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Preventing Appeals and Provider Disputes

Appeals

Did you know that approximately 75 percent of appeals are preventable? Top reasons for the erroneous denial of a prior authorization (PA) include the following.

- Missing information
- Incorrectly answered questions submitted on electronic Prior Authorization (ePA) such as CoverMyMeds
- Untimely information

To help avoid inappropriately denied PAs, please remember to submit accurate information in a timely manner as this can reduce the need to appeal such determinations. If you submit a PA as urgent and find more time is necessary, you can reach out to Express Scripts, Inc. to request the status be changed to non-urgent.

As a reminder, turnaround times for urgent pre-service requests require that a decision be made within 24 hours of receipt of the request whereas non-urgent pre-service decisions must be made within 72 hours.

Reviewing the PA criteria ahead of time can be a big time

Contact Network Health
Pharmacy Department

Pharmacy Review Preferred Drug List saver. You can access current commercial and Medicare PA criteria here.

- Use The dropdown menu to Choose a Plan
- Printable Files section will have the most up-to-date
 Prior Authorization and Step Therapy documents

Provider Disputes

Provider disputes arise when post-service medical claims are flagged, leading to non-payment of services. Common preventable reasons for provider disputes include the following.

- Failure to receive a pre-determination or prior authorization
- Dose increase occurs during a current authorization period
- Failure to use "JW" modifier code to denote waste

Current medical drug prior authorization information can be found here.

- The Prior Authorizations section provides a Jcode list of all medical drugs that need to go through Care Continuum Utilization Management (CCUM)
- This section also provides step therapy drug lists for CCUM and eviCore (oncology drugs)

If additional questions arise, assistance is needed or you would like to provide feedback, please reach out to the pharmacist team at pharmacist@networkhealth.com or 920-720-1287.

Our Response to Coronavirus

For Network Health's most up-to-date information about the coronavirus vaccine, visit **networkhealth.com/coronavirus-vaccine**.

Statin Use in Individuals with Diabetes - Updated ICD-10 Exclusions

Effective January 1, 2021, the ICD-10 exclusions for the Medicare quality measure of statin use in persons with diabetes (SUPD) were updated. Previous exclusions only encompassed hospice enrollment and end-stage renal disease (ESRD).

The updated exclusions now include rhabdomyolysis and myopathy, liver disease, pre-diabetes, pregnancy, lactation and fertility and/or polycystic ovary syndrome. If a patient cannot tolerate a statin, this needs to be documented, coded and billed on the medical claim. Please note that only the following ICD-10 codes related to rhabdomyolysis and myopathy are exclusions.

Diagnosis	ICD-10
Drug-induced myopathy	G72.0
Other specified myopathies	G72.89
Myopathy, unspecified	G72.9
Other myositis, unspecified site	M60.80
Myositis, unspecified site	M60.9
Rhabdomyolysis	M62.82
Adverse effect of antihyperlipidemic and anti-arteriosclerotic drugs, initial encounter	T46.6X5A

For a full list of ICD-10 codes that are considered exclusions for the SUPD measure, please click here.

Network Health's **Statin Myth brochure** can be a great starting point for opening the lines of communication between you and your patient. You can request printed copies for your office by contacting the Network Health Clinical Pharmacist Team via email at **pharmacist@networkhealth.com** or phone at 920-720-1287.

Walmart Expands Low Cost Insulin Options

As Network Health pharmacists, we frequently encounter members who are unable to afford their insulin. One solution has been to recommend Walmart's ReliOn® brand of insulin products due to their competitive pricing.

One limitation, however, was always that ReliOn didn't have a rapid acting insulin. Fortunately, this has recently changed. Walmart's ReliOn brand has now been expanded to include NovoLog® vials and FlexPens®, bringing a lower cost option to many of our members.

For patients who are experiencing financial constraints, consider prescribing any of the

following ReliOn insulin products now available at Walmart.

Medication	Strength	Quantity	Ingredient cost*
ReliOn brand NovoLog	100 units/ml	10 ml vial	\$73
ReliOn Brand NovoLog FlexPen	100 units/ml	5x3ml pens (one box)	\$86
ReliOn Brand Novolin N	100 units/ml	10 ml vial	\$26
ReliOn Brand Novolin N FlexPen	100 units/ml	5x3ml pens (one box)	\$43
ReliOn Brand Novolin R	100 units/ml	10 ml vial	\$26
ReliOn Brand Novolin R FlexPen	100 units/ml	5x3ml pens (one box)	\$43
ReliOn Brand Novolin 70/30	100 units/ml	10 ml vial	\$26
ReliOn Brand Novolin 70/30 FlexPen	100 units/ml	5x3ml pens (one box)	\$43

^{*}Ingredient cost estimated from claims data. Price subject to change.

Pharmacy and Therapeutic Changes for July 2021

New Drug Additions

Comment Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty

Cabenuva [®]		M, C
Evkeeza™	PA ¹	M, C

Gemtesa [®]	ST ²	M, C	
Klisyri [®]			M, C
Lupkynis™	PA		M, C
$Orgovyx^{TM}$	PA ³		M, C
Orladeyo™	PA		M, C
Tepmetko [®]	PA ³		M, C
Verquvo [®]		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 for commercial will be handled by CCUM. PA for Medicare will be handled by Express Scripts.
- 2. Step therapy applies to commercial line of business only
- 3. PA for commercial will be handled by eviCore. PA for Medicare will be handled by Express Scripts

Medicare Quantity Level Limit Updates

Medication	Dosage	Quantity/Supply
Arformoterol tartrate	15 mcg/2 ml neb	120/30 days
Ingrezza [®]	60 mg capsule	30/30 days
Qelbree TM	100, 150, 200 mg capsule	60/30 days
Skyrizi™	150 mg/ml syringe and pen injector	1/28 days

Commercial Quantity Level Limit Updates

Medication	Dosage	Quantity/Supply
Accutane [®]	10 mg, 20 mg, 30 mg, 40 mg capsule	60/30 days
Bafiertam® DR	95 mg capsule	120/30
Dimethyl fumarate DR	120 mg	update from 15/30 days to 60/30 days
Fotivda [®]	0.89 mg, 1.34 mg capsule	21/fill
Hetlioz LQ®	4 mg/ml suspension	1 bottle/fill
Humira® (CF)	80 mg/0.8 mg pen	update from 3/28 days to 2/28 days
Ingrezza	60 mg capsule	30/fill
Kalydeco®	25 mg granules packet	56/fill
Kesimpta®	20 mg/0.4 ml pen	1/28 days
Lemtrada®	12 mg/1.2 ml vial	3/365 days
Nascobal®	500 mcg nasal spray	4/fill
Ponvory TM	14-day starter pack	14/14 days
Ponvory	20 mg tablet	30/30 days
Qelbree ER	100 mg, 150 mg, 200 mg capsule	60/30 days
Tecfidera® DR	120 mg capsule	update from 15/30 days to 60/30 days
Vumerity® DR	231 mg capsule	120/30 days
Xcopri®	250 mg daily dose pack	56/fill
Zeposia®	0.23-0.46 mg starter pack	7/7 days
Zeposia	0.23-0.46-0.92 mg kit	37/30 days
Zeposia	0.92 mg capsule	30/30 days

Prior Authorization Updates

Commercial and Medicare

- Rilutek® (riluzole) Added ExservanTM 50 mg film to criteria
- Arcalyst® (rilonacept), iLaris® (canakinumab) Added new Arcalyst FDA-approved diagnosis of Pericarditis
- Xyrem® (sodium oxybate) Updated trial of one to two CNS stimulants requirement to match CMS submission file
- **Hetlioz**® **(tasimelteon)** Updated policy to include new FDA indication for nighttime sleep disturbances in Smith-Magenis Syndrome
- Trodelvy® (sacituzumab govitecan-hziy) -Updated indication based on April 2021 update
- Retevmo® (selpercatinib) Updated to include diagnosis of anaplastic thyroid carcinoma according to NCCN guideline update
- Impavido® (miltefosine) New prior authorization

Medicare

- Actemra® (tocilizumab) Added new FDA-approved diagnosis of interstitial lung disease associated with systemic sclerosis
- Excluded/non-formulary drugs Updated criteria to indicate medically-accepted and Medicare Part D eligible indication
- Inlyta® (azitinib) Updated criteria to reflect most recent FDA approved indications
- OrgovyxTM (relugolix) Removed requirement that patient has to have advanced disease prior to approval
- **Fotivda®** (tivozanib) New prior authorization; Note that for 2022 we will update coverage duration one year to stay consistent with eviCore recommendations
- **Jemperli**TM (dostarlimab-gxly) New prior authorization
- **Zynlonta**TM (**Ioncastuximab tesirine**) New prior authorization
- Lumakras™ (sotorasib) New prior authorization
- **Rybrevant**TM (amivantamab) New prior authorization
- Truseltiq[™] (infigratinib) New prior authorization

Commercial

• Actemra (tocilizumab) - Updated commercial criteria to match ICCV program 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 email pharmacist@networkhealth.com
- Beth Coopman@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 2021 pharmacy prescription benefits for Network Health members, or questions about websites where members can obtain information on patient assistance programs to help cover cost networkhealth.com/look-up-medications. of medications, please contact Gary Melis at gmelis@networkhealth.com or 920-720-1696. Gary is available for office visits to discuss any for that plan. pharmacy-related topics with your staff.

Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at Members must select their plan from the dropdown to access the appropriate drug list

If you are not a current subscriber to The Script and you would like to be added to the mailing list, please email us today.

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at:

networkhealth.com/provider-resources/news-and-announcements.



Don't forget to check us out on social media







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