



# PHARMACY UPDATE

March 25, 2019

UPDATE #19-007

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This update applies to:

All retail pharmacies

**States:**

- Oregon
- Washington

**Line of business:**

- Commercial

**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.

**MEMBER INQUIRIES:**

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

## Second 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](http://www.healthnet.com).

## QUESTIONS

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

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# Pharmacy Drug List Changes

## Second 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 04/01/2019. "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)
<b>CHANGES EFFECTIVE APRIL 1, 2019</b>		
Adasuve® (loxapine for inhalation, 1 mg)	J2062	New
Afstyla® (antihemophilic factor recombinant)	J7210	New
Aliqopa™ (copanlisib)	J9057	New
Aristada Initio® (aripiprazole lauroxil)	C9035	New
Bavencio® (avelumab)	J9023	New
Besponsa® (inotuzumab ozogamicin)	J9229	New
Cuvitru (immune globulin injection 100mg)	J1555	New
Durolane® (hyaluronic acid)	J7318	New J code
Fibryga® (fibrinogen)	J7177	New

Haegarda® (C-1 esterase inhibitor)**	J0599**	New J code
Hemlibra™ (emicizumab-kxwh)**	J7170**	New J code
hydroxyprogesterone caproate injection	J1729	New
Ilumya™ (tildrakizumab)	J3245	New
Imfinzi® (durvalumab)	J9173	New
Ixifi (infliximab-qbtx)	Q5109	New
Kovaltry® (antihemophilic factor, recombinant)	J7211	New
Lartruvo™ (olaratumab)	J9285	New
Makena® (hydroxyprogesterone caproate)	J1726	New
Mvasi™ (bevacizumab-awwb)	Q5107	New
Mylotarg™(gemtuzumab ozogamicin)	J9203	New
Ocrevus® (ocrelizumab)	J2350	New J code
Poteligeo® (mogamulizumab-kpkc)	C9038	New
Rebinyn® (glycopegylated Factor IX)	J7203	New
Rituxan® (rituximab) (non-oncology only)	J9312	New J code
Sensipar® (ESRD on dialysis)	J0604	New
Tecentriq® (atezolizumab)	J9022	New
Trelstar® (triptorelin ER 3.75mg)	J3316	New
Tremfya® (guselkumab)**	J1628**	New J code
TriVisc® (hyaluronic acid)	J7329	New
Trogarzo™ (ibalizumab-uiyk)	J1746	New
Udenyca™ (pegfilgrastim-cbqv)**	Q5111**	New
Unclassified Rx/biological used for ESRD on dialysis	J3591	New
Velcade® (bortezomib)	J9044	New
Vyxeos® (daunorubicin and cytarabine)	J9153	New

## Pharmaceuticals Covered Under the Pharmacy Benefit

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
<b>TIER 1 ADDITIONS AND CHANGES</b>			
Advair Diskus®	fluticasone-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, and 500-50 mcg/dose aerosol powder	Respiratory agent – corticosteroid/long-acting beta-agonist  Treatment of asthma and chronic obstructive pulmonary disease (COPD)	New generic available at Tier 1  Limited to 1 Diskus per month
albuterol sulfate HFA authorized generics  NDCs: 00093317431; 66993001968	albuterol sulfate HFA authorized generics	Respiratory agent – short-acting beta-agonist  Treatment of bronchospasm associated with asthma and chronic obstructive pulmonary disease (COPD)	Authorized generics available at Tier 1  Limited to 2 inhalers per month
Amicar®	aminocaproic acid 500 mg and 1000 mg tablet	Hematological agents – hemostatics  Treatment of hemorrhage caused by hyperfibrinolysis	New generic available at Tier 1
Amrix®	cyclobenzaprine HCL ER 24HR 15mg and 30mg capsule	Musculoskeletal agents – skeletal muscle relaxant  Treatment of muscle spasm associated with acute painful musculoskeletal conditions unrelated to central nervous system disease	Tier 1  Limited to 1 capsule per day  Must first try cyclobenzaprine immediate release and a muscle relaxant
Canasa®	mesalamine 1000 mg suppository	Gastrointestinal anti-inflammatory agents – 5-aminosalicylates  Treatment of mildly to moderately active ulcerative proctitis	New generic available at Tier 1
Elidel®	pimecrolimus 1% cream	Dermatological agents – topical anti-inflammatory agents  Treatment of mild to moderate atopic dermatitis	New generic available at Tier 1  Limited to 2 grams per day
Ranexa®	ranolazine ER 500mg and 1000mg tablet	Cardiovascular agents – antianginal  Treatment of chronic angina	New generic available at Tier 1  500mg tablet is limited to 4 tablets per day
Rapamune®	sirolimus 1mg/ml solution	Biologic response modifier – immunosuppressive  For kidney transplant rejection prevention	New generic available at Tier 1
Renagel®	sevelamer 800 mg tablet	Renal agent – phosphate binding agent	New generic

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		Treatment of hyperphosphatemia	available at Tier 1  Prior authorization required
Sabril®	vigabatrin 500 mg tablet	Neurological agents – anticonvulsant  Adjunctive treatment of refractory complex partial seizures and treatment of infantile spasms	New generic available at Tier 1
Sensipar®	cinacalcet HCL tablet	Hormone modifier – parathyroid agent  Treatment of hypercalcemia in patients with parathyroid carcinoma and treatment of hyperparathyroidism	New generic available at Tier 1
Solodyn®	minocycline HCL ER 55mg, 80 mg and 105 mg tablet	Antiinfective agents – tetracycline  Treatment of non-nodular moderate to severe acne vulgaris	New generic available at Tier 1
Suboxone®	buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg film strip	Substance abuse agent – mixed opiate agonist/antagonist  Treatment of opiate agonist dependence	New generic available at Tier 1  Prior authorization required for (WA EDL and WA ADL)  Prior authorization required after first 30 days (OR EDL, OR ADL)
Zovirax® cream	acyclovir 5% cream	Antiinfective agent – topical antivirals  Treatment of herpes labialis (i.e. cold sores) or herpes fibrilis caused by herpes simplex virus	New generic available at Tier 1
<b>TIER 2 ADDITIONS AND CHANGES – NO CHANGES FOR APRIL 1, 2019</b>			
<b>TIER 3 ADDITIONS AND CHANGES</b>			
Delstrigo™	doravirine-lamivudine-tenofovir disoproxil fumarate tablet	Antiinfective agents – anti-retroviral non-nucleoside reverse transcriptase inhibitor (NNRTI)/anti-retroviral nucleoside reverse transcriptase inhibitor (NRTI)  Treatment of human immunodeficiency virus (HIV) infection	Tier 3  Step Therapy - must try Symfi
Generic Vytorin®	generic ezetimibe-simvastatin tablet	Antilipemics – cholesterol absorption inhibitor/HMG-CoA reductase Inhibitor  Treatment of hypercholesterolemia or mixed hyperlipoproteinemia	Tier 3  Removed Prior Authorization and Step Therapy on generic Vytorin
Lokelma™	sodium zirconium cyclosilicate powder for suspension	Potassium binder  Treatment of hyperkalemia	Tier 3  Generic Kayexalate

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
			preferred
Moviprep®	PEG 3350-KCL-NA Sulfate-NA Ascorbate-C powder for solution	Gastrointestinal agents – laxative  Used as a bowel evacuant to clean the colon prior to colonoscopy (bowel preparation)	Tier 3* (OR EDL only)  Tier PV (WA EDL, ADL)  Prior authorization added
Plenvu®	PEG 3350-KCl-NaCl-NA Sulfate-Na Ascorbate-Ascorbic Acid powder for solution	Gastrointestinal agents – laxative  Used as a bowel evacuant to clean the colon prior to colonoscopy (bowel preparation)	Tier 3* (OR EDL only)  Tier PV (WA EDL, ADL)  Prior authorization required
<b>Specialty Tier and Other Additions and Changes</b>			
Copiktra™	duvelisib capsule	Biologic response modifiers – signal transduction inhibitors  For the treatment of chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma (SLL) and Non-Hodgkin's lymphoma (NHL)	Tier AC  Added prior authorization
Doptelet®	avatrombopag maleate tablet	Hematological agents – thrombopoietin receptor agonist  Treatment of thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required
Epidiolex®	cannabidiol solution	Neurological agents – anticonvulsant  Treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required
Galafold™	migalastat capsule	Metabolic agent – alpha-galactosidase A agent  Treatment of Fabry disease in adults with an amendable galactosidase alpha gene (GLA) variant	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required  Limited to 1 capsule every other day
Kaspargo™	metoprolol succinate sprinkle	Antihypertensive agent/antiarrhythmic–beta-blockers  Treatment of chronic stable angina, hypertension, and heart failure	NF  Generic metoprolol succinate tablets preferred

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Nuplazid®	pimavanserin tartrate capsule	Atypical antipsychotics  Treatment of hallucinations and delusions associated with Parkinson's disease psychosis	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required  Added limit of 1 capsule per day
Mulpleta®	lusutrombopag maleate tablet	Hematological Agents – thrombopoietin receptor agonist  Treatment of thrombocytopenia in patients with chronic hepatic disease who are scheduled to undergo a procedure	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required
Palynziq™	pegvaliase-pqpz solution for injection	Metabolic enzyme  Treatment of phenylketonuria (PKU)	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required
Perseris™	risperidone suspension for injection kit	Atypical antipsychotics  Treatment of schizophrenia	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required
Proair® HFA	albuterol sulfate HFA inhalation aerosol	Respiratory agent – short-acting beta-agonist  Treatment and prevention of acute bronchospasm (e.g. asthma)	Changed to NF  Generic albuterol HFA preferred
Proventil® HFA	albuterol sulfate HFA inhalation aerosol	Respiratory agents – short-acting beta-agonist  Treatment and prevention of acute bronchospasm (e.g. asthma)	Changed to NF  Generic albuterol HFA preferred
Qbrexza™	glycopyrronium tosylate topical cloth	Dermatological agents  Treatment of hyperhidrosis	NF  Added limit of 1 per day
Siklos®	hydroxyurea tablet	Antineoplastic agents – antimetabolite  Treatment of sickle cell disease (to reduce the frequency of painful crises and to reduce the need for blood transfusions in patients with recurrent moderate to severe painful crises)	Tier SP (EDL) Tier 3 (ADL)  Prior authorization required  Must try generic hydroxyurea
Ventolin® HFA	albuterol sulfate HFA inhalation aerosol	Respiratory agents – short-acting beta-agonist  Treatment and prevention of acute	Changed to NF  Generic albuterol HFA preferred

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		bronchospasm (e.g. asthma)	
Xepi™	ozenoxacin 1% topical cream	Topical antiinfective Treatment of impetigo	NF Limit of 1 GM per day. Generic mupirocin 2% topical preferred
Xofluza™	baloxavir marboxil tablet	Antiinfective agents- antivirals Treatment of influenza A virus infection or influenza B virus infection	NF Limit of #2 tablets per fill Generic Tamiflu preferred
ZTlido™	lidocaine 1.8% transdermal patch	Topical anesthetics Treatment of pain associated with postherpetic neuralgia	NF Added limit of 3 patches per day