

PROVIDER Update



Health Net®

CONTRACTUAL | APRIL 12, 2019 | UPDATE 19-294 | 3 PAGES

Preferred Drug List Changes Moved to May 13, 2019

You have a bit more time before the Medi-Cal PDL changes go into effect

You were notified on April 1, 2019, in provider update 19-272, *Preferred Drug List Changes – May 1, 2019*, that Health Net* is making significant changes to the Medi-Cal *Preferred Drug List (PDL)* on May 1, 2019. These changes have been moved out to May 13, 2019. All other content in provider update 19-272 remains the same except for the effective date.

As a reminder, the changes are outlined in this update. For additional information refer to provider update 19-272 on the Health Net provider portal at provider.healthnet.com > *Working with Health Net* > *Go to the Provider Library* > *Updates and Letters*.

ADDITIONAL INFORMATION

For additional information regarding changes to the Health Net *Medi-Cal PDL*, contact the Pharmacy Service Center (Medi-Cal) at 1-800-867-6564 or the Health Net Clinical Pharmacy Line (clinical programs) at 1-800-782-2221. For all other questions, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

MEDI-CAL PREFERRED DRUG LIST CHANGES

Changes to the PDL Effective May 13, 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 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

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Changes to the PDL Effective May 13, 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 13, 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.