)	Medicare: Removed pre-requisite therapy requirement for chronic migraine per CMS kickout
PAR-527 Ajovy (fremanezumab-yfrm)	Medicare: Removed pre-requisite therapy requirement for chronic migraine per CMS kickout
PAR-622 Anticonvulsant Therapy	Medicare: Updating to include generic Aptiom and generic Fycompa in drugs to which policy applies.
PAR-630 Oncology Products Reviewed by Evicore	<ul style="list-style-type: none"> • Medicare: Adding new drugs Avmapki-Fakzynja and Emrelis to PA.
PAR-631 Nurtec ODT	<ul style="list-style-type: none"> • Medicare: Acute: Added intolerance to triptans as option per CMS kickout. Chronic migraine: removed pre-requisite medication requirement per CMS kickout • Commercial: Updating to allow for automation.
PAR-643 Anticonvulsant Therapy	Commercial: Updating to include generic Aptiom and generic Fycompa, which were recently brought to market.

PAR-645 Atypical Antipsychotics	Commercial: Removing lurasidone from requiring prior authorization and listed in a preferred product due to significant cost decrease.
PAR-673 Filgrastim	Medicare: added new FDA approved indication
PAR-712 Kisunla	Medicare: Updating criteria to allow diagnosis confirmation with cerebral spinal fluid as additional pathway to approval. Moved alcohol/drug use disorder criteria to exclusions. Included items for required medical information.

2026 Prior Authorization Updates

Policy	Change
PAR-250 Etanercept (Enbrel)	Medicare 1.1.2026: Updating to require step through preferred adalimumab products. Updated FDA-approved dosing requirement to allow medically accepted dosing for off-label indications

<p>PAR-274 A Sildenafil (Revatio), Tadalafil (Adcirca)</p>	<p>Commercial & Medicare: 2026: Adding documentation requirement to confirm diagnosis of PAH. Adding off-label indication for Treatment of Raynaud's Phenomenon</p>
<p>PAR-276 Anakinra (Kineret)</p>	<ul style="list-style-type: none"> • Medicare: Updating for 2026 to include preferred Humira biosimilars. Aligning RA criteria with other ICCV policies. Removing off-label indication of SJIA. • Commercial: Removed COVID-19 from other uses with supporting evidence to align with ESI ICCV criteria

	<ul style="list-style-type: none"> •
<p>PAR-286 Ustekinumab (Stelara)</p>	<ul style="list-style-type: none"> • Medicare 1.1.2026: Update to require step through biosimilar Yesintek. PsA: Removed disease severity requirement per CMS kickout. UC: Added age restriction. Removed pre-requisite therapy requirement per CMS kickout • Commercial: updated non-preferred products •
<p>PAR-287 Tocilizumab (Actemra & Tyenne)</p>	<ul style="list-style-type: none"> • Medicare 2026: CMS required

	<p>keeping on formulary. Removed Orenzia as pref alt for RA and pJIA. Updated RA diagnosis criteria to align with other policies. Added in preferred adalimumab products.</p> <ul style="list-style-type: none"> Commercial: Removed COVID from exclusions to align with ESI ICCV criteria
<p>PAR-290 Topical Retinoid Products</p>	<p>Medicare 2026: Updated products to reflect formulary. Adding step through generic topical retinoid for Aklief</p>
<p>PAR-302 Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor), Trikafta (elexacaftor/tezacaftor/ivacaftor)</p>	<p>Commercial & Medicare: 2026: Adding Trikafta to this policy to have one policy with consistent criteria.</p>

	(This will replace PAR_502)
PAR-317 Insulin	Medicare 1.1.2026: Update to include insulin lispro products as additional preferred product.
PAR-342 High Risk Medication – NSAIDs (Indomethacin)	Medicare 1.1.2026: Retiring policy due to high volume of PA approvals and appeal overturns.
PAR-343 Teriflunomide	Medicare 1.1.2026: Retiring Policy
PAR-353 Mepolizumab recombinant (Nucala)	Commercial & Medicare: 2026: Aligning EGPA criteria with clinical trial and Fasra EGPA criteria
PAR-370 SGLT-2 Inhibitors	Medicare: For 2026: Updating preferred product strategy based on CMS negotiated drugs and rebate strategy.
PAR-409 Adempas (riociguat)	Medicare 2026 Updates: Adding step through generics for PAH and additional

	diagnostic parameters for CTEPH diagnosis.
PAR-416 Dupixent (dupilumab)	<ul style="list-style-type: none"> • Medicare 2026: Updated exclusion criteria to include new products used for AD. Updated AD criteria to require topicals only for pre-requisite therapy • Commercial: added new indication CSU to align with ESI ICCV criteria
PAR-518 Imbruvica (ibrutinib)	Medicare: For 1.1.2026: Updating criteria. All oncology indications will be reviewed by Evicore with NCCN guidelines. Graft versus host disease criteria remains the

	same and is reviewed by ESI.
PAR-524 Basal Insulin	Medicare: For 2026: Updated products requiring prior authorization. Adjusted criteria to avoid redundancy in asking about adverse reaction twice.
PAR-569 Parathyroid Hormone Agents-Osteoporosis (teriparatide, Forteo)	Medicare: 2026: Added max 2 year duration of therapy to align with package insert
PAR-582 DPP-4 Therapy (alogliptin, alogliptin/metformin, alogliptin/pioglitazone)	Medicare: For 1.1.2026: Updating to include Januvia's authorized generic, sitagliptin, as preferred product due to CMS negotiated drug regulations.
PAR-607 Qulipta (atogepant)	<ul style="list-style-type: none"> Medicare 1.1.2026: Updating preventative treatment to remove reference to Ajovy, which will be a non-

	<p>formulary medication.</p> <ul style="list-style-type: none"> • Medicare and Commercial 1.1.2026: Converging episodic and chronic migraine into one set of criteria. Removing step through non-CGRP medications to align with treatment guidelines
PAR-622 Anticonvulsant Therapy	Medicare: For 2026: Updating to clarify pre-requisite options and drugs to which policy applies.
PAR-630 Oncology Products Reviewed by Evicore	Medicare: For Medicare 1.1.2025: Adding additional oncology products onto PA.
PAR-632 Intravenous Immune Globulin	Medicare: Updated to reflect 2026 formulary

PAR-634 GLP-1 Agonist	Commercial & Medicare: Updating to reflect 2026 formulary
PAR-641 Alpha 1 Proteinase Inhibitors	Medicare 2026: Updating criteria to align with CCUM criteria
PAR-703 Verzenio	Medicare: For 2026: Updating to include early breast cancer with preferred product of Kisqali.
PAR-706 Alosetron (generic Lotronex)	For Medicare and Commercial 1.1.2026: Adding adult age restriction to align with FDA label/ESI criteria
PAR-715 Cobenfy (xanomeline and tropium chloride)	Medicare: For 2026: Updating that intolerance, hypersensitivity and/or contraindication also include Caplyta as pre-requisite.
PAR-719 Brukinsa (Zanubrutinib)	Medicare: For 2026: New Medicare preferred product strategy.

PAR-720 Increlex (mecasermin)	Commercial & Medicare: For 2026: New policy
PAR-722 Jynarque	Medicare 2026: CMS required adding to formulary, new policy
PAR-723 Zoryve (roflumilast)	Medicare 2026: CMS required adding to formulary, new policy
PAR-724 Revcovi (elapegademase-lylr)	Medicare 2026: CMS required adding to formulary, new policy
PAR-725 Rezdriffa	Medicare 2026: CMS required adding to formulary, new policy
PAR-726 Cresemba (isavuconazole) capsules	Medicare 2026: CMS required adding to formulary, new policy
PAR-727 Wakix (pitolisant)	Medicare 2026: CMS required adding to formulary, new policy
PAR-728 Voquezna (vonoprazan)	Medicare 2026: CMS required adding to formulary, new policy
PAR-729 Uptravi	Medicare 2026: CMS required

	adding to formulary, new policy
PAR-730 Winrevair	Medicare 2026: CMS required adding to formulary, new policy

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
- Jack Kumbalek jakumbal@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



Preferred Drug List

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

If you have questions about the 2024 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.