



Table of Contents

Seeking Feedback on Real Time Benefit Tool

Tips and Tricks to Prevent Denied Prior Authorizations

Pharmacy and Therapeutic Changes for March 2022

Medicare Quantity Level Limit Updates

Commercial Quantity Level Limit Updates

Prior Authorization Updates

Step Therapy Updates

Contact Network Health Pharmacy Department

Pharmacy Review

Seeking Feedback on Real Time Benefit Tool

The Real Time Benefit Tool (RTBT), available now in many electronic health record (EHR) systems, allows a prescriber to review the cost of medications prior to the prescription being sent to the pharmacy. The goal is to bring cost transparency into focus when making medications decisions in an effort to choose an option that the member can afford and subsequently remain adherent to it. While helpful in theory, we understand that there is room for improvement and would appreciate your feedback about what has worked and any struggles you continue to have.

Please reach out to Anna Peterson Sanders at apeterso@networkhealth.com with your feedback and suggestions for what would help improve the tool. We're interested in feedback about these topics.

- Is this tool available in your electronic medical record (EMR)?
- Do you use the tool? If not, what prevents you or your team from using it?
- Have you seen issues related to accuracy? If so, please give examples.

Preferred Drug List

- Are there situations where you have found this tool helpful? If so, please share example(s).

Thank you for taking the time to share your suggestions and comments with us. We are working to build a better product and can't do that without you.

Tips and Tricks to Prevent Denied Prior Authorizations

Did you know that approximately 75 percent of appeals are preventable? The top reasons that a prior authorization (PA) may be erroneously denied include the following.

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

To help avoid inappropriately denied PAs, please remember to submit accurate information in a timely manner. If you submit a PA as urgent and find more time is necessary, you can reach out to Express Scripts 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 nonurgent pre-service decisions must be made within 72 hours. As the saying goes, an ounce of prevention saves a pound of cure, and reviewing the PA criteria ahead of time can be a huge time saver.

If you or your staff are looking for additional training on any of our prior authorization platforms (CoverMyMeds, Care Continuum Utilization Management [CCUM], or Evicore) please reach out to Anna Peterson Sanders at apeterso@networkhealth.com and we will work with our vendors to set up a time for one-on-one training.

Helpful Resources

Pharmacy Drug (not related to oncology) – Express Scripts

- Use [this link](#) to look up a member’s drug formulary, including prior authorization and step therapy criteria.
 - Select **Choose a Plan** from the dropdown menu
 - **Printable Files** Section will have **Prior Authorization** and **Step Therapy** pdf documents outlining criteria
 - **Drug Name Search** or **Comprehensive Formulary** pdf will provide information about whether a medication is covered on the member’s formulary, including the tier and if PA or ST is required
- Medication requests can be submitted via [CoverMyMeds](#)

Medical Drug (not related to oncology) – CCUM

- Prior Authorization and Step Therapy Drug list found under Prior Authorizations on our website
- Medication requests can be submitted via [provider.express-path.com](#)

Oncology medications - Evicore

- Evicore utilizes FDA-approved indications and National Comprehensive Cancer Network (NCCN) guidelines when reviewing therapy
- Medication requests can be submitted via [evicore.com/provider](#)

Pharmacy and Therapeutic Changes for March 2022

New Drug Additions

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

Exkivity®	PA ¹				M, C
-----------	-----------------	--	--	--	------

Lybalvi® ST M, C

Opzelura™ PA, QL² M, C

Scemblix® PA¹, QL² M, C

Tavneos™ PA M, C

Tyrvaya™ M³

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 will go through our oncology vendor, eviCore
2. Quantity limit only with Medicare line of business
3. Excluded from Commercial formulary

Medicare Quantity Level Limit Updates

Medication	Formulation	Quantity/Supply
Opzelura	1.5% topical cream	240/28 days
Qulipta	10 mg, 30 mg and 60 mg tablet	30/30 days
Scemblix	20 mg tablet	60/30 days
Scemblix	40 mg tablet	300/30 days
Paxlovid™	300-100 mg tablet	40/180 days
Molnupiravir	200 mg capsule	40/180 days

Commercial Quantity Level Limit Updates

Medication	Formulation	Quantity/Supply
Cyclosporine	0.05% eye emulsion	68/fill
Lanreotide	120 mg/0.5 ml syringe	1/28 days
Cortrophin gel	400 units/5 ml	35/15 days
Paxlovid	300-100 mg tablet	30/365 days
Molnupiravir	200 mg capsule	40/365 days

Prior Authorization Updates

Medicare

- **Cimzia® (certolizumab pegol)**
 - Updated policy to include Rinvoq® as additional prerequisite agent for rheumatoid arthritis and psoriatic arthritis
 - Added Xeljanz® as additional prerequisite agent for ankylosing spondylitis
 - Added Skyrizi® as additional prerequisite agent for psoriatic arthritis
- **Simponi® (golimumab)**
 - Updated policy to include Rinvoq and Skyrizi as additional prerequisite therapy option for psoriatic arthritis
 - Added Xeljanz as additional prerequisite therapy option for ankylosing spondylitis
- **Stelara® (ustekinumab)** - Positive change for Crohn's disease adding extra exceptions to allow approval for patients who have enterocutaneous (perianal or abdominal) or rectovaginal fistulas or if patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence)
- **Xeljanz, Xeljanz XR and Xeljanz oral solution (tofacitinib)**
 - Updated to include new FDA diagnosis of ankylosing spondylitis
 - Updated prerequisite trials on indications based on FDA labeling update
 - Commercial updates will be brought to consent policy following ESI's update of their internal ICCV policies
- **Cosentyx®**
 - Medicare: Adding in new FDA approved diagnosis of enthesitis-related arthritis
 - Changes to commercial criteria will take place at a later time
- **Taltz® (ixekizumab)**

- Added Rinvoq and Skyrizi as additional prerequisite therapy option for psoriatic arthritis
- Added Xeljanz as additional prerequisite therapy option for ankylosing spondylitis
- **Kevzara® (sarilumab)**
 - Updated other criteria to include additional prerequisite therapy options, adding in criteria related to continuation of therapy
 - Both items match our 2022 CMS formulary submission
- **Tremfya® (guselkumab)** - Added Rinvoq as an additional prerequisite trial option for psoriatic arthritis
- Olumiant - Updated other criteria to match 2022 CMS formulary submission and align with ICCV strategy
- **Verzenio® (abemaciclib)** - Positive change to add FDA approved diagnosis of early breast cancer
- **Avsola™, Inflectra®, Renflexis® (infliximab)** - Added new branded product, infliximab, to the preferred product strategy
- **Kimmtrak® (tebentafusp injection)** - New prior authorization

Commercial

- **Self-administered drugs place of service** - Added Besremi® and Voxzogo™ to medication list

Commercial and Medicare

- **Xalkori® - crizotinib**
 - Positive change to add the diagnosis of Histiocytic neoplasms as a result of NCCN guideline update
 - Updated language on members already started on Xalkori to better clarify mutation testing
- **EGFR mutations - Gilotrif® (afatinib), Tagrisso® (osimertinib)** - Positive change to add new diagnosis of head and neck cancer according to updated NCCN guidelines
- **Zepatier® (elbasvir/grazoprevir)** - Positive change due to new FDA approved age indication down to age 12
- **Zejula® (niraparib)** - Positive change to add the diagnosis of uterine leiomyosarcoma as a result of NCCN guideline update
- **Skyrizi® (risankizumab)**
 - Updated to include new FDA diagnosis of Psoriatic arthritis
 - Updated commercial policy to match ESI's ICCV policy
- **Piqray® (alpelisib)** - Positive change to allow patients to meet criteria if they have had a surgical bilateral oophorectomy or ovarian irradiation
- **Rinvoq® - upadacitinib**

- Updated to include new FDA diagnoses of psoriatic arthritis and atopic dermatitis
- Added tumor necrosis inhibitor prerequisite trial based on label update
- Updated commercial language to match ESI's ICCV policy
- **Sarclisa® (Isatuximab-irfc)** - Updated to include additional FDA approved indication for multiple myeloma diagnosis
- **Tabrecta®** - NCCN guideline update to allow approval for patients with high-level MET amplification
- **Tepmetko®** - NCCN guideline update to allow approval for patients with high-level MET amplification
- **Qulipta™ (atogepant)** - New prior authorization
- **Besremi® (ropeginterferon alfa-2b)** - New prior authorization
- **Livtencity™ (maribavir)** - New prior authorization
- **Voxzogo™ (vosoritide)** - New prior authorization

Step Therapy Updates

Medicare

- **Ophthalmic prostaglandin therapy** – Updated to remove Rhopressa®, since it is part of a PA program and not step therapy
- **Triptan therapy** - Cleaned up policy to reflect most current products associated with triptan step therapy

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 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 pharmacy prescription benefits for Network Health members, or questions about websites where members can obtain information on patient assistance programs to help cover cost of medications, please contact Gary Melis at gmelis@networkhealth.com or **920-720-1696**. Gary is available for office visits to discuss any pharmacy-related topics with your staff.



Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at networkhealth.com/look-up-medications. Members must select their plan from the dropdown to access the appropriate drug list for that plan.

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](https://networkhealth.com/provider-resources/news-and-announcements).



Don't forget to check us out
on social media



networkhealth.com
1570 Midway Place
Menasha, WI 54952
800-826-0940 or 920-720-
1300

We respect your right to privacy - [Privacy Policy](#)

[One-Click Unsubscribe](#) | [Facebook](#) | [Twitter](#) | [Network Health Blog](#)