



May/June 2020

Table of Contents

Network Health Response to Coronavirus

Easy Access to Speak with a Network Health Pharmacist

Montelukast (Singulair®) Safety Label Changes

Compounded Topical Pain Creams Pose Questions and Concerns

Pharmacy and Therapeutic Changes for May 2020

Medicare Quantity Level Limit Updates

Commercial Quantity

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

Level Limit Updates

Step Therapy Updates

**Prior Authorization
Updates**

**Contact Network Health
Pharmacy Department**

Pharmacy Review

Preferred Drug List

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.

Montelukast (Singulair®) Safety Label Changes

A boxed warning has been added to the allergy and asthma medication, Montelukast. This safety update brings greater awareness of the risk for mental health side effects.

The new boxed warning includes a few key takeaways.

- Serious neuropsychiatric events reported were highly variable and included agitation, aggression, depression, sleep disturbances, suicidal thoughts and behavior
- For allergic rhinitis – Reserve use for patients who have an inadequate response or intolerance to alternatives therapies.
- For asthma or exercise-induced bronchoconstriction – Consider benefits versus risks
- If prescribing, advise patients and caregivers to be alert for behavioral and psychiatric changes or new symptoms. If these occur, have the patient discontinue the medication and contact the prescribing doctor immediately.

Recommend over-the-counter (OTC) options to provide allergy relief.

- Intranasal corticosteroids—such as fluticasone (Flonase®) are effective for persistent allergy symptoms, including itchy, watery eyes.
- Second generation oral antihistamines—such as loratadine (Claritin®), cetirizine (Zyrtec®) and fexofenadine (Allegra®)—are helpful for mild or intermittent symptoms and can be taken as needed. These medications do not help with

congestion. Typically, combining intranasal corticosteroids with oral antihistamines is not recommended because it has not shown to improve symptoms compared to intranasal corticosteroids alone.

- If congestion persists despite intranasal corticosteroid therapy, suggest adding a decongestant, like pseudoephedrine, for a few days for appropriate patients.

Compounded Topical Pain Creams Pose Questions and Concerns

The Food and Drug Administration (FDA) recently tasked the National Academies of Science, Engineering, and Medicine (NASEM) to review data related to the safety and efficacy of ingredients commonly used in compounded topical creams.

NASEM reviewed data for 20 different pharmaceutical ingredients either deemed high priority by the FDA, like tramadol, memantine, clonidine and amitriptyline or commonly found in compounded topical pain creams, such as naproxen, lidocaine, doxepin and nifedipine.

This review resulted in these interesting findings.

- The drugs that demonstrate potential clinical effectiveness are below.
 - Doxepin alone
 - Lidocaine alone
 - Naproxen alone (though evidence is inconsistent)
 - Pentoxifylline-clonidine combination (though the benefit may be due to systemic absorption)
- In general, there is inadequate data to make conclusions about safety and risks of compounded topical pain creams.
- Adverse events often related to systemic absorption and creams should not be used over large skin areas or skin that isn't intact.
- This review recommends additional training for health care practitioners, further clinical trials and extended state-level oversight for these compounded topical pain creams.

You can see the full details of the review [here](#).

Removing Prior Authorizations to Benefit Members and Providers

In an effort to minimize unnecessary administrative burden, Network Health frequently reviews current prior authorization (PA) criteria and presents it to both the Quality Management Committee (QMC) and Pharmacy and Therapeutics Committee (P&T) for input. We have made many beneficial changes to improve member access to medications and reduce providers' time spent on administrative tasks. Here are some examples of those changes.

May 2020

Removed cyclobenzaprine from Medicare's high-risk skeletal muscle relaxants PA

- In reviewing appeals, the majority were overturned

May 2020

Removed hydroxyzine from Medicare's high-risk antihistamines PA

- In reviewing appeals, the majority were overturned

March 2020

Removed Medicare's PA for tertiary tricyclic antidepressants.

- In reviewing appeals, the majority were overturned

January 2020

Removed commercial and Medicare PA for continuous glucose monitors (CGM) Dexcom® and FreeStyle® Libre.

- Review of PAs demonstrated the majority of members were appropriately meeting criteria (insulin injections and finger testing at least three times per day). Many members have realized substantial improvements in their A1c following initiation of CGM devices and we aim to ensure motivated individuals who are looking for tight control of their blood sugars are equipped with the tools they need to manage their condition successfully.

Pharmacy and Therapeutic Changes for May 2020

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Adakveo®				M	C ¹
Brukinsa™	PA ² , QL			M	C
Enhertu®				M	C ²
Givlaari®				M	C ¹
Nouriaz™				M	C
Oxbryta®				M	C
Padcev™	PA			M	C ²
Reblozyl®				M	C ¹
Secuado®	ST			M	C
Talicia® DR			M,C		
Vumerity® DR				M	C
Vyondys-53™	PA			M	C ¹

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. With Care Continuum PA

2. Commercial PA will go through EviCore

Medicare Quantity Level Limit Updates

Asmanex® HFA	50 mcg	13/30 days
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Dulera®	50 mcg/5 mcg	13/30 days
Reyvow™	50 mg 100 mg	8/30 days
Tramadol ER	100 mg	120/30 days
Vtol LQ™	50-325/15 mL	5550 mL/30 days
Oxycodone	2.5-300 mg	390/30 days
Nexletol	180 mg tablet	30/30 days
Nurtec™ ODT	75 mg	10/30 days
Prolate™	5-300 mg 7.5-300 mg 10-300 mg	360/30 days
Azelastine-fluticasone	137-50 mcg	23 g/30 days
Ibrance®	75 mg 100 mg 125 mg tablet	30/30 days
Teriparatide	20 mcg/dose pen	2.48 mL/28 days

Commercial Quantity Level Updates

Meloxicam	5 mg 7.5 mg	30/fill
Azelastine-fluticasone	137-50 mcg	1 canister/fill
Ibrance®	75 mg 100 mg 125 mg	21/fill
Promacta®	12.5 mg 25 mg packet	30/30 days
Nurtec™ ODT	75 mg	8/fill
ProAir® Digihaler	90 mcg inhaler	2 inhalers/fill

Teriparatide	620 mcg/2.48 mL	1 pen/21 days
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Step Therapy Updates

Commercial and Medicare

- Anticonvulsant therapy – Added Xcopri® as second line agent
- Atypical antipsychotic – Added Secuado and Caplyta® as second line agent
- Osteoporosis – Added teriparatide as second line agent

Commercial

- Nasal Steroids – Added azelastine-fluticasone nasal spray as second line agent

Prior Authorization Updates

Commercial and Medicare

- **Tazarotene (Tazorac®, Fabior®), halobetasol propionate and tazarotene lotion 0.01-0.045% (Duobrii® lotion), Arazlo™ 0.045% lotion** – Added Arazlo lotion
- **Hematopoietic growth factor** – Added thrombocytopenia in myelodysplastic syndrome (MDS) as a reviewable diagnosis per National Comprehensive Cancer Network (NCCN) guidelines
- **EGFR mutations** - Removed requirement of previous trial of tyrosine kinase inhibitor (Vizimpro®, Tarceva®, Iressa®, or Gilotrif®) per NCCN guidelines
- **Lonsurf®** – Removed the metastatic requirement prior to approval for the diagnosis of gastric or gastroesophageal junction adenocarcinoma per NCCN guidelines
- **Stivarga®** - Updated to add diagnosis of osteosarcoma per NCCN guidelines
- **Daurismo™** – Updated to allow approval for patients who are using Daurismo as post-induction therapy per NCCN guidelines
- **Sarclisa®** – New prior authorization
- **Vyepti™** – New prior authorization

Medicare

- **High-risk antihistamines** – Removed hydroxyzine
- **High-risk skeletal muscle relaxants** – Removed cyclobenzaprine
- **Topical retinoid products** – Added adapalene-benzoyl peroxide-clindamycin gel

Commercial

- **Insulin** – Added insulin lispro to criteria
- **Self-administered drugs place of service** – Added teriparatide
- **Entyvio®** – Matched Express Scripts' inflammatory condition policy

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 discuss any pharmacy-related topics with your staff.



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.

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



networkhealth.com

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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.