



PHARMACY UPDATE

September 23, 2019

UPDATE #19-015

Page 1 of 6

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.

Fourth 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.

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

Fourth 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 10/01/2019. “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)
Fourth Quarter 2019 Changes		
Belrapzo™ (bendamustine hydrochloride)	J9036	New
Cablivi® (caplacizumab-yhdp)	C9047	New
Elzonris™ (tagraxofusp-erzs)	C9049	New
Fulphila™ (pegfilgrastim-jmdb)	Q5108	New
Gamifant® (emapalumab-lzsg)	C9050	New code
Herceptin Hylecta™ (trastuzumab/hyaluronidase-oysk)	J9356	New
Herzuma® (trastuzumab-pkrb)	Q5113	New
Jivi® (factor viii, (antihemophilic factor, recombinant), pegylated-aucl)	J7208	New code
Kanjinti™ (trastuzumab-anns)	C9399	New

Nivestym™ (filgrastim-aafi)	Q5110	New
Nuzyra™ (omadacycline)	C9051	New
Nuzyra™ (omadacycline)	C9051	New
Ogivri™ (trastuzumab-dkst)	Q5114	New
Ontruzant® (trastuzumab-dttb)	Q5112	New
TheraCys®, TICE BCG (Bacillus of Calmette and Guerin)	J9030	New code
Triferic® (ferric pyrophosphate citrate powder)	J1444	New
Truxima® (rituximab-abbs)	Q5115	New
Ultomiris™ (ravulizumab-cwvz)	C9052	New code
Yupelri® (revefenacin)	J7677	New

Pharmaceuticals Covered Under the Pharmacy Benefit

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
TIER 1 ADDITIONS AND CHANGES			
Lyrica®	pregabalin capsules and solution	Anticonvulsant; GABA analog Treatment of fibromyalgia, neuropathic pain associated with diabetic peripheral neuropathy, neuropathic pain associated with spinal cord injury, postherpetic neuralgia and seizures (focal (partial) onset).	New generic available at Tier 1 Prior authorization required
TIER 2 ADDITIONS AND CHANGES			
TIER 3 ADDITIONS AND CHANGES			
Specialty Tier and Other Additions and Changes			
Adhansia XR™	methylphenidate HCl ER	CNS Stimulant Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	NF
Baqsimi™	glucagon nasal powder	Antihypoglycemic Treatment of severe hypoglycemia in patients with diabetes ages 4 years and above	NF
Corlanor®	ivabradine oral solution	A hyperpolarization-activated cyclic nucleotide-gated (HCN) channel blocker	NF

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		Treatment of stable symptomatic heart failure due to dilated cardiomyopathy (DCM) in pediatric patients aged 6 months and older, who are in sinus rhythm with an elevated heart rate	
Evekeo ODT™	amphetamine sulfate ODT	CNS stimulant Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 to 17 years old	NF
Ezallor™ Sprinkle	rosuvastatine calcium sprinkle capsule	Antihyperlipidemic Treatment of adult patients with hypertriglyceridemia as an adjunct to diet, for adult patients with primary dysbetalipoproteinemia (Type III hyperlipoproteinemia) as an adjunct to diet, and for adult patients with homozygous familial hypertriglyceridemia (HoFH) to reduce LDL-C, total-C and ApoB	NF
Ferriprox®	deferiprone	Chelating agent Treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Inrebic®	fedratinib capsule	A kinase inhibitor Treatment of adult patients with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF)	Tier AC Prior authorization added
Katerzia™	amlodipine benzoate oral suspension	Dihydropyridine calcium channel blocker Treatment of: 1) Hypertension in adults and children 6 years and older, to lower blood pressure; and 2) Coronary Artery Disease chronic stable angina, vasospastic angina (Prinzmetal's or Variant Angina), and angiographically documented coronary artery disease in patients without heart failure or an ejection fraction < 40%	NF
Nivestym™	filgrastim-aafi	Leukocyte growth factor Treatment and prevention of neutropenia associated with chemotherapy; harvesting blood	Tier SP (EDL) Tier 3 (ADL) Prior authorization required

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		stem cells and severe chronic neutropenic disorder	
Nubeqa™	darolutamide	Androgen receptor inhibitor Treatment of non-metastatic, castration-resistant prostate cancer	Tier AC Prior authorization added
Prograf®	tacrolimus injectable	Immunosuppressant Prevention of cardiac, liver or renal transplant.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Qtern®	dapagliflozine-saxagliptin tablet	Dipeptidyl peptidase-4 (DPP-4) inhibitor and sodium-glucose cotransporter 2 (SGLT2) inhibitor combination Treatment of type 2 diabetes mellitus	NF
Rinvoq™	upadacitinib ER tablet	Janus kinase (JAK) inhibitor Treatment of adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate	NF
Rozlytrek™	entrectinib capsule	A kinase inhibitor Treatment of adult and pediatric patients ≥ 12 years old with solid tumors that: have an NTRK* gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have either progressed following treatment or have no satisfactory alternative therapy. Treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are ROS1-positive	Tier AC Prior authorization added
Sunosi™	solriamfetol tablet	Selective dopamine and norepinephrine reuptake inhibitor To improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA)	NF
Symjepi™	epinephrine	Sympathomimetic catecholamine that acts on both alpha- and beta-adrenergic receptors	NF

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		Emergency treatment of allergic reactions (Type 1) as well as idiopathic anaphylaxis or exercise-induced anaphylaxis	
Turalio™	pexidartinib capsule	A kinase inhibitor Treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery	Tier AC Prior authorization added
Vyndamax®	tafamidis capsule	Stabilizer of transthyretin molecule Treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Xenleta™	lefamulin tablet	A systemic pleuromutilin antibacterial agent Treatment of adults with community-acquired bacterial pneumonia (CABP) caused by the following susceptible microorganisms: S. pneumoniae, S. aureus (methicillin-susceptible isolates), H. influenzae, L. pneumophila, M. pneumoniae, and C. pneumoniae	NF
Xpovio™	selinexor	Antineoplastic enzyme inhibitor – inhibits exportin a (XPO1) inhibitor causing cancer cell apoptosis Treatment of relapsed or refractory multiple myeloma in patients who have received at least 4 prior therapies (two (2) proteasome inhibitors, two (2) immunomodulatory agents and an anti-CD38 monoclonal antibody)	Tier AC Prior authorization added