

PROVIDER Update



CONTRACTUAL | APRIL 1, 2019 | UPDATE 19-273 | 3 PAGES

Preferred Drug List and Formulary Changes – May 1, 2019

Significant modifications made to the CalViva Health preferred drug list and formulary effective May 1, 2019

Effective May 1, 2019, on behalf of CalViva Health, Health Net* is making significant changes to the CalViva Health preferred drug list and formulary.

Modifications are in response to input from providers, regulatory changes, nationally recognized standard of care or treatment guideline changes, as well as the Pharmacy and Therapeutics (P&T) Committee. The P&T Committee reviews the formulary at a minimum quarterly to determine placement of medications on the drug list and any limitations to coverage. The P&T Committee consists of practicing physicians, pharmacists and other health care professionals.

These modifications are considered more restrictive than previously communicated formulary changes. Modifications may include differences to the quantity limits (QL), age limits (AL), step therapy (ST), prior authorization (PA) status, formulary (F), and non-formulary (NF) status.

As needed, additional communications will be distributed detailing comprehensive review of and changes to the current formulary. For the most current information refer to the provider website at provider.healthnet.com > *Pharmacy Information*.

ADDITIONAL INFORMATION

For additional information regarding the CalViva Health formulary, contact the Pharmacy Department by telephone at 1-800-867-6564, press option #2, or by fax at 1-800-977-8226. For all other questions, contact CalViva Health at 1-888-893-1569.

CALVIVA HEALTH FORMULARY CHANGES

Changes to the PDL Effective May 1, 2019

Medication	Status	Comments
Ambrisentan tab 10 mg	F, PA	PA added
Ambrisentan tab 5 mg	F, PA	PA added
Anagrelide hcl cap 0.5 mg	F, PA	PA added
Benralizumab subcutaneous soln prefilled syringe 30 mg/ml	F, PA	PA added

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

Changes to the PDL Effective May 1, 2019

Medication	Status	Comments
Bexarotene cap 75 mg	F, PA	PA added
Cabozantinib S-Mal cap 1 X 80 mg & 1 X 20 mg (100 dose) Kit	F, PA	PA added
Cabozantinib S-Mal cap 1 X 80 mg & 3 X 20 mg (140 dose) Kit	F, PA	PA added
Cabozantinib S-Malate cap 3 X 20 mg (60 mg dose) Kit	F, PA	PA added
Celecoxib cap 100 mg	F, PA	PA added
Celecoxib cap 200 mg	F, PA	PA added
Celecoxib cap 400 mg	F, PA	PA added
Celecoxib cap 50 mg	F, PA	PA added
Cinacalcet HCl tab 30 mg (base equivalent)	F, PA	PA added
Cinacalcet HCl tab 60 mg (base equivalent)	F, PA	PA added
Cinacalcet HCl tab 90 mg (base equivalent)	F, PA	PA added
Dasatinib tab 100 mg	F, PA	PA added
Dasatinib tab 140 mg	F, PA	PA added
Dasatinib tab 20 mg	F, PA	PA added
Dasatinib tab 50 mg	F, PA	PA added
Dasatinib tab 70 mg	F, PA	PA added
Dasatinib tab 80 mg	F, PA	PA added
Gefitinib tab 250 mg	F, PA	PA added
Imatinib Mesylate tab 100 mg (base equivalent)	F, PA	PA added
Imatinib Mesylate tab 400 mg (base equivalent)	F, PA	PA added
Palbociclib cap 100 mg	F, PA	PA added
Palbociclib cap 125 mg	F, PA	PA added
Palbociclib cap 75 mg	F, PA	PA added
Paromomycin Sulfate cap 250 mg	F, PA	PA added
Pazopanib HCl tab 200 mg (base equivalent)	F, PA	PA added
Pomalidomide cap 1 mg	F, PA	PA added

Changes to the PDL Effective May 1, 2019

Medication	Status	Comments
Pomalidomide cap 2 mg	F, PA	PA added
Pomalidomide cap 3 mg	F, PA	PA added
Pomalidomide cap 4 mg	F, PA	PA added
Proparacaine HCl Opth soln 0.5%	F, PA	PA added
Propranolol HCl Oral soln 4.28 mg/ml	F, PA	PA added
Rivastigmine Tartrate cap 1.5 mg	F, PA	PA added
Rivastigmine Tartrate cap 3 mg	F, PA	PA added
Rivastigmine Tartrate cap 4.5 mg	F, PA	PA added
Rivastigmine Tartrate cap 6 mg	F, PA	PA added
Rivastigmine TD patch 24HR 13.3 mg/24HR	F, PA	PA added
Rivastigmine TD patch 24HR 4.6 mg/24HR	F, PA	PA added
Rivastigmine TD patch 24HR 9.5 mg/24HR	F, PA	PA added
Simvastatin tab 80 mg	F, PA	PA added
Sorafenib Tosylate tab 200 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 12.5 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 25 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 37.5 mg (base equivalent)	F, PA	PA added
Sunitinib Malate cap 50 mg (base equivalent)	F, PA	PA added
Tobramycin Inhal cap 28 mg	F, PA	PA added
Tobramycin Nebu soln 300 mg/5ml	F, PA	PA added
Toremifene Citrate tab 60 mg (base equivalent)	F, PA	PA added
Vandetanib tab 100 mg	F, PA	PA added
Vandetanib tab 300 mg	F, PA	PA added
Vismodegib cap 150 mg	F, PA	PA added

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

F indicates formulary.