The script

network health
Dispensing pharmacy updates and guidance

December 2022 Edition

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The Inflation Reduction Act: Patient Impact Beginning 2023

The Inflation Reduction Act (IRA), passed by the House on August 12, 2022, will prove to have a significant impact to Medicare, Medicaid and Healthcare Exchange recipients beginning January 1, 2023. While the crux of this article will focus on Medicare changes, it is worth noting that premium subsidies for insurance under the Affordable Care Act (ACA) will be extended through 2025. The subsidies were set to expire at the end of 2022 and this extension will allow approximately 3 million Americans to retain healthcare insurance for the time being.

Insulin cost-sharing

Starting January 1, 2023, those enrolled with Medicare Part D coverage will pay no more than $35 each month for their monthly supply of insulin. The insulin will not be subject to deductible and the $35/month price can be expected during the coverage gap and catastrophic phases. Starting July 1, 2023, those receiving insulin under their Part B plan (i.e., insulin being used for an insulin pump) will also pay no more than $35 for a month's supply of insulin. This too will not be subject to deductible.

Network Health continues to have preferred insulin products, those being Lantus®, Toujeo® and the Novo products that include NovoLog® (including the low cost ReliOn™ brand) and Novolin options. If a non-preferred insulin is requested, a prior authorization will be required and if approved will also be covered at no more than $35/month. Please note that both insulin pens and vials will be covered and if a member wishes to get more than a 30-day supply, the co-pay will adjust accordingly (e.g., a 90-day supply would be $105).

Part D Vaccine Coverage

Starting January 1, 2023, adult vaccines recommended by the Advisory Committee of Immunization Practices (ACIP) will be available to those with Medicare Part D at no cost. The $0 coverage holds true regardless if the member has a deductible or is in the coverage gap or catastrophic phase. Common Part D vaccines include shingles (Shingrix) and tetanus vaccines (Tdap and Td). Vaccines such as Influenza and Pneumonia, will still be covered under Medicare Part B. Unless your clinic is set up to bill Part D vaccines, please encourage members to get their Part D vaccines at the pharmacy. If received at the clinic, the patient will need to pay the clinic bill and then submit for reimbursement by Network Health. The pharmacy offers a more seamless process, ensuring they are receiving their Part D vaccine for $0 straightaway. Additional details related to adult-recommended vaccinations can be found here: ACIP Vaccine Recommendations | CDC

Starting October 1, 2023, most vaccines for adults with coverage from Medicaid will also be covered at no charge for any vaccine recommended by ACIP.

2024 and Beyond

- 2024
  - Eliminating the cost-sharing in the catastrophic coverage phase, therefore members will have no Part D drug costs if they reach the catastrophic phase
- 2025
  - Capping Medicare Part D out-of-pocket costs for all beneficiaries at $2,000 a year
- 2026
  - In 2026, the negotiated drug prices for 10 selected drugs will be available (product selection will be based on top-spending brands and biologic drugs). The number of drugs will increase in subsequent years and expand to include Part B drugs in 2028.

2023 Changes for Medicare

Examples of some of the more impactful changes we are making for 2023 are highlighted below:

Tier Improvements:

- Ajovy® will go from tier 4 to tier 3
- Additional tier 1 drugs:
    - Nebivolol going from tier 3 to tier 1
    - Atenolol/chorthalidone going from tier 2 to tier 1
    - Chlorthalidone going from tier 2 to tier 1
    - Timolol maleate eye drops (used for glaucoma) going from tier 2 to tier 1
        - The preservative-free version will remain on tier 2 with prior authorization (PA)

Formulary Additions:

- Cyclosporine eye drops, the generic for Restasis, will be added to formulary at tier 3
    - Restasis® will remain a tier 3 drug
- Brimonidine-timolol, the generic for Combigan, will be added to formulary at tier 2
    - Combigan will remain tier 3 drug
- Brand Oxycontin will be on both open and closed formularies due to supply chain issues with the generic version – will be tier 4 drug

Prior Authorizations

- Update to memantine that the immediate release 5 mg and 10 mg version will not need PA any longer
- Retiring several step therapies with any remaining step therapy programs being moved to a prior authorization
    - Should not affect current utilizers, as authorization will remain in place for them
    - Any member using GLP-1 agonist without a type 2 diabetes diagnoses will not automatically be grandfathered in (examples include Ozempic®, Trulicity, Victoza®)

2023 Changes for Commercial

Tier Improvements:

Indication	Name	2022 Tier	2023 Tier
Continuous Glucose Monitors (CGM)	Freestyle Libre Dexcom	3	2
Chronic obstructive pulmonary disorder (COPD) – triple ingredient inhalers	Breztri Trelegy	3	2
Migraine Prevention (injectable)	Aimovig® Emgality®	3	2

Migraine preventative or treatment (oral)	Nurtec® ODT	3	2
Migraine preventative (oral)	Qulipta™	5	2
Migraine treatment (oral)	Reyvow	3	2
	Ubrelvy®	5	2

- Many specialty drugs (Tier 4 and Tier 5) will be down-tiered out of specialty, no longer requiring fill at Accredo. If member is expressing cost concerns, reach out to pharmacy department – several options to find pharmacies that are able to provide these drugs at very low cost
- Examples include:

Indication	**Name**	**2022 Tier**	**2023 Tier**
Cancer	Abiraterone (generic Zytiga®)	4	3
Cancer	Capecitabine (generic Xeloda®)	4	3
Cancer	Temozolomide	4	3
HIV	Efavirenz/Emtricitabine /Tenofovir disoproxil fumarate (generic Atripla®)	4	3
HIV	Emtricitabine/tenofovir disoproxil fumarate (generic Truvada®)	4	3
HIV	Tenofovir disoproxil fumarate (generic Viread®)	4	3
Migraine treatment	Zolmitriptan nasal spray	5	3
Migraine treatment	Zomig tablet	5	3
Multiple Sclerosis	Dalfampridine (Ampyra®)	4	3
Pulmonary Arterial Hypertension	Tadalafil 20 mg (generic Adcirca)	4	3
Seizure	Lacosamide (generic Vimpat®)	4	1

Tier Decreases/Exclusions:

- Excluding bupropion HCl XL 450 mg tablet: Members can use 150 mg XL and 300 mg XL to get 450 mg dose
- Creon®, Zenpep®: Moving from Tier 3 to Tier 4 (will not be restricted to Accredo)
- Savella®: Moving from Tier 2 to Tier 3
- Viibryd®: Moving from Tier 2 to Tier 3

Prior Authorizations:

- Adding prior authorization on diabetes drugs - GLP-1 agonists (example: Ozempic®, Trulicity®, Victoza®)
    - As a reminder, medications being used for weight loss are not covered by Network Health

Insulin Patient Assurance Program (Commercial and Healthcare Exchange):

- Will continue in 2023
- $25 for each 30-day supply of preferred insulins

- Preferred insulins for **Commercial** plans include: Novolog, Humulin R U-500, Semglee®-YFGN and Levemir®
- Preferred insulins for our **Healthcare Exchange** plans include: Humalog®, Lyumjev™, Humulin products and Semglee®-YFGN

SaveOnSP Program:

- Will continue in 2023
- Updated list will be available January 1, 2023: networkhealth.com/saveonsp
- Specialty medications on SaveOnSP list filled at Accredo pharmacy will be $0 throughout the year when member enrolls into the program
- Reminder that manufacturer assistance dollars will not go toward member's accumulators

For other formulary questions, please reference the 2023 Healthcare Exchange, Commercial and Medicare formularies available at: https://networkhealth.com/look-up-medications or contact our Medicare pharmacist, Anna Peterson Sanders at apeterso@networkhealth.com or 920-720-1672.

Pharmacy and Therapeutic Changes for September and November 2022

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Mounjaro®	PA, QL				C, M
Opdualag™	PA[1]				C, M
Quviviq™	QL[2]		C, M		
Verkazia®	QL[3]				C, M
Vijoice®	PA				C, M
Adlarity®			C, M		
Amvuttra™	PA[4]				C, M
Camzyos®	PA, QL[2]				C, M
Radicava®	PA				C, M

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. PA through our oncology vendor, Evicore
2. QL Applies to Medicare Only
3. QL applies to Commercial Only
4. Medicare PA though ESI, Commercial PA with CCUM

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Apexicon® 0.05% cream	120/30 days
Calquence® 100mg tablet	60/30 days
Entadfi™ 5mg-5mg capsule	30/30 days
Lagevrio™ 200mg capsule (name change and replaces molnupiravir)	40/180 over time
Olumiant® 4mg tablet	30/30 days
Omnipod® Dash Intro Kit (Gen 4)	1/720 days
Omnipod® 5 G6 Into Kit (Gen 5)	1/720 days
Quetiapine 150mg tablet	60/30 days
Skyrizi® On-Body 360mg/2.4ml	1/56 days
Tascenso ODT™ 0.25mg tablet	30/30 days
Auvelity 45 mg-105 mg tablet	60/30 days
Estradiol 0.25mg/0.25g gel in packet	30/30 days
Estradiol 0.5mg/0.5g gel in packet	30/30 days
Estradiol 0.75mg/0.75g gel in packet	30/30 days
Estradiol 1mg/gram gel in packet	30/30 days
Estradiol 1.25mg/1.25g gel in packet	30/30 days
Fingolimod 0.5mg capsule	30/30 days
Imbruvica® 70mg/ml oral suspension	216ml/30 days
Kyzatrex™ 100mg capsule	60/30 days
Kyzatrex™ 150mg capsule	60/30 days
Kyzatrex™ 200mg capsule	120/30 days
Lenalidomide 2.5mg capsule	28/28 days
Lenalidomide 20mg capsule	28/28 days
Pirfenidone 534mg tablet	90/30 days
Ryaltris® 662-25mcg nasal spray	29 g/30 days
Tadliq® 20mg/5ml oral suspension	300ml/30 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Vilazodone 10 mg, 20 mg, 40 mg tablet	34 tabs/fill
Sorafenib 200 mg tablet	120 tabs/fill
Crysvita® 10 mg/ml vial	Updating from 7/28 days to 14/28 days Removing at least 18 years old; 90/28 days

Crysvita® 20 mg/ml vial	Updating from 4/28 days to 8/28 days Removing at least 18 years old; 90/28 days
Crysvita® 30 mg/ml vial	Updating from 3/28 days to 12/28 days Removing at least 18 years old; 90/28 days
Emgality® 100 mg/ml syringe	Updating from 1/30 days to 3/30 days
Entadfi™ 5-5 mg capsule	30/30 days
Fluticasone Prop HFA 44 mcg Inhaler	1/fill
Fluticasone Prop HFA 110 mcg Inhaler	1/fill
Fluticasone Prop HFA 220 mcg Inhaler	2/fill
Fluticasone-Vilanterol 100-25 mcg Inhaler	1/fill
Gavreto® 100 mg capsule	120/fill
Mayzent® 0.25 mg Start-1 mg Maint	7/fill
Mayzent® 0.25 mg Start-2 mg Maint	12/fill
Mayzent® 1 mg tablet	30/fill
Mounjaro® 2.5 mg/0.5 ml Pen, 5 mg/0.5 ml Pen, 7.5 mg/0.5 ml Pen, 10 mg/0.5 ml Pen, 12.5 mg/0.5 ml, and 15 mg/0.5 ml	2/28 days
Nucala® 40 mg/0.4 ml syringe	1/28 days
Pyrukynd® 5 mg, 20 mg, 50 mg tablet	56/28 days
Pyrukynd® 20 mg, 20-5 mg, 50 mg, 50-5 mg taper pack	14/365 days
Pyrukynd® 5 mg taper pack	7/365 days
Verkazia® 0.1 % eye emulsion	120/fill
Vonjo® 100 mg capsule	120/fill
Vumerity® DR 231 mg Capsule	Updating from 106/30 days to 120/30 days
Xcopri 12.5-25 mg, 150-200 mg, 50-100 mg titration pak	Updating from 56/fill to 28/fill
Xgeva® 120 mg/1.7 ml vial	1/28 days
Calquence® 100 mg tablet	60/fill
Cortrophin gel 400 unit/5 ml	35/15 days
Kalydeco® 150 mg tablet	Change from 60/fill to 56/fill
Meloxicam 15 mg tablet	30/fill
Mobic® 7.5 mg tablet	Remove 30/fill (drug is obsolete)
Olumiant® 1 mg tablet	30/30 days
Olumiant® 2 mg tablet	Change from 30/fill to 30/30 days
Olumiant® 4 mg tablet	14/180 days
Prolia® 60 mg/ml syringe	Change from 1/24 weeks to 1/180 days
Ryaltris® 665-25 mcg spray	30/30 days
Sotyktu™ 6mg	30/30 days

Verkazia® 0.1% eye emulsion	120/fill
Ziextenzo® 6 mg/0.6 ml syringe	2/30 days

Step Therapy (ST) Updates

Policy	Change
PAR-259 Commercial Step Therapy: Restless Leg Syndrome	Retiring Policy in 2022 – Horizant no longer on formulary
PAR-259 Commercial Step Therapy: Anticonvulsant Therapy	For 2023: Retiring Anticonvulsant Step Therapy and moving to a prior authorization program.
PAR-259 Commercial Step Therapy: Antispasmodic Therapy	For 2023: Retiring Antispasmodic Step Therapy and moving to a prior authorization program.
PAR-259 Commercial Step Therapy: Atypical Antipsychotics	For 2023: Retiring Atypical Antipsychotics Step Therapy and moving to a prior authorization program.
PAR-259 Commercial Step Therapy: Ophthalmic Prostaglandin Therapy	For 2023: Retiring Ophthalmic Prostaglandin Step Therapy and moving to a prior authorization program.
PAR-259 Commercial Step Therapy: Osteoporosis Therapy	For 2023: Retiring Osteoporosis Therapy
PAR 554 Inhaled Nasal Corticosteroid Therapy	Medicare: Updating to include Ryaltris as second line agent

Prior Authorization (PA) Updates for 2022

Policy	Change
PAR 246_A Tazarotene (Tazorac, Fabior, generics) Halobetasol prop-Tazarotene Lotion 0.01-0.045% (Duobrii Lotion) Arazlo 0.045% Lotion	Commercial and Medicare: Adding in new drug tazarotene (generic Tazorac 0.05% and 0.1% gel) to policy.
PAR-261_D Testosterone (Androgel®, Androderm®, Testim®, Striant®, Fortesta, Vogelxo®, Natesto®, Tlando®, Kyzatrex™) and all related generics	Medicare and Commercial: Updating to include Tlando® and Kyzatrex™. Removing products that are non-formulary or reviewed by CCUM for medical benefit
PAR 274 Sildenafil (Revatio®), Tadalafil (Adcirca)	Commercial and Medicare: Add Tadliq. Updating qualifiers to reflect formulary.

PAR-275 Adalimumab (Humira®)	Medicare: Updating to include sarcoidosis as a covered diagnosis for Medicare
PAR 286 Ustekinumab (Stelara®)	Commercial: Updating plaque psoriasis and psoriatic arthritis to provide additional criteria related to dose being requested
PAR-291 Self-Administered Drugs Place of Service	Commercial: Removing self-admin criteria. The criteria being updated also have clinical criteria. ESI cannot set up self-admin criteria with ICCV criteria. For cases directed to CCUM or eviCore, self-admin criteria cannot be operationalized.
PAR-299 BRAF Mutations in Malignant Melanoma (Zelboraf®, Tafinlar®, Mekinist®, Cotellic®)	Medicare and Commercial: Adding in new FDA indication for Mekinist and Tafinlar to include unresectable or metastatic solid tumors.
PAR-330 Sofosbuvir (Sovaldi®)	Medicare and Commercial: Updating to reflect all medically accepted indications as approvable diagnosis for Medicare – this allows us to adjust coverage based on AASLD/IDSA updates.
PAR-368 Lynparza® (Olaparib)	Medicare and Commercial: Adding in coverage for uterine leiomyosarcoma indication based on NCCN update. Changing prostate cancer criteria that patient progressed following at least one androgen receptor directed therapy (previously restricted to progression on abiraterone or Xtandi only).
PAR-416 Dupixent® (dupilumab)	Medicare and Commercial: Adding in new FDA-approved indication for eosinophilic esophagitis. Decreasing age for which Dupixent may be used in treatment of atopic dermatitis based on updated FDA labeling. Adding in AD language regarding BSA involvement >20% not needing topical treatment pre-requisite (this was previously submitted and approved by CMS for 2022).
PAR 434 Firazyr®	Commercial and Medicare: Update to include "other criteria" as submitted previously to HPMS.
PAR-448 Olumiant®	Medicare: Adding in exclusion for COVID-19 treatment in hospitalized patients (non-D use due to hospitalization requirement). Commercial and Medicare: Adding in newly FDA approved indication of alopecia areata.
PAR-466 Copiktra® (Duvelisib)	Medicare and Commercial: Recent manufacturer voluntary withdrawal for the treatment of follicular lymphoma. CLL/SLL indication under review due to safety concerns. Updating covered uses to all medically accepted indications will allow us to make updates as these changes occur.
PAR-483 Risankizumab (Skyrizi®)	Medicare and Commercial: Adding newly FDA approved diagnosis of Crohn's disease.

PAR-524 Basal Insulin	Medicare: Updating policy to include most recent insulin additions.
PAR-603 Opzelura™ (ruxolitinib)	Medicare and Commercial: Adding in coverage for new FDA indication of nonsegmental vitiligo.
PAR-642 Amvuttra™ (vutrisiran injection)	Medicare: New PA
PAR 649 Ztalmy®	Commercial and Medicare: New PA
PAR 650 Hyftor™	Commercial and Medicare: New PA

Prior Authorization (PA) Updates for 2023

Policy	**Change**
PAR 267 Omalizumab (Xolair®)	Medicare: Updated requirements to remove reference to "consecutive months" of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D. Also updated examples of skin test/in vitro allergy testing (for asthma) and removed language on antihistamine treatment (for urticaria) to match our HPMS submission.
PAR 286 Ustekinumab (Stelara®)	Medicare: Updating age duration for psoriatic arthritis to be 6 years of age or older based on CMS' review and FDA labeling update
PAR 321 Modafinil (Provigil) Armodafinil (Nuvigil®)	Commercial and Medicare: For 1.1.2023: Removing reference to dexmethylphenidate as pre-requisite option for narcolepsy as this does not share same indication per CMS' review.
PAR 353 Mepolizumab recombinant (Nucala)	Medicare: Updated requirements to remove reference to "consecutive months" of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D.
PAR 361 Afinitor® (everolimus)	Medicare: Updating off-label uses to include pre-menopausal women with breast cancer per CMS review finding.
PAR 363 Gleevec® (imatinib)	Commercial and Medicare: Updating graft versus host disease criteria to provide examples of systemic treatment options. This came from CMS' review requesting us to specify the name or class of conventional prerequisites required.
PAR 392 Byetta®/Bydureon	Commercial: Updating policy to include Adlyxin.
PAR 400 Sodium Oxybate (Xyrem®), Calcium, Magnesium, Potassium and Sodium Oxybate (Xyway®)	Medicare: Updating to remove reference to CNS stimulant pre-requisite therapies for idiopathic hypersomnia because they do not share support for same indication per CMS review.
PAR 416 Dupixent® (dupilumab)	Medicare: Updated requirements to remove reference to "consecutive weeks" of therapy. Per

	CMS, this implies compliance, which is a treatment parameter not managed by Part D.
PAR 426 Benralizumab (Fasenra®)	Medicare: Updated requirements to remove reference to “consecutive weeks” of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D.
PAR 445 Aimovig®	Commercial: Updating to remove criteria. Aimovig review for commercial line of business will be added to the CGRP inhibitor PA.
PAR 463 Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	Commercial: Updating exclusion language. Removing reference to Medicare criteria. Adding in Aimovig as targeted drug.
PAR 472 Revcovi®(elapegademase-lylr)	Commercial and Medicare: Removing lab values from required medical information as this appears vague per CMS’ response.
PAR 481 Doptelet® (Avatrombopag)	Commercial and Medicare: Removing requirement that medical documentation is required for procedure date. Update made based on CMS review finding.
PAR 491 Tafamidis	Commercial and Medicare: Removing lab results as required medical documentation as CMS’ review noted this to be overly burdensome.
PAR 499 Upadacitnib (Rinvoq®)	Medicare: Updated requirements to remove reference to “consecutive weeks” of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D.
PAR 518 Imbruvica® (ibrutinib)	Medicare: Removing off-label indication of follicular lymphoma, as this no longer is supported by acceptable compendia per CMS’ review.
PAR 526 Emgality®(galcanezumab-gnlm)	Medicare: Removing wording of “adequate” from pre-requisite trial language. Update related to CMS’ review stating adequate trial appears vague.
PAR 527 Ajovy® (fremanezumab-yfrm)	Medicare: Removing wording of “adequate” from pre-requisite trial language. Update related to CMS’ review stating adequate trial appears vague.
PAR 535 Nexletol® (bempedoic acid), Nexlizet® (bempedoic acidezetimibe)	Medicare: Updating to remove medication adverse event history and medical history form required medication, as CMS’ review deemed this vague. Removed reference to “continuous weeks” of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D.
PAR 551 Lupkynis® (voclosporin)	Commercial and Medicare: Updating required medical information to remove lab results as CMS’ review deemed this overly burdensome.
PAR 570 Benlysta (belimumab)	Commercial: Adding Benlysta policy to commercial formulary beginning 1.1.2023.
PAR 595 Tecfidera®	Commercial: Retiring policy. Tecfidera is preferred product listed on SaveOn program.

PAR 607 Qulipta™ (atogepant)	Commercial and Medicare: Updating policy to address separate criteria that apply to commercial versus Medicare lines of business.
PAR 614 Tarpeyo™ (budesonide delayed-release capsule)	Commercial and Medicare: Updating urine protein-to-creatinine ration based on CMS' review stating 1.5 g/g is inconsistent with FDA-approved labeling. Value of ≥0.8 g/g was used in clinical trial.
PAR 615 Cibinqo™ (abrocitinib)	Medicare: Updated requirements to remove reference to "consecutive weeks" of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D. Also separating out Medicare from Commercial criteria – Cibinqo™ will be part of ICCV program beginning 1.1.2023
PAR 617 Adbry™ (tralokinumab-ldrm)	Medicare: Updated requirements to remove reference to "consecutive weeks" of therapy. Per CMS, this implies compliance, which is a treatment parameter not managed by Part D. Update also made to specify number of systemic therapy prerequisites required.
PAR 624 Nasal Corticosteroid	Medicare: Adding Ryaltris® to target criteria
PAR 631 Nurtec® ODT	Commercial and Medicare: Updating policy to specify Medicare versus Commercial criteria for preventative treatment of episodic migraine.
PAR 632 Intravenous Immune Globulin	Medicare: Updating duration for CIDP to be 6 months per CMS' review.
PAR 634 GLP-1 Agonist	Commercial and Medicare: Applying GLP-1 agonist criteria to commercial formulary beginning 1.1.2023. Adjusting products that will have GLP-1 agonist PA for commercial line of business. Adlyxin, Bydureon and Byetta® will have its own separate PA. This is related to rebate considerations.
PAR-641 Alpha 1 Proteinase Inhibitors	Medicare: New PA for 2023. Stage 2 outlier review by CMS, noting missing PA.
PAR-643 Anticonvulsant Therapy	Commercial: New PA for 2023 (previously in a step therapy program)
PAR-644 Antispasmodic Therapy	Commercial: New PA for 2023 (previously in a step therapy program)
PAR-645 Atypical Antipsychotics	Commercial: New PA for 2023 (previously in a step therapy program)
PAR-646 Ophthalmic Prostaglandin Therapy	Commercial: New PA for 2023 (previously in a step therapy program)
PAR-647 Reyvow	Commercial: New PA for 2023
PAR 648 Strensiq®	Commercial and Medicare: New PA for 2023

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: pharmacists@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 or 2023 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 pharmacy staff.

Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at **networkhealth.com/look-up-medications**.

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