

April 1, 2019

Pharmacy Information and Formulary Changes – 2nd Quarter 2019

This update applies to Health Net commercial plans.

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; “Step Therapy” indicates step therapy requirements added to existing criteria.

Newly approved medications may require prior authorization.

Brand (Generic Name)	HCPC Code	Commercial (EPO, POS, PPO, Community Care)
CHANGES, EFFECTIVE APRIL 1, 2019		
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
Tecentrig® (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

Brand (Generic Name)	HCPC Code	Commercial (EPO, POS, PPO, Community Care)
Unclassified Rx/biological used for ESRD on dialysis	J3591	New
Velcade® (bortezomib)	J9044	New
Vyxeos® (daunorubicin and cytarabine)	J9153	New

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

PHARMACEUTICALS COVERED UNDER THE PHARMACY BENEFIT

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
TIER 1 ADDITIONS AND CHANGES			
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 Treatment of hyperphosphatemia	New generic 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

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
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
TIER 2 ADDITIONS AND CHANGES – NO CHANGES FOR APRIL 1, 2019			
TIER 3 ADDITIONS AND CHANGES			
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 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

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
SPECIALTY TIER AND OTHER ADDITIONS AND CHANGES			
Copiktra™	duvelisib capsule	<p>Biologic response modifiers – signal transduction inhibitors</p> <p>For the treatment of chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma (SLL) and Non-Hodgkin's lymphoma (NHL)</p>	<p>Tier AC</p> <p>Added prior authorization</p>
Doptelet®	avatrombopag maleate tablet	<p>Hematological agents – thrombopoietin receptor agonist</p> <p>Treatment of thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>
Epidiolex®	cannabidiol solution	<p>Neurological agents – anticonvulsant</p> <p>Treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>
Galafold™	migalastat capsule	<p>Metabolic agent – alpha-galactosidase A agent</p> <p>Treatment of Fabry disease in adults with an amendable galactosidase alpha gene (GLA) variant</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p> <p>Limited to 1 capsule every other day</p>
Kaspargo™	metoprolol succinate sprinkle	<p>Antihypertensive agent/antiarrhythmic–beta-blockers</p> <p>Treatment of chronic stable angina, hypertension, and heart failure</p>	<p>NF</p> <p>Generic metoprolol succinate tablets preferred</p>
Nuplazid®	pimavanserin tartrate capsule	<p>Atypical antipsychotics</p> <p>Treatment of hallucinations and delusions associated with Parkinson's disease psychosis</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p> <p>Added limit of 1 capsule per day</p>
Mulpleta®	lusutrombopag maleate tablet	<p>Hematological Agents – thrombopoietin receptor agonist</p> <p>Treatment of thrombocytopenia in patients with chronic hepatic disease who are scheduled to undergo a procedure</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>
Palynziq™	pegvaliase-pqpz solution for injection	<p>Metabolic enzyme</p> <p>Treatment of phenylketonuria (PKU)</p>	<p>Tier SP (EDL) Tier 3 (ADL)</p> <p>Prior authorization required</p>

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
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 bronchospasm (e.g. asthma)	Changed to NF Generic albuterol HFA preferred
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

¹ Changes listed in the table apply to EDL and ADL unless a specific formulary is noted.

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

DEFINITIONS

ADL – AonActive Drug List

PV- Preventive Benefit

EDL – Essential Rx Drug List

SP – Specialty

NF – Non Formulary

AC – Anti-cancer

Step Therapy – Prior authorization is required if Step Therapy is not met.

Drug List at www.healthnet.com

Please be sure to visit our website at www.healthnet.com to view the most current version of our drug lists.

Additional information

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