



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.

Preferred Drug List (PDL) updated on Healthnet.com

Health Net's formulary changes for the third quarter of 2011 are listed beginning on page two of this Pharmacy Update.

FREE PREFERRED BLOOD GLUCOSE METER PROGRAM

For members with diabetes, daily testing of blood glucose is an important part of managing diabetes. Health Net offers test strips for the following preferred blood glucose meters at a Tier 2 copayment:

- Accu-Chek® Aviva, Accu-Chek Compact Plus
- FreeStyle Lite®, FreeStyle Freedom Lite®
- Precision Xtra®

In August, Health Net will mail offers for free preferred meters to commercial members who are paying Tier 3 copayments for test strips. Members who switch to one of the preferred meters can save \$15-\$25 (Tier 2 vs. Tier 3) per test strip refill, or \$180 to \$300 per year. The program is voluntary – members can continue to use their non-preferred (Tier 3) test strips and meters, if they wish.

TESTOSTERONE INJECTION

Effective July 1, two types of long-acting testosterone injections are added to the PDL. Members may continue to access these products under their medical benefit. Some members who have been trained to use the injections at home may find it more convenient to obtain their prescription at a retail pharmacy. Thus, members may continue to access testosterone injection via their medical benefit, or they may obtain these products by prescription at a retail pharmacy under their pharmacy benefit.

PDL AT WWW.HEALTHNET.COM

To view the most current version of our PDL, go to www.healthnet.com.

QUESTIONS

For questions regarding the information in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001, Option 1, and then Option 4.

Preferred Drug List Changes

THIRD QUARTER 2011 - COMMERCIAL PRODUCTS

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
<i>Tier 1 Additions and Changes</i>			
Wellbutrin® XL	bupropion XL	Antidepressant Treatment of major depression and seasonal affective disorder	Tier 1 Removed prior authorization requirement Limited to 1 tablet per day
Concerta®	methylphenidate SA OSM tablet	Stimulant Treatment of attention-deficit hyperactivity disorder (ADHD)	New generic at Tier 1 Limited to 1 tablet per day (18, 27, 54mg) Limited to 2 tablets per day (36mg)
Depo®-Testosterone	testosterone cypionate injection	Androgen Replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone	Added to the PDL at Tier 1 Not available through mail order
Delatestryl®	testosterone enanthate injection	Androgen Replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone	Added to the PDL at Tier 1 Not available through mail order
Effexor XR®	venlafaxine XR 37.5, 75, 150mg capsule	SNRI antidepressant Treatment of depression, generalized anxiety disorder (GAD), panic disorder and social phobia	Tier 1 Removed prior authorization requirement Limited to 1 capsule per day (37.5mg and 75mg only)
<i>Tier 2 Additions and Changes</i>			
Amturnide™	aliskiren-amlodipine-hydrochlorothiazide	Combination product Treatment of hypertension	Tier 2
Nuedexta™	dextromethorphan HBr and quinidine sulfate	Combination product Treatment of pseudobulbar affect (PBA)	Tier 2
<i>Tier 3 Additions and Changes</i>			
Abstral® SL tablet	fentanyl sublingual tablet	Opioid agonist Management of breakthrough cancer pain in patients who are receiving and tolerant to opioid therapy for their underlying persistent cancer pain	Tier 3 Removed prior authorization requirement Limited to 3 tablets per day
Axiron®	testosterone topical solution	Androgen Replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone	Tier 3 Limited to 1 bottle per month
Boniva® 150mg	ibandronate sodium	Bisphosphonate Prevention and treatment of osteoporosis	Tier 3 Prior authorization required Limited to 1 tablet per month
Daliresp®	roflumilast	Phosphodiesterase-4 (PDE4) inhibitor Treatment of chronic obstructive pulmonary disease (COPD)	Tier 3 Prior authorization required

Preferred Drug List Changes

Third Quarter 2011

Continued

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Equetro®	carbamazepine SR 12HR capsule	Anticonvulsant Treatment of acute manic and mixed episodes associated with Bipolar I Disorder	Tier 3 Removed prior authorization requirement
Factive®	gemifloxacin mesylate	Fluoroquinolone antibiotic Treatment of acute exacerbation of chronic bronchitis (AECB) and community acquired pneumonia (CAP) caused by susceptible strains of various microorganisms	Tier 3 Removed prior authorization requirement Limited to 7 tablets per fill
Incivek®	telaprevir	Antiviral, protease inhibitor Treatment of genotype 1 hepatitis C infection (used in combination with peginterferon and ribavirin)	Tier 3 Prior authorization required
Kapvay™	clonidine hcl SR 12HR capsule	Centrally acting alpha 2 agonist Treatment of attention-deficit hyperactivity disorder (ADHD)	Tier 3 Limited to 4 tablets per day
Lastacaft™	alcaftadine ophthalmic solution	Topical antihistamine Prevention of ocular itching associated with allergic conjunctivitis	Tier 3 Limited to 1 bottle per month
Protopic®	tacrolimus ointment	Macrolide immunosuppressive Treatment of moderate to severe atopic dermatitis (eczema)	Tier 3 Prior authorization required
Victrelis™	boceprevir capsules	Antiviral, protease inhibitor Treatment of genotype 1 hepatitis C infection (used in combination with peginterferon and ribavirin)	Tier 3 Prior authorization required
Viibryd™	vilazodone HCl	Antidepressant Treatment of major depression	Tier 3 Prior authorization required
Viramune® XR	nevirapine	Antiviral, non-nucleoside reverse transcriptase inhibitor (NNRTI) Treatment of human immunodeficiency virus (HIV) infection	Tier 3
Other Changes * CH = orally administered anticancer medication			
Sylatron™	peginterferon alfa-2b	Recombinant interferon Adjuvant treatment of malignant melanoma within 84 days of definitive surgical resection including complete lymphadenectomy	OR - Specialty WA - medical benefit Prior authorization required
Gleevec®	imatinib	Tyrosine kinase inhibitor Treatment of various types of leukemia, gastrointestinal stromal tumors (GIST), hypereosinophilic syndrome and myelodysplastic syndrome (MDS)	OR - CH* WA – Tier 2 Removed prior authorization requirement Not available through mail order
Hycamtin® capsule	topotecan hydrochloride	Topoisomerase I inhibitor Treatment of patients with relapsed small cell lung cancer	OR - CH* WA – Tier 2 Removed the prior authorization requirement Not available through mail order
Oforta™	fludarabine phosphate	Nucleotide metabolic inhibitor Treatment of B-cell chronic lymphocytic	OR - CH* WA – Tier 2

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		leukemia (CLL) in patients whose disease has not responded to or has progressed during or after treatment with at least one standard alkylating-agent containing regimen	Removed the prior authorization requirement Not available through mail order
Vandetanib	vandetanib	Kinase inhibitor Treatment of symptomatic or progressive medullary thyroid cancer with unresectable locally advanced or metastatic disease	OR - CH* WA – Tier 2 Prior authorization required Not available through mail order.
Zytiga™	abiraterone acetate	Androgen biosynthesis inhibitor Treatment of metastatic castration-resistant prostate cancer in combination with prednisone in patients who have previously been treated with docetaxel	OR - CH* WA – Tier 2 Prior authorization required. Not available through mail order.