



PHARMACY UPDATE

June 24, 2019

UPDATE #19-012

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This update applies to:

All retail pharmacies

States:

- Oregon
- Washington

Line of business:

- Commercial

Third Quarter 2019 Drug List Changes

The following update includes changes to Commercial drug lists. Changes apply to all Commercial drug lists unless stated otherwise.

- The Essential Rx Drug List (EDL) is used by Large Groups, Small Groups and Individual Plans.
- The Aon Active Health Exchange Drug List (ADL) is used by groups that purchased plans through the Aon Active Health Exchange.

View the most current version of our drug lists on www.healthnet.com.

PHARMACY INQUIRIES ONLY:

Claims Processing/
Technical Support

Caremark
Claims Processing

Commercial Pharmacy
Help Desk:
1-800-600-0180

*For optimal service,
this telephone number
is for pharmacy use
only.

QUESTIONS

For questions regarding the information in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001.

MEMBER INQUIRIES:

Refer all member inquiries to the appropriate Customer Service phone number listed on their Health Net ID card.

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Pharmacy Drug List Changes

Third Quarter 2019

Changes listed in the table apply to ADL and EDL unless a specific formulary is noted.

* Tier 1, Tier 2, Tier 3, PV: These preventive medications are covered at \$0 cost share if you have a Preventive Pharmacy benefit.

** Self injectables, when used as chemotherapy adjunct, do not require prior authorization.

AC = Anti-cancer

ADL = AonActive Drug List

EDL = Essential Rx Drug List

NF = Non Formulary

PV = Preventive Benefit

SP = Specialty

Step Therapy = Prior authorization is required if step therapy is not met.

Outpatient Pharmaceuticals Submitted Under the Medical Benefit

See the list below for all HCPCS codes affected by changes as of 07/01/2019. “New” indicates new requirements, “Existing” indicates current requirements, and “Step Therapy” indicates step therapy requirements added to existing criteria.

For Health Net Health Plan of Oregon, Inc. Commercial, newly approved medications may require prior authorization.

For Medicare please refer to the Health Net Pre-Authorization check tool on our website at <https://or.healthnetadvantage.com/for-providers/medicare-pre-auth.html>. Simply enter the CPT code and the pre-authorization check tool will advise you whether the service requires prior authorization.

Brand (Generic Name)	HCPC Code	Commercial (EPO, POS, PPO, Community Care)
Third Quarter 2019 Changes		
Belrapzo™ (injection, bendamustine HCl, 1 mg)	C9042	New
Fusilev® (injection, levoleucovorin, 1 mg)	C9043	New
Gamfiant® (IV solution, empaglumab-lzsg)	C9399/J3490/J3590	New
Libtayo® (injection, cemiplimab-rwlc, 1 mg)	C9044	New
Lumoxiti™ (injection, moxetumomab pasudotox-tdfk, 0.01 mg)	C9045	New
Jivi® (Injection, Factor VIII, (antihemophilic factor, (recombinant), pegylated-aucl, 1 IU)	C9141	New J code
Revcovi™ (elapegamase-lvlr)	J3590	New
Zolgensma® (onasemnogene abeparvovec-xioi suspension kit)	J3490/J3590/C9399	New

Pharmaceuticals Covered Under the Pharmacy Benefit

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
TIER 1 ADDITIONS AND CHANGES			
Eryped® 400	Erythromycin ethylsuccinate for suspension 400 mg/5 ml	Antiinfective agent – macrolide Treatment of various susceptible bacterial infections	New generic available at Tier 1
Mestinon®	pyridostigmine bromide 60 mg/5 ml syrup	Cholinesterase inhibitor Treatment of myasthenia gravis	New generic available at Tier 1 Prior authorization required
Tekturna®	aliskiren fumarate 150 mg and 300 mg tablet	Antihypertensive agent – direct renin inhibitor Treatment of hypertension	New generic available at Tier 1
TIER 2 ADDITIONS AND CHANGES – NO CHANGES FOR JULY 1, 2019			
Krintafel	tafenoquine tablets	Antiinfective agent - antimalarial	Tier 2 Limited to 2 tablets per 30 days
Pifeltro™	doravirine tablet	Antivirals – anti-retroviral non-nucleoside reverse transcriptase inhibitors (NNRTIs) Treatment of human immunodeficiency virus (HIV) infection	Tier 2
TIER 3 ADDITIONS AND CHANGES			
Prograf®	tacrolimus packet for suspension 0.2mg and 1mg	Immunosuppressive – calcineurin inhibitor Prevention of organ rejection in patients receiving heart, kidney, liver transplant.	Tier 3
Specialty Tier and Other Additions and Changes			
Aimovig™ SureClick	erenumab-aooe autoinjector solution for injection	Neurological agents - calcitonin gene-related peptide (CGRP) antagonist For migraine prophylaxis	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Ajovy®	fremanezumab-vfrm prefilled syringe solution for injection	Neurological agents – calcitonin gene-related peptide (CGRP) antagonist For migraine prophylaxis	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Altreno™	tretinoin 0.05% topical lotion	Dermatological agents – topical retinoid	NF

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		Treatment of acne vulgaris	
Arikayce®	amikacin sulfate liposome suspension for inhalation	Antiinfective agent – aminoglycoside Treatment of <i>Mycobacterium avium</i> complex (MAC) lung disease as part of a combination antibacterial drug regimen in patients who do not achieve negative sputum cultures after a minimum of 6 consecutive months of a multidrug background regimen therapy.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Balversa™	erdafitinib tablet	Antineoplastic Enzyme Inhibitor – inhibits fibroblast growth factor receptor (FGFR) phosphorylation and signaling Treatment of metatstatic urothelial carcinoma	Tier AC Prior authorization added
Daurismo™	glasdegib tablet	Biologic response modifier – hedgehog pathway inhibitor Treatment of acute myelogenous leukemia (AML)	Tier AC Prior authorization added
Diacomit®	stiripentol	Antiepileptic Treatment of seizures associated with Dravet syndrome	NF
Dovato®	dolutegravir sodium-lamivudine tablet	Antiviral – Integrase strand transfer inhibitor (INSTI)/ nucleoside reverse transcriptase inhibitor (NRTI) Treatment of human immunodeficiency virus (HIV) infection	NF
Doxycycline Hyclate Delayed Release 80mg	Doxycycline Hyclate Delayed Release Tablet 80 mg	Antiinfective agent – tetracycline Treatment of various bacterial infections	NF
Duobrii™	halobetasol propionate-tazarotene lotion	Topical corticosteroid and topical retinoid prodrug Topical treatment of plaque psoriasis in adults	NF
Dupixent®	dupilumab solution for injection	Dermatological agents – interleukin-4 receptor alpha antagonist Treatment of moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription drug therapies	Tier SP (EDL) Tier 3 (ADL) Prior authorization required

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Dxevo® 11-day	dexamethasone dose pack (1.5 mg tablet)	Immunosuppressive – corticosteroid Treatment of anaphylaxis, anaphylactoid reactions, other allergic disorders, and used as an anti-inflammatory in various disorders such as endocrine, dermatologic and gastrointestinal disorders.	NF
Egaten™	triclabendazole tablet	Benzimidazole derivative anthelmintic Treatment of fascioliasis in patients 6 years of age and older. Fascioliasis is recognized by the FDA as a “neglected tropical disease”	NF
Emgality®	galcanezumab-gnlm solution for injection	Neurological agents – calcitonin gene-related peptide (CGRP) antagonist For migraine prophylaxis	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Exjade®	deferasirox tablet for oral suspension	Heavy metal antagonist/chelating agent Treatment of chronic iron toxicity secondary to transfusional iron overload or non-transfusion-dependent thalassemia syndromes	Tier SP (EDL) Tier 3 (ADL) Prior authorization required Must try and fail Jadenu
Firdapse®	amifampridine tablet	Musculoskeletal agent – aminopyridine potassium channel blocker Treatment of Lambert-Eaton syndrome	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Inveltys™	loteprednol etabonate ophthalmic suspension	Ophthalmic agents – ophthalmic corticosteroid For the treatment of postoperative ocular pain and inflammation following ocular surgery	NF
Jornay PM™	Methylphenidate HCl delayed ER 24hr capsule	CNS Stimulant Treatment of attention deficit hyperactivity disorder in patients 6 years and older. Designed to allow for dosing at night, with a controlled rate of methylphenidate release, to ensure ADHD symptom control occurs immediately upon waking	NF
Letairis®	ambrisentan tablet	Cardiovascular agent – endothelin-receptor antagonists Treatment of patients with WHO Group 1 pulmonary hypertension	Tier SP (EDL) Tier 3 (ADL) Prior authorization required

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Lorbrena®	lorlatinib tablet	<p>Biologic Response Modifier – kinase inhibitor</p> <p>Treatment of metastatic, ALK-positive non-small cell lung cancer</p>	<p>Tier AC</p> <p>Prior authorization required</p>
Mavenclad®	cladribine tablet	<p>Antineoplastic agents – purine nucleoside analog</p> <p>Treatment of relapsing forms of multiple sclerosis (MS) in adults to include relapsing-remitting disease and active secondary progressive disease</p>	NF
Mayzent®	siponimod fumarate tablet	<p>Biologic Response Modifier - sphingosine 1-phosphate receptor modulator</p> <p>Treatment of relapsing forms of multiple sclerosis (MS), to include isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults.</p>	NF
Nuzyra™	omadacycline tablet	<p>Antiinfective – tetracycline</p> <p>Treatment of community-acquired pneumonia and acute bacterial skin and skin structure infections</p>	NF
Orkambi®	lumacaftor-ivacaftor granules packet	<p>Respiratory agents – ion channel modulator</p> <p>Treatment of cystic fibrosis in patients who are homozygous for the F508del mutation in the CFTR gene</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>
Oxervate™	cenegermin-bkbj ophthalmic solution	<p>Ophthalmic agents – human nerve growth factor</p> <p>Treatment of keratitis</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>
Piqray®	alpelisib tablet therapy pack and tablet pack	<p>Anti-cancer agent – inhibitor of phosphatidylinositol-3-kinase (PI3K)</p> <p>Treatment of post-menopausal women, and men, with HR+, HER2-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen to be used in combination with fulvestrant</p>	<p>Tier AC</p> <p>Prior authorization required</p>

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Promacta®	eltrombopag olamine powder pack for suspension	Hematological agent – thrombopoietin receptor agonist Treatment of thrombocytopenia	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
QMIIZ™ ODT	meloxicam orally disintegrating tablet	Analgesics – nonsteroidal anti-inflammatory drugs Treatment of osteoarthritis, rheumatoid arthritis, and juvenile rheumatoid arthritis	NF
Rocklatan™	netarsudil dimesylate – latanoprost ophthalmic solution 0.02-0.005%	Ophthalmic agents – antiglaucoma agents For the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension	NF
Ruzurgi	Amifampridine tablet 10 mg	Broad-spectrum potassium channel blocker Treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 to less than 17 years of age	NF
Seysara™	sarecycline tablet	Antiinfective agents – tetracycline Treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris	NF Immediate release minocycline or doxycycline preferred
Skyrizi™	risankizumab-rzaa solution for injection	Monoclonal antibody - Interleukin-23 inhibitor Treatment for moderate to severe plaque psoriasis	NF
Spravato™	esketamine HCL nasal solution	Antidepressant – N-methyl-D-aspartate (NMDA) receptor antagonist Treatment of treatment-resistant depression in conjunction with an oral antidepressant	NF
Takhzyro™	lanadelumab-flyo solution for injection	Hematological agents – plasma kallikrein inhibitor For angioedema prophylaxis in patients with hereditary angioedema (HAE)	Tier SP (EDL) Tier 3 (ADL) Prior authorization required

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Tegsedi™	inotersen solution for injection	Neurological agent - transthyretin-directed antisense oligonucleotide Treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Tiglutik™	riluzole oral suspension	Neurological agent – glutamate antagonist Treatment of amyotrophic lateral sclerosis (ALS)	NF Use riluzole tablets
Vitrakvi®	larotrectinib capsules and oral solution	Biologic Response Modifier – kinase inhibitor Treatment of neurotrophic receptor tyrosine kinase-positive solid tumors, that are either metastatic or where surgical resections likely to result in severe morbidity, and who have no satisfactory alternative treatments or whose cancer has progressed following treatments	Tier AC Prior authorization added
Vyndaqel®	tafamidis meglumine (Cardiac) capsule	Selective stabilizer of transthyretin (TTR) Treatment for transthyretin amyloid cardiomyopathy (ATTR-CM)	NF
Xelpros®	latanoprost ophthalmic emulsion	Ophthalmic agents – prostaglandin analog Treatment of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension	NF
Xolair®	omalizumab prefilled syringe solution for subcutaneous injection	Respiratory agents – respiratory anti-inflammatory agent Treatment of moderate to severe persistent asthma and chronic idiopathic urticaria	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Xospata®	gilteritinib tablet	Biologic response modifier – tyrosine kinase inhibitor Treatment of acute myelogenous leukemia (AML)	Tier AC Prior authorization added
Xyosted™	testosterone enanthate solution for injection	Hormones - androgen For testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone	Tier NF