

July/August 2024



Inflation Reduction Act Impact in 2025

Due to the Inflation Reduction Act (IRA), Medicare will undergo an unprecedented change as we head into 2025, adding a higher cost burden onto the Health Plans as they are responsible for bearing a heavier cost burden compared to previous years and to what drug manufacturers and the Center for Medicare and Medicaid Services (CMS) will be expected to contribute. These changes are expected to impact the strategy of not only Network Health, but also of Part D Plans. Due to these headwinds, we are going to see a nationwide change in formulary structure and benefits, some of which may include increasing tier placement on medications, removing high-cost medications from the formulary, adding deductibles to additional tiers, increasing co-pays, co-insurance, deductibles and/or premiums. These formulary and benefit updates are in an effort to contain overall healthcare costs. As a reminder for what benefits members can expect from the IRA going into 2025, there will be the introduction of a maximum out-of-pocket set at \$2000, the coverage gap (also known as the “donut hole”) will be going away, insulin will remain at \$35, and adult ACIP-recommended vaccines at \$0.

GLP-1 Weight Loss Medications: Wegovy® (semaglutide) Update

Wegovy has recently received a Medicare-eligible indication following the Food and Drug Administration (FDA) expanded indication to reduce the risk of cardiovascular events.

Wegovy is now approved to prevent cardiovascular events in adults with established cardiovascular disease and who are overweight or obese when used in combination with a reduced calorie diet and increased physical activity. The approval is based on a study that looked at patients who had had a prior heart attack (also referred to as myocardial infarction [MI]), stroke or established peripheral arterial disease and who also had a Body Mass Index (BMI) of 27 kg/m² or over.

Wegovy is a tier 5 (specialty tier) medication and requires prior authorization before coverage. Prior authorization requirements will mirror the approval study and will include having the established cardiovascular disease (prior MI, stroke or established peripheral arterial disease) and a BMI of 27 kg/m² or over. The cost of Wegovy is \$1300 per 28-day supply and Medicare Part D members will hit the coverage gap after 4 or less fills depending on their other medications. In the coverage gap, members pay 25 percent of the medication cost, which may be over \$300 per month. There does not appear to be any patient assistance programs for Medicare members currently to help with cost.

Change to Express Scripts Mail Order Service

Network Health has been informed that Express Scripts (ESI) mail order service will no longer fill/dispense prescriptions written for less than a 35-day supply.

The initial change was effective on March 1, 2024, and impacts our Commercial and ACA IFP members. Medicare is NOT impacted. Retail pharmacies are also not impacted.

ESI will be notifying any Network Health members that are currently receiving prescriptions from their mail order service that are less than a 35-day supply. This will be done via email for those who have an email on file with Express Scripts, or via mail for those who do not have an email on file.

There are some drug classes that ESI will continue to fill for less than a 35-day supply. ESI indicated: These categories are limited to drug classes where consolidation or a longer day supply is not appropriate, such as state and federally controlled drugs, over-the-counter medications, diabetic supplies and a limited number of other drug exceptions. Providers with impacted members should have updated prescriptions sent to ESI mail order requesting a 90- or 100-day supply. As a reminder, a 100-day supply is available for tier 1 medications at both retail and mail order; copayment remains the same as if the member were getting a 90-day supply.

Pharmacy and Therapeutic Changes for July/August 2024

New Drug Additions

Agamree ¹					
Entyvio	PA, QLL				M
Fabhalta ¹					
OmvoH 100mg pen	PA, QLL				M
OmvoH 300mg vial	PA ³				C
Rivfloza	PA ³				C

Velsipity	PA, QLL				M,
Zurzuvae	PA, QLL				M,
Eohilia ¹					
Ixchiq		M ⁴	C		
Wainua	PA ³				C ²
Zilbrysq ¹					
Zymfentra	PA, QLL			C ²	

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
4. IRA Vaccine, \$0

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Alvaiz 9 mg, 18 mg, 36 mg, 54 mg tablet	Add 30/30 day
Fruzaqla 1mg capsule	Change from 21/28 days
Omnipod 5 G6-G7 Intro Kit	Add 1/720 days
OmvoH 100mg/ml pen	Add 2/28 days
Velsipity 2mg tablet	Add 30/30 days
Xolair 150 mg/ml, 300 mg/2 ml auto-injector	Add 8 ml/28 days
Xolair 75 mg/0.5 ml auto-injector	Add 1 ml/28 days
Ingrezza Sprinkle 40mg, 60mg, 80mg capsule	Add 30/30 days
Ogsiveo 100mg, 150mg tablet	Add 60/30 days
OmvoH 100mg/ml syringe	Add 2/28 days
Xcopri 25mg tablet	Add 30/30 days

Medicare Quantity Level Limit Exception Criteria

OmvoH 100 mg/ml pen - NHP Medicare QL 2 per 28 days	Do not override this quant
Velsipity 2 mg tablet - NHP Medicare QL 30 per 30 days	Do not override this quant

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
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Ajovy 225mg/1.5ml autoinject	Change from 3/90 days to 1
Eohilia 2mg/10ml stick pack	Add 180 per 180 days, 60/fi
Mifepristone 300mg tablet	Add 120/30 days
OmvoH 100 mg/ml pen injector	Add 2/28 days
Udenyca 6mg/0.6ml Onbody	Add 2 syringes/30 days
Xolair 150mg/ml syringe	Change from 4/28 days to 2
Xolair 150mg/ml autoinjector	Add 2/28 days
Xolair 300mg/2ml autoinjector, syringe	Add 2/28 days
Xolair 75mg/05ml autoinjector	Add 2/28 days

Adalimumab-ADBΜ(CF) Pen 40 mg	Add 2/28 days
Adalimumab-ADBΜ(CF) 40 mg syringe	Add 2/28 days
Adalimumab-ADBΜ(CF) 10 mg syringe	Add 2/28 days
Adalimumab-ADBΜ(CF) 20 mg syringe	Add 2/28 days
Adalimumab-ADBΜ(CF) PS-UV 40 mg	Add 4/365 days
Adalimumab-ADBΜ(CF) CRHN 40 mg	Add 6/365 days
Adalimumab-ADBΜ(CF) 40 mg syringe	Add 2/28 days
Adalimumab-ADBΜ(CF) 10 mg syringe	Add 2/28 days
Adalimumab-ADBΜ(CF) 20 mg syringe	Add 2/28 days

Cyltezo(CF) pen 40 mg/0.8 ml	Add 2/28 days
Cyltezo(CF) 20 mg/0.4 ml syringe	Add 2/28 days
Cyltezo(CF) 40 mg/0.8 ml syringe	Add 2/28 days
Cyltezo(CF) Pen Psoria-UV 40 mg	Add 4/365 days
Cyltezo(CF) Pen CRH-UC-HS 40 mg	Add 6/365 days
Dayvigo 5 mg, 10 mg tablet	Add 30/fill
Hyrimoz(CF) 10 mg/0.1 ml syringe	Add 2/28 days
Hyrimoz(CF) Pedi Crohn 80 mg	Add 3/365 days
Hyrimoz(CF) Pedi Crohn 80-40 mg	Add 2/365 days

Hyrimoz(CF) Pen 80 mg/0.8 ml	Add 2/28 days
Hyrimoz(CF) Pen Crohn-UC 80 mg	Add 3/365 days
Hyrimoz(CF) Pen Psoriasis 80-40 mg	Add 3/365 days
Hyrimoz(CF) 40 mg/0.4 ml syringe	Add 2/28 days
Hyrimoz(CF) Pen 40 mg/0.4 ml	Add 2/28 days
Hyrimoz(CF) 20 mg/0.2 ml syringe	Add 2/28 days
Quiviviq 25 mg, 50 mg tablet	Add 30/fill
Upravi 200-800 titration pack	Change from 1/fill to 200/30

Prior Authorization (PA) Updates

Policy	Change
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PAR-250 Etanercept (Enbrel)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to reflect ESI's current ICCV criteria.
PAR-275 Adalimumab (Humira and biosimilars)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standi
PAR-276 Anakinra (Kineret)	Commercial and Medicare: Updating to reflect preferred adalimumab products.
PAR-277 Certolizumab pegol (Cimzia)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standi
PAR-284 Golimumab (Simponi)	Commercial and Medicare: Updating to reflect preferred adalimumab products.
PAR-286 Ustekinumab (Stelara)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standi
PAR-287 Tocilizumab (Actemra)	Commercial and Medicare: Updating to reflect preferred adalimumab products.
PAR-316 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Commercial: Adding in newly released authorized generic sitagliptin as non-preferred agent.
PAR-356 Taltz (ixekizumab)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standi
PAR-402 Sarilumab (Kevzara)	Updating Medicare criteria to reflect preferred adalimumab products. Updating Commercial criteria to reflect ICCV criteria.
PAR-408 Siliq (brodalumab)	Commercial and Medicare: Updating to reflect preferred adalimumab products.
PAR-413 Tremfya (Guselkumab)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standi

PAR-448 Olumiant	Commercial and Medicare: Updating to reflect adalimumab products.
PAR-456 Ilumya	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standard.
PAR-483 Risankizumab (Skyrizi)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standard.
PAR-587 Zeposia (ozanimod)	Commercial and Medicare: Updating to reflect adalimumab products.
PAR-623 Atypical Antipsychotics	Medicare: Updating to remove lurasidone as qu... in cost, have moved to lower tier and removed F...
PAR-651 Sotyktu	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standard.
PAR-689 Entyvio SC	Commercial and Medicare: Updating to reflect adalimumab products.
PAR-691 Omvoh (mirikizumab-mrkz subcutaneous)	Commercial and Medicare: Updating to reflect adalimumab products.
PAR-692 Velsipity (estrasimod tablet)	Commercial and Medicare: Updating to reflect adalimumab products.
PAR-693 Bimzelx (bimekizumab-bkxz)	Medicare: Updating to reflect preferred adalimumab products. Commercial: Updating to align with ESI's standard.
PAR-700 Wegovy	Commercial and Medicare: New PA
PAR-701 Filsuvez	Commercial and Medicare: New PA
PAR-250 Etanercept (Enbrel)	Medicare and Commercial: Medicare: Updating Simlandi

PAR-267 Omalizumab (Xolair)	Medicare and Commercial: Adding in coverage expanded indication for the reduction of IgE-mediated allergies.
PAR-275 Adalimumab (Humira and biosimilars)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimumab product. Commercial: Updating to align with ESI's ICCV criteria.
PAR-276 Anakinra (Kineret)	Medicare and Commercial: Medicare: Adding S as an additional preferred product. Commercial: Updating criteria to align with ESI's ICCV criteria.
PAR-277 Certolizumab pegol (Cimzia)	Medicare: Updating to include Simlandi as an additional preferred adalimumab product. Commercial: Updating criteria to align with ESI's ICCV criteria.
PAR-283_A Eltrombopag (Promacta, Alvaiz)	Medicare and Commercial: Updating to include Alvaiz, and updating language to reference "elrombopag" rather than specific branded medication. Adding in off-inpatient coverage for thrombocytopenia following allogeneic transplant. Adding in coverage for thrombocytopenia following allogeneic transplant on NCCN guidelines.
PAR-284 Golimumab (Simponi)	Medicare and Commercial: Medicare: Updating to include Simlandi as an additional preferred adalimumab product, Simlandi. Commercial: Updating criteria to align with ESI's ICCV criteria.
PAR-286 Ustekinumab (Stelara)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimumab product.
PAR-287 Tocilizumab (Actemra)	Medicare and Commercial: For Medicare: Adding in coverage for additional preferred product. Add Rinvoq as additional preferred product. Add Rinvoq as additional preferred product for PIJA. For Commercial: Updating to align with ESI's ICCV criteria.
PAR-352 Excluded/Non-Formulary Drugs-Medicare	Medicare: Updating criteria to require all formulary drugs to be tried and failed, not be as effective or likely to cause harm to patient (previous, drug limit set at 2). Updating criteria to align with regulations (42 CFR §423.578 – Exceptions)

PAR-356 Taltz (ixekizumab)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimumab product.
PAR-402 Sarilumab (Kevzara)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimumab product.
PAR-408 Siliq (brodalumab)	Medicare and Commercial: Medicare: Updating adalimumabs to include Simlandi. Commercial to align with ESI's ICCV criteria.
PAR-413 Tremfya (Guselkumab)	Medicare and Commercial: Medicare; Updating Simlandi as an additional preferred adalimumab product.
PAR-426 Benralizumab (Fasenra)	Medicare and Commercial: Adjusting age restriction of age or older based on labeling update.
PAR-448 Olumiant	Medicare and Commercial: Medicare: Adding in additional preferred adalimumab product.
PAR-456 Ilumya	Medicare and Commercial: Medicare: Updating Simlandi as a preferred adalimumab product. Commercial: Updating criteria to align with ESI's ICCV criteria.
PAR-483 Risankizumab (Skyrizi)	Medicare and Commercial: Medicare; Adding in additional preferred adalimumab product.
PAR-499 Upadacitinib (Rinvoq)	Medicare and Commercial: Medicare: Adding in to FDA label expansion. Commercial: Updating with ESI's ICCV criteria.
PAR-570 Benlysta (belimumab)	Medicare and Commercial: Updating age due to labeling update for subcutaneous formulation.
PAR-587 Zeposia (ozanimod)	Medicare and Commercial: Medicare: Adding in additional preferred adalimumab product. Commercial: Updating criteria to align with ESI's ICCV criteria.

PAR-602 Livmarli (maralixibat chloride)	Medicare and Commercial: Adding in coverage indication in treating cholestatic pruritis in patie progressive familial intrahepatic cholestasis.
PAR-623 Atypical Antipsychotics	Medicare: Allowing first-line coverage for Fanap bipolar I disorder.
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding the following medications: Ar Imdelltra, Ojemda
PAR-634 GLP-1 Agonist	Medicare and Commercial: Removing metform rebate considerations.
PAR-639 GIP/GLP-1 Agonist	Medicare and Commercial: Removing metform rebate considerations.
PAR-651 Sotyktu	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimuma Commercial: Updating criteria to align with ESI'
PAR-669 Lupron Depot	Medicare: Adding in off-label indication for prer disorders.
PAR-681 Joenja	Medicare and Commercial: Adding in geneticist prescriber option based on CMS review.
PAR-689 Entyvio SC	Medicare and Commercial: Adding in coverage disease based on FDA labeling update for Medi Simlandi as an additional preferred adalimuma
PAR-691 Omvoh (mirikizumab-mrkz subcutaneous)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimuma Commercial: Updating criteria to align with ESI'
PAR-692 Velsipity (etrasimod tablet)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimuma

PAR-693 Bimzelx (bimekizumab-bkxz)	Medicare and Commercial: Medicare: Updating Simlandi as an additional preferred adalimumab Commercial: Updating to align with ICCV.
PAR-700 Wegovy	Medicare: Updating criteria based on CMS review of care treatment for CVD viewed as overly burdensome updated related to FDA-labeling.
PAR-710 Non-Formulary Medications: Custom Criteria	Medicare: New PAR document to track custom criteria.

2025 Prior Authorization (PA) Updates

Policy	Change
PAR-233 Growth Hormones - Medicare (Genotropin)	Medicare: Aligning criteria with ESI's standard covered products
PAR-250 Etanercept (Enbrel)	Medicare and Commercial: Medicare 1.1.2025 to be consistent across the anti-inflammatory
PAR-261 Testosterone	Medicare and Commercial: For 1.1.2025: Review both Commercial and Medicare formularies
PAR-275 Adalimumab (Humira and biosimilars)	Medicare and Commercial: 1.1.2025 Medicare to remain consistent across the anti-inflammatory
PAR-276 Anakinra (Kineret)	Medicare and Commercial: 1.1.2025 Medicare to remain consistent across the anti-inflammatory
PAR-277 Certolizumab pegol (Cimzia)	Medicare and Commercial: 1.1.2025 Medicare to ensure consistency across the anti-inflammatory

PAR-278 Riloncept (Arcalyst)	Medicare and Commercial: Added in document and reauthorization. Added prescriber restrictive exclusion criteria. Require that patients new to criteria at time of starting medication. Adjusted duration. Reworked criteria to align with how we
PAR-281 Tetrabenazine	Medicare and Commercial: Added in additional required medical information and adjusted other also includes continuation of therapy requirements
PAR-284 Golimumab (Simponi)	Medicare and Commercial: Medicare 1.1.2025: to be consistent across the anti-inflammatory space
PAR-286 Ustekinumab (Stelara)	Medicare and Commercial: Medicare 1.1.2025: to remain consistent across the anti-inflammatory space
PAR-287 Tocilizumab (Actemra)	Medicare and Commercial: Medicare 1.1.2025: to remain consistent across the anti-inflammatory space
PAR-300 Abatacept (Orencia)	Medicare and Commercial: Medicare 1.1.2025: to be consistent across the anti-inflammatory space
PAR-302 Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor)	Medicare and Commercial: 1.1.2025: Adding in information, additional criteria related to cystic abnormal CFTR function.
PAR-311 Korlym (mifepristone)	Medicare and Commercial: 1.1.2025: Adjusting with formulary submission. Extended length of for initial therapy. Added in required medical information more specific continuation criteria for Medicare
PAR-315 Tofacitinib (Xeljanz, Xeljanz XR and Xeljanz oral solution)	Medicare and Commercial: 1.1.2025 Medicare for all indications to remain consistent across the inflammatory space. Restructuring criteria to be we submit to CMS.
PAR-317 Insulin	Medicare and Commercial: Medicare for 1.1.20 Humalog Mix 50-50 (not Part D eligible).

PAR-331 Metreleptin (Myalept)	Medicare and Commercial: 1.1.2025: Adding in information, prescriber restriction and addition continuation criteria.
PAR-333 Otezla (apremilast)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-338 Cosentyx	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-356 Taltz (ixekizumab)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-395 Deutetrabenazine (Austedo)	Medicare and Commercial: Reworked criteria to submit to CMS. Added continuation criteria. Ad to match closer to what we did with Ingrezza in : Ingrezza into exclusion criteria.
PAR-400 Sodium Oxybate	Medicare and Commercial: 1.1.2025: Updating with CMS submission format. Adding in require and continuation criteria. Adjusted initial criteri additional pre-requisite requirements.
PAR-401 Tasimelteon (Hetlioz)	Medicare and Commercial: 1.1.2025: Adding in information (i.e. documentation must be submi request), adjusting initial and continuation crite indications.
PAR-402 Sarilumab (Kevzara)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-408 Siliq (brodalumab)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-413 Tremfya (Guselkumab)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat

PAR-416 Dupixent (dupilumab)	Medicare and Commercial: 1.1.2025 Medicare: dermatitis criteria to remain consistent across 1 inflammatory space.
PAR-431 Symdeko (Tezacaftor/Ivacaftor, Ivacaftor)	Medicare and Commercial: 1.1.2025: Adding in information, additional criteria related to cystic abnormal CFTR function.
PAR-434 Icatibant	Medicare and Commercial: Adding in additional required medical information. Adjusting other c requirements and severity of HAE attacks.
PAR-436 Nuedexta	Medicare and Commercial: 1.1.2025 Update in requirement for CNS-LS score.
PAR-448 Olumiant	Medicare and Commercial: 1.1.2025 Medicare criteria to remain consistent across the anti-space.
PAR-456 Ilumya	Medicare and Commercial: 1.1.2025 Medicare criteria to remain consistent across the anti-space.
PAR-477 Continuous Glucose Monitor (CGM) - MNPA	Medicare and Commercial: 1.1.2025: Update current insulin use.
PAR-483 Risankizumab (Skyrizi)	Medicare and Commercial: 1.1.2025 Medicare criteria to remain consistent across the anti-space.
PAR-489 OmniPods, CeQur Simplicity	Medicare and Commercial: For 1.1.2025: Update criteria to only require diagnosis due to rebal
PAR-491 Tafamidis	Medicare and Commercial: 1.1.2025 Medicare criteria by adding in additional exclusions, c requirements and continuation criteria.

PAR-499 Upadacitinib (Rinvoq)	Medicare and Commercial: 1.1.2025 Medicare criteria to remain consistent across the anti-space.
PAR-502 Trikafta (elexacaftor/tezacaftor/ivacaftor)	Medicare and Commercial: 1.1.2025: Adding medical information, additional criteria relating to fibrosis and abnormal CFTR function.
PAR-518 Imbruvica (ibrutinib)	Medicare: Adjusting requirement on mantle cell lymphoma and CLL/SLL to require stepping through Calquence – related to rebate considerations.
PAR-524 Basal Insulin	Medicare: 1.1.2025: Updating preferred product list and rebate considerations.
PAR-570 Benlysta (belimumab)	Medicare and Commercial: 1.1.2025 Updating in additional exclusion criteria, required medical information and initial and continuation criteria.
PAR-573 Droxidopa	Medicare and Commercial: 1.1.2025: Updating medical information to include diagnosis. Adjusting continuation criteria.
PAR-578 Haegarda	Medicare and Commercial: Adding in additional criteria, adjusting lab parameters required, requiring 2 or more severe HAE attacks per month for prophylactic therapy.
PAR-580 Pancreatic Enzymes (Pancreaze, Pertzye, Viokace, Zenpep)	Medicare: For 1.1.2025: Moving Zenpep to non-preferred status due to rebate considerations.
PAR-582 DPP-4 Therapy (alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Onglyza, saxagliptin, saxagliptin/metformin ER)	Medicare: For 1.1.2025: Removing Kombiglyze XR – obsolete drug.

PAR-583 Ophthalmic Other Glaucoma Therapy (Simbrinza 1%-0.2% eye drops)	Medicare: For 1.1.2025 Updating to remove Alp removed from formulary since it is multi-source
PAR-587 Zeposia (ozanimod)	Medicare and Commercial: 1.1.2025 Medicare: to ensure consistency across the anti-inflammatory
PAR-605 Tayneos (avacopan)	Medicare and Commercial: 1.1.2025: Following adding Tavneos back to formulary. Adjusted crit additional required medical info and continuati
PAR-615 Cibinqo (abrocitinib)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-617 Adbry (tralokinumab-ldrm)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammat
PAR-630 Oncology Products Reviewed by Evicore	Medicare: For 1.1.2025 (highlighted in yellow): F Verzenio – will have separate PA due to rebate c Removing Lumoxiti – product is now obsolete. F Neupogen, Nivestym, Releuko, Ziextenzo, Fulph Neulasta and Neulasta Onpro due to rebate cor (Granix, Zarxio, Nivestym and Stimufend prefer Adding Mylotarg, tretinoin, Actimmune, Xermelo
PAR-632 Intravenous Immune Globulin	Medicare: 1.1.2025: Updating required medical Requiring members that are new to plan meet if they first started the medication and that dosing appropriate.
PAR-633 Subcutaneous Immune Globulin	Medicare: 1.1.2025: Updating required medical Requiring members that are new to plan meet if they first started the medication and that dosing appropriate.
PAR-649 Ztalmy	Medicare and Commercial: 1.1.2025: Updating pre-requisite therapy and continuation criteria.

PAR-651 Sotyktu	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammatory
PAR-652 Sodium Phenylbutyrate	Medicare and Commercial: For 1.1.2025: Remove from formulary.
PAR-669 Lupron Depot	Medicare: 1.1.2025: Adjusting coverage duration to total lifetime duration of therapy restriction for endometriosis and fibroids. Add-back therapy adjusted to only list 11.25 mg.
PAR-673 Filgrastim	Medicare: Adjusting covered products based on clinical considerations.
PAR-683 Skyclarys	Medicare and Commercial: 1.1.2025: Updating coverage and required medical information.
PAR-689 Entyvio SC	Medicare and Commercial: 1.1.2025 Medicare: Adjusting ulcerative colitis criteria to remain consistent across inflammatory space.
PAR-691 Omvoh (mirikizumab-mrkz subcutaneous)	Medicare and Commercial: 1.1.2025 Medicare: to remain consistent across the anti-inflammatory
PAR-692 Velsipity (etrasimod tablet)	Medicare and Commercial: For 1.1.2025 Adjusting coverage criteria for ulcerative colitis to remain consistent across inflammatory space.
PAR-693 Bimzelx (bimekizumab-bkxz)	Medicare and Commercial: For 1.1.2025 Medicare: Adjusting plaque psoriasis criteria to be consistent across inflammatory space. Updating preferred adalimumab
PAR-700 Wegovy	Medicare: 1.1.2025 Adding in specific prescribing requirements/restrictions.
PAR-702 Jaypirca	Medicare: New 1.1.2025

PAR-703 Verzenio	Medicare: New 1.1.2025
PAR-704 Motegrity	Medicare: New 1.1.2025
PAR-705 Diabetic Supplies	Medicare: New 1.1.2025
PAR-706 Alosetron (generic Lotronex)	Medicare and Commercial: New 1.1.2025
PAR-707 Vowst	Medicare: New 1.1.2025
PAR-708 Xdemvy	Medicare: New 1.1.2025
PAR-709 Continuous Glucose Monitor	Medicare and Commercial: New 1.1.2025

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

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- Sarah Wilczek swilczek@networkhealth.com



Pharmacy Review

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.



Preferred Drug List

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