The script

network health
Dispensing pharmacy updates and guidance

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Pharmacy Benefit's Response to Coronavirus

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

Medicare Part D Explanation of Benefits Updates

Beginning in 2021, Network Health members will have access to electronic Part D Explanation of Benefits (EOB) through their member portal. This is a convenient way for Medicare members to review their claims while also saving money and producing less waste.

To help members with medication cost concerns, both electronic and mailed EOBs will now feature an area that lists preferred medication alternatives, if there is a lower cost option available. This gives our members the opportunity to review and discuss potential alternatives with their provider to determine if an equally effective, yet less expensive medication, may be an appropriate replacement.

Also new for 2021, Network Health Part D EOBs include drug price change information. This lets members know if the total cost of each medication they take has stayed the same, increased or decreased throughout the year.

Providing this information is in-line with our efforts to promote informed consumerism and price transparency.

Real Time Benefit Tool

The Real Time Benefit Tool (RTBT), which is in place for providers beginning January 1, 2021, must be made available to Medicare members by January 1, 2023, per CMS requirements.

The current RTBT, which is embedded into a clinic's electronic health record (EHR), allows the provider to review the cost of medications prior to the prescription being sent to the pharmacy. The RTBT slated to go into effect in 2023 will allow members to access similar information, including formulary and benefit information and cost-sharing details. This gives members the ability to shop for lower cost alternative therapies under their Part D plan.

Step Therapy for Medical Drug

In our continued efforts to keep medical and premium costs down for our members, we are implementing a step therapy approach to certain categories of medical drug, both through Care Continuum Utilization Management (CCUM) and our oncology vendor, eviCore. Prior authorization (PA) requests will require members to use a preferred agent, unless certain criteria are met to justify using the non-preferred agents. Please reference the below drug lists for additional information.

CCUM Drug Management Program Preferred Drug List

Effective January 1, 2021. Register at **express-path.com**. If you have questions, please call 877-787-8705.

Drug Class	Preferred Agents	Non-Preferred	Step Therapy Requirements

	Agents		
Colony-stimulating factors filgrastims*	Nivestym® Zarxio®	Neupogen® Granix®	Use one of the preferred drugs before non-preferred drug
Erythroid-stimulating agents*	Procrit® Retacri®	Aranesp® Epogen® Mircera®	Use one of the preferred drugs before non-preferred drug
Hylauronic acid derivatives	Euflexxa® Monovisc® Orthovisc®	Duralone® Gel-One® Gelsyn-3™ GenVisc 850® Hyalgan® Hymovis® Synvisc® Synvisc One® Synojoynt™ Supartz FX® Triluron™ TriVisc® Visco-3™	Use one of the preferred drugs before non-preferred drug
Immunologicals	Fasenra® Nucala®	Cinqair®	Use one of the preferred drugs before non-preferred drug
Inflammatory conditions infliximab products	Remicade®	Avsola™ Inflectra® Renflexis®	Use Remicade before non-preferred drug
IV iron replacement products	Ferrlecit® INFed® Venofer®	Feraheme® Injectafer® Monoferric®	Use one of the preferred drugs before non-preferred drug
Ophthalmic VEGF Products	compounded bevacizumab	Beovu® Eylea® Lucentis®	Use of bevacizumab before non-preferred drug
Rituximab products*	Ruxience® Truxima®	Rituxan® Riabni™	Use of one of the preferred drugs before non-preferred drug

*Denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at 855-727-7444 or **myportal@evicore.com**.

Please note that newly approved specialty drugs—not yet identified on this list—may be subject to prior authorization and step therapy.

EviCore Drug Management Program Preferred Drug List

Effective January 1, 2021. Register at **myportal.medsolutions.com**. If you have questions, please call 855-727-7444.

Preferred Agents	Non-Preferred Agents	Step Therapy Requirements
Ruxience® Truxima®	Rituxan® Rituxan Hyclea®	Continuation of therapy (within past 180 days) or trial and failure or contraindication to preferred agents
Mvasi™ Zirabev®	Avastin®	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents
Ogivri® Trazimera™	Herceptin® Herceptin Hylecta™ Herzuma® Kanjinti™	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents
Zarxio® Nivestym®	Neupogen® Granix®	Continuation of therapy (within past 180 days) or trial and failure or contraindication to preferred agents

Please note that newly approved specialty drugs—not yet identified on this list—may be subject to prior authorization and step therapy.

Pharmacy and Therapeutic Changes for January 2021

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Dojolvi™1				M	

Enspryng™	PA		M, C
Evrysdi™	PA		M, C
Oriahnn™			M, C
Twirla®[2]		C	
Upneeq®[2]		C	
Viltepso™	PA[3]		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. Excluded from pharmacy benefit for commercial line of business
2. Excluded from pharmacy benefit for Medicare line of business
3. Commercial PA goes through Care Continuum Utilization Management (CCUM)

Medicare Quantity Level Limit Updates

Xywav™	0.5 g/mL	540 mL/30 days

Prior Authorization Updates

Commercial and Medicare

- **Testosterone** - Removed reference to loss of libido as qualifying symptom since we have decreased libido as exclusion criteria
- **Xolair® (omalizumab)** - Updated criteria to match Medicare-submitted criteria

- **Xenazine® (tetrabenazine)** - Updated criteria to add off-label uses, update coverage duration and mention step through generic option
- **BRAF mutations** - Updated language to better clarify certain requirements; adding off-label indications of hairy cell leukemia and differentiated thyroid cancer
- **Kalydeco®** (ivacaftor), **Orkambi®** (lumacaftor/ivacaftor) - Updated language to include concomitant use with Trikafta ® as exclusion
- **Familial hypercholesterolemia** - Removed Kynamro from criteria
- **Nucala® (mepolizumab recombinant)** - Updated criteria for asthma and eosinophilic granulomatosis with polyangiitis
- **Zepatier® (elbasvir/grazoprevir) -** Removed reference to genotype one, as reference to using AASLD/IDSA criteria encompasses all appropriate uses
- **Cinqair® (reslizumab)** - Added reference to other IL-5 medications
- **Afinitor® (everolimus)** - Updated various indications
- **Lynparza® (olaparib)** - Updated criteria to match what was approved by HPMS for 2021 submission
- **Nexavar® (sorafenib tosylate)** - Updated criteria for various indications
- **Stivarga® (regorafenib)** - Updated criteria, including adding in off-label indication of soft tissue sarcoma
- **Tykerb® (lapatinib)** - Updated criteria, including additional off-label indications
- **Epclusa®** - Added Medicare update to be covered for medically-accepted indications consistent with AASLD/IDSA guidance
- **Calquence® (acalabrutinib)** - Updated criteria to match Medicare submission; Calquence is first line per NCCN guideline update
- **Erleada® (apalutamide)** - Updated to reflect Medicare-submitted criteria
- **Enspryng** - Added ophthalmologist as additional prescriber
- **Evrysdi** - Updated to remove upper age limit and reference to adeno-associated virus vector-based gene therapy as an exclusion

Medicare

- **Kineret® (anakinra)** - Updated to include off-label uses and additional medication trial options
- **Cimzia® (certolizumab pegol)** - Updated to reflect adult age restrictions for Crohn's disease and plaque psoriasis
- **Simponi® (golimumab)** - Added Rinvoq™ as additional medication trial option for rheumatoid arthritis
- **Actemra® (tocilizumab)** - Added Rinvoq as additional medication trial option for rheumatoid arthritis
- **Xeljanz® and Xeljanz XR (tofacitinib)** - Updated to include juvenile idiopathic arthritis/juvenile rheumatoid arthritis; updated trial medication for ulcerative colitis
- **Lidoderm® (lidocaine) transdermal patch** - Updated to remove medication trial prerequisites for chronic back pain, based on HPMS review
- **PCSK9 inhibitors** - Updated to reflect additional criteria for certain conditions

- **Taltz® (ixekizumab)** - Updated to include medication trials for ankylosing spondylitis
- **Inhaled long-acting muscarinic agents** - Updated preferred products to reflect CY2021 Medicare formulary decisions
- **Calcitonin gene-related peptide (CGRP) receptor antagonists** - Emgality® and Ajovy® have their own criteria on Medicare for 2021

Commercial

- **Kineret (anakinra)** - updated criteria to reflect Express Script, Inc.® (ESI)'s inflammatory condition care value policy
- **Cimzia (certolizumab pegol)** - updated criteria to reflect ESI's inflammatory condition care value policy
- **Simponi (golimumab)** - updated criteria to reflect ESI's inflammatory condition care value policy
- **Actemra (tocilizumab)** - updated criteria to reflect ESI's inflammatory condition care value policy
- **Xeljanz and Xeljanz XR (tofacitinib)** - updated criteria to reflect ESI's inflammatory condition care value policy
- **PCSK9 inhibitors -** Updated to reflect co-preferred Repatha® and Praluent® strategy for CY2021
- **Taltz (ixekizumab)** - updated criteria to reflect ESI's inflammatory condition care value policy
- **Semglee®** - adding to basal insulin criteria
- **Calcitonin gene-related peptide (CGRP) receptor antagonists** - Updated prescriber restrictions due to rebate implications

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Step Therapy Updates

Medicare

- **Ophthalmic beta blocker** – Added Timolol® 0.5% single-use eye dropperette (preservative-free) as second line agent

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

If you have questions about the 2020 or 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.

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.

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Don't forget to check us out
on social media

networkhealth.com
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Menasha, WI 54952
800-826-0940 or 920-720-1300

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