

The Script

network health
Dispensing pharmacy updates and guidance

Provider and Member Resource: Adherence Tips and Pharmacy Options

Network Health has developed a new handout for our members, bringing in the importance of medication adherence and offering useful tips and tricks to staying on top of your medication regimen. Included in this handout is an invaluable guide detailing the services various pharmacies offer, including bubble packing options, syncing of prescription refills, refill reminders, etc. For online access, this can be found at networkhealth.com. If you'd like to order any handouts to have available to your members, please contact Anna Peterson Sanders at apeterso@networkhealth.com.

Medicare: 100-day Supply on Tier 1 Medications

Stars adherence on statins, anti-diabetic medications and renin-angiotensin-system (RAS) inhibitors is calculated by Medicare as the proportion of days covered (PDC), with the goal PDC to be 80% of the days in the year. One strategy to help Network Health and our clinically integrated partners to reach this goal together is to allow for 100-day's supply on tier 1 medications. Why 100 days? It takes four 90-day fills to hit that PDC mark, whereas it only takes three 100-day fills to similarly meet the metric, thereby giving providers and members a little cushion in meeting the goal. Another added incentive for members is that three 100-day fills work out to be an extra 30-day's worth of medication at no additional charge. Annual visits are a great time to review and renew prescriptions – ensure that directions on the renewed medications match the quantity and day supply prescribed and provide a 100-day supply to help reach the Stars adherence goal.

Pharmacy and Therapeutic Changes for April 2024

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Beyfortus ¹				C	
Litfilo	PA, QLL				M, C
Miebo ²					
Veozah	PA		M, C		
Vyvgart Hytrulo	PA ³				M, C

Roctavian ²					
Bimzelx	PA, QLL				M, C
Jesduvroq ²					
Sohonos	PA, QLL				M, C
Ycanth ²					

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. Medicare Non-Formulary
2. Medicare and Commercial Non-Formulary
3. Medical PA (CCUM) for Commercial

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Augtyro 40mg capsule	Add 240/30 days
Entyvio 108 mg/0.68 ml pen	Add 2/28 days
Fruzaqla 1 mg, 5 mg capsule	Add 21/28 days
Kalydeco 5.8 mg granules pkt	Add 60/30 days
Litfulo 50mg capsule	Add 28/28 days
Ogsiveo 50 mg tablet	Add 180/30 days
Opfolda 65mg capsule	Add 8/28 days
Pazopanib 200 mg tablet	Add 120/30 days
Teriparatide 600 mcg/2.4 ml pen	Add 2.4 ml/28 days
Tiotropium 18 mcg cap-inhaler	Add 30/30 days
Truqap 160, 200mg tablet	Add 64/28 days
Zurzuvae 20mg, 25mg capsule	Add 28/365 days
Zurzuvae 30mg capsule	Add 14/365 days
Bimzelx 160 mg/ml syringe, auto-injector	2 syringes/8 days
Bosulif 100 mg capsule	180/30 days

Bosulif 50 mg capsule	30/30 days
Dapagliflozin 10 mg tablet	30/30 days
Dapagliflozin 5 mg tablet	60/30 days
Dapagliflozin-metformin ER 10-1000 mg tablet	30/30 days
Dapagliflozin-metformin ER 5-1000 mg tablet	60/30 days
Mifepristone 300 mg tablet	120/30 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Adalimumab-adaz(CF) 40 mg syringe	Add 2/28 days
Adalimumab-adaz(CF) pen 40 mg	Add 2/28 days
Adalimumab-fkjp(CF) 20 mg syringe	Add 2/28 days
Adalimumab-fkjp(CF) 40 mg syringe	Add 2/28 days
Adalimumab-fkjp(CF) pen 40 mg	Add 2/28 days
After pill 1.5 mg tablet	Add 2/fill
Akeega 50-500 mg tablet	Add 60/fill
Akeega 100-500 mg tablet	Add 60/fill
Breyna 160-4.5 mcg, 80-4.5 mcg inhaler	Add 1/fill
Cosentyx 150 mg/ml syringe	Update from 1/28 to 2/28 days
Cosentyx Sensoready 150 mg pen	Update from 1/28 to 2/28 days
Curae 1.5 mg tablet	Add 2/fill
Dificid 40 mg/ml suspension	Update from 136/14 days to 136/10 days
Erleada 240 mg tablet	Add 30/fill
Evrydsi 60 mg/80 ml (0.75 mg/ml)	Add additional QLL of 2480 ML PER 360 DAYS
Filspari 200 mg, 400 mg tablet	Add 30/30 days
Fluticasone prop 50 mcg diskus	Add 1/fill
Fluticasone prop 100 mcg diskus	Add 1/fill
Fluticasone prop 250 mcg diskus	Add 4/fill
Gilenya 0.25 mg capsule	Add 30/fill
Her Style 1.5 mg tablet	Add 2/fill
Icatibant 30 mg/3 ml syringe	Add 4/28 days
Jaypirca 100 mg tablet	Add 60/fill

Jaypirca 50 mg tablet	Add 30/fill
Nucala 100 mg/ml powder vial	Update from 3/28 days to 1/28 days
Orserdu 345 mg tablet	Add 30/fill
Orserdu 86 mg tablet	Add 90/fill
Pazopanib 200 mg tablet	Add 120/fill
Pemazyre 13.5 mg, 4.5 mg, 9 mg tablet	Update from 14/fill to 28/fill
Ponvory 14-day starter pack	Update to 14/365 days
Rolvedon 13.2 mg/0.6 ml syringe	Add 2/30 days
Sumatriptan 6 mg/0.5 ml syringe	Update from 2/fill to 1/fill
Takhzyro 150 mg/ml syringe	Add 2/28 days
Teriparatide 600 mcg/2.4 ml pen	Add 1/28 days
Tiotropium 18 mcg cap-inhaler	Add 1/fill
Turalio 125 mg capsule	Add 120/fill
Varubi 180 mg dose(2x 90 mg tab)	Add 4/28 days
Viekira Pak	Update from 112/28 days to 112/fill
Vivitrol 380 mg vial-diluent	Add 1/30 days
Vosevi 400-100-100 mg tablet	Update from 28/28 days to 28/fill
Xermelo 250 mg tablet	Update from 90/fill to 84/fill
Xofluza 40 mg tab (80 mg dose)	Update from 2/fill to 1 /fill
Xofluza 40 mg tab	Update from 2/fill to 1/fill
Xofluza 80 mg tab	Update from 2/fill to 1/fill
Yusimry(CF) 40 mg/0.8 ml pen	Add 2/28 days
Zepatier 50-100 mg tablet	Update from 28/28 days to 28/fill
Bimzelx 160mg/ml syringe, autoinjector	2/56 days
Bosulif 100mg capsule	90/fill
Bosulif 50mg capsule	30/fill
Cosentyx Unoready 300mg pen	Update to 1/28 days
Entyvio 108mg/0.68ml	2/28 days
Jesduvroq 1mg, 2mg, 4mg tablet	30/fill
Jesduvroq 6mg tablet	60/fill
Jesduvroq 8mg tablet	90/fill

Olumiant 4mg tablet	Update from 14/180 days to 30/30 days
Ojjaara 100mg, 150mg, 200mg tablet	30/fill
Omyoh 100mg/ml pen	2/28 days
Opfolda 65mg capsule	8/fill
Rozlytrek 50mg pellet packet	42/fill
Sohonos 1mg, 1.5mg capsule	112/fill
Sohonos 2.5mg capsule	140/fill
Sohonos 5mg capsule	84/fill
Sohonos 10mg capsule	56/fill
Velsipity 2mg tablet	30/30 days
Zurzuvae 20 mg, 30 mg, 25 mg capsule	28/365 days

Medicare Updates

Albuterol HFA inhalers – NHP Medicare 2 inhalers per 30 days

- A. Has the existing lower quantity limit of the requested drug been ineffective in the treatment of the patient's medical condition?
- Yes = Ask Question B
 - No = Deny
- B. Is it likely that the existing lower quantity limit of the requested drug would lead to ineffective treatment of the patient's medical condition or impact patient compliance?
- Yes = Approve higher quantity being requested through end of current calendar year
 - No = Deny

Diclofenac Medicare QL #9/30 days

Is the patient using the medication to treat intermittent acute migraine headaches?

- Yes – approve one extra box of 9 to total 18 packets to end of calendar year
- No – deny

Commercial and Medicare Updates

Zolpidem tartrate sublingual NHP Commercial QL #30/fill & Medicare QL #20/30 days

- A. Does the patient have a history of two refills in the last 30 days?
- Yes = Ask question B
 - No = deny quantity override
- B. Has the patient had difficulty restoring sleep after middle of the night awakening for at least one month?
- Yes = Ask question C
 - No = deny quantity override
- C. Is there functional impairment due to insomnia?
- Yes = Ask question D
 - No = Deny quantity override
- D. Is the sleep disturbance related to other reversible, treatable conditions?
- Yes = Ask question E
 - No = Ask question F
- E. Have any underlying psychiatric or medical conditions been evaluated?
- Yes = Ask question F
 - NO = Deny quantity override

- F. Have non-drug treatments (i.e. sleep hygiene training, relaxation training, stimulus-control training) failed or been inadequate in improving ability to return to sleep)?
- Yes = Ask question G
 - No = Deny quantity override
- G. If medically appropriate, does the patient avoid non-prescription stimulants (e.g. caffeine) and prescription stimulants (e.g. methylphenidate, amphetamines)?
- Yes = Authorize higher limit being requested by provider. Authorize limit override to end of calendar year.

No = Deny quantity override

Prior Authorization (PA) Updates

Policy	Change
PAR-301 Tadalafil (Cialis)	<ul style="list-style-type: none"> Commercial, Medicare & Health Exchange: Applying criteria to Healthcare exchange line of business
PAR-317 Insulin	<ul style="list-style-type: none"> Commercial & Medicare: Updates needed for our commercial insulin policy, as Novolog is being removed from the patient assurance program (PAP). Adding in Humalog and insulin lispro as rapid acting insulin options at \$25/month co-pay, moving Novo products to non-preferred.
PAR-333 Otezla (apremilast)	<ul style="list-style-type: none"> Commercial & Medicare: Updating Medicare criteria to remove BSA requirement for plaque psoriasis diagnosis. CMS noted: "FDA-labeled for the treatment of mild to moderate plaque psoriasis, which is defined as a body surface area of 2% or greater."
PAR 696 Sohonos (palovarotene)	<ul style="list-style-type: none"> Commercial & Medicare: New PA
PAR 697 Veozah (fezolinetant)	<ul style="list-style-type: none"> Commercial & Medicare: New PA
PAR-699 Jylamvo	<ul style="list-style-type: none"> Medicare: New PA
PAR-221 Riluzole	<ul style="list-style-type: none"> Updating to add Teglutik – this is being imported from Europe due to Rilutek shortages
PAR-338 Cosentyx	<ul style="list-style-type: none"> Commercial and Medicare: For Medicare section: Removing reference to use of cyclosporine for treatment of Hidradenitis suppurative following CMS review and feedback (does not share same indication).
PAR-370 SGLT-2 Inhibitors	<ul style="list-style-type: none"> Medicare: Adding in new, non-preferred, authorized generic products: dapagliflozin and dapagliflozin-metformin ER
PAR-390 SGLT-2 Inhibitors	<ul style="list-style-type: none"> Commercial: Adding in new, non-preferred, authorized generic products: dapagliflozin and dapagliflozin-metformin ER
PAR-416 Dupixent	<ul style="list-style-type: none"> Commercial: Updating select criteria for indications of eosinophilic esophagitis and nasal polyps Medicare: Updating age and weight for eosinophilic esophagitis due to FDA labeling update
PAR-518 Imbruvica (ibrutinib)	<ul style="list-style-type: none"> Medicare: Adding in additional off-label indications: Marginal zone lymphoma, mantle cell lymphoma
PAR-617 Adbry (tralokinumab-ldrm)	<ul style="list-style-type: none"> Commercial and Medicare: Removing medication history as required medical information based on CMS feedback stating

	overly burdensome.
PAR-630 Oncology Products Reviewed by Evicore	<ul style="list-style-type: none"> Medicare: Adding in new oncology products to market: Adstiladrin, Iwifin, Loqtorzi, and Udenyca Onbody
PAR-645 Atypical Antipsychotics	<ul style="list-style-type: none"> Commercial: Adding in new product, risperidone ER (generic Risperdal Consta), into policy. Updating preferred products to call out formulations on risperidone.
PAR-689 Entyvio SC	<ul style="list-style-type: none"> Commercial and Medicare: Aligning with ESI's ICCV program.
PAR-690 Zurzuvae (zuranolone)	<ul style="list-style-type: none"> Commercial and Medicare: Adding in additional prescriber option of obstetrician for Medicare criteria based on CMS review and feedback.
PAR-691 Omvoh (mirikizumab-mrkz)	<ul style="list-style-type: none"> Commercial and Medicare: New PA
PAR-692 Velsipity (etrasimod tablet)	<ul style="list-style-type: none"> Commercial and Medicare: New PA
PAR-695 Ngenla (somatrogen-ghla)	<ul style="list-style-type: none"> Commercial and Medicare: Medicare: Updating continuation criteria based on CMS' feedback. Unable to include height velocity requirements.
PAR-696 Sohonos (palovarotene)	<ul style="list-style-type: none"> Commercial and Medicare: Updating to include rheumatologist and orthopedist as additional prescribers following CMS' review and feedback.

2024 Prior Authorization (PA) Updates

Policy	Change
PAR-275 Adalimumab (Humira and biosimilars)	Medicare and Commercial: Remove Amjevita
PAR-316 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Commercial: Removing reference to non-formulary drugs (highlighted green)
PAR-389 Anticoagulants (Pradaxa, Savaysa, Bevyxxa)	Commercial: Update to remove reference to non-formulary products (highlighted green)
PAR-216_F Itraconazole	Medicare and Commercial: Updating for Commercial line of business to only reference formulary products. Updating based on CMS kick out "may be covered/used appears vague". Changed wording to stated "is covered" first line based on prescriber specialty.
PAR-221_A Riluzole (Rilutek, Exservan, Tiglutik)	Medicare and Commercial: Removing generic Riluzole from criteria due to low cost
PAR-233_A Somatropin and Somatrem {growth hormone} (Genotropin, Humatrope, Norditropin, Flexpro, Nutropin AQ, Saizen, Omnitrope, Serostim, Zomacton)	Commercial: Updating to remove non-formulary products
PAR-261_D Testosterone	Medicare and Commercial: Updating Commercial to reflect formulary products
	Commercial: Updating applicable products (removing brand name Malarone from PAR, as this is non-formulary)

PAR-262_A Antimalarial Agents: atovaquone/proguanil, chloroquine, mefloquine, primaquine, artemeth/lumefantrine (Coartem), pyrimethamine, tafenoquine (Arakoda, Krintafel)	Malarone from PAR, as this is non-formulary)
PAR-274_A Sildenafil (Revatio), Tadalafil (Adcirca)	Medicare and Commercial: Updating Commercial medications to reflect what is on formulary
PAR-279_A Sapropterin	Medicare and Commercial: Updating to remove reference to non-formulary products
PAR-285 Tolvaptan	Medicare and Commercial: Removing reference to brand Samsca as this will be removed from Commercial and Medicare formularies
PAR-294 Scopolamine	Commercial: Updating to reference only formulary medication, generic scopolamine
PAR-296 Pediculosis Capitis [Spinosad 0.9% Topical Suspension]	Commercial: Updating to remove reference to non-formulary products
PAR-305 Dalfampridine	Commercial: Updating to reference only the formulary product, generic dalfampridine ER
PAR-321 Modafinil, Armodafinil	Medicare and Commercial: Updating to reflect formulary products only and single Medicare formulary
PAR-361 Everolimus	Medicare and Commercial: Updating to remove reference to brand product, which will be non-formulary on both lines of business in 2024
PAR-363 Gleevec (imatinib)	Medicare and Commercial: Updating to remove reference to brand drug, which will be non-formulary
PAR-381 Methamphetamine (Desoxyn)	Medicare and Commercial: Updating to remove Desoxyn from commercial formulary (will be non-formulary)
PAR-385 Basal Insulins (Commercial)	Commercial: Updating to remove reference to non-formulary products
PAR-387 Corticosteroid Inhalers (Commercial)	Commercial: Updating to remove Flovent, as this will be non-formulary in 2024 due to rebate considerations
PAR-433 Doxepin Topical	Medicare and Commercial: Removing Zonalon from criteria, since it will be non-formulary
PAR-434 Firazyr	Medicare and Commercial: Update to remove reference to Firazyr (will be non-formulary on both lines of business). Will remove reference to Open and Closed Medicare formularies (will have single formulary in 2024)
PAR-458 Anticholinergic Beta Agonist Combo Inhalers	Commercial: Removing reference to non-formulary drugs
PAR-459 Anticholinergic Inhalers	Commercial: Update to remove reference to non-formulary products
PAR-643 Anticonvulsant Therapy	Commercial: Removing reference to any non-formulary product for 2024
PAR-644 Antispasmodic Therapy	Commercial: Removing reference to non-formulary products for 2024. Removing Fesoterodine from requiring PA due to low cost
PAR-646 Ophthalmic Prostaglandin Therapy	Commercial: Updating to remove reference to non-formulary drugs in 2024
PAR-656 Kalbitor	Medicare and Commercial: Will add criteria to commercial line of business

PAR-336 Idiopathic Pulmonary Fibrosis: Nintedanib (Ofev), Pirfenidone	Medicare and Commercial: Aligning Commercial's criteria with Medicare
PAR-350 Nasal Corticosteroids	Commercial: Updating to reference formulary products
PAR-635 Ubrelyv	Medicare and Commercial: Updating commercial formulary to step through two triptans due to rebate considerations
PAR-647 Reyvow	Medicare and Commercial: Updating commercial formulary to step through two triptans due to rebate considerations
PAR-685 Vyvanse and Mydayis	Commercial: New PA for 2024
PAR-231_E Epoetin Alfa (Retacrit), Darbepoetin Alfa (Aranesp)	Medicare: Per CMS review, adding in hepatologist as additional prescriber option for approval in Hepatitis C treatment-related anemia.
PAR-233 Growth Hormones – Medicare (Genotropin, Humatrope, Norditropin, Flexpro, Nutropin AQ, Nuspin, Omnitrope, Saizen, Serostim, Zomacton)	Medicare: CMS indicated “Reference to a specific IFG-1 value threshold per Esoterix appears to only apply to adults and does not take into account that IGF-1 normal ranges vary by sex and age.” Updated growth hormone deficiency criteria to remove reference to specific values related to the Esoterix assay.
PAR-311 Korlym (mifepristone)	Commercial & Medicare: Following CMS review, removed reference to glucose or A1c improvement for continuation of therapy criteria. CMS justification was if patient experienced improvement then prescriber will determine whether or not to continue the drug.
PAR-333 Otezla (apremilast)	Commercial & Medicare: For Medicare: CMS review indicated mild to moderate plaque psoriasis appears to be omitted. To address, we removed reference to “moderate to severe” psoriasis.
PAR-457 Takhzyro	Commercial & Medicare: Removing androgens as pre-requisite therapy following CMS review. Stated not recommended as first-line therapy according to treatment guidelines.
PAR-518 Imbruvica (ibrutinib)	Medicare: Following CMS review, removing marginal zone lymphoma as approved indication based FDA labeling update.
PAR-534 Arikayce (amikacin sulfate liposomal with nebulizer accessories)	Medicare: Updating to remove required medical information of previous medication history – CMS deemed too vague and overly burdensome.
PAR-547 Orladeyo (berotralstat)	Commercial & Medicare: Removing androgens as pre-requisite therapy following CMS review. Stated not recommended as first-line therapy according to treatment guidelines.
PAR-578 Haegarda	Commercial & Medicare: Removing androgens as pre-requisite therapy following CMS review. Stated not recommended as first-line therapy according to treatment guidelines.
PAR-592 Kerendia (finerenone)	Commercial & Medicare: Per CMS review, upper limit for eGFR is not supported by FDA-approved labeling. Updated criteria to only have lower limit.
PAR-617 Adbry (tralokinumab-ldrm)	Commercial & Medicare: For 1.1.2024 Updating Commercial criteria to be in alignment with ESI's standard criteria from a rebate consideration perspective.
PAR-636 Radicava ORS (edaravone)	Commercial & Medicare: Following CMS review, removed criteria requiring Japan ALS severity classification (deemed inconsistent with FDA-approved labeling).
PAR-657 Upravi	Commercial & Medicare: Readjust wording in required medical information. Per CMS review: “requiring a medication history appears vague and is overly burdensome. Medication history should be specific to the diagnosis and only include prerequisite therapy.”
PAR-670 Prevymis	Commercial & Medicare: CMS review noted CMV prophylaxis in kidney transplant recipient indication was omitted. This was a recent FDA-approved indication – criteria was added

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.

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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.

