

PROVIDERUpdate



Health Net®

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Medication Trend Updates and Formulary Changes – 2nd Quarter 2019

Review information on updated medication patent expirations, availability of osteoporosis outreach reports and formulary changes for the second quarter of 2019.

Stay up to date with:

- New generic medications in 2019.
- Healthcare Effectiveness Data and Information Set (HEDIS®) osteoporosis outreach reports.
- Changes to the Health Net* commercial *Recommended Drug Lists (RDLs)*, *Medi-Cal Preferred Drug List (PDL)* and *Medicare Part D Formularies* for the second quarter of 2019.

Patent expiration for brand-name medications

During 2019, the medications listed below are expected to be available as generic equivalents as their patents expire.

Medication Patent Expirations

1st Quarter	Fentora,® # Nuvaring®
2nd Quarter	Lyrice,® Tarceva,® Travatan Z,® Vesicare®
3rd Quarter	N/A
4th Quarter	Jadenu®

Nonformulary

Patents are granted by the United States Patent and Trademark Office along the development lifeline of a medication and they expire 20 years from the date of filing. When a brand-name medication loses its patent, lower-priced generics enter the market. Food and Drug Administration (FDA)-approved generic drugs are made under the same strict standards as their brand-name counterparts and are bioequivalent, delivering the same amount of active ingredients into a patient's bloodstream in the same amount of time as their brand-name product.

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LINES OF BUSINESS:

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- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
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Osteoporosis member outreach reports available

The Management of Post-Menopausal Women with Osteoporotic Fractures Program is a health education outreach and intervention for Health Net Medicare Advantage (MA) members ages 65 to 85 who have had an osteoporotic fracture in the past three months, and have not received a bone mineral density (BMD) test or are not currently taking prescription medication.

Participating physician groups (PPGs) can access reports with specific HEDIS results to find areas for improvement or best practices. The report provides monthly gap lists for specific measures to find gaps in data and drive member gap closure. These reports are available on the Health Net provider portal, as listed in the table below. For technical help on how to gain access to these reports, contact Health Net's Web Support at 1-866-458-1047.

Changes to the Recommended Drug List and Medicare Part D Formularies

The Health Net Pharmacy and Therapeutics (P&T) Committee, which includes practicing physicians, pharmacists and other health care professionals, reviews medications on the Health Net *Recommended Drug Lists (RDLs)* and Formularies for commercial, *Preferred Drug List* for Medi-Cal members, and the *Medicare Part D Formularies* for Medicare members each quarter to determine medications to stay on or be moved to a different tier. A list of some recent changes is provided beginning on page 3. The list contains brand-name prescription medications, status, other medications choices, and comments for the second quarter 2019.

Complete lists of the *RDLs*, *Formularies*, *PDLs* and *Medicare Part D Formularies* are available on the Health Net provider website as listed below under *Pharmacy Information*.

Pharmacy help line

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

- **Pharmacy Services (commercial):** 1-800-548-5524, option #3; fax 1-800-314-6223
- **Pharmacy Service Center (Medi-Cal, Medicare and Cal MediConnect):** 1-800-867-6564; fax 1-800-977-8226
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Additional information

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Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
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MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	
MEDI-CAL	1-800-675-6110	provider.healthnet.com	N/A

HEALTH NET RECOMMENDED DRUG LIST (RDL), MEDI-CAL RDL 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 ¹	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value ¹ (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
ORAL MEDICATIONS							
Copiktra™ (duvelisib) capsule	Tier 3* (SP*)	Tier 5 (*for new starts only)	NF *	CLL/SLL: Imbruvica® (Tier 2* QL in Tier 3 plan) Venclexta® (Tier 2* QL in Tier 3 plan) Zydelig® (Tier 2* in Tier 3 plan) FL: Zydelig (Tier 2* in Tier 3 plan)	CLL/SLL: Venclexta (*for new starts only)	CLL/SLL: Imbruvica* QL ** Venclexta*, ** Zydelig*, ** Rituxan® *, ** FL: Zydelig*, **	Treatment of adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies Treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after at least two prior systemic therapies
Doptelet® (avatrombopag) tablet	Tier 3* (SP*)	Tier 5*	NF				Treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value ¹	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value ¹ (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
Epidiolex [®] (cannabidiol) oral solution	Tier 3* (SP*)	Tier 5 (*for new starts only)	NF	clonazepam, felbamate (Felbatol [®]), lamotrigine, levetiracetam (Keppra [®] , Keppra XR [®]), topiramate (Topamax [®]), valproic acid (Depakene [®]), divalproex sodium (Depakote [®]), Banzel [®]	clonazepam, felbamate (Felbatol), lamotrigine, levetiracetam (Keppra, Keppra XR), topiramate (Topamax), valproic acid (Depakene), divalproex sodium (Depakote)	clonazepam, felbamate (Felbatol), lamotrigine, levetiracetam (Keppra), topiramate (Topamax), valproic acid ** (Depakene), divalproex sodium (Depakote), Banzel **	Treatment of seizures associated with Dravet Syndrome (DS) or Lennox-Gastaut Syndrome (LGS) in patients age 2 and older
Krintafel [®] (tafenoquine) tablet	Tier 2 (Tier 2)	Tier 4 QL	F	chloroquine, hydroxychloroquine	chloroquine, hydroxychloroquine	hydroxychloroquine	<p>Radical cure (prevention of relapse) of Plasmodium vivax malaria in patients age 16 and older who are receiving appropriate antimalarial therapy for acute P. vivax infection.</p> <p>Limitation(s) of use: Krintafel is not indicated for the treatment of acute P. vivax malaria.</p> <p>For Medicare, quantity limit is 2 tablets per 30 days.</p>

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value ¹	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value ¹ (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
Lokelma [®] (sodium zirconium cyclosilicate) packet for oral suspension	Tier 3 EST (Tier 3 EST)	Tier 4 (EST)	NF	sodium polystyrene sulfonate (Kayexalate [®])	sodium polystyrene sulfonate (Kayexalate)	sodium polystyrene sulfonate (Kayexalate)	<p>Treatment of hyperkalemia in adults</p> <p>Limitation(s) of use: Lokelma should not be used as an emergency treatment for life-threatening hyperkalemia because of its delayed onset of action.</p> <p>Step therapy requires a trial of generic Kayexalate first.</p>
Lorbrena [®] (lorlatinib) tablet	Tier 2* (SP*)	Tier 5 (*for new starts only)	NF	<p>Alecensa[®] (Tier 2* in Tier 3 plan)</p> <p>Alunbrig[®] (Tier 2* in Tier 3 plan)</p> <p>Xalkori[®] (Tier 2* in Tier 3 plan)</p>		<p>Alecensa*,**</p> <p>Alunbrig*,**</p> <p>Xalkori *,**</p>	<p>Treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) whose disease has progressed on the following:</p> <ul style="list-style-type: none"> • Crizotinib and at least one other ALK inhibitor for metastatic disease; or • Alectinib as the first ALK inhibitor therapy for metastatic disease; or • Ceritinib as the first ALK inhibitor therapy for metastatic disease
Mulpleta [®] (lusutrombopag) tablet	Tier 3* (SP*)	Tier 5*	NF				Treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value ¹	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value ¹ (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
Nuzyra™ (omadacycline) tablet	NF (NF)	Tier 5*	NF	amoxicillin/clavulanate, azithromycin, cefuroxime, clarithromycin, levofloxacin, linezolid (Zyvox®), moxifloxacin (Avelox®)	amoxicillin/clavulanate, azithromycin, cefuroxime, clarithromycin, levofloxacin, moxifloxacin (Avelox)	amoxicillin/clavulanate, azithromycin, cefuroxime, clarithromycin, levofloxacin	<p>Treatment of adult patients with the following infections caused by susceptible microorganisms:</p> <ul style="list-style-type: none"> Community-acquired bacterial pneumonia (CABP) <i>Streptococcus pneumoniae</i>, <i>Staphylococcus aureus</i> (methicillin-susceptible isolates), <i>Haemophilus influenzae</i>, <i>Haemophilus parainfluenzae</i>, <i>Klebsiella pneumoniae</i>, <i>Legionella pneumophila</i>, <i>Mycoplasma pneumoniae</i>, and <i>Chlamydophila pneumoniae</i> Acute bacterial skin and skin structure infections (ABSSSI) <i>Staphylococcus aureus</i> (methicillin-susceptible and -resistant isolates), <i>Staphylococcus lugdunensis</i>, <i>Streptococcus pyogenes</i>, <i>Streptococcus anginosus</i> grp. (includes <i>S. anginosus</i>, <i>S. intermedius</i>, and <i>S. constellatus</i>), <i>Enterococcus faecalis</i>, <i>Enterobacter cloacae</i>, and <i>Klebsiella pneumoniae</i>

Medication	Status			Health Net Formulary Alternative(s)			Comments
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Seysara™ (sarecycline) tablet	NF (NF)	NF	NF	doxycycline, minocycline, tetracycline	doxycycline, minocycline, tetracycline	doxycycline, minocycline, tetracycline	Treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients age 9 and older
Talzenna™ (talazoparib) capsule	Tier 2* (SP*)	Tier 5 (*for new starts only)	NF	Lynparza® (Tier 2* in Tier 3 plan)		Lynparza *,**	Treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) HER2-negative locally advanced or metastatic breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic for Talzenna
Vizimpro® (dacomitinib) tablet	Tier 2* (SP*)	Tier 5 (*for new starts only)	NF	Iressa® (Tier 2 in Tier 3 plan) Gilotrif® (Tier 2* in Tier 3 plan) Tagrisso® (Tier 2* in Tier 3 plan) Tarceva® (Tier 2* in Tier 3 plan)	Iressa	Iressa** Gilotrif*,** Tagrisso*,** Tarceva*,**	First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with EGFR exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test

OPHTHALMIC PREPARATIONS

Oxervate™ (cenegermin-bkbj) ophthalmic solution	N* (SP*)	Tier 5*	NF				Treatment of neurotrophic keratitis
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TOPICAL PREPARATIONS							
Xepi™ (ozenoxacin) cream	NF (NF)	NF	NF	mupirocin (Bactroban®)	mupirocin (Bactroban)	mupirocin (Bactroban)	Topical treatment of impetigo due to Staphylococcus aureus or Streptococcus pyogenes in adult and pediatric patients age 2 months and older
INJECTABLE PREPARATIONS							
Ajovy™ (fremanezumab-vfrm) prefilled syringe	Medical benefit (SP*)	Tier 4 *	NF	Anticonvulsants: divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressants/ tricyclic antidepressants: amitriptyline (Elavil®), venlafaxine (Effexor®)	Anticonvulsants : divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressant s/tricyclic antidepressant s: amitriptyline (Elavil), venlafaxine (Effexor)	Anticonvulsants: divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressants/tricyclic antidepressants: amitriptyline (Elavil), venlafaxine (Effexor)	Preventive treatment of migraine in adults

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Emgality™ (galcanezumab-gnlm) prefilled syringe	Medical benefit (SP*)	Tier 4*	NF	Anticonvulsants: divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressants/ tricyclic antidepressants: amitriptyline (Elavil), venlafaxine (Effexor)	Anticonvulsants : divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressant s/tricyclic antidepressant s: amitriptyline (Elavil), venlafaxine (Effexor)	Anticonvulsants: divalproex (Depakote), topiramate (Topamax) Beta-blockers: metoprolol, propranolol, timolol Antidepressants/ tricyclic antidepressants: amitriptyline (Elavil), venlafaxine (Effexor)	Preventive treatment of migraine in adults
Gamifant™ (emapalumab-lzsg) single-dose vial	Medical benefit	Medical benefit	Medical benefit				Treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy

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Onpattro™ (patisiran) single-dose vial	Medical benefit	Medical benefit	Medical benefit				Treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults
Takhzyro™ (lanadelumab-fylo) single-dose vial	Medical benefit (NF)	Tier 5*	NF			Cinryze®*,**	For prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients age 12 and older
Tegsedi™ (inotersen) prefilled syringe	Tier 3* (SP*)	Tier 5*	NF				Treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults

¹Medicare Part D Value Formulary = Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Health 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.dhs.gov for the local telephone number to determine member's coverage eligibility.

- F indicates formulary.
- NF indicates nonformulary; NP indicates nonpreferred. These medications require member-specific medical reasons why formulary medications cannot be considered. Requests are reviewed via Health Net's prior authorization process.
- SP indicates specialty tier.
- AL indicates age limit.
- EST indicates electronic step therapy.
- QL indicates quantity limit.

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Summary Update: Medication Trend Updates and Formulary Changes – 2nd Quarter 2019

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Additional information

To obtain a comprehensive description of the above topics, the complete update, 19-438, is available on the Health Net provider portal in the Provider Library under *Updates and Letters > 2019*; search for provider update 19-438. Providers who do not have access to the Internet may request a print copy of update 19-438 by contacting the Health Net Provider Communications Department by email at provider.communications@healthnet.com.

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