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Manufacturer Copayment Cards

Many brand name medications have manufacturer copayment cards available. When these cards are used, the pharmacy bills the patient's insurance, and then the copayment is billed to the manufacturer, reducing the out-of-pocket cost to the patient. There are a few things to consider before giving a copayment card to a patient.

- Manufacturer copayment cards cannot be used with Medicare Part D prescription coverage. This is due to an Anti-Kickback Statute.
- A commercial or self-insured patient may pay less out-of-pocket for their medication. However, if there is a lower cost or generic medication available that has not been tried first, prescribing the product with the copayment card can drive up overall drug spend for the insurer.

Contact Network Health
Pharmacy Department

Pharmacy Review Preferred
Drug List

There are tools available to help your patients save money on prescriptions without the use of manufacturer copayment cards.

- Use the real time pricing tools to see the true costs of the medication
- Reach out to your Network Health pharmacy team to discuss more cost effective options
- If a brand name prescription is needed, consider manufacturer assistance programs for Medicare Part D patients
 - Qualification is based on income and/or yearly drug spend
 - Qualifying patients could get the medication directly from the manufacturer for a period of time
 - A good reference to find these programs is rxassist.org

Chantix[®] Recall

On September 16, 2021, Pfizer, Inc. voluntarily issued a product-wide recall on Chantix 0.5 mg and 1 mg tablets due to the presence of nitrosamine as N-nitroso-varenicline at levels above the U.S. Food & Drug Administration (FDA) acceptable intake limit, which poses a theoretical increased risk of cancer from long term ingestion. This is an expansion to their previous lot-specific recalls that occurred on July 2, July 19 and August 18.

If you prescribed Chantix 0.5 mg or 1 mg tablets to a patient, and the prescription was filled in the past six months, you and your patient will both receive a notification letter from Network Health, providing more detail about the drug recall and what to do. Additional information can be found [here](#).

Varenicline, a generic version for Chantix, recently became available. In addition, alternative treatment options that may be considered for smoking cessation include

the following.

Medication Name	Medicare Cost	Commercial Tier	Healthcare Exchange Tier
Varenicline	Tier 3	\$0 cost to members 18 and older	\$0 cost to members 18 and older
Bupropion HCl products	Bupropion HCl SR – Tier 1	\$0 cost to members 18 and older (Buproban® and Zyban®)	\$0 cost to members 18 and older (bupropion HCl smoking deterrent products)
Nicoderm® CQ	Over-the-counter	Over-the-counter	\$0 cost to members 18 and older
Nicorette® buccal gum or lozenge	Over-the-counter	Over-the-counter	\$0 cost to members 18 and older
Nicotrol®	Tier 3	\$0 cost to members 18 and older	\$0 cost to members 18 and older
Nicotrol NS	Tier 3	\$0 cost to members 18 and older	\$0 cost to members 18 and older

Our Response to Coronavirus

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

The Dangers of Using Ivermectin for the Treatment and Prevention of COVID-19

It's been about a year and a half since the World Health Organization (WHO) declared COVID-19 a pandemic. In that time, we have seen many different drugs come into prominence as potential treatments or preventives for the virus. Although drugs such as hydroxychloroquine and dexamethasone have been investigated, remdesivir, an antiviral, is the only FDA-approved drug for the treatment of patients hospitalized with severe COVID-19 infection. In clinical trials, remdesivir was shown to reduce length of hospitalization, but was not proven to reduce mortality.¹

The latest drug to receive attention is ivermectin, an anthelmintic drug used primarily in the United States to treat lice and scabies. Ivermectin came into prominence after an in vitro study demonstrated the potential for high doses of ivermectin to inhibit SARS-CoV-2 and decrease viral load.² Despite the initial study's findings, no subsequent study has produced evidence of in vivo efficacy. Currently, ivermectin is not FDA approved for the treatment or prevention of COVID-19 and there is no evidence that ivermectin is safe or effective for this use, although there are ongoing clinical trials in the United States recruiting participants to investigate these indications.³ Additionally, the American Medical Association (AMA), the American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) have released a joint statement calling for an end to the prescribing, dispensing and use of ivermectin for COVID-19 indications outside of the ongoing clinical trials.⁴

Despite the lack of data regarding its effectiveness, the United States has seen a sharp increase in the prescribing of ivermectin and off-label use of over-the-counter veterinary formulations of the drug. In July 2021, poison control centers reported a five-fold increase from baseline in the number of calls due to human exposure to ivermectin.⁵ Exposure to toxic levels of ivermectin can cause nausea, vomiting, diarrhea, hypotension and neurologic effects including confusion, seizure, coma and death. It is vital that we educate patients about the dangers of taking ivermectin without a prescription and to avoid using ivermectin products meant for veterinary use.

As the pandemic progresses and we learn more about how to effectively treat and prevent the virus, it is important that we continue to practice evidence-based medicine and avoid jumping on to the next "miracle cure" before it has been adequately studied. Clinical trials are necessary to not only prove efficacy but also safety. Using medications at unstudied doses and durations based on observational uncontrolled data is risky and may cause harm to patients. The best way to prevent your patients from contracting and spreading COVID-19 is to promote vaccination and following distancing and masking guidelines.

References

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Pharmacy and Therapeutic Changes for September 2021

New Drug Additions

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

Bronchitol ^{®1}	M ¹
Fotivda [®] PA ² , QL ³	M, C
Jemperli [®] PA ²	M, C
Pepaxto ^{®4} PA ⁵	C
Ponvory [™] QL	M, C
Qelbree [™] QL	M, C

Ukoniq® PA², QL³

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. Excluded on the commercial formulary and Medicare closed formulary
2. PA for commercial will be handled by eviCore. PA for Medicare will be handled by Express Scripts.
3. Quantity limit only applies to commercial line of business
4. Excluded from Part D coverage on the Medicare formulary
5. PA for commercial will be handled by eviCore

Medicare Quantity Level Limit Updates

Medication	Dosage	Quantity/Supply
Jatenzo®	158, 198 mg capsule	120/30 days
Jatenzo	237 mg capsule	60/30 days
Kerendia®	10 mg, 20 mg tablet	30/30 days

Commercial Quantity Level Limit Updates

Medication	Dosage	Quantity/Supply
Afinitor Disperz®	2, 5 mg tablet	60/30 days changing to 30/30 days
Afinitor Disperz	3 mg tablet	90/30 days changing to 30/30 days
Arformoterol	15 mcg/2 ml solution	60/fill
Epidiolex®	100 mg/ml solution	Removing quantity level limit
Formoterol	20 mcg/2 ml nebulizer	60/fill
Kerendia	10 mg, 20 mg tablet	30/30 days

Prior Authorization Updates

Commercial and Medicare

- **Tazarotene** - Updated criteria to list anti-acne preparations that must have been tried
- **Testosterone** - Updated gender dysphoria criteria to remove reference to patient's ability to make an informed, mature decision to engage in therapy
- **Cotellic® and Zelboraf®** - (BRAF mutations in malignant melanoma) - Added central nervous system (CNS) cancer and histiocytic neoplasm based on NCCN update
- **Mekinist® and Tafinlar®** - (BRAF mutations in malignant melanoma) Added biliary tract cancer, CNS cancer and histiocytic neoplasm based on NCCN update
- **Lonsurf® (trifluridine and tipiracil)** - (metastatic colorectal cancer) removed reference to mutation type and prerequisite medication trials per NCCN updates
- **Epclusa®** - New FDA-approved indication for patients age 3 and older; previously was only approved for patients age 6 and older
- **Mavyret® (glecaprevir/pibrentasvir)** - New FDA-approved indication for patients age 3 and older; previously was only approved for patients age 12 and older.
- **Turalio®** - Added histiocytic neoplasm as an approvable diagnosis based on NCCN updates
- **Trikafta® (elexacaftor/tezacaftor/ivacaftor)** - New FDA-approved indication for patients age 6 years old; previously was only approved for patients age 12 and older
- **Ayvikait™ (avapritinib)** - Added new FDA-approved diagnosis of systemic mastocytosis
- **Evrysdi®** - Removed exclusion that includes patients with evidence of hepatic impairment
- **Zeposia® (ozanimod)** - New prior authorization
- **Empaveli™ (pegcetacoplan)** - New prior authorization

Medicare

- **Vfend® IV vial (voriconazole)** - (anti-fungal IV) New prior authorization for Medicare beginning 2022

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 Preferred Drug List

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 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.

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).



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