



Table of Contents

**The Inflation Reduction Act -
Going into 2024**

2024 Changes for Medicare

**Pharmacy and Therapeutic
Changes for September and
November 2023**

**Medicare/Commercial
Quantity Level Limit Updates**

**2023-24 Prior Authorization
Updates**

The Inflation Reduction Act - Going into 2024

As a reminder, the Inflation Reduction Act (IRA) was passed by the house back in 2022 bringing about sweeping changes to Medicare, Medicaid and Healthcare Exchange recipients that started 2023 with the introduction of the \$35/month insulin cost-share and \$0 Part D vaccine coverage for Medicare members. Heading into 2024, Medicare members will now see the elimination of cost sharing during the catastrophic coverage phase, whereas previously being responsible for 5% cost-share. Other notable milestones to expect in the future include the following.

- 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.

Simultaneously, as member cost share decreases, plan liability will increase, putting considerable strain on healthcare plans. To account for these headwinds, Network Health will be adjusting the Medicare benefit to offer a single formulary and modifying the Commercial formulary; in both cases the formularies will be removing multi-source brand drugs and many drugs considered high cost drugs that have equally or more efficacious options available. The option for non-formulary exceptions will remain available for those members unable to take alternatives due to extenuating circumstances.

2024 Changes for Medicare

Examples of some of the more impactful changes we are making for 2024 are highlighted below.

Tier Improvements:

- Blood pressure, diabetes, statin medications moving down to tier 1
 - Amlodipine-benazepril, valsartan-hydrochlorothiazide
 - Pioglitazone
 - Fluvastatin
- Dorzolamide-timolol eye drops - Moving from tier 2 to 1
- Montelukast - Moving from tier 2 to 1
- Fesoterodine (generic Toviaz) - Moving from tier 3 to 2
- Omnipod - Moving from tier 4 to 3

2024 Formulary Inhaler Changes - Medicare and Commercial Formulary

Removal of all brand inhalers that have a generic option.

Brand Name – Removing in 2024	Generic on formulary – Available in 2024
Advair, AirDuo	Fluticasone/salmeterol Wixela
Symbicort	Budesonide/formoterol Breyna
Breo Ellipta	Fluticasone/vilanterol
Flovent (manufacturer is discontinuing products at end of 2023)	Fluticasone HFA and diskus
Proair, Ventolin	Albuterol

2024 Changes for Commercial

Tier Improvements

- Asthma/COPD: Levalbuterol HFA - Tier 2 down to tier 1
- Bladder: Fesoterodine ER - Tier 3 down to tier 1
- Cardiovascular medications: Ranolazine ER - Tier 2 down to tier 1
- Psychiatric medications
 - Lurasidone: Tier 4 down to tier 3
 - Methylphenidate ER: Tier 3 down to tier 2

Insulin Patient Assurance Program (PAP)

- Will continue in 2024
- \$25 for each 30-day supply of preferred insulins
- Preferred insulins for Commercial plans include: Humulin R U-500, Semglee-YFGN and Levemir. Novolog will no longer be on the PAP program, but will be replaced by a different rapid-acting insulin product yet to be determined.
- Preferred insulins for our Healthcare Exchange plans include: Humalog, Lyumjev, Humulin products and Semglee-YFGN

SaveOnSP Program

- Will continue in 2024

- Updated list will be available January 1, 2024: networkhealth.com/saveonsp
- Specialty medications on SaveOnSP list filled at Accredo pharmacy will be \$0 throughout the year when member enrolls in to the program
- Reminder that manufacturer assistance dollars will not go toward member's accumulators
- NEW in 2024: Will be available to Healthcare Exchange members

For other formulary questions, please reference the 2024 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 2023

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Daybue	PA				M, C
Joenja	PA				M, C ¹
Abrysvo		M	C		
Arexvy		M	C		
Rystiggo	PA ²				M, C
Sogroya	PA				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

Footnotes:

1. QLL on Commercial
2. PA for Commercial goes through CCUM

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply
Adalimumab-adaz 40 mg/0.4 ml syringe	Add 1.6 ml/28 days
Adalimumab-adaz 40 mg/0.4 ml pen injector	Add 1.6 ml/28 days
Adalimumab-fkjp 20 mg/0.4 ml syringe kit	Add 2/28 days
Adalimumab-fkjp 40 mg/0.8 ml syringe kit	Add 4/28 days
Adalimumab-fkjp 40 mg/0.8 ml pen injector kit	Add 6/28 days
Austedo XR Titration Kit	Add 42/30 days
Breyna 80-4.5 mcg HFA	Add 10.3/30 days
Breyna 160-4.5 mcg HFA	Add 10.3/30 days
Cosentyx Unoready pen 300 mg/2 ml pen injector	Add 10/28 days
Saxagliptin 2.5 mg tablet	Add 30/30 days
Saxagliptin 5 mg tablet	Add 30/30 days
Saxagliptin-Metformin ER 2.5-1000 mg	Add 60/30 days
Saxagliptin-Metformin ER 5-500 mg	Add 30/30 days
Saxagliptin-Metformin ER 5-1000 mg	Add 30/30 days
Talzenna 0.1 mg capsule	Add 30/30 days
Talzenna 0.35 mg capsule	Add 30/30 days
Yusimry 40 mg/0.8 ml pen injector	Add 4.8 ml/28 days
Zejula 100 mg tablet	Add 30/30 days
Zejula 200 mg tablet	Add 30/30 days
Zejula 300 mg tablet	Add 30/30 days
Zeposia Starter Kit (28-day)	Add 28/28 days
Akeega 100-500 mg tablet	60/30 days
Akeega 50-50 mg tablet	60/30 days
Breo Ellipta 50-25 mcg inhaler	60/30 days
Breyna 160-4.5mcg HFA aerosol	10.3/30 days

Breyna 80-4.5mcg HFC aerosol	10.3/30 days
Ojjaara 100, 150, 200mg tablet	30/30 days
Trientene 500mg capsule	120/30 days

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Austedo XR 6mg tablet	Add 210/fill
Austedo XR 12mg tablet	Add 90/fill
Austedo XR 24mg tablet	Add 60/fill
Joenja 70mg tablet	Add 60/fill
Kalydeco 5.8mg granules pkt	Add 56/fill
Kalydeco 13.4mg granules pkt	Add 56/fill
Liqrev 10mg/ml oral suspension	Add 1 bottle/fill
Lumryz ER 4.5g packet	Add 30/fill
Lumryz ER 6g packet	Add 30/fill
Lumryz ER 7.5g packet	Add 30/fill
Lumryz ER 9g packet	Add 30/fill
Mekinist 0.05mg/ml solution	Add 12 bottles/fill
Tafinlar 10mg tablet for suspension	Add 840/fill
Tezspire 210mg/1.91mg syringe	Add 1 syringe/28 days
Trikafta 80-40-60mg/59.5mg packet	Add 56/fill
Trikafta 100-50-75/75mg packet	Add 56/fill
Zejula 100mg tablet	Add 90/fill
Zolpidem tartrate 7.5mg capsule	Add 30/fill
Ajovy 225mg/1.5ml syring	Change from 3/90 days to 1/30 days
Austedo XR titration kit (wk 1-4)	28/fill
Evrysdi 60mg/80ml	2480/360 days
Gocovri ER 137mg capsule	Change from 60/30 days to 60/fill

Litfulo 50mg capsule	28/28 days
Vanflyta 17.7mg tablet	56/fill
Vanflyta 26.5mg tablet	56/fill
Xeljanz 1mg/ml solution	Change from 300/fill to 480/fill
Zeposia Starter Kit (28-day)	28/fill

2023 Prior Authorization (PA) Updates

Policy	Change
PAR-275 Adalimumab (Humira and biosimilars)	Medicare and Commercial: Adding in coverage for biosimilars: Yusimry, Adalimumab-adaz and Adalimumab-fkjp
PAR-316 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Commercial: Updating to include newly launched generics: saxagliptin and saxagliptin-metformin ER
PAR-357 Symbicort	Commercial: Update to include generic Symbicort products
PAR-389 Anticoagulants (Pradaxa, Savaysa, Bevyxxa)	Commercial: Update adding dabigatran (currently requires PA)
PAR-390 SGLT 2 Inhibitors	Commercial: Updating to include new SGLT2 product, Brenzavvy
PAR-552 Zokinvy	Medicare and Commercial: Updated prescriber restriction (CMS deemed pediatric cardiologist was too restrictive) and required medical information (provided clarification to lab results per CMS request).
PAR-582 DPP-4 Therapy (alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Kazano, Kombiglyze, Nesina, Onglyza, Osenia)	Medicare: Adding in recently launched generic Onglyza and Kombiglyze products to DPP-4 policy as non-preferred products.
PAR-591 Bylvay (odevixibat)	Medicare and Commercial: Updated to include new FDA indication of Alagille Syndrome.
PAR-623 Atypical Antipsychotics	Medicare: Adding in language specific to Rexulti to allow approval based on diagnosis of agitation associated with dementia due to Alzheimer's disease.
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding in new oncology drugs Columvi, Epkinly, Talvey, and Vanflyta

PAR-645 Atypical Antipsychotics	2023: Commercial: Adding in new products: Abilify Asimtufii, Aristada Initio ER, Uzedy ER 2024: Commercial: Updating to remove non-formulary products for 2024 (highlighted in green)
PAR-658 Filspari	Medicare and Commercial: Changes related to CMS kickout: Removed treatment parameters not managed by part D (e.g. supportive care, bp management, etc.), clarified pre-req options and updated trial length to no more than 30 days.
PAR-680 Daybue	Medicare and Commercial – New PA
PAR-681 Joenja	Medicare and Commercial – New PA
PAR-682 Vyvgart Hytrulo	Medicare – New PA
PAR-683 Skyclarys	Medicare and Commercial – New PA
PAR-326 Botulinum toxin type A (Botox), Abobotulinumtoxina (Dysport), Incobotulinumtoxina (Xeomin), Daxibotulinumtoxin A (Daxxify)	Medicare: Adding in new botulinum toxin, Daxxify, to the policy.
PAR-416 Dupixent (dupilumab)	Commercial & Medicare: Updating to separate out Medicare from Commercial criteria. Commercial formulary is enrolled in ESI's ICCV program for Dupixent criteria.
PAR-577 Ingrezza (valbenazine)	Commercial & Medicare: Updating to include new FDA indication of chorea associated with Huntington's disease.
PAR-622 Anticonvulsant Therapy	Medicare: Adding in new drug, Motpoly XR, to criteria.
PAR-630 Oncology Products Reviewed by Evicore	Medicare: Adding in new products: Elrexfio, Akeega, and Ojjaara
PAR-643 Anticonvulsant Therapy	Commercial: Adding in new drug, Motpoly XR, to criteria.
PAR-645 Atypical Antipsychotics	Commercial: Updating to include new product, Rykindo.
PAR-686 Sogroya	Commercial & Medicare: New PA
PAR-687 Litfulo	Commercial & Medicare: New PA
PAR-688 Rystiggo	Commercial & Medicare: New PA

2024 Prior Authorization (PA) Updates

Policy	Change
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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
PAR-262_A Antimalarial Agents: atovaquone/proguanil, chloroquine, mefloquine, primaquine, artemeth/lumefantrine (Coartem), pyrimethamine, tafenoquine (Arakoda, Krintafel)	Commercial: Updating applicable products (removing brand name 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 Ubrelvy	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, Nuspun, 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.

- 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 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-](tel:920-)



Preferred Drug List

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

[720-1696](tel:720-1696). Gary is available for office visits to discuss any pharmacy-related topics with pharmacy staff.

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