



New Mail Order Options for Medicare: Froedtert Pharmacy Home Delivery

New for Medicare members, we are adding Froedtert Home Delivery as a mail order option, joining with our other preferred mail order option of Express Scripts Home Delivery. Froedtert Home Delivery is a Wisconsin-based preferred mail order option with a reputation for excellent customer service. Prescriptions can be e-prescribed to Froedtert by sending to “Froedtert Hospital – 87th Street entrance”. Alternatively, providers can fax to 414-805-6513 or by calling the Medication Management Team at 414-805-5690.

Low Cost Medication Options for Medicare Members: Mark Cuban Cost Plus Pharmacy

Mark Cuban Cost Plus Drug Company, PBC (Cost Plus Drugs) offers incredibly low prices on hundreds of commonly prescribed medications. Cost Plus Drugs is a different pharmacy model, ensuring the lowest prices by negotiating directly with the manufacturer and passing the savings directly on to the member. To keep costs low, Cost Plus Drugs has a unique and convenient set-up and is available online only as a preferred mail order pharmacy option. Members can visit costplusdrugs.com to get started by clicking **Sign Up**. Instructions for how to send a prescription can be found at costplusdrugs.com/contact-your-doctor/. It is important that you include the patient’s email address on the prescriptions being sent over to Cost Plus Drugs.

Medicare and Vaccines

A common Medicare question is should I get my vaccines at a doctor's office or the pharmacy? The answer to this lies in the way the vaccine is covered by Medicare. Some pay under Part B and can be given at the doctor's office or pharmacy, but those that pay under Part D are best to get at a pharmacy. Why is this? Offices can bill to Part B, but most are not set up for Part D billing. Therefore, the patient will have to pay the bill and then submit to their insurance to receive reimbursement – this creates a lot of confusion and some patients aren't able to afford that upfront bill even when reimbursement will be received.

Below includes a breakdown of commonly administered vaccines and which location a patient should receive them at.

Part B Vaccines – Office or Pharmacy	Part D Vaccines – Recommend Pharmacy
Influenza vaccines (for example, Fluzone, Flud))	Shingrix
Pneumococcal vaccines (for example, Pevnar13, Pneumovax)	RSV (Respiratory Syncytial Virus) Vaccines (for example, Abrysvo, Arexvy)
COVID-10 vaccines (for example, Comirnaty, Spikevax)	RSV (Respiratory Syncytial Virus) Vaccines (for example, Abrysvo, Arexvy)

Some vaccines will pay Part D or Part B depending on certain circumstances. Below includes a list of these more commonly encountered vaccines and how payment is directed depending on the situation.

Part B or Part D

	Part B (Office or Pharmacy)	Part D (Recommend Pharmacy)
Tetanus (for example, Td, Tenivac, Tdap)	Related to treatment of an injury or direct exposure	Booster/routine immunization
Hepatitis (for example, Recombivax, Engerix-B, PreHevbrio)	High or Intermediate Risk	Low Risk

Pharmacy and Therapeutic Changes for September/November 2024

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty
Rezdifra	M, C ¹			
Voydeya	M, C ¹			
Winrevair	M, C ¹			
mResvia	C ²	M ³		
Spevigo syringe	M, C ¹			

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. Preventive Med, At least 60 yrs of age
3. IRA Vaccine

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Adbry 300 mg/2 ml autoinjector	Add 6 ml/28 days
Austedo XR 30 mg tablet	Add 30/30 days
Austedo XR 36 mg tablet	Add 30/30 days
Austedo XR 42 mg tablet	Add 30/30 days
Austedo XR 48 mg tablet	Add 30/30 days
Autsedo XR 12-18-24 mg titration kit (week 1-4)	Add 30/30 days
Entresto 15 mg-16 mg pellets in dispensing capsule	Add 60/30 days
Entresto 6 mg-6 mg pellets in dispensing capsule	Add 60/30 days
Ivabradine 5 mg tablet	Add 60/30 days
Ivabradine 7.5 mg tablet	Add 60/30 days
Otezla 10 mg-20 mg tablet dose pack	Add 55/28 days
Otezla 20 mg tablet	Add 60/30 days

Retevmo 120 mg tablet	Add 60/30 days (effective 2025)
Retevmo 160 mg tablet	Add 60/30 days (effective 2025)
Retevmo 40 mg tablet	Add 180/30 days (effective 2025)
Retevmo 80 mg tablet	Add 120/30 days (effective 2025)
Scemblix 100 mg tablet	Add 120/30 days
Vijoice 50 mg granules in packet	Add 28/28 days
Acetaminophen with codeine 300 mg-30 mg/12.5 ml	Add 4500 ml/30 days
Dasatinib 100 mg tablet	Add 30/30 days
Dasatinib 140 mg tablet	Add 30/30 days
Dasatinib 120 mg tablet	Add 90/30 days
Dasatinib 50 mg tablet	Add 30/30 days
Dasatinib 70 mg tablet	Add 30/30 days
Dasatinib 80 mg tablet	Add 60/30 days
Entresto 6-6mg tablet	Change from 60/30 to 240/30
Entresto 15-16mg pellet	Change from 60/30 to 240/30
Hydrocodone-acetaminophen 10-325/15 ml oral sol	Add 5550/30 days
Lazcluze 240 mg tablet	Add 30/30 days
Lazcluze 80 mg tablet	Add 60/30 days
Lumryz Starter Pack 4.5-6-7.5 g	Add 28/28 days

Omnipod 5 Intro (G6/Libre 2 Plus)	Add 1/720 days
Taltz 20 mg/0.25 mg syringe	Add 0.25 ml/28 days
Taltz 40 mg/0.5 ml syringe	Add 0.5 ml/28 days
Tremfya 200 mg/2 ml syringe	Add 4 ml/28 days
Tremfya 200 mg/2 ml pen injector	Add 4 ml/28 days
Voranigo 10 mg tablet	Add 60/30 days
Voranigo 40 mg tablet	Add 30/30 days

Oxervate – NHP Medicare 112/365 days

1. Is the requested medication for the left eye, right eye, or both eyes?
 - a. Left – Proceed to question 2
 - b. Right – Proceed to question 2
 - c. Both – Proceed to question 2

 2. Has documentation been submitted demonstrating how many weeks of treatment with Oxervate the patient has received for the affected eye(s)? Please include treatment the member has received over their lifetime. Note: Documentation supporting this answer must be attached to the prior authorization request to be considered for approval. Documentation can include chart notes, prescription refill history, etc.
 - a. Yes – Proceed to question 3
 - b. No - Deny

 3. Please note UMP: In reviewing the active Oxervate prior authorization on file, had the provider requested to treat the left eye, right eye, or both eyes?
 - a. Left – Proceed to question 4
 - b. Right – Proceed to question 6
 - c. Both – Proceed to question 8
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4. Please note UMP: In question 1, does the provider state it is the LEFT eye that they are requesting the medication for?
 - a. Yes – Proceed to question 5
 - b. No - Deny

5. Please note UMP: Has the patient received 16 or more weeks of Oxervate therapy in their left eye? Please account for treatment the member has received over their lifetime.
 - a. Yes – Deny
 - b. No – approve up to 16 weeks

6. Please note UMP: In question 1, does the provider state it is the RIGHT eye that they are requesting the medication for?
 - a. Yes – Proceed to question 7
 - b. No - Deny

7. Please note UMP: Has the patient received 16 or more weeks of Oxervate therapy in their right eye? Please account for treatment the member has received over their lifetime.
 - a. Yes – Deny
 - b. No – approve up to 16 weeks

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Adalimumab-ryvk (CF) AL 40mg	Add 2/28 days

Austedo XR 6 mg	Change from 210/fill to 90/fill
Austedo XR 12 mg	Change from 90/fill to 30/fill
Austedo XR 24 mg	Change from 60/fill to 30/fill
Austedo XR 30 mg tablet	Add 30/fill
Austedo XR 36 mg tablet	Add 30/fill
Austedo XR 42 mg tablet	Add 30/fill
Austedo XR 48 mg tablet	Add 30/fill
Estradiol 0.06% 1.25 g gel pump	Change from 50/30 days to 37.5/30 days
Farydak 10 mg capsule	Remove 6/fill (drug is obsolete)
Farydak 15 mg capsule	Remove 6/fill (drug is obsolete)

Farydak 20 mg capsule	Remove 6/fill (drug is obsolete)
Ingrezza 40 mg sprinkle cap	Add 30/fill
Ingrezza 60 mg sprinkle cap	Add 30/fill
Ingrezza 80 mg sprinkle cap	Add 30/fill
Liraglutide 18 mg/3 ml pen	Add 9/28 days
Liraglutide 2-pak 18 mg/3 ml	Add 9/28 days
Liraglutide 3-pak 18 mg/3 ml	Add 9/28 days
Opsynvi 10-40 mg tablet	Add 30/fill
Opsynvi 10-20 mg tablet	Add 30/fill
Rinvoq LQ 1 mg/ml solution	Add 360 ml/30 days

Simlandi(CF) AI 40 mg/0.4 ml	Add 2/28 days
Vijoice 50 mg granule packet	Add 28/28 days
Xalkori 20 mg pellet	Add 120/fill
Xalkori 150 mg pellet	Add 120/fill
Xalkori 50 mg pellet	Add 120/fill
Xcopri 25 mg tablet	Add 30/fill
Zymfentra 120 mg/ml pen kit	Add 2/28 days
Zymfentra 120 mg/ml syringe kit	Add 2/28 days
Adalimumab-RYVK(CF) 40 mg syringe	Add 2/28 days
Adbry 300 mg/2 ml autoinjector	Add 2/28 days
Austedo XR 18 mg tablet	Add 30/fill

Austedo XR 6 mg tablet	Change from 90/fill to 30/fill
Austedo XR titration (12-18-24-30 mg)	Add 28/fill
Dasatinib 20mg tablet	Add 90/fill
Dasatinib 50mg tablet	Add 30/fill
Dasatinib 70mg tablet	Add 60/fill
Dasatinib 80mg tablet	Add 30/fill
Dasatinib 100mg tablet	Add 30/fill
Dasatinib 140mg tablet	Add 30/fill
Fasenra 10 mg/0.5 ml syringe	Add 1/56 days
L-glutamine 5 g powder packet	Add 180/30 days
Mekinist 0.05 mg/ml solution	Change from 12/fill to 14/fill

Octreotide acetate 20mg ER vial	Add 2/28 days
Octreotide acetate 30mg ER vial	Add 1/28 days
Omvoh 100mg/ml syringe	Add 2/28 days
Otezla 10-20mg starter 28 day	Add 55/365 days
Otezla 20mg tablet	Add 60/30 days
Quazepam 15mg tablet	Add 15/fill
Retevmo 40mg capsule	Change from 180 to 90/fill
Retevmo 40mg tablet	Add 90/fill
Retevmo 80mg capsule	Change from 120 to 60/fill
Retevmo 80mg, 120mg, 160mg tablet	Add 60/fill
Scemblix 100 mg tablet	Add 120/fill

Scemblix 20 mg tablet	Change from 600/fill to 60/fill
Scemblix 40 mg tablet	Change from 300/fill to 60/fill
Taltz 20mg/0.25ml syringe	Add 1/28 days
Taltz 40mg/0.5ml syringe	Add 1/28 days
Talzenna 0.1mg capsule, softgel	Add 30/fill
Talzenna 0.35mg capsule, softgel	Add 30/fill
Thalomid 100mg capsule	Change from 30/fill to 112/fill
Thalomid 50mg capsule	Change from 30/fill to 28/fill
Torpenz 2.5mg tablet	Add 30/fill
Torpenz 5mg tablet	Add 30/fill
Torpenz 7.5mg tablet	Add 30/fill

Torpenz 10mg tablet	Add 30/fill
Zaleplon 10mg capsule	Change from 60/fill to 30/fill
Zejula 100mg capsule, tablet	Change from 90/fill to 30/fill
Zejula 200mg tablet	Add 30/fill
Zejula 300mg tablet	Add 30/fill

2024 Prior Authorization Updates

	Change
numab (Simponi)	<p>Medicare: Updating to include additional pre-requisite option for Ulcerative Colitis to match other non-preferred ICCV criteria.</p> <p>Commercial: Updating to include Tyenne, a tocilizumab biosimilar as another preferred product option</p>
Spinosad [Spinosad suspension]	Commercial: Updating age to reflect use in treatment of scabies specific scabies criteria in “other criteria” section. Removing treatment option, since discontinued in United States.
Actemra (Kevzara)	<p>Medicare: Updating to include new FDA-approved indication for polyarticular juvenile idiopathic arthritis.</p> <p>Commercial: Adding in polyarticular juvenile idiopathic arthritis. Adjusting language to Actemra, since the biosimilar Tyenne is preferred product.</p>

ankizumab (Skyrizi)	Medicare: Adding in Ulcerative Colitis criteria due to recent FDA labeling update. Commercial: Updating plaque psoriasis criteria and adding in Ulcerative Colitis criteria.
adalimumab (Humira)	Medicare & Commercial: Updating age for psoriatic arthritis based on FDA labeling update.
pitolisant (Briqo)	Commercial: Updating criteria to reflect change in FDA labeling for pediatric use in patients with EDS with narcolepsy. Removing from Medicare, since non-formulary drug.
thalidomide (Thalomid)	Medicare: Adding in off-label use for histiocytic neoplasms based on NCCN update.
bempedoic acid (Neymo), bempedoic acid/ezetimibe (Neymo)	Medicare: Adding in primary hyperlipidemia due to FDA labeling update.
miltefosine (Oxaviro)	Medicare & Commercial: Adding in off-label use for ameba related infections.
ozanimod (Zosia)	Medicare: Adding in Skyrizi as an additional pre-requisite option for Ulcerative Colitis. Commercial: Updating criteria to align with ESI's standard ICCV.
Vigabatrin (Sabril) for Epilepsy Therapy	Medicare: Adding Vigafyde oral solution to policy. Removed reference to closed formulary.
Biologics Products Reviewed by	Adding in new drug Rytelo
Topical Ophthalmic Prostaglandin	Commercial: Adding in Lumigan to policy – this was incorrectly removed from the policy in preparation for CY2024.
Rystiggo	Medicare: Updating to remove BvsD determination. CMS has indicated that Part B will not cover Rystiggo since it requires a health care provider to administer.
Humira SC	Medicare & Commercial: Adding in Skyrizi as an additional pre-requisite option for Ulcerative Colitis.

ivoh (mirikizumab-mrkz us)	Medicare & Commercial: Adding in Skyrizi as an additional preoption for Ulcerative Colitis.
sipity (estrasimod tablet)	Medicare & Commercial: Adding in Skyrizi as an additional preoption for ulcerative colitis.
amvo	Medicare: Updating to remove step through injectable methotrexate in CMS, generally not allowed to require step through a more invasive administration.
govy	Medicare: Updating to remove formal lifestyle program component. Medicare would not allow treatment parameters that are not managed by a physician.
nfentra (infliximab-dyyb)	Commercial: New PA – currently only applies to commercial line of business and is part of ESI's ICCV program.
rtolizumab pegol (Cimzia)	Commercial and Medicare: Updating Medicare to add in new indication for polyarticular juvenile idiopathic arthritis. Updating commercial with ESI's ICCV criteria
mfya (Guselkumab)	Commercial and Medicare: Updating Medicare to add in new indication for ulcerative colitis. Updating commercial to align with ESI's ICCV criteria
pixent (dupilumab)	Medicare: Updating chronic rhinosinusitis with nasal polyposis indication restriction due to FDA labeling update. Addition of criteria for new indication, COPD.
peyo (budesonide delayed-release capsule)	Commercial and Medicare: Adjusting proteinuria value based on KDIGO guidelines.
Anticonvulsant Therapy	Medicare: Adding Oxcarbazepine ER (generic Oxtellar XR) to preferred list
Biologics Products Reviewed by	Medicare: Adding in Lazcluze, Tecentriq Hybreza, Tevimbra, Torisel (generic everolimus product) and Voranigo.
Comparative	Commercial and Medicare: Updating urine protein and urine protein to creatinine ratio based on KDIGO guidelines

gembi	Medicare: Medicare NCD now available, updating to align with and FDA package insert. Commercial and Healthcare Exchange authorizations will utilize CCUM's standard criteria.
unla	Medicare: New PA

2025 Prior Authorization (PA) updates

	Change
ic ODT	Commercial: Updating criteria on acute treatment related to
vy	Commercial: Updating to step through one triptan; related to discussion
oasmodic Therapy	Commercial: Removing Myrbetriq (non-formulary in 2025) an with generic mirabegron
ow	Commercial: Updating criteria to step through Ubrelyvy or Nur related to rebate discussion
Custom Criteria (non- eria)	Medicare: Creating specific criteria for Bylvay
	Medicare: Creating specific criteria for Livmarli
	Medicare: Creating specific criteria for Oxervate
matropin (Genotropin, expro)	Commercial: Removing non-formulary medications. Updatin match ESI's standard criteria.
ercept (Enbrel)	Medicare: Removing BSA for diagnosis of plaque psoriasis. R reference to adequate dose/duration for prerequisite therapy psoriatic arthritis criteria.
tosterone	Commercial and Medicare: Updating covered testosterone p Commercial and Medicare.

adalimumab (Humira and	Medicare: Removing BSA for diagnosis of plaque psoriasis. Add restriction for hidradenitis suppurativa. Removing azathioprine and tacrolimus as pre-requisite options for uveitis. Remove language of adequate dose/duration of pre-requisite therapy for psoriatic arthritis criteria.
akinra (Kineret)	Medicare: Updating pre-requisite trials for Still's and SJIA.
ritolizumab pegol (Cimzia)	Medicare: Removing BSA requirement for plaque psoriasis diagnosis.
rapenazine	Commercial and Medicare: Removing severity requirement for dyskinesia diagnosis.
eltrombopag (llyzaiz)	Commercial and Medicare - Updating criteria for diagnosis of anemia.
ilimumab (Simponi)	Medicare: Updating criteria to remove severity piece to psoriatic arthritis criteria.
stekinumab (Stelara)	Medicare: Removing BSA for diagnosis of plaque psoriasis. Specific pre-requisites for psoriatic arthritis only applies to adults; removing referring to adequate dose/duration on pre-requisite trials.
ilizumab (Actemra)	Medicare: Updating to remove methotrexate and leflunomide as pre-requisite options in systemic juvenile arthritis. Removing azathioprine as pre-requisite option for giant cell arteritis. In both situations, the pre-requisite options do not share the same indication for use.
atacept (Orencia)	Medicare: Clarifying that psoriatic arthritis pre-requisite trials only apply to adults; removing language of adequate dose/duration for pre-requisite trials.
ozla (apremilast)	Medicare: Updating Behcet's criteria to remove mycophenolate mofetil as pre-requisite therapy. Updating plaque psoriasis to differentiate diagnosis criteria for adults vs pediatrics.

sentyx	Medicare: Removing BSA requirement for plaque psoriasis. Specific pre-requisite trial for psoriatic arthritis only applies to adult patients removing adequate dose/duration on pre-requisite trial.
ixekizumab (Taltz)	Medicare: Removing BSA criteria for plaque psoriasis diagnosis
metaxalone (Austedo)	Medicare: Removing reference to tardive dyskinesia level of severity noted this is inconsistent with FDA-approved labeling.
sodium oxybate (Xypro)	Medicare: Updating age restriction. Removing pre-requisite medication trials for narcolepsy with cataplexy.
tocilizumab (Kevzara)	Medicare: Updating age restriction to specifically call out rheumatoid arthritis and polymyalgia rheumatica; use in pJIA can occur at age as long as patient is 63 kg or greater.
brodalumab (Siliq)	Medicare: Removing BSA requirement from plaque psoriasis criteria
guselkumab (Tremfya)	Medicare: Removing BSA requirement for diagnosis of plaque psoriasis. Removing language of adequate dose/duration on pre-requisite trial for plaque psoriasis. Adding in criteria for ulcerative colitis.
dupilumab (Dupixent)	Medicare: Removing methotrexate as a pre-requisite therapy for dermatitis; clarifying pre-requisite medication trials are for patients 12 and older.
omalizumab (Fasenra)	Commercial and Medicare: Updating FEV1 requirement for the population based on the clinical trials.
teduglutide (Tetex)	Commercial and Medicare: Removing exclusion for biliary and/or pancreatic disease. Per CMS review, this is not supported by label. Recommendations are for monitoring and further evaluation if clinically meaningful changes are seen.
secukinumab (Cosentyx)	Medicare: Removing BSA requirement for plaque psoriasis diagnosis
inotersen (Inotersen)	Commercial and Medicare: removing PND and NIS as options for approval based on CMS review stating not consistent with FDA

platelet (Avatrombopag)	Commercial and Medicare - CMS requested update that include a new class of prerequisite therapies for treatment of chronic immune thrombocytopenia.
IL-17 inhibitor (Skyrizi)	Medicare: Removing BSA as requirement for plaque psoriasis diagnosis. Removing language of adequate dose/duration for pre-requisite psoriatic arthritis criteria.
NT-proBNP	Medicare: Removing requirement of NT proBNP following CMS request.
Apremilast (Rinvoq)	Medicare: Removing methotrexate as a pre-requisite for atopic dermatitis.
Levemir Insulin	Medicare: Updating to remove Levemir per CMS request (product discontinued at end of year).
Octreotide (Octreotide)	Medicare: Removing treatments and therapies as required documentation.
Amikacin sulfate (Amikacin) with nebulizer accessories	Medicare: Removing criteria for cystic fibrosis due to CMS kick out to no compendial support for use in this situation.
Belimumab (Belimumab)	Medicare and Commercial: Per CMS kick out: Unable to request parameters for improvement for continuation of therapy review criteria of an eGFR less than 30 is not supported in the labeling. Address both items.
Pasireotide (Pasireotide)	Medicare and Commercial: Removing medication history from medical information.
Abrocitinib (Abrocitinib)	Medicare: Removing methotrexate as a pre-requisite therapy for atopic dermatitis.
Tralokinumab (Tralokinumab)	Commercial and Medicare: Removing methotrexate as a pre-requisite due to lack of sharing the same indication.
Diagnosis (Diagnosis)	Commercial and Medicare: Removing BSA requirement for diagnosis of plaque psoriasis.

agents for Gaucher Disease	Commercial and Medicare: Adding in hepatologist as additional option
truselx (bimekizumab-bkxz)	Commercial and Medicare: Removing BSA requirements for plaque psoriasis diagnosis
Integrity	Commercial and Medicare: Adding in commercial criteria related discussions.
Humira	Medicare: Updating to remove pre-requisites that include over-the-counter and non-drug treatment modalities.

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

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. 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.

