



**July/August
2022**

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Future Changes to The Script: Going forward, we will be issuing The Script tri-annually. You can expect to see the same great content, now being delivered in April, August and December.

Coverage for Weight Loss Medications

GLP-1 agonists like Ozempic®, Trulicity® and Victoza® are gaining more and more traction in the weight loss treatment space. Mounjaro™ is yet a new class of medication, referred to as Glucose-dependent insulinotropic polypeptide (GIP)/Glucagon-like peptide (GLP-1) receptor agonists, that has a diagnosis for treatment of type 2 diabetes mellitus, but is being touted for its weight loss results. While these medications may be a much-desired option in a multi-modal approach for treating obesity, we do want to remind practitioners that Network Health does not cover medications for the purposes of weight loss. Specific information as it relates to each line of business is covered below:

- Medicare specifically outlines in the Medicare Prescription Drug Benefit Manual: Chapter 6 – Part D Drugs and Formulary Requirements that “agents when used for anorexia, weight loss, or weight gain (even if used for a non-cosmetic purpose (i.e., morbid obesity))” are excluded from Part D coverage.
- Our Commercial and Marketplace (Healthcare Exchange) lines of business include the exclusion for “any product dispensed for appetite suppression or weight loss.”

As a reminder, these medications are FDA approved for treatment in the setting of type 2 diabetes mellitus. Use in other conditions, including pre-diabetes, are considered off-label and are not covered by Network Health.

For those members who have type 2 diabetes, the cost of these agents can be a concern. As a reminder, Medicare members will likely reach the coverage gap by being on one of these products at which point they will pay 25% of the ingredient price until they hit the catastrophic phase. Please keep in mind finances when prescribing these medications and consider lower cost options where appropriate (e.g., metformin, glipizide and even SGLT2 inhibitors have a lower ingredient cost).

Table 1. Cost of various GLP-1 and GIP/GLP-1 agonist products

Medication	Dose Assumption	Ingredient Cost
Ozempic® 2 mg/dose	2 mg SQ once weekly	~\$875 for 1 month supply
Rybelsus®	14 mg PO once daily	~\$835 for 1 month supply
Trulicity® 4.5 mg/0.5 ml	4.5 mg SQ once weekly	~\$860 for 1 month supply
Victoza® 18 mg/3 ml	1.8 mg SQ once daily	~\$1,040 for 1 month supply
Mounjaro™ 15 mg/0.5 ml	15 mg SQ once weekly	~\$1000 for 1 month supply

Patient Assurance Program – \$25 Insulin Information for Commercial and Marketplace

Network Health is always working toward increasing accessibility and affordability of medications for our members. Back in 2020, Network Health introduced the Patient Assurance Program for members with commercial or Marketplace insurance (excluding transitional grandmothers and grandfathered plans). The program has undergone some minor tweaks regarding the preferred insulins. Below is a list of the preferred insulins for 2022.

Line of Business	Preferred Insulins
Commercial	NovoLog®, Semglee®-YFGN, Humulin R U-500, Levemir®
Marketplace (Healthcare Exchange)	Humalog®, Semglee®-YFGN, Humulin, Lyumjev™

Here are a few key takeaways from the program.

- Semglee®-YFGN is a different product from Semglee®, so make sure members are being prescribed the YFGN version.
- Members are automatically enrolled into the program, which will bring preferred insulin copayments down to just \$25 for a 30-day supply or \$75 for a 90-day supply.
- Members will receive this benefit at either in-network retail pharmacies or through ESI mail order.
- There are no coupons, additional enrollments or forms to fill out in order for the member to participate.
- Most members will realize a 40 percent or more reduction in out-of-pocket costs on preferred insulin products.

Pharmacy and Therapeutic Changes for July 2022

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Adbry™	PA, QL¹				M, C
Cibinqo™	PA, QL				M, C
Ibsrela®					M, C
Recorlev®	Excluded				
Tezspire™	PA, QL²				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. QLL Applies to Commercial Only
2. QLL Applies to Medicare Only

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Camzyos 2.5 mg, 5 mg, 10 mg, 15 mg capsule	30/30 days
Mounjaro™ 2.5 mg/0.5 ml pen	2/28 days
Mounjaro™ 5 mg/0.5 ml pen	2/28 days
Mounjaro™ 7.5 mg/0.5 ml pen	2/28 days

Mounjaro™ 10 mg/0.5 ml pen	2/28 days
Mounjaro™ 12.5 mg/0.5 ml pen	2/28 days
Mounjaro™ 15 mg/0.5 ml pen	2/28 days
Mounjaro™ 25 mg/0.5 ml pen	2/28 days
Nucala 40 mg/0.4 ml syringe	1/28 days
Paxlovid™ 150-100 mg tablet	30/180 days
Pirfenidone 267 mg tablet	270/30 days
Pirfenidone 801 mg tablet	90/30 days
Quviviq™ 25 mg, 50 mg tablet	30/30 days
Talzenna® 0.5 mg, 0.75 mg	30/30 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Copiktra® 15 mg, 25 mg capsule	Updating from 60/fill to 56/fill
Emgality® 100 mg/ml syringe	Updating from 1/30 days to 3/30 days
Farydak® 10, 15 and 20 mg capsule	Remove QLL (non-formulary drug)
Fluticasone propionate HFA 110 mcg	1/fill
Fluticasone propionate HFA 220 mcg	1/fill
Fluticasone-Vilanterol 100-25 mcg	1/fill
Fluticasone-Vilanterol 200-25 mcg	1/fill
Gavreto® 100 mg capsule	120/fill
Mayzent® 0.25 mg starter-1 mg maintenance	7/fill
Mayzent® 0.25 mg starter-2 mg maintenance	12/fill
Mayzent® 1 mg tablet	30/fill
Mounjaro™ 2.5 mg/0.5 ml pen	2/28 days
Mounjaro™ 5 mg/0.5 ml pen	2/28 days

Mounjaro™ 7.5 mg/0.5 ml pen	2/28 days
Mounjaro™ 10 mg/0.5 ml pen	2/28 days
Mounjaro™ 12.5 mg/0.5 ml pen	2/28 days
Mounjaro™ 15 mg/0.5 ml pen	2/28 days
Mounjaro™ 25 mg/0.5 ml pen	2/28 days
Nucala 40 mg/0.4 ml syringe	1/28 days
Pirfenidone 267mg tablet	270/30 days
Pirfenidone 801mg tablet	90/30 days
Victoza® 2-Pak 18mg/3ml pen	Updating from 9/30 days to 9/28 days
Victoza® 3-Pak 18mg/3ml pen	Updating from 9/30 days to 9/28 days
Ukoniq 200 mg tablet	Remove QLL (non-formulary drug)
Verkazia® 0.1% eye emulsion	68/fill
Victoza® 2-Pak 18 mg/3ml pen	Updating from 9/30 days to 9/28 days
Victoza® 3-Pak 18 mg/3 ml pen	Updating from 9/30 days to 9/28 days

Step Therapy (ST) Updates

Policy	Change
Commercial ST – Osteoporosis Therapy	Osteoporosis Therapy: Removing Evenity® from step therapy as this is already set up to be reviewed by CCUM

Prior Authorization (PA) Updates

Policy	Change
PAR-246_A Tazarotene (TAZORAC®, FABIOR) Halobetasol prop-Tazarotene Lotion 0.01-0.045% (Duobrii® Lotion) Arazlo® 0.045% Lotion	<ul style="list-style-type: none"> Commercial and Medicare: Adding in tapinarof (Vtama®)
PAR-277 Certolizumab Pegol (Cimzia)	<ul style="list-style-type: none"> Commercial: Updating to reflect ESI's most recent version of ICCV program Medicare: Updating to include Rinvoq® as additional

	pre-requisite option for AS
PAR-284 Golimumab (Simponi®)	<ul style="list-style-type: none"> Commercial: Updating to match ESI's current ICCV criteria Medicare: Adding in Rinvoq® as additional pre-requisite option for AS
PAR-287 Tocilizumab (Actemra®)	<ul style="list-style-type: none"> Commercial: Updating to reflect ESI's most recent version of ICCV program For 1.1.2023: Updating Medicare portion to require step through 2 preferred biologics due to rebate considerations (highlighted in green)
PAR-356 Taltz (ixekizumab)	<ul style="list-style-type: none"> Commercial: Updating criteria to reflect ESI's most current ICCV policy Medicare: Adding Rinvoq® as an additional pre-requisite option for AS
PAR-413 Tremfya® (Guselkumab)	<ul style="list-style-type: none"> Commercial: Updating criteria to match ESI's current ICCV policy. Medicare: Updating pre-requisite medications for Psoriatic arthritis (PsA). For 1.1.2023: Taltz will be removed as pre-requisite trial option for PsA. (highlighted green)
PAR-439 Intrarosa/Osphena®	<ul style="list-style-type: none"> Commercial and Medicare: Updating to reflect current FDA approved indications
PAR-448 Olumiant®	<ul style="list-style-type: none"> Commercial this year: Updating criteria to reflect ESI's current policy For 1.1.2023: Updating Medicare portion to include exclusion criteria and additional pre-requisite therapy option of Kevzara®. (highlighted in green)
PAR-465 Epidiolex® (Cannabidiol)	<ul style="list-style-type: none"> Commercial and Medicare: Adding in additional pre-requisite medication option for Dravet syndrome
PAR-489 OmniPods®, Cequr Simplicity	<ul style="list-style-type: none"> Medicare: Updating criteria to reference Cequr. Adjusted other criteria language to remove specific reference to Omnipod®
PAR-499 Upadacitinib (Rinvoq®)	<ul style="list-style-type: none"> Commercial: Updating criteria to reflect ESI's current ICCV policy Medicare: Adding in coverage for new FDA-approved indication of Ulcerative Colitis and Ankylosing Spondylitis. For 1.1.2023 (highlighted in green): Updating exclusion criteria and updating pre-requisite medications to match commercial criteria

Prior Authorization (PA) Updates

Policy	Change
PAR-246_A Tazarotene (TAZORAC®, FABIOR) Halobetasol prop-Tazarotene Lotion 0.01-0.045% (Duobrii® Lotion) Arazlo® 0.045% Lotion	<ul style="list-style-type: none"> Commercial and Medicare: Adding in tapinarof (Vtama®)

PAR-277 Certolizumab Pegol (Cimzia)	<ul style="list-style-type: none"> Commercial: Updating to reflect ESI's most recent version of ICCV program Medicare: Updating to include Rinvoq® as additional pre-requisite option for AS
PAR-284 Golimumab (Simponi®)	<ul style="list-style-type: none"> Commercial: Updating to match ESI's current ICCV criteria Medicare: Adding in Rinvoq® as additional pre-requisite option for AS
PAR-287 Tocilizumab (Actemra®)	<ul style="list-style-type: none"> Commercial: Updating to reflect ESI's most recent version of ICCV program For 1.1.2023: Updating Medicare portion to require step through 2 preferred biologics due to rebate considerations (highlighted in green)
PAR-356 Taltz (ixekizumab)	<ul style="list-style-type: none"> Commercial: Updating criteria to reflect ESI's most current ICCV policy Medicare: Adding Rinvoq® as an additional pre-requisite option for AS
PAR-413 Tremfya® (Guselkumab)	<ul style="list-style-type: none"> Commercial: Updating criteria to match ESI's current ICCV policy. Medicare: Updating pre-requisite medications for Psoriatic arthritis (PsA). For 1.1.2023: Taltz will be removed as pre-requisite trial option for PsA. (highlighted green)
PAR-439 Intrarosa/Osphena®	<ul style="list-style-type: none"> Commercial and Medicare: Updating to reflect current FDA approved indications
PAR-448 Olumiant®	<ul style="list-style-type: none"> Commercial this year: Updating criteria to reflect ESI's current policy For 1.1.2023: Updating Medicare portion to include exclusion criteria and additional pre-requisite therapy option of Kevzara®. (highlighted in green)
PAR-465 Epidiolex® (Cannabidiol)	<ul style="list-style-type: none"> Commercial and Medicare: Adding in additional pre-requisite medication option for Dravet syndrome
PAR-489 OmniPods®, Cequr Simplicity	<ul style="list-style-type: none"> Medicare: Updating criteria to reference Cequr. Adjusted other criteria language to remove specific reference to Omnipod®
PAR-499 Upadacitinib (Rinvoq®)	<ul style="list-style-type: none"> Commercial: Updating criteria to reflect ESI's current ICCV policy Medicare: Adding in coverage for new FDA-approved indication of Ulcerative Colitis and Ankylosing Spondylitis. For 1.1.2023 (highlighted in green): Updating exclusion criteria and updating pre-requisite medications to match commercial criteria
PAR-513 Revlimid® (lenalidomide)	<ul style="list-style-type: none"> Medicare: Based on Medicare review and requested follow-up: Updating covered uses and using "lenalidomide" terminology versus "Revlimid" due to recent launch of generic product
PAR-539 Fintepla®	<ul style="list-style-type: none"> Commercial and Medicare: Adding in new FDA indication of Lennox-Gastaut Syndrome
PAR-617 Adbry™ (tralokinumab-ldrm)	<ul style="list-style-type: none"> Medicare: inadvertently referenced "dupilumab" in other criteria – updating to "Adbry™" For Medicare 1.1.2023: Updating pre-requisite trials

	(highlighted in green)
PAR-636 Radicava® ORS (edaravone)	<ul style="list-style-type: none"> Commercial and Medicare: New PA
PAR-639 GIP/GLP-1 Agonist	<ul style="list-style-type: none"> Commercial and Medicare: New PA
PAR-640 Camzyos	<ul style="list-style-type: none"> Commercial and Medicare: New PA

Medicare 2023 Updates - Prior Authorization and Step Therapy Updates

Policy	Change
PAR-279 Sapropterin (Kuvan®) and generic sapropterin	<ul style="list-style-type: none"> Updating coverage duration and clarifying exclusion criteria to apply to continuation therapy only (allows for Palyngiq® titration, if using concurrently)
PAR-321 Modafinil (Provigil), Armodafinil (Nuvigil®)	<ul style="list-style-type: none"> Adding in additional indications
PAR-322 Memantine (Namenda®, Namenda XR®); Memantine/Donepezil (Namzaric®)	<ul style="list-style-type: none"> Updating criteria and removing PA on immediate release generic memantine
PAR-336 Idiopathic Pulmonary Fibrosis	<ul style="list-style-type: none"> Updating to better clarify which product is associated with which indication
PAR-342 High Risk Medication – NSAIDs (Indomethacin)	<ul style="list-style-type: none"> Adjusting medications included on PA; Indocin® and Tivorbex® are non-formulary on closed formulary
PAR-344 PCSK9 Inhibitors (Repatha®, Repatha Pushtronex®, Praluent®)	<ul style="list-style-type: none"> Removing criteria related to first reference of primary hyperlipidemia ((#4) due to redundancy (more detailed criteria appear in #5). Updating exclusion criteria to reference Leqvio®
PAR-353 Mepolizumab recombinant (Nucala)	<ul style="list-style-type: none"> Updating EGPA criteria to reference member must have active non-severe disease
PAR-363 Gleevec (imatinib)	<ul style="list-style-type: none"> Updating coverage uses too be “all medically accepted indications” and including criteria for chronic graft versus host disease
PAR-378 Ocaliva® (obeticholic acid)	<ul style="list-style-type: none"> Adding in additional diagnosis and continuation of therapy criteria Adding in exclusion criteria and prescriber restriction Renaming UDCA as ursodiol based on commonly known and referenced name
PAR-400 Sodium Oxybate (Xyrem®), Calcium magnesium, potassium and sodium oxybate (Xywav®)	<ul style="list-style-type: none"> Adding in exclusion criteria
PAR-413 Tremfya® (guselkumab)	<ul style="list-style-type: none"> Updating pre-requisite medications

PAR-416 Dupixent® (dupilumab)

- Updating pre-requisite trials for atopic dermatitis
- Updating exclusion criteria
- Removing reference to “indefinitely” under Medicare’s asthma continuation of therapy verbiage

Contact Network Health Pharmacy Department

A Network Health pharmacist is always available to help you and your staff with any pharmacy-related questions.

- General pharmacist 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 2022 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](tel: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.