January and March 2026

The script

network health
Dispensing pharmacy updates and guidance

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Medicare GLP-1 Bridge Program

BALANCE Model Reminder: Access to the GLP-1 medications for weight loss under the Centers for Medicare and Medicare Services (CMS) Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) Model will begin in January 2027. It is important to note that Part D sponsors must apply and be approved to participate. **Part D beneficiaries must enroll in a plan that has been approved to participate in the BALANCE Model for access to GLP-1 medications for weight loss in 2027.** Additional information about the BALANCE Model, including application materials, has not yet been released by CMS to Part D sponsors.

GLP-1 Bridge Announcement: CMS is providing eligible Medicare Part D beneficiaries with early access to GLP-1 medications for weight loss through a separate short-term demonstration called the Medicare GLP-1 Bridge. Eligible medications include Wegovy® (injection and tablets) and Zepbound®. This program

will begin on July 1, 2026, and end on December 31, 2026, serving as a bridge to the BALANCE Model.

To qualify for coverage under the GLP-1 Bridge, Medicare beneficiaries must meet certain prior authorization (PA) criteria and be enrolled in a standalone prescription drug plan (PDP) or Medicare Advantage (MA) that offers prescription drug coverage (MA-PD plans) in CY 2026. Part D beneficiaries in Special Needs Plans (SNPs) and employer/union group waiver plans (EGWPs) are also eligible.

GLP-1 Bridge PA Criteria: For a beneficiary to qualify for the Medicare GLP-1 Bridge, a provider must submit a PA request that attests the beneficiary meets the following criteria:

The beneficiary is prescribed the requested drug to reduce excess body weight and maintain weight reduction in combination with current and ongoing lifestyle modification including structured nutrition and physical activity consistent with the applicable FDA approved label, AND ONE of the following (1, 2 or 3):

1. At least 18 years of age and has a body mass index (BMI) ≥35 at the time of initiation of GLP-1 therapy, or
2. At least 18 years of age and has a BMI ≥30 at the time of initiating GLP-1 therapy with a diagnosis of at least one of the following (a, b or c):
    a. heart failure with preserved ejection fraction, or
    b. uncontrolled hypertension (defined as systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg, despite concurrent treatment with two antihypertensive medications), or
    c. chronic kidney disease stage 3a or above, or
3. At least 18 years of age and has a BMI ≥27 at the time of initiating GLP-1 therapy with a diagnosis of at least one of the following (a, b, c or d):
    a. pre-diabetes (as defined by American Diabetes Association guidelines), or
    b. previous myocardial infarction, or
    c. previous stroke, or
    d. symptomatic peripheral artery disease.

CMS will be using a single central processor to manage the prior authorization, claims adjudication and payment to pharmacies for the Medicare GLP-1 Bridge, meaning the provider will submit a prior authorization request to the **central processor** (Note: this will NOT be Network Health Plan) rather than to the eligible beneficiary's Part D plan.

When a provider prescribes a GLP-1 drug to a beneficiary for a use eligible for coverage under the basic Part D benefit, the provider will need to complete the applicable utilization management requirements through the beneficiary's Part D plan.

GLP-1 Bridge Beneficiary Cost: All eligible beneficiaries who obtain a GLP-1 through the GLP-1 Bridge program will be responsible for a $50 copay per month supply. It is important to note that no part of the $50 copay will count toward the beneficiary's true out-of-pocket costs (TrOOP) under their Part D plan. In addition, the $50 copay would remain the same, regardless of the phase of the Part D benefit an eligible beneficiary is in when they fill the prescription. Similarly, low-income cost-sharing subsidies would also not apply to any portion of the copay.

Note: Details of the GLP-1 Bridge and BALANCE Model are subject to change. CMS will provide additional information on the design of the Medicare GLP-1 Bridge in Spring 2026.

HealthConnect360

Effective May 1, 2026, Network Health is partnering with Express Scripts/Evernorth to offer Health Connect 360 (HC360).

This is a comprehensive clinical support program designed to improve medication adherence, address therapy challenges, and reinforce safe prescribing for Medicare members.

HC360 integrates pharmacist-led outreach, multi-channel engagement, safety surveillance, and advanced reporting to help identify barriers earlier and support patients more consistently between office visits

The Network Health Pharmacist team will work in conjunction with the HC360 team to coordinate and improve adherence related outcomes. In addition, this will also enhance Clinical Integration (CI) adherence activities.

What HealthConnect360 Offers Providers:

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1. Clinician Connect – Pharmacist-Led Adherence Support
Pharmacists proactively contact patients who may be struggling with adherence to diabetes, hypertension, or lipid lowering therapies. Consultations focus on treatment goals, barriers, and ongoing support throughout the year.

2. Adherence Care Plans - Mult-Channel Patient Engagement
Five distinct patient programs support different stages of the medication journey:

- New to therapy
- Early refill challenges
- Refill reminders
- Maintaining adherence
- Improving adherence

Outreach is delivered via email, text, direct mail, and automated voice to help patients stay engaged and on schedule.

3. RationalMed – Clinical Safety Interventions
RationalMed integrates medical, pharmacy, and lab data to identify potential health and safety risks.
Evidence-based alerts are delivered to providers through the EHR, helping support safer prescribing and timely clinical action.

How do providers benefit?

- Improved medication adherence across key chronic conditions
- Enhanced visibility into safety concerns, adherence gaps, and medication use patterns
- More coordinated care with pharmacist support reinforcing treatment plans

Our Commitment to Supporting Your Patients

Health Connect 360 is designed to reinforce the work you do every day by helping patients stay adherent, informed, and connected to their care plans. We look forward to partnering with you in improving patient outcomes and supporting safer, more

effective medication use.

For questions, please reach out to Andy Wheaton – Director of Pharmacy – awheaton@networkhealth or 920-720-1612

Pharmacy and Therapeutic Changes for September and November 2025

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Andembry	M, C[1]				
Anzupgo	M, C[1]				
Blujepa	M, C[1]				
Brinsupri	M, C[1]				
Exxua ER	C[2]				M[3]
Orlynyah	M, C[1]				
Wayrilz	M, C[1]				
Dawnzera	M, C[1]				
Jascayd	M, C[1]				
Lynkuet	M, C[1]				
Rhapsido	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. Excluded on Medicare & Commercial
2. Excluded on Commercial
3. PA & QLL on Medicare Only

Medicare Quantity Level Limit Updates

Medication	**Quantity/Supply**
Exxua 18.2 mg titration pack	Add 32 tablets/90 days
Hyrnuo 10 mg tablet	Add 120 tablets/30 days
Inluriyo 200 mg tablet	Add 60 tablets/30 days
Komzifti 200 mg capsule	Add 90 tablets/30 days
Koselugo 5 mg sprinkle capsule	Add 600 capsules/30 days
Koselugo 7.5 mg sprinkle capsule	Add 360 capsules/30 days
Pazonib 400 mg tablet	Add 60 tablets/30 days
Selarsdi 45 mg/0.5 ml vial	Add 0.5 ml/28 days
Stoboclo 60 mg/ml syringe	Add 1 ml per 180 days
Zoryve 0.05% cream	Add 60 grams/30 days
Perampanel 0.5 mg/ml oral suspension	Add 720 ml/30 days
Shingrix 50 mcg/0.5 ml syringe	Add 0.5 ml/1 day

Vraylar 0.5 mg, 0.75 mg capsule	Add 30 capsules/30 days
Xpovio 80 mg once weekly dose	Add 4 tablets/28 days

Commercial Quantity Level Limit Updates

Medication	**Quantity/Supply**
Brekiya 1 mg/ml autoinjector	Add 4 autoinjectors/fill
Selarsdi 45 mg/0.5 ml vial	Add 1 vial/84 days
Valtoco 5 mg nasal spray	Change from 2 nasal sprays/fill to 10/fill
Valtoco 10 mg nasal spray	Change from 2 nasal sprays/fill to 10/fill
Valtoco 15 mg nasal spray	Change from 2 nasal sprays/fill to 10/fill
Valtoco 20 mg nasal spray	Change from 2 nasal sprays/fill to 10/fill
Xofluza 20 mg tab (40 mg dose)	Remove 1 tab/fill (NDCs obsolete)
Omvoh 200 mg/2 ml pen, syringe	Add 2 ml/28 days

Rinvoq ER 45 mg tablet	Change from 56 tablets/365 days to 84/365 days
Starjemza 90 mg/ml syringe	Add 1 syringe/56 days
Starjemza 45 mg/0.5 ml syringe, vial	Add 1 vial/84 days

Prior Authorization (PA) Updates

Policy	**Change**
Inflammatory Care Conditions Value (ICCV) Program	Request to move to annual vote to continue to enroll into ESI's ICCV standard policy offering
FCR PAR-100 Xywav	Commercial, Healthcare Exchange and Medicare: Updated formulary alternatives (sodium oxybate is preferred alternative on HIX line of business only)
FCR PAR-102 Wakix	Commercial and Healthcare Exchange: Updating line of business that the policy applies to (Wakix on Medicare formulary). Updated formulary alternatives.
FCR PAR-104 Non-formulary VMAT Inhibitors (Austedo and Ingrezza)	Commercial, Healthcare Exchange and Medicare: Added Austedo to policy and updating formulary alternatives.

FCR PAR-105 Camzyos	Commercial, Healthcare Exchange and Medicare: Updating to include additional formulary alternatives based on Obstructive Hypertrophic Cardiomyopathy guidelines.
FCR PAR-109 Tyvaso	Commercial, Healthcare Exchange and Medicare: Updating formulary alternatives based on line of business
FCR PAR-110 Jynarque	Commercial, Healthcare Exchange and Medicare: Updating to include generic (tolvaptan) as formulary alternative for Medicare and Healthcare Exchange.
FCR PAR-113 Ogentys	Commercial, Healthcare Exchange and Medicare: Added Rytary ER and MAO-B inhibitors as additional pre-requisite therapyies.
FCR PAR-116 Uptravi	Commercial and Healthcare Exchange: Updating to remove Medicare from policy, as it is a formulary drug. Updating formulary alternatives per line of business.
FCR PAR-117 Attruby	Commercial, Healthcare Exchange and Medicare: Removed step through Vyndamax
FCR PAR-120 Ohtuvayre	Commercial, Healthcare Exchange and Medicare: Updating preferred alternatives based on formulary.
FCR PAR-124 Wegovy	Commercial, Healthcare Exchange and Medicare: Updated to apply policy to Medicare line of business and require step through Rezdiffra for Medicare only.
FCR PAR-128 NF HAE Products	Commercial, Healthcare Exchange and Medicare: Updating formulary alternatives based on line of business.

FCR PAR-129 NF PAH Products	Commercial, Healthcare Exchange and Medicare: Updating formulary alternatives by line of business
FCR PAR-130 Vyndamax	Commercial and Medicare: New FCR policy
FCR PAR-131 Brinsupri	Commercial and Medicare: New FCR policy
PAR-267 Xolair	Commercial and Medicare: Updating initial coverage determination on asthma and CIU: 4 months deemed overly burdensome by CMS.
PAR-276 Anakinra (Kineret)	• Commercial: Removing criteria – moving to an annual review. • Medicare: Removing pre-requisite options for Still's disease based on CMS review.
PAR-283 Eltrombopag, Alvaiz	• Commercial and Medicare: Removing definition of chronic vs persistent ITP as CMS' noted it is inconsistent with FDA-approved labeling. Updated approval duration to 1 year for all indications.
PAR-286 Ustekinumab (Stelara)	• Commercial: Removing criteria – moving to an annual review. • Medicare: Removed step through conventional therapy for Crohn's disease per CMS kickout
PAR-287 Tocilizumab (Actemra)	• Commercial: Removing criteria – moving to an annual review. • Medicare: Updating GCA to remove corticosteroid pre-requisite following CMS' review.
PAR-315 Xeljanz	• Commercial: Removing criteria – moving to an annual review.

	• Medicare: Updated psoriatic arthritis age restriction to 2 years and older to align with updated FDA indication
PAR-337 Excluded/Non-formulary rugs – Commercial and HIX	Updating to include Healthcare Exchange Line of business
PAR-385 Basal Insulins	Commercial: Adjusting preferred insulin due to changes in the patient assurance program.
PAR-436 Nuedexta	Commercial and Medicare: Updating coverage duration. Initial approval of 3 months deemed overly burdensome by CMS.
PAR-483 Skyrizi	• Commercial: Removing criteria – moving to an annual review. • Medicare: Removed step through conventional therapy for Crohn's disease per CMS kickout. Additional note is an internal update and had been voted on/approved previously.
PAR 499 Rinvoq	• Commercial: Removing criteria – moving to an annual review. • Medicare: Updated Crohn's and UC to remove specification of what is accepted for systemic therapy. Updated GCA to remove corticosteroid trial per CMS kickout.
PAR-578 Haegarda	Commercial and Medicare: Per CMS kickout, updating to include coverage for normal levels of C1INH (HAE-n1-C1INH)
PAR-592 Kerendia	Commercial and Medicare: Updating to remove step through SGLT2 for DKD per CMS kickout

PAR-618 Tezspire	• Commercial and Medicare: Adding in new FDA indication for chronic rhinosinusitis with nasal polyposis
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding Beizray-albumin, Blenrep, Hyrnuo, Inluriyo, Komzifti, Lymphir
PAR-718 Amvuttra	Commercial, Healthcare Exchange and Medicare: Removing step through Vyndamax
PAR-719 Brukinsa	Medicare: Updating based on CMS kickout (cannot require failure of Calquence as guidelines do not support failure of a covalent BTK inhibitor to another covalent BTK inhibitor).
PAR-723 Zoryve	• Medicare: Updating initial coverage duration; CMS deemed 3 months overly burdensome
FCR PAR-105 Non-Formulary oHCM Products: Camzyos and Myqorzo	Medicare and Commercial: Added new product Myqorzo and updated criteria to be consistent for both products
FCR PAR-120 Non-Formulary: Ohtuvayre	• Medicare and Commercial: Added Nucala as formulary alt
FCR PAR-124 Wegovy	Commercial - Updating Wegovy policy to note Rezdiffra as a preferred alternative for Commercial formulary (recently updated formulary status)
PAR-233 Growth Hormones (Genotropin)	Medicare: Updated cut off points for confirmatory labs arginine and Macrilen
PAR-250 Etanercept (Enbrel)	Medicare: Updated GVHD coverage duration to 3 months per CMS feedback. Updated all other continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater
PAR-267 Omalizumab (Xolair)	Medicare and Commercial - Commercial and Medicare: Updated approval duration to 1 year for initial, lifetime for continuation

PAR-275 Adalimumab (Humira and biosimilars)	Medicare: Updated continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater
PAR-276 Anakinra (Kineret)	Medicare: Updating continuation coverage duration to lifetime
PAR-286 Ustekinumab (Stelara)	Medicare: Updated continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater
PAR-287 Tocilizumab (Actemra and Tyenne)	Medicare: Updating continuation coverage duration to lifetime
PAR-290 Topical Retinoid Products	Medicare: Updated coverage duration to lifetime
PAR-301 Tadalafil (Cialis)	Medicare, Commercial, Healthcare Exchange: Updated approval duration to 6 months for initial, lifetime for continuation
PAR-315 Tofacitinib (Xeljanz, Xeljanz XR and Xeljanz oral solution)	Medicare: Updating continuation coverage duration to lifetime. Updated to remove moderate to severe qualifier from PsA based on CMS feedback
PAR-333 Otezla (apremilast)	Medicare: Updated continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater for peds, removed for adults per CMS feedback
PAR-336 Idiopathic Pulmonary Fibrosis: Nintedanib (Ofev), Pirfenidone	Medicare and Commercial: Clarified IPF FVC requirement measured at baseline and changed PPF FVR requirement to 40% or greater
PAR-338 Cosentyx	Medicare: Updated continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater
PAR-344 PCSK9 Inhibitors: Repatha (evolocumab), Repatha Pushtronex	Commercial" Updating to align with rebate contract and maintain parity between Repatha and Praluent

(evolocumab), Praluent (alirocumab)	
PAR-353 Mepolizumab (Nucala)	Medicare and Commercial: Updated nasal polyps criteria based on ESI feedback. Updated approval duration to 1 year for initial, lifetime for continuation
PAR-416 Dupixent (dupilumab)	Medicare: Updated COPD criteria based on ESI feedback. Updated approval duration to 1 year for initial, lifetime for continuation. Updated AD and BP criteria based on CMS feedback
PAR-426 Benralizumab (Fasenra)	Medicare and Commercial: Updated approval duration to 1 year for initial, lifetime for continuation
PAR-483 Risankizumab (Skyrizi)	Medicare: Updated continuation coverage duration to lifetime. Updated psoriasis diagnostic criteria PASI score to 7 or greater
PAR-499 Upadacitnib (Rinvoq)	Medicare: Updating continuation coverage duration to lifetime
PAR-535 Nexletol (bempedoic acid), Nexlizet (bempedoic acid/ezetimibe)	Medicare and Commercial: Updated coverage duration to lifetime. Updated LDL threshold for patients with history of ASCVD based on CMS feedback
PAR-592 Kerendia (finerenone)	Medicare and Commercial - Removed trial of diuretic requirement for heart failure indication
PAR-603 Opzelura (ruxolitinib)	Medicare and Commercial - Updated coverage duration to 1 year for both indications based on CMS feedback
PAR-618 Tezspire (Tezepelumab-ekko)	Medicare and Commercial: Updated nasal polyps criteria based on ESI feedback. Updated approval duration to 1 year for initial, lifetime for continuation
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding Lunsumio Velo and Rybrevant Faspro

PAR-637 Dichlorphenamide	Medicare and Commercial: Updated hyperkalemic primary periodic diagnostic criteria based on CMS feedback
PAR-723 Zoryve (roflumilast)	Medicare: added new indication/new product Zoryve 0.05% cream, removed additional AD requirements as they were not present in RxFlex. Removed BSA requirements from all indications based on CMS feedback
PAR-725 Rezdiffra	Commercial - Adding Rezdiffra to Commercial formulary
PAR-727 Wakix (Pirolisant)	Medicare: Updating criteria to reflect new indication EDS or cataplexy in all patients 6 years and older
PAR-735 Stelara biosimilars (ustekinumab)	Commercial – New PA

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
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