



## Medication Trend Updates and Formulary Changes – 1st Quarter 2018

This update includes information regarding the use of codeine and tramadol in children and nursing mothers, an opioid prescribing update for Medi-Cal members, the Health Net Prescription Drug Prior Authorization or Step Therapy Exception Request Form, and changes to the Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) commercial *Recommended Drug Lists (RDLs)*, *Medi-Cal RDL* and *Medicare Part D Formularies* for the first quarter of 2018.

### CODEINE AND TRAMADOL SHOULD NOT BE PRESCRIBED FOR CHILDREN AND NURSING MOTHERS

On April 20, 2017, the U.S. Food and Drug Administration (FDA) issued an announcement restricting the use of codeine and tramadol (generic for Ultram®) in children and nursing mothers. The updated changes include:

- A contraindication to the codeine and tramadol labels alerting users that codeine should not be used to treat pain or cough, and tramadol should not be used to treat pain in children younger than age 12.
- A new contraindication to the tramadol label warning against its use in children younger than age 18 to treat pain after surgery to remove the tonsils and/or adenoids.
- A new warning to codeine and tramadol labels recommending against their use in adolescents between ages 12–18 who are obese and have conditions such as obstructive sleep apnea or severe lung disease.
- A warning that breastfeeding is not recommended when taking codeine or tramadol due to the risk of serious adverse reactions in breastfed infants, which can include excess sleepiness, difficulty breastfeeding, or serious breathing problems that could result in death.

This advice is also consistent with the September 2016 Policy Statement from the American Academy of Pediatrics titled *Codeine: Time To Say “No.”*

For more information, visit the following websites:

- [www.fda.gov/Drugs/DrugSafety/ucm549679.htm](http://www.fda.gov/Drugs/DrugSafety/ucm549679.htm)
- <http://pediatrics.aappublications.org/content/early/2016/09/15/peds.2016-2396>

### OPIOID PRESCRIBING UPDATE FOR MEDI-CAL MEMBERS

In response to the national opioid epidemic and recommendations from the Centers for Disease Control and Prevention (CDC), and to ensure proper use of opioid medications and safety of our members, Health Net will be implementing changes in opioid utilization. Starting in April 2018, prescribers may be required to submit a prior authorization and a signed pain contract for Medi-Cal members when opioid prescriptions exceed plan quantity or frequency limits. For more information, review the following resources:

- CDC Opioid Prescribing Guidelines:  
[www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)

**EnhancedCare PPO (IFP)**

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[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

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**Medi-Cal – 1-800-675-6110**

[provider.healthnet.com](http://provider.healthnet.com)

PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

[healthnet.com](http://healthnet.com)

fax 1-800-937-6086

- CDC's *Guideline for Prescribing Opioids for Chronic Pain* factsheet: [www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](http://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf).
- Prescription Drug Monitoring Program [Controlled Substance Utilization Review and Evaluation System (CURES) 2.0]. All prescribers are required to enroll in and access CURES reports to establish whether or not a member is receiving controlled substances from other providers. For further information, visit <https://oag.ca.gov/cures>.

## NEW PRESCRIPTION DRUG PRIOR AUTHORIZATION OR STEP THERAPY EXCEPTION REQUEST FORM

Effective January 1, 2018, providers must use the updated Prescription Drug Prior Authorization or Step Therapy Exception Request Form for members with prescription medication benefits enrolled in commercial and Medi-Cal plans. The form must be completed and submitted for all prior authorization prescription requests. A copy of the updated form is attached to this update for reference, and is also available on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com) under *Pharmacy Information* and in the Provider Library under *Forms*. Health Net processes medication authorization requests within 72 hours for nonurgent requests and 24 hours for exigent requests for commercial members. Medication authorization requests for Medi-Cal members continue to be processed within 24 hours.

Beginning January 1, 2018, providers must submit prior authorization prescription requests on the updated form, or the request will be rejected. Also, effective January 1, 2018, the previous version of the Prescription Drug Prior Authorization Request Form (also referred to as the SB866 form) is no longer accepted.

## CHANGES TO THE RECOMMENDED DRUG LIST AND MEDICARE PART D FORMULARIES

The Health Net Pharmacy and Therapeutics (P&T) Committee, which comprises practicing physicians, pharmacists and other health care professionals, reviews medications on the Health Net *RDLs* and *Formularies* for commercial and Medi-Cal members, and the *Medicare Part D Formularies* for Medicare members each quarter to determine medications to remain on or be moved to a different tier. A list of some recent changes is provided beginning on page 4. The list contains brand-name prescription medications, status, alternatives, and comments for the first quarter of 2018.

Complete lists of the *RDLs*, *Formularies* and *Medicare Part D Formularies* are available on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com) by selecting *Pharmacy Information* or *Provider Library*. Other pharmacy-related provider updates, prior authorization criteria and pharmacy forms are also available online under *Pharmacy Information*.

## PHARMACY HELP LINE

For additional information regarding changes to the commercial Health Net *RDL*, Health Net Medi-Cal *RDLs* or *Medicare Part D Formularies*, contact the appropriate pharmacy telephone numbers listed below:

- **Pharmacy Services** (commercial): 1-800-548-5524, option #3; fax 1-800-314-6223
- **Pharmacy Service Center** (Medi-Cal and Medicare): 1-800-867-6564; fax 1-800-977-8226
- **Health Net Clinical Pharmacy Line** (clinical programs): 1-800-782-2221

## ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online, as listed in the table below, for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	<a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a>	<a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a>
ENHANCEDCARE PPO (SBG)	1-844-463-8188	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	

Line of Business	Telephone Number	Provider Portal	Email Address
<b>INDIVIDUAL FAMILY PLAN</b>	1-888-926-2164	provider.healthnetcalifornia.com	provider_services@healthnet.com
<b>MEDICARE (INDIVIDUAL)</b>	1-800-929-9224	provider.healthnetcalifornia.com	
<b>MEDICARE (EMPLOYER GROUP)</b>	1-800-929-9224	provider.healthnet.com	
<b>MEDI-CAL</b>	1-800-675-6110	provider.healthnet.com	N/A

**HEALTH NET RECOMMENDED DRUG LIST (RDL), MEDI-CAL FORMULARY AND MEDICARE PART D FORMULARY CHANGES**

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value <sup>1</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value <sup>1</sup> (Tier 1, 2, 3, or 6)	Medi-Cal	
<b>ORAL MEDICATIONS</b>							
Idhifa® (enasidenib) tablet	Tier 2* (Specialty Tier*)	Tier 5*	F*, **				Treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with an IDH2 mutation as detected by an FDA-approved test
Nerlynx® (neratinib) tablet	Tier 2* (Specialty Tier*)	Tier 5*	F*, **			Herceptin® (under medical benefit)*	Extended adjuvant treatment of adult patients with early stage human epidermal growth factor receptor 2 (HER2)-overexpressed/amplified breast cancer, to follow adjuvant trastuzumab-based therapy
Symproic® (naldemedine) tablet	Tier 3* (Tier 4*)	NF	NF**	lactulose, polyethylene glycol 3350 powder (Miralax®)	lactulose, polyethylene glycol 3350 packet (Miralax)	docusate sodium (Colace®), lactulose, polyethylene glycol 3350 (Miralax), bisacodyl (Dulcolax®)	Treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain

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**ORAL MEDICATIONS, CONTINUED**

Vosevi® (sofosbuvir/ velpatasvir/ voxilaprevir) tablet	Tier 3* (Specialty Tier*)	NF	NF	Mavyret™ Mavyret is the preferred product. For 3-tier plan: Mavyret is Tier 3 with prior authorization (PA). For 4-tier plan, it is specialty tier with PA		Mavyret*	<p>Treatment of adult patients with chronic hepatitis C virus (HCV) infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) who have:</p> <ul style="list-style-type: none"> <li>- Genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor. (In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.)</li> <li>- Genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. [In clinical trials, prior treatment experience included sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (boceprevir, simeprevir or telaprevir).]</li> </ul> <p>Additional benefit of Vosevi over sofosbuvir/velpatasvir was not shown in adults with genotype 1b, 2, 4, 5, or 6 infection previously treated with sofosbuvir without an NS5A inhibitor</p>
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Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value <sup>1</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value <sup>1</sup> (Tier 1, 2, 3, or 6)	Medi-Cal	
<b>INHALATION PREPARATIONS</b>							
Seebri™ Neohaler® (glycopyrrolate) inhalation powder	Tier 3 QL (Tier 4 QL)	NF	NF (QL)	Advair Diskus,® Atrovent™ HFA, Breo® Ellipta,® Incruse Ellipta,® Serevent® Diskus, Symbicort,® Spiriva,® Tudorza™ Pressair™	Advair Diskus, Breo Ellipta, Foradil® Aerolizer,® Incruse Ellipta, Serevent Diskus, Spiriva, Tudorza Pressair	Advair Diskus, Atrovent HFA, Breo Ellipta, Combivent Respimat,® Incruse Ellipta, Serevent Diskus, Symbicort, Spiriva, Tudorza Pressair	Long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema  Quantity limit is 1 inhaler per month
<b>INJECTABLE PREPARATIONS</b>							
Kevzara® (sarilumab) prefilled syringe	Medical benefit (Specialty Tier*)	Tier 5*	NF**	Disease- modifying antirheumatic drugs (DMARDs): methotrexate, sulfasalazine, leflunomide, hydroxychloroqu ine  Preferred biologic DMARDs at Specialty Tier*: Humira,® Enbrel,® Xeljanz,® Xeljanz® XR	DMARDs: methotrexate, sulfasalazine, leflunomide, hydroxychloroquine	DMARDs: methotrexate**, sulfasalazine, leflunomide**, hydroxychloroqu ine  Biologic DMARDs: Humira*, **, Simponi Aria®*, **, Remicade®*, **	Treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more DMARDs  For commercial line of business, coverage of Kevzara requires a trial of Humira and Enbrel, followed by Xeljanz or Xeljanz XR

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**INJECTABLE PREPARATIONS, CONTINUED**

Tremfya® (guselkumab) prefilled syringe	Medical benefit (Specialty Tier*)	Tier 5*	NF**	methotrexate, cyclosporine  Preferred biologic DMARDs at Specialty Tier*: Humira, Cosentyx®	methotrexate, cyclosporine (Part B vs. Part D determination)	methotrexate**, cyclosporine**  Biologic DMARDs: Humira*, **, Stelara®*, **, Remicade*, **	Treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy  For commercial line of business, coverage of Tremfya requires a trial of Humira and Cosentyx
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<sup>1</sup>Medicare Part D Value Formulary = Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Healthy Heart (HMO)

\*Prior authorization (PA) is required to verify member eligibility and that the member satisfies clinical protocols to ensure appropriate use of the medication.

\*\*CCS = California Children's Services: Refer to [www.dhcs.ca.gov](http://www.dhcs.ca.gov) for the local telephone number to determine member's coverage eligibility.

- F indicates formulary
- NF indicates nonformulary
- NS indicates nonstructural protein
- QL indicates quantity limit
- XL indicates extended release

## PRESCRIPTION DRUG PRIOR AUTHORIZATION OR STEP THERAPY EXCEPTION REQUEST FORM

Plan/Medical Group Name: \_\_\_\_\_ Plan/Medical Group Phone#: (\_\_\_\_\_) \_\_\_\_\_  
 Plan/Medical Group Fax#: (\_\_\_\_\_) \_\_\_\_\_ Non-Urgent  Exigent Circumstances

**Instructions:** Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step-therapy exception request. **Information contained in this form is Protected Health Information under HIPAA.**

### Patient Information

First Name:	Last Name:	MI:	Phone Number:
Address:		City:	State: Zip Code:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:	

### Insurance Information

Primary Insurance Name:	Patient ID Number:
Secondary Insurance Name:	Patient ID Number:

### Prescriber Information

First Name:	Last Name:	Specialty:
Address:		City: State: Zip Code:
Requestor (if different than prescriber):		Office Contact Person:
NPI Number (individual):		Phone Number:
DEA Number (if required):		Fax Number (in HIPAA compliant area):
Email Address:		

### Medication / Medical and Dispensing Information

Medication Name:			
<input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal <input type="checkbox"/> Step Therapy Exception Request If Renewal: Date Therapy Initiated: _____ Duration of Therapy (specific dates): _____			
How did the patient receive the medication?			
<input type="checkbox"/> Paid under Insurance    Name: _____		<input type="checkbox"/> Other (explain): _____	
<input type="checkbox"/> Prior Auth Number (if known): _____			
Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:
Administration:			
<input type="checkbox"/> Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other: _____			
Administration Location:		<input type="checkbox"/> Patient's Home <input type="checkbox"/> Long Term Care <input type="checkbox"/> Physician's Office <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Outpatient Hospital Care	



## PRESCRIPTION DRUG PRIOR AUTHORIZATION OR STEP THERAPY EXCEPTION REQUEST FORM

Patient Name:	ID#:
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**Instructions:** Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step therapy exception request.

<b>1. Has the patient tried any other medications for this condition?</b> <input type="checkbox"/> YES (if yes, complete below) <input type="checkbox"/> NO		
<b>Medication/Therapy</b> (Specify Drug Name and Dosage)	<b>Duration of Therapy</b> (Specify Dates)	<b>Response/Reason for Failure/Allergy</b>
<b>2. List Diagnoses:</b>		<b>ICD-10:</b>
<b>3. Required clinical information - Please provide all relevant clinical information to support a prior authorization or step therapy exception request review.</b>		
<p>Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage, including information related to exigent circumstances, or required under state and federal laws.</p> <p><input type="checkbox"/> Attachments</p>		

**Attestation:** I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

**Prescriber Signature or Electronic I.D. Verification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.

**Plan/Insurer Use Only:**    Date/Time Request Received by Plan/Insurer: \_\_\_\_\_    Date/Time of Decision \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Approved     Denied    Comments/Information Requested: \_\_\_\_\_

# PROVIDER Update



Health Net®

CONTRACTUAL | FEBRUARY 14, 2018 | UPDATE 18-122sum | 3 PAGES

## Summary Update: Medication Trend Updates and Formulary Changes – 1st Quarter 2018

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This advice is also consistent with the September 2016 Policy Statement from the American Academy of Pediatrics titled, *Codeine: Time To Say “No.”*

For more information, visit the following websites:

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      - Molina
    - Riverside
    - Sacramento
    - San Bernardino
    - San Diego
    - San Joaquin
    - Stanislaus
    - Tulare

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signed pain contract for Medi-Cal members when opioid prescriptions exceed plan quantity or frequency limits. For more information, review the following resources:

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- CDC's *Guideline for Prescribing Opioids for Chronic Pain* factsheet: [www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](http://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf).
- Prescription Drug Monitoring Program [Controlled Substance Utilization Review and Evaluation System (CURES) 2.0]. All prescribers are required to enroll in and access CURES reports to establish whether or not a member is receiving controlled substances from other providers. For further information, visit <https://oag.ca.gov/cures>.

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The form is available on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com) under *Pharmacy Information* and in the Provider Library under *Forms*.

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A list of recent changes to the Health Net *RDLs* and *Formularies* is available in the complete provider update 18-122, *Medication Trend Updates and Formulary Changes – 1st Quarter 2018*. The list contains brand-name prescription medications, status, alternatives, and comments. Complete listings of the *RDLs* and *Medicare Part D Formularies* are available on the Health Net provider portal, as listed in the table below, by selecting *Pharmacy Information*.

## **PHARMACY HELP LINE**

For additional information regarding changes to the commercial Health Net *RDL*, Health Net Medi-Cal *RDLs* or *Medicare Part D Formularies*, contact the appropriate pharmacy telephone numbers listed below:

- **Pharmacy Services** (commercial): 1-800-548-5524, option #3; fax 1-800-314-6223
- **Pharmacy Service Center** (Medi-Cal and Medicare): 1-800-867-6564; fax 1-800-977-8226
- **Health Net Clinical Pharmacy Line** (clinical programs): 1-800-782-2221

## **ADDITIONAL INFORMATION**

To obtain a comprehensive description of the above topics, the complete update, 18-122, *Medication Trend Updates and Formulary Changes – 1st Quarter 2018*, is available on the Health Net provider portal, as listed in the table below, in the Provider Library under *Updates and Letters > 2018*; search for provider update 18-122. Providers who do not have access to the Internet may request a print copy of update 18-122 by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at [provider.communications@healthnet.com](mailto:provider.communications@healthnet.com).

For the most current version of the Health Net *RDLs*, visit the Health Net provider portal, as listed in the table below, under *Pharmacy Information > Drug Lists*.

Providers are encouraged to access Health Net's provider portal online, as listed in the table below, for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

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<b>MEDI-CAL</b>	1-800-675-6110	provider.healthnet.com	N/A