



July/August/September/October 2020

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\$35 Medicare Insulin Program

CMS Medicare Part D has arranged a pilot program where select insulins will have a fixed \$35 copayment per month supply, regardless of the coverage gap (donut hole).

This pilot program will be in effect for 2021 and is planned to last five years.

Network Health has decided to not participate in the pilot program in its first year, 2021 for the following reasons.

- Less than 10 percent of Network Health Medicare Advantage plan members use insulin and Network Health will continue to cover all insulin formulations on our open formulary.
- This is a pilot program and Network Health can observe the results before entering this program.
- Network Health does not apply deductibles to our preferred insulins.
 - This results in a \$42 copayment, which is not much different than the \$35 copayment. During the coverage gap (donut hole), our clinical pharmacists are happy to help our members determine less costly, equally effective options such as authorized generics.

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- As an example; a \$150 vial of authorized generic Novolog 10 mL in the coverage gap will cost \$37.50, which is not much different from the \$35 copayment.
- Network Health continues to focus on the importance of blood glucose testing in members adjusting their insulin doses. We provide free blood glucose testing including continuous glucose monitoring (CGM) systems such as Dexcom and FreeStyle Libre at a \$0 cost to members when obtained through the retail pharmacy. Members who use these systems see a savings between \$300 to \$1,000 per year, depending upon the CGM device.
- Network Health continues to offer clinical pharmacist and care management nurse support to our diabetic members with their health care management.

How can you help your patients as a provider?

You can advise your patients to call a clinical pharmacist at Network Health to review 2021 prescription medication costs before making any changes to their insurance.

- Make sure generic versions of insulin are being used.
- NovoLog and NovoLog mix now both have generics for a 50 percent lower ingredient cost than the brand name.
- Humalog and Humalog mix also have generics available but are still non-preferred on the formulary.
- Novolin R, Novolin 70/30 and Novolin-N are covered on the Network Health formulary and can be obtained through Walmart pharmacies at a substantial savings to your client.
- Check with a Network Health pharmacist to determine if a Tier 4 non-preferred insulin would qualify for a tier exception to Tier 3.
- Prescribe a three-month supply of insulin for your patients. This will help them to receive the best price when not in the coverage gap.

As your patients begin to ask about the \$35 program, which may be promoted on TV and other social media, be sure to advise them to contact a Network Health pharmacist before changing to another plan.

Network Health Response to Coronavirus

For Network Health's most up-to-date information about the coronavirus, please see networkhealth.com/coronavirus.

Easy Access to Speak with a Network Health Pharmacist

Imagine calling an insurance company and trying to speak directly with a pharmacist. How many numbers would you have to press? How many people would you need to speak to? How frustrated would you get?

We have good news for you – you can reach a clinical pharmacist directly at Network Health by calling 920-720-1287. We are here to answer your clinical questions and help navigate formulary options relating to efficacy and cost considerations. We can be reached Monday–Friday from 8 a.m. to 5 p.m. If no one answers your call, please leave a voicemail; our typical response is one business day.

We are also willing to visit your clinic and conduct educational seminars on various topics that are relevant to you and your staff, including prescription coverage and cost savings opportunities.

Generic Symbicort® and Other Lower Cost Alternatives Available

Symbicort, a twice daily maintenance inhaler containing both steroid and long-acting airway dilator inhaler, has gone generic. But, don't be too quick to recommend this option to Network Health Medicare members. Instead, we suggest trying fluticasone/salmeterol (generic AirDuo®). This was the first generic combination inhaler and is a great value at Tier 2.

Both brand and generic Symbicort are costlier at Tier 4 and have a step edit in place, requiring a combination inhaler on a lower tier be tried first. For those that have failed the Tier 2 and 3 combination inhaler options and require the costlier Symbicort, the new generic, budesonide/formoterol, is available with the same active ingredients as Symbicort.

Individuals on the brand Symbicort inhaler can save about \$70 per inhaler (before reaching the coverage gap) when the new generic is prescribed and dispensed. In addition, the price of generic Symbicort is about \$20 less than brand Symbicort in the coverage gap. The price will continue to go down as additional drug companies begin manufacturing budesonide/formoterol. It usually takes about six months for new generic medications to have more competition, which reduces the price further.

Right now, brand Symbicort costs about \$400, budesonide/formoterol costs \$330 and fluticasone/salmeterol (generic Airduo) costs \$100 per inhaler.* Pricing estimates provided by [Medicare.gov](https://www.medicare.gov).

*The SeniorCare® of Wisconsin formulary still covers brand Symbicort. Therefore, individuals already on Symbicort who have SeniorCare of Wisconsin coverage secondary to Network Health Medicare Advantage should not change to generic Symbicort until the SeniorCare formulary covers the generic.

Affordability of Diabetes Medications

A recent Journal of the American Medical Association (JAMA) article highlighted the high costs of novel antidiabetic medications as second-line therapies following metformin use.¹ While these agents, such as sodium-glucose cotransporter-2 inhibitors (SGLT2s) and glucagon-like peptide-1 receptor agonists (GLP-1Ras), may offer cardiovascular benefits and renal disease protection, they also come with a hefty price tag.

Since drug cost can play a vital role in a patient's adherence patterns, it is recommended that health care providers discuss affordability with their patients before prescribing these medications. For patients who are on these medications and need help affording them, many of these companies have patient assistance programs available through the manufacturer. [Rxassist.org](https://www.rxassist.org) is a useful tool for locating these patient assistance programs.

SeniorCare of Wisconsin may provide assistance to a patient once he/she reaches the spenddown amount, but it is recommended to check the [SeniorCare formulary](#) to ensure your patient is on a preferred agent.

Lastly, the local [aging and disability resource center](#) (ADRC) can be a great tool to help members navigate their community resources. Below you will find a comparison of the drug costs a Medicare member would pay for certain diabetes medications (this is not an all-inclusive list. For further discussion, please reach out to our internal Network Health pharmacists at 920-720-1287 or email Network Health Pharmacy Department).

[Medicare.gov](https://www.medicare.gov) pricing for common diabetes medications[†]

Medication	Ingredient cost	Copayment	Cost in coverage gap
Metformin 500 mg tablet (120/30 days)	\$14.11	\$2	\$3.53
Glipizide 10 mg XR tablet (30/30 days)	\$12.31	\$2	\$3.08
Pioglitazone 30 mg tablet (30/30 days)	\$28.21	\$8	\$7.05
Jardiance 10 mg tablet (30/30 days)	\$520.11	\$42	\$130.03
Bydureon 2 mg pen injector (4 pens/28 days)	\$731.25	\$42	\$182.81

*Prices reflective of September 21, 2020 reporting and are subject to change.

¹DeJong C, Masuda C, Chen R, Kazi DS, Dudley RA, Tseng C. *Out-of-Pocket Costs for Novel Guideline-Directed Diabetes Therapies Under Medicare Part D*. JAMA Intern Med. Published online September 14, 2020. doi:10.1001/jamainternmed.2020.2922

Managing the Costs of Direct-Acting Oral Anticoagulants (DOACs)

The coronavirus pandemic has forced us to adapt and modify many aspects of our daily life, especially when it comes to health care. One noticeable trend this year has been the transition of many Warfarin users over to DOACs to minimize the number of office visits for INR draws and dose adjustments. While DOACs do come with many advantages, such as less frequent laboratory monitoring, less drug-drug interactions and no need for dietary adjustments, they also come with a hefty price tag compared to warfarin. The average DOAC ingredient cost is about \$460 per month versus about \$5 for warfarin.

What does that mean for Medicare Advantage members converting from warfarin to Eliquis®?

The coverage gap may be avoided entirely when warfarin is used. Alternatively, those starting on Eliquis in January usually pay \$42 per month or \$105 per three-month supply at a preferred pharmacy, based on their policy. These individuals are guaranteed to reach the coverage gap in the year. While in the coverage gap, Eliquis will cost a member 25 percent of the ingredient price (or about \$120 per month based on current pricing). This extra expense may be challenging for Medicare members to afford. The Network Health Pharmacist Team created a list of potential cost saving options for members in this situation.

1. The Network Health Medicare Part D formulary covers Eliquis and Xarelto® at tier 3 and the other DOACs at higher, more expensive tiers. Therefore, the

copayments are lower for members when a prescriber chooses Eliquis or Xarelto.

2. Filling the prescription for a three-month supply at a Network Health preferred pharmacy is the best value while in the initial coverage phase.
3. SeniorCare of Wisconsin may be a complementary secondary coverage to a member's Network Health Medicare Advantage Plan and can help with DOAC costs. A local ADRC can assist seniors with applying (see above article for ADRC link).
4. Some DOAC manufacturers offer a free one-month supply.
5. Medicare-specific manufacturer patient assistance programs supply free medication for the rest of the calendar year if a member qualifies based on income and medication expenses.
6. Discuss risks versus benefits with members converting back to warfarin. Are drive-through lab draws or home monitoring an option? For some, the cost savings with going back on warfarin may outweigh the negatives.

Network Health Offers an Inhaler Regimen that Doesn't Break the Bank

Proair® HFA, Ventolin® HFA and Proventil® HFA are used as needed for fast acting relief of breathing issues such as wheezing, shortness of breath and coughing. All three of these agents are now available in generic versions, called albuterol HFA. Albuterol HFA is a Tier 2 medication and complements the great value of the Tier 2 generic Airduo used daily to control breathing issues.

Easing the Prior Authorization Process with SmartPA®

As we look to continually improve our prior authorization (PA) process, Network Health will be implementing SmartPA for Medicare and commercial lines of business beginning August 1, 2020.

SmartPA is a program that allows medical and pharmacy data to be run against SmartPA logic, incorporating such things as ICD-10 codes and medication histories to bring about an automated process for PA approval. This will be implemented on certain medications such as memantine and lidocaine patches.

As an example, if a prescriber orders memantine, the SmartPA logic will review the patient's information, looking for FDA-approved diagnosis codes such as Alzheimer's disease. If the appropriate ICD-10 code is found, the claim will process automatically at the pharmacy without any need for the provider to be involved in the PA process. If the ICD-10 code is not found within the medical claims file, the medication will decline and require prior authorization by the provider. While this does not eliminate the need for PAs, this is expected to substantially reduce the amount of PAs needed for certain medications, diminishing providers' administrative burden and minimizing unnecessary delays for the patient.

Pharmacy and Therapeutic Changes for July 2020 and September 2020

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
JULY					
Aklief®	PA ¹		M, C		
Ayvakit™	PA ²			M	C
Nexleto™	QL ⁴		M, C		
Sarclisa®	PA ²			M	C
Tazverik™	PA ⁵			M	C
Tepezza®	PA ⁶			M	C
Xcopri® 12.5-25 mg	ST		M, C		
Xcopri® All other strengths	ST			M	C
Zerviate™			M, C		
SEPTEMBER					
Dayvigo™	QL		M,C		
Fensolvi	PA ⁶				M,C
Isturisa	PA				M,C
Koselugo	PA				M,C
Nurtec ODT	QL		C		M
Pemazyre	PA ⁵				M,C

Reyvow	QL	M,C	
Trodelvy	PA ⁵		M,C
Tukysa	PA ⁵		M,C
Ubrelyv	QL		M,C
Vyepti	PA	C	M
Valtoco		C	M

C indicates commercial preferred drug list (PDL) status

M indicates Medicare PDL status

PA indicates that prior authorization is required

ST indicates that the medication is part of a step-therapy protocol

QL indicates a quantity limit

Footnotes

1. PA only with Medicare line of business
2. Commercial PA will go through EviCore
3. Step therapy only with Commercial line of business
4. QL only with Medicare line of business
5. PA only with Commercial line of business and will go through EviCore
6. PA only with Commercial line of business and will go through CCUM

Medicare Quantity Level Limit Updates

Pemazyre™	4.5 mg tablet 9 mg tablet 13.5 mg tablet	21/28 days
Trijardy XR®	10-5-1000 mg tablet 25-5-1000 mg tablet	30/30 days
Trijardy XR	12.5-2.25-1000 mg tablet 5-2.5-1000 mg tablet	60/30 days
Dayvigo™	5 mg tablet 10 mg tablet	30/30 days
Harvoni®	33.75-150 mg tablets in packet	28/28 days
Harvoni	45-200 mg tablet	56/28 days
Nexlizet™	180 mg - 10 mg tablets	30/30 days

Sovaldi™	150 mg tablets in packet	28/28 days
Sovaldi	200 mg tablets in packet	56/28 days
Zeposia®	0.23-0.46 mg capsule pack	7/30 days
Zeposia	0.23-0.92 mg capsule pack	37/30 days
Zeposia	0.92 mg capsule	30/30 days

Commercial Quantity Level Updates

Harvoni®	45-200 mg tablet	56/fill
Jynarque®	90-30 mg tablet	56/fill
Tolvaptan	30 mg tablet	60/fill
Ajovy®	225 mg/1.5 mL autoinjector syringe	3/90 days
Auvi®	0.1 mg 0.15 mg 0.3 mg	2 per fill Note - these products are currently non-formulary
Ayvakit™	100 mg tablet 200 mg tablet 300 mg tablet	30/fill
Caplyta™	42 mg capsule	30/fill
Divigel®	1.25 mg gel packet	34/fill
Duaklir®	inhaler	1/fill
Emgality®	120 mg/mL pen	1/30 days
Emgality	100 mg/mL syringe (300 mg dose) 120 mg/ml syringe	1/30 days
Inrebic®	100 mg capsule	120/fill
Isturisa®	1 mg tablet	240/fill
Isturisa	10 mg tablet	180/fill
Isturisa	5 mg tablet	60/fill
Nayzilam®	5 mg nasal spray	2/fill

Nourianz™	20 mg tablet 40 mg tablet	30/fill
Olumiant®	1 mg tablet	30/30 days
Oxbryta®	500 mg tablet	90/fill
Pentamidine	300 mg inhalation powder	1/fill
Reyvow®	50 mg tablet	8/28 days
Reyvow	100 mg tablet	16/28 days
Rinvoq™ ERTM	15 mg tablet	30/fill
Rozlytrek™	100 mg tablet	30/fill
Rozlytrek	200 mg tablet	90/fill
Secuado®	3.8 mg/24 hour patch 5/7 mg/24 hour patch 7.6 mg/hour patch	30/fill
Sovaldi™	200 mg tablets	56/fill; 168/365 days
Symdeko®	50/75 mg-75 mg tablets	56/fill
Tadalafil	2.5 mg tablet 5 mg tablet	30/fill
Tukysa™	50 mg tablet	300/fill
Tukysa	150 mg tablet	120/fill
Turalio®	200 mg capsule	120/fill
Ubrelvy™	50 mg tablet	20/28 days
Ubrelvy	100 mg tablet	20/28 days
Valtoco®	5 mg nasal spray 10 mg nasal spray 15 mg nasal spray 20 mg nasal spray	1/fill
Xcopri®	50 mg tablet 100 mg tablet 150 mg tablet 200 mg tablet	30/fill

Xcopri	12.5-25 mg titration pack 50-100 mg titration pack 150-200 mg titration pack	56/fill
Xcopri	250 mg daily dose pack 350 mg daily dose pack	56/fill

Step Therapy Updates

Medicare

- DPP-4 therapy – Added Trijardy XR[®] as second line drug

Commercial

- Atypical antipsychotic – Adding Clozapine ODT brand as second line drug

Prior Authorization Updates

Commercial and Medicare

- **Hematopoietic growth factor** - Adding one year of coverage for thrombocytopenia in myelodysplastic syndrome
- **Idiopathic pulmonary fibrosis** - Updating to include new FDA-approved indication for Ofev[®]
- **Epclusa[®]** - Updating age restriction to 6 years old and above
- **Cabometyx[®] (cabozantinib)** - Updating criteria to match EviCore's recommendations for Medicare. **Note** - these updates will go live for Medicare on January 1, 2021
- **Nerlynx[®] (neratinib)** - Updating to include new FDA-approved indication
- **Braftovi[®]** - Colon and rectal cancer became an FDA-approved indication, therefore removing its off-label use in criteria.
- **Balversa[™] (erdafitinib)** - Updated National Comprehensive Cancer Network guidelines to approve Balversa if the patient has progressed during or following checkpoint inhibitor therapy
- **Koselugo[™] (selumetinib)** - New prior authorization
- **Isturisa[®] (osilodrostat)** - New prior authorization
- **Pemazyre[®] (pemigatinib)** - New prior authorization
- **Tukysa[™] (tucatinib)** - New prior authorization
- **Trodelvy[™] (sacituzumab govitecan-hziv)** - New prior authorization

- **Tabrecta™ (capmatinib)** - New prior authorization
- **Retevmo™ (selpercatinib)** - New prior authorization
- **Qinlock™ (ripretinib)** - New prior authorization
- **Sofosbuvir (Sovaldi)** - Updating age restriction for genotypes two and three to ages three and older (previously approved for ages 12 and older)
- **Cosentyx®** - Adding newly FDA-approved indication of non-radiographic axial spondyloarthritis
- **Lynparza® (olaparib)** - Update to include additional FDA-approved indications for ovarian and prostate cancers
- **Rubraca® (rucaparib)** - Adding new indication of prostate cancer
- **Zejula® (niraparib)** - Updated due to FDA approval of Zejula for maintenance therapy after first-line chemotherapy. Changed required trial of platinum-based chemotherapy from two to one.
- **Dupixent® (dupilumab)** - Updating age requirement for diagnosis of atopic dermatitis, which is newly FDA-approved for ages 6 and older
- **Braftovi®** - Removing requirement for colon or rectal cancer that medication needs to be used in combination with mektovi
- **Fintepla®** - New prior authorization

Medicare

These new prior authorizations are effective on January 1, 2021.

- **Revlimid® (lenalidomide)** - New prior authorization
- **Thalomid® (thalidomide)** - New prior authorization
- **Pomalyst® (pomalidomide)** - New prior authorization
- **Ninlaro® (ixazomib)** - New prior authorization
- **Inlyta® (axitinib)** - New prior authorization
- **Imbruvica® (ibrutinib)** - New prior authorization
- **Zydelig®** - New prior authorization
- **Zytiga® (abiraterone)** - New prior authorization
- **Xtandi®** - New prior authorization
- **Lenvima®** - New prior authorization
- **Cometriq®** - New prior authorization
- **Basal insulin** - New prior authorization
- **Inhaled LAMA (Long-acting muscarinic antagonists)** - New prior authorization
- **Emgality® (galcanezumab-gnlm)** - New prior authorization. This replaces CGRP prior authorization with preferred product strategy.
- **Ajovy® (fremanezumab-vfrm)** - New prior authorization. This replaces CGRP prior authorization with preferred product strategy.
- **Verzenio® (abemaciclib)** - New prior authorization
- **Sandostatin® (octreotide acetate)** - New prior authorization
- **Somatuline® (lanreotide)** - New prior authorization

- **Arikayce® (amikacin sulfate liposomal with nebulizer accessories)** - New prior authorization
- **Nexletol® (bempedoic acid)** - New prior authorization
- **Berinert® (c1 esterase inhibitor)** - New prior authorization
- **Targretin® (bexarotene) topical** - New prior authorization
- **Phesgo™** - New prior authorization

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.

- 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



Pharmacy Review

If you have questions about the 2020 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](tel:920-720-1696). Gary is available for office visits to



Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at networkhealth.com/look-up-medications. Members must select their plan from the dropdown to access the appropriate drug list for that plan.

discuss any pharmacy-related topics with your staff.

If you are not a current subscriber to *The Script* and you would like to be added to the mailing list, please [email us](#) today.

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at networkhealth.com/provider-resources/news-and-announcements.



Don't forget to check us out on social media



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800-826-0940 or 920-720-1300

HMO plans underwritten by Network Health Plan. POS plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC. Network Health Medicare Advantage plans include MSA and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage plans depends on contract renewal.