The o o health bispensing pharmacy updates and guidance

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Prior Authorization (PA) Updates **Store sponsored generics can save your patients money on their insulin pen needles.** Many pharmacies carry a generic or store brand pen needle which are a universal fit for insulin pens. For example, Walmart has the ReliOn brand pen needles priced at \$9 for a 50 count. Walmart requires these to be ran through as a prescription. Encourage your patients to ask their pharmacist about filling their prescription for a generic or store brand pen needle to save money on their copays. In addition, Walgreens recently started selling pen needles overthe-counter \$9.99 for a box of 50 and Amazon.com also has pen needles, often for \$15 or under for a box of 100.

Humira Biosimilar Launch

First quarter of 2023 brought the launch of the first biosimilar Humira product, Amgen's Amjevita, to the market. In an interesting development, Amgen decided to launch with two different pricing schemes – one being a high wholesale acquisition cost (WAC) strategy and one being a low WAC strategy. The high WAC is priced at 5% below the list price of Humira and is tied to rebates. The low WAC version is priced at 55% below of the list price of Humira and rebates do not accompany this product. At this time, limited amounts of the low WAC version are being produced with supply increases expected the second half of 2023. For Commercial and Medicare lines of business, our approach is to cover both sets of products (high and low WAC). The SaveOnSP program, offering \$0 co-pays to commercial members on selected drugs, will add Amjevita to their product mix. SaveOnSP, at this time, will continue to include Humira. Updates to SaveOnSP drug lists are subject to change.

The future of the Humira biosimilar space will continue to expand with several companies releasing their own biosimilar Humira product this summer. Pricing remains to be seen, but thought is the high WAC/low WAC strategy that Amgen unveiled may set the stage for how other manufacturer's launch their products. Below outlines Network Health's current biosimilar coverage:

Line of Business	Humira Coverage	Amjevita Coverage
Commercial	Tier 4 (Preferred specialty) with Humira PA	Tier 4 (Preferred specialty) with Humira PA (criteria is at parity with Humira)
Healthcare Exchange	Tier 4 (Preferred specialty) with Humira PA	Tier 4 (Preferred specialty) with Step Therapy
Medicare	Tier 5 (Specialty) with Humira PA	Tier 5 (Specialty) with Humira PA (criteria is at parity with Humira)

For additional information in the biosimilar space, Cardinal Health released a 2023 biosimilars report detailing the following (<u>Biosimilars Report | Cardinal Health</u>):

- A lookback at five key milestones achieved in 2022
- A detailed examination of how the Inflation Reduction Act could affect the biosimilars market
- Commentary from industry stakeholders on the single most critical action needed to ensure a sustainable U.S. biosimilars market
- An updated biosimilar pipeline
- An analysis of provider perceptions of Humira biosimilars coming to market

Recently, Network Health also published a blog geared at member education regarding biosimilar medications (<u>Network Health | Biosimilars Provide Budget-Friendly Alternatives for Biologic</u> <u>Medications</u>). Feel free to share with your patients and colleagues as a useful tool in explaining the concept of biosimilar medications.

Pharmacy and Therapeutic Changes for January and March 2023

New Drug Additions

	Comment	Preferred Brand	Non-Preferred Brand	Preferred Specialty	Non-Preferred Specialty
Tyvaso DPI cartridge	PA ¹			С	М
Vivjoa			С, М		
Voquezna			С, М		
Vtama	PA				С, М
Ztalmy	PA				С, М
Auvelity	QLL				С, М
Xelstrym			С, М		
Zoryve					С, М

C indicates commercial preferred drug list (PDL) status

 ${\rm M}$ indicates Medicare PDL status

PA indicates that prior authorization is required

QL indicates a quantity limit

Footnotes:

1. PA applies to Medicare – Part B vs D determination

Medicare Quantity Level Limit Updates

Medication	Quantity/Supply	
Dexlansoprazole 300mg capsule	Add 30/30 days	
Diclofenac pot 50 mg powder packet	Add 9/30 days	
Lurasidone 20, 40, 60, 80, 120 mg tablet	Add 30/30 days	
Methadose HCI 10 mg/ml IV syringe	150/30 over time	
Ozempic 0.25 or 0.5 mg pen injector	Add 1.5 ml/30 days	
Pencivolvir 1% cream	5 g/30 days	
Pirfenidone 267 mg capsule	Add 270/30 days	
Sodium oxybate 500 mg/ml oral solution	Add 540 ml/30 days	
Sotyktu 6 mg oral tablet	Add 30/30 days	
Skyrizi 180 mg/1.2 ml On-Body	Add 1.2ml/56 days	
Tascenso ODT 0.5 mg tablet	Add 30/30 days	
Tasimelteon 20 mg capsule	Add 30/30 days	

Commercial Quantity Level Limit Updates

Medication	Quantity/Supply
Arava 10 mg tablet	30/fill
Cortrophin Gel 400 units/5 ml	35/15 days
Cyclosporine 0.05% eye emulsion	Change from 68/fill to 60/fill
Daliresp 500 mcg tablet	30/fill

Diclofenac 35mg capsule	Add 90/fill
Diclofenac Pot 50mg powder packet	Add 9/fill
Epclusa 200 mg-50 mg pellet pack	Changing from 168 packets/365 days to 84 packets/365 days
Estradiol 0.1% (0.25 mg) gel pk	30/fill
Estradiol 0.1% (0.5 mg) gel pk	30/fill
Estradiol 0.1% (1 mg) gel pk	30/fill
Estradiol 0.1% (1.25 mg) gel pk	30/fill
Fingolimod 0.5 mg capsule	30/fill
Imbruvica 70 mg/ml suspension	324/fill
Krazati 200mg tablet	Add 180/fill
Olumiant 1 mg tablet	30/30 days
Orkambi 75-94 mg granule pkt	56/fill
Pirfenidone 267mg capsule	Add 270/fill
Pirfenidone 534 mg tablet	90/fill
Pirfenidone 150 mg tablet	90/fill
Quetiapine 150 mg tablet	90/fill
Restasis 0.05% eye emulsion	Change from 68/fill to 60/fill
Restasis Multidose	Change from 68/fill to 1/fill
Rezlidhia 150mg capsule	Add 60/fill
Roflumilast 500 mcg tablet	30/fill
Signifor LAR 10mg, 20mg, 30mg, 40mg, 60mg kit	Remove QLL (1/28 days)

Skyrizi 180/1.2ml	Add 1.2/56 days
Skyrizi 360mg/2.4ml On-Body	Add 2.4/56 days
Sodium Oxybate 0.5 G/ml Solution	Add 3/fill
Tascenso ODT 0.5mg tablet	Add 30/fill
Tasimelteon 20mg capsule	Add 30/fill
Truseltiq 50 mg daily dose pk	Removing QLL due to product going non-formulary
Truseltiq 75 mg daily dose pk	Removing QLL due to product going non-formulary
Truseltiq 100 mg daily dose pk	Removing QLL due to product going non-formulary
Truseltiq 125 mg daily dose pk	Removing QLL due to product going non-formulary
Vijoice 50 mg, 125 mg tablet	28/28 days
Vijoice 250 mg daily dose pack	56/28 days

Prior Authorization (PA) Updates

Policy	Change
PAR-276 Anakinra (Kineret)	Commercial: Updating formulary to reflect most recent ICCV
	program updates (addition of COVID-19 criteria)
PAR-279_A Sapropterin (Kuvan)	Commercial and Medicare: Adding Javygtor to criteria
and generic sapropterin	
PAR-317 Insulin	Commercial and Medicare: Adding in products - Humalog
	Tempo and Lyumjev Tempo to the policy
PAR-339 Ombitasvir, Paritaprevir	Commercial and Medicare: Updating policy to reflect most
and Ritonavir tablets, Dasabuvir	recent medically accepted indications. Updated product
tablets (Viekira)	description to include only product available, Viekira Pak
PAR-361 Afinitor (everolimus)	Commercial and Medicare: Updating policy to remove specific
	criteria and will allow coverage for all medically accepted
	indications
PAR-385 Basal Insulins	Commercial: Adding in new product, Basaglar Tempo, to the
	policy

PAR-400 Sodium Oxybate	Commercial and Medicare: Updating to remove reference to
(Xyrem), Calcium, magnesium,	dexmethylphenidate as prerequisite option for EDS in patients
potassium and sodium oxybate	with narcolepsy – does not share support for same indication
(Xywav)	per CMS review
PAR-403: Topical Alpha-	Medicare: Updating to include brimonidine in the policy
	medicare. Opdating to include primonidine in the policy
Adrenergic Agonist for Rosacea	
PAR-416 Dupixent (dupilumab)	Commercial and Medicare: Adding in coverage for new FDA
	approved indication of prurigo nodularis
Par-457: Takhzyro	Medicare & Commercial: Updating age restriction based on
	FDA labeling update
PAR-499 Upadacitnib (Rinvoq)	Commercial and Medicare: Adding in coverage for newly
	FDA-approved indication of non-radiographic axial
	spondyloarthritis. Commercial updates are in alignment with
	ICCV program
PAR-524 Basal Insulin	Medicare: Adding in new product, Basaglar Tempo, to the
	policy
PAR-525: Inhaled LAMA (Long	Medicare: Updating letter D to relate to clinical condition.
Acting Muscarinic Agonists)	Currently C and D are duplicate criteria
PAR-543: Evrysdi	Medicare & Commercial: Removing age restriction – now
	FDA approved in patients less than 2 months of age
PAR-603 Opzelura (ruxolitinib)	Commercial and Medicare: Updating to remove calcineurin
	inhibitor pre-requisite from Vitiligo following CMS review.
	Products do not share same indication as Opzelura
PAR-605 Tavneos (avacopan)	Commercial and Medicare: Update to allow a patient who is
	positive for anti-neutrophil cytoplasmic autoantibodies
	(ANCA) to meet criteria
PAR-615: Cibinqo (abrocitinib)	Medicare & Commercial: Updated age restriction based on
	FDA labeling update
PAR-626 Ophthalmic	Medicare: Adding in new generic, tafluprost, to the policy
Prostaglandin	
	Medicence Demonsion Dealls from a disc. DA
PAR-627: Osteoporosis Therapy	Medicare: Removing Prolia from policy. PA was removed
	from authorization on the medical benefit – therefore,
	matching pharmacy benefit to that update
PAR-630 Oncology Products	Medicare: Adding in: Gleostine, Imjudo, Jaypirca, Lunsumio,
Reviewed by Evicore	Lytgobi, Orserdu, Rezlidhia, Tecvayli, Elahere and Krazati.
PAR-634: GLP-1 Agonist	Medicare & Commercial: Updated to remove reference to
	needing to "fail" metformin as pre-requisite
PAR-639: GIP/GLP-1 Agonist	Medicare & Commercial: Medicare – updating to remove
	step through GLP-1 product and wording on metformin pre-
	requisite. This will now align with our GLP-1 agonist policy.

PAR-646 Ophthalmic Prostaglandin Therapy	Commercial: Adding in new product, tafluprost, to policy
PAR-651: Sotyktu	Medicare & Commercial: New PA
PAR-652: Pheburane	Medicare: New PA
PAR-653: Relyvrio	Medicare: New PA
PAR-654: Agents for Gaucher Disease	Medicare: New PA
PAR-656: Kalbitor	Medicare: New PA
PAR-657: Uptravi	Medicare & Commercial: New PA. For 2024, will plan to add tablet and titration pack into the Medicare portion of the 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.

- General pharmacist pharmacist@networkhealth.com
- Beth Coopman bcoopman@networkhealth.com
- Gary Melis gmelis@networkhealth.com
- Anna Peterson Sanders <u>apeterso@networkhealth.com</u>
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- Sarah Wilczek swilczek@networkhealth.com





Pharmacy Review

If you have questions about the 2022 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 920-720-1696. Gary is available for office visits to discuss any pharmacy-related topics with pharmacy staff. Network Health's most up-to-date Preferred Drug List can be found at **networkhealth.com/look-up-medications**.