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Our Response to Coronavirus

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

Reminder on Dual-Eligible Medicare Members

Dual-eligible members, meaning they have both Medicare and Medicaid insurance coverage, often experience adversity with billing for Part B medications when at the pharmacy. This may be because the pharmacy staff is unfamiliar with the process or the manual steps that these claims require, which add time and complexity to the situation.

As a reminder, these members should not be balanced billed for Part B pharmacy items, such as diabetic test strips, nebulized medications and insulin specifically being used for

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an insulin pump. Pharmacies should submit these as manual claims (also known as paper claims) to Medicaid for the balance.

If you hear of a dual-eligible Medicare patient having issues with balance billing, please reach out to us so we can assist with resolving the matter. You can contact the Network Health clinical pharmacists via email at pharmacist@networkhealth.com or phone at 920-720-1287.

Statin Use in Individuals with Diabetes – Updated ICD-10 Exclusions

Effective January 1, 2021, the ICD-10 exclusions for the Medicare quality measure of statin use in persons with diabetes (SUPD) were updated. Previous exclusions only encompassed hospice enrollment and end-stage renal disease (ESRD).

The updated exclusions now include rhabdomyolysis and myopathy, liver disease, pre-diabetes, pregnancy, lactation and fertility and/or polycystic ovary syndrome. If a patient cannot tolerate a statin, this needs to be documented, coded and billed on the medical claim. Please note that only the following ICD-10 codes related to rhabdomyolysis and myopathy are included as an exclusion.

| Diagnosis | ICD-10 |
|----------------------------|---------------|
| Drug-induced myopathy | G72.0 |
| Other specified myopathies | G72.89 |
| Myopathy, unspecified | G72.9 |

| | |
|---|----------|
| Other myositis, unspecified site | M60.80 |
| Myositis, unspecified site | M60.9 |
| Rhabdomyolysis | M62.82 |
| Adverse effect of antihyperlipidemic and anti-arteriosclerotic drugs, initial encounter | T46.6X5A |

Network Health's [Statin Myth brochure](#) can be a great starting point for opening the lines of communication between you and your patient. You can request printed copies for your office by contacting the Network Health Clinical Pharmacist Team via email at pharmacist@networkhealth.com or phone at 920-720-1287.

Controversies of Managing Patients with Type 2 Diabetes

In Fall 2014, the New England Comparative Effectiveness Public Advisory Council (CEPAC) reviewed evidence presented by the Institute for Clinical and Economic Review (ICER) on the clinical effectiveness and comparative value of second- and third-line pharmacological treatment options for patients with type 2 diabetes and inadequate glycemic control on metformin alone or a combination of metformin and a sulfonylurea. Evidence was also reviewed regarding methods of insulin delivery (insulin pump vs daily injections) and methods of glucose monitoring (continuous vs self-monitoring). You can read the article [here](#).

Long-acting insulin analogs vs. NPH insulin

CEPAC has determined that NPH insulin has a higher comparative value and is functionally equivalent to long-acting insulin analogs. There were no significant differences between the two insulin types in glycemic control or weight change.

The only significant difference observed was a decreased incidence of non-severe hypoglycemia for long-acting insulin analogs. Switching from analog insulin, like Lantus® or Levemir®, to NPH insulin such as Novolin® N could save patients and health plans millions of dollars per year.

The ReliOn® brand of Novolin products available at Walmart pharmacies are the lowest cost

to Network Health members, costing around \$25 per 10 ml vial and around \$45 per box of 5 pens for Medicare Advantage plan members.

DPP-4 inhibitors vs. GLP-1 agonists as second- and third-line treatment options

CEPAC determined there is inadequate evidence to prove that DPP-4 inhibitors, like Januvia® or Tradjenta®, are superior as a second-line treatment option when added to metformin, compared to the addition of a sulfonylurea (glimepiride, glipizide and glyburide). Additionally, there is inadequate evidence to prove that DPP-4 inhibitors are superior as a third-line treatment added to metformin and a sulfonylurea, compared to addition of NPH insulin.

Adding a GLP-1 (Bydureon®, Victoza®, Trulicity® and Ozempic®) agonist to metformin as a second-line option is superior to the addition of a sulfonylurea. This decision was made based on the reduction of hypoglycemic events as well weight loss benefits seen with use of GLP-1 agonists. Additionally, it was determined that adding a GLP-1 agonist to metformin and a sulfonylurea as a third-line agent is superior to the addition of NPH insulin as a third-line agent.

Given the high cost of many GLP-1 agonists, their value from the perspective of a state Medicaid program was determined to be low. Since completion of the ICER review, additional benefits from GLP-1 agonists have come to light including reduction in cardiovascular events seen with Victoza, Ozempic and Trulicity.

Insulin pump therapy vs multiple daily injections

There is not enough evidence to prove superiority of insulin pumps over multiple daily injections for managing type 2 diabetes. This decision was made based on the lack of studies comparing the two methods. Some data suggests the benefits of insulin pumps, however more research is needed to further substantiate this.

Continuous glucose monitoring vs. self-monitoring

There is insufficient evidence to prove superiority of continuous glucose monitoring over self-monitoring for managing type 2 diabetes. Some patient populations may be good candidates

for continuous monitoring, however, further research is needed to determine which populations may benefit most from their use.

Pharmacy and Therapeutic Changes for May 2021

New Drug Additions

Comment Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty

| | | | | | |
|--------------|-----------------|--|--|--|--------------------|
| Danyelza® | PA ¹ | | | | M, C |
| Eysuvis® | | | | | M, C |
| Oxlumo™ | PA ² | | | | M, C |
| VESicare LS™ | ST ³ | | | | M ⁴ , C |
| Winlevi® | PA | | | | M ⁴ , C |
| Zokinvy® | 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

ST indicates that step therapy is required

Footnotes:

1. eviCore PA for commercial line of business only
2. PA for commercial will be handled by CCUM

3. Step therapy applies to commercial line of business only
4. Non-preferred brand on Medicare open formulary, excluded from Part D coverage on Medicare closed formulary

Medicare Quantity Level Limit Updates

| Medication | Dosage | Quantity/Supply |
|-----------------------------------|---|--|
| Xeljanz® | 1 mg/ml | 240 ml/24 days Note: pack size is 240 ml |
| droxidopa | 100 mg | 90 capsules/30 days |
| droxidopa | 200 mg, 300 mg | 180 capsules/30 days |
| Ozempic | 1/0.75 (3ml) | 3 ml/30 days |
| Xtandi® | 40 mg tablet | 120 tablets/30 days |
| Xtandi | 80 mg tablet | 60 tablets/30 days |
| Humira® (CF) pen for pediatric UC | 80 mg/0.8ml | 4 syringes/180 days |
| Hetlioz® LQ | 4 mg/ml | 158 ml/30 days |
| hydrocodone ER | 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg | 60 tablets/30 days |
| prolate | 10-300mg/5ml | 2000 ml/30 days |
| Ponvory™ | 2 mg-10 mg dose pack | 14 tablets/30 days |
| Ponvory | 20 mg | 30 tablets/30 days |

| | | |
|--|--|---------------------|
| Abilify MyCite® (tablet with sensor, strip, and pod) | 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg | 30 tablets/180 days |
| pregabalin ER | 82.5 mg, 165 mg, 330 mg | 30 tablets/30 days |

Commercial Quantity Level Limit Updates

| Medication | Dosage | Quantity/Supply |
|------------|--------------------------------|---------------------|
| Xtandi | 80 mg tablet | 60 tablets/fill |
| Qelbree™ | 100 mg, 150 mg, 200 mg capsule | 60 capsules/30 days |

Prior Authorization Updates

Commercial and Medicare

- **Arcalyst®** (rilonacept), **Ilaris®** (canakinumab) - Added new FDA-approved diagnosis of deficiency of the interleukin-1 receptor antagonist (DIRA)
- **Xalkori®** (crizotinib) - Added new FDA-approved diagnosis of anaplastic large-cell lymphoma; this was previously listed as an off-label use
- **Mekinist®** - BRAF mutations in malignant melanoma - Removed off-label indication for treatment of colon and rectal cancers based on a CMS requested update
- **Nucala®** (mepolizumab) recombinant - Added hematologist as additional prescriber for hypereosinophilic syndrome (HES) based on CMS request
- **Lynparza®** (olaparib) - Removed requirement that patients must have HER2-negative disease for breast cancer
- **Cabometyx®** (cabozantinib) - Added gastrointestinal stromal tumors (GIST) and bone cancer as approvable diagnoses based on NCCN guidelines
- **Rydapt®** (midostaurin) - Added new NCCN diagnoses of myeloid/lymphoid neoplasms with eosinophilia
- **Calquence®** (acalabrutinib) - Added NCCN diagnoses of Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma
- **Lyrica® CR** - Adding pregabalin ER (generic) to criteria
- **Tibsovo®** (ivosidenib) - Added NCCN diagnoses of cholangiosarcoma and chondrosarcoma; also updated indication on FDA labeling

- **Lorbrena**[®] (lorlatinib) - Based on FDA update, removed criteria requiring prior use of another ALK inhibitor therapy for patients with ALK-positive metastatic NSCLC. Added Rozlytrek[™] (entrectinib) as additional option for pre-requisite therapy for NSCLC-ROS1 rearrangement-positive disease.
- **Piqray**[®] (alpelisib) - Updated off-label uses of treatment of breast cancer in premenopausal women based on CMS request
- **Wakix**[®] (pitolisant) - Added new FDA-approved diagnosis of cataplexy treatment in patients with narcolepsy. Added polysomnography and MSLT criteria to narcolepsy indication based on how it was submitted to CMS.
- **Brukinsa**[®] (zanubrutinib) - Added NCCN diagnosis of CLL and SLL
- **Ayvakit**[™] (avapritinib) - Updated to add new diagnoses of myeloid/lymphoid neoplasms with eosinophilia; for GIST, removed requirement that patients have unresectable or metastatic disease
- **Lupkynis**[™] (voclosporin) - New prior authorization
- **Zokinvy** (lonafarnib) - New prior authorization
- **Gamifant**[®] (emapalumab-lzsg) - New prior authorization
- **Amondys 45**[™] (casimersen) - New prior authorization
- **Evkeeza**[™] (evinacumab-dgnb) - New prior authorization

Medicare

- **Humira** - Added newly FDA-approved age indication for Ulcerative colitis, now approved down to age 5
- **Kineret** (anakinra) - Added new FDA-approved diagnosis of deficiency of the interleukin-1 receptor antagonist (DIRA)
- **Actemra**[®] (tocilizumab) - Updated giant cell arteritis criteria to remove pre-requisite therapy of methotrexate or glucocorticoid
- **Xeljanz** (tofacitinib) - Added Xeljanz oral solution as option for JIA/JRA
- **Tepmetko**[®] (tepotinib) - New prior authorization
- **Ukoniq**[™] (umbralisib) - New prior authorization
- **Margenza**[™] (margetuximab-cmkg) - New prior authorization

Step Therapy Updates

Medicare (open and closed formularies)

- **Anticonvulsant therapy** – Added Roweepra[®] back in as first-line agent, as this has been added back on to the formulary file

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 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 Preferred Drug List

If you have questions about the 2021 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 your staff.

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.

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](http://networkhealth.com/provider-resources/news-and-announcements).



Don't forget to check us out
on social media



networkhealth.com

1570 Midway Place
Menasha, WI 54952
800-826-0940 or 920-
720-1300