

PROVIDER Update



Health Net®

CONTRACTUAL | JULY 9, 2021 | UPDATE 21-471 | 7 PAGES

Medication Trend Updates and Preferred Drug List Changes – 3rd Quarter 2021

Review changes that improve patient safety and encourage medication adherence

Stay up-to-date with information about:

- Changes to the Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company, Inc. commercial *Formulary*, *Medi-Cal Preferred Drug List (PDL)* and Medicare Part D *Formulary* for the third quarter of 2021.
- Zero copayment program for Medicare Advantage (MA) members

Changes to the commercial *Formulary*, Medi-Cal PDL and Medicare Part D *Formulary*

The Health Net Pharmacy and Therapeutics (P&T) Committee, which includes practicing physicians, pharmacists and other health care professionals, reviews medications on the *Formulary* for commercial members, *PDL* for Medi-Cal members and the Medicare Part D *Formulary* 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 in a table that begins on page 4. The list contains brand-name prescription medications, status, other medication choices, and comments for the third quarter of 2021.

Complete lists of the commercial *Formularies*, *Medi-Cal PDLs* and Medicare Part D *Formularies* are available on the Health Net provider website as listed below under *Additional Information*.

Pharmacy help line

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

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

Zero copayment program for Medicare Advantage members

Health Net continues to encourage member medication adherence. Zero copayment is offered on some medications to help alleviate barriers to medication adherence and help members better manage their chronic diseases. Most of the medications listed

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

EnhancedCare PPO (IFP)
844-463-8188
provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)
844-463-8188
provider.healthnet.com
Health Net Employer Group HMO, POS, HSP, PPO, & EPO
800-641-7761
provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO
888-926-2164
provider.healthnetcalifornia.com

Medicare (individual)
800-929-9224
provider.healthnetcalifornia.com

Medicare (employer group)
800-929-9224

provider.healthnet.com
Medi-Cal – 800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS
provider.communications@healthnet.com

* Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by phone or by return fax and destroy this transmission, along with any attachments.

below – in the statins, anti-diabetic agents (not including insulin), angiotensin-converting enzyme inhibitor (ACEI) and angiotensin II receptor blocker (ARB) medication classes – are included on the Select Care tier without copayments for MA members. Members should contact the Health Net Medicare Programs Member Services Department, as listed on the member identification (ID) card, to ensure they have met their deductibles.

Zero-Copayment Medications for Medicare Advantage Members

| Class | Medication | | |
|----------------------------|---|---|--|
| Lipid management (statins) | <ul style="list-style-type: none"> atorvastatin calcium tablet fluvastatin sodium capsule | <ul style="list-style-type: none"> lovastatin tablet pravastatin sodium tablet | <ul style="list-style-type: none"> simvastatin tablet |
| Anti-diabetic agents | <ul style="list-style-type: none"> acarbose tablet glipizide tablet and glipizide SR 24-hour (HR) glipizide/metformin HCl tablet metformin HCl tablet | <ul style="list-style-type: none"> metformin HCl tablet SR 24 HR (generic for Glucophage XR®) nateglinide tablet pioglitazone HCl tablet pioglitazone HCl/glimepiride tablet | <ul style="list-style-type: none"> pioglitazone HCl/metformin HCl tablet repaglinide tablet tolbutamide tablet |
| ACEIs/ARBs | <ul style="list-style-type: none"> benazepril HCl tablet benazepril/HCTZ tablet benazepril/amlodipine besylate capsule candesartan cilexetil tablet candesartan cilexetil/HCTZ tablet captopril tablet captopril/HCTZ tablet enalapril maleate tablet | <ul style="list-style-type: none"> enalapril maleate/HCTZ tablet fosinopril sodium tablet fosinopril sodium/HCTZ tablet irbesartan tablet irbesartan/HCTZ tablet lisinopril tablet lisinopril/HCTZ tablet losartan potassium tablet | <ul style="list-style-type: none"> losartan potassium/HCTZ tablet moexipril HCl tablet perindopril erbumine tablet quinapril HCl tablet quinapril/HCTZ tablet ramipril capsule trandolapril tablet valsartan tablet valsartan/HCTZ tablet |

- SR – sustained release, XR – extended release, HCl – hydrochloride, HCTZ – hydrochlorothiazide

Additional information

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) | 844-463-8188 | provider.healthnetcalifornia.com | provider_services@healthnet.com |
| EnhancedCare PPO (SBG) | 844-463-8188 | provider.healthnet.com | |
| Health Net Employer Group HMO, POS, HSP, PPO, & EPO | 800-641-7761 | provider.healthnet.com | |

| | | | |
|---|--------------|----------------------------------|-----|
| IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO) | 888-926-2164 | provider.healthnetcalifornia.com | |
| Medicare (Individual) | 800-929-9224 | provider.healthnetcalifornia.com | |
| Medicare (Employer group) | 800-929-9224 | provider.healthnet.com | |
| Medi-Cal | 800-675-6110 | provider.healthnet.com | N/A |

Health Net Commercial Formulary, Medi-Cal PDL and Medicare Part D Formulary Changes

| Medication | Status | | | Health Net Formulary Alternative(s) | | | Comments |
|------------|--------------------------------------|---|----------|-------------------------------------|--|----------|----------|
| | Commercial Tier 3 plan (Tier 4 plan) | Medicare Part D (6-Tier preferred) ¹ | Medi-Cal | Commercial (Tier 1 or 2) | Medicare Part D Value ¹ (Tier 1, 2, 3, 4, 5 or 6) | Medi-Cal | |

Oral medications

| | | | | | | | |
|--|-------------------|----|-----|--|-------------------------|---|--|
| Accrufer™ (ferric maltol) capsule | NF (NF) | NF | NF* | | | ferrous fumarate, ferrous gluconate, ferrous sulfate, polysaccharide iron complex | Treatment of iron deficiency in adults |
| Evryssi™ (risdiplam) oral solution | Tier 2* (Tier 4*) | NF | NF* | | | Spinraza® *,** | Treatment of spinal muscular atrophy (SMA) in patients ages 2 months and older |
| Orladeyo™ (berotralstat) capsule | NF (NF) | NF | NF* | | Cinryze® *, Haegarda® * | Cinryze*,** | Prophylaxis to prevent attacks of hereditary angioedema (HAE) in adults and pediatric patients age 12 and older |
| Zokinvy™ (lonafarnib) capsule (continued) | NF (NF) | NF | NF* | | | | In patients ages 12 months and older with a body surface area of 0.39 m2 and above: <ul style="list-style-type: none"> To reduce risk of mortality in Hutchinson-Gilford progeria syndrome (HGPS) |

| Medication | Status | | | Health Net Formulary Alternative(s) | | | Comments |
|------------|--------------------------------------|---|----------|-------------------------------------|--|----------|----------|
| | Commercial Tier 3 plan (Tier 4 plan) | Medicare Part D (6-Tier preferred) ¹ | Medi-Cal | Commercial (Tier 1 or 2) | Medicare Part D Value ¹ (Tier 1, 2, 3, 4, 5 or 6) | Medi-Cal | |

Oral medications, continued

| | | | | | | | |
|-------------------------------|---------|----|-----|--|--|--|--|
| Zokinvy™ (lonafarnib) capsule | NF (NF) | NF | NF* | | | | <ul style="list-style-type: none"> For treatment of processing-deficient progeroid laminopathies with either: <ul style="list-style-type: none"> Heterozygous LMNA mutation with progerin-like protein accumulation Homozygous or compound heterozygous ZMPSTE24 mutations |
|-------------------------------|---------|----|-----|--|--|--|--|

Inhalation preparation

| | | | | | | | |
|--------------------------------|---------|----|-----|---------------------------------|--|--|--|
| Bronchitol® (mannitol) inhaler | NF (NF) | NF | NF* | Pulmozyme®* (under Tier 3 plan) | Pulmozyme (Part B vs. D determination) | hypertonic saline (HyperSal®, NebuSal®), Pulmozyme** | Add-on maintenance therapy to improve pulmonary function in adult patients ages 18 and older with cystic fibrosis (CF) |
|--------------------------------|---------|----|-----|---------------------------------|--|--|--|

Injectable preparation

| | | | | | | | |
|---|------------------|------------------|------------------|--|--|--|---|
| Amondys 45® (casimersen) single-dose vial | Medical benefit* | Medical benefit* | Medical benefit* | | | | Treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping |
|---|------------------|------------------|------------------|--|--|--|---|

| Medication | Status | | | Health Net Formulary Alternative(s) | | | Comments |
|------------|--------------------------------------|---|----------|-------------------------------------|--|----------|----------|
| | Commercial Tier 3 plan (Tier 4 plan) | Medicare Part D (6-Tier preferred) ¹ | Medi-Cal | Commercial (Tier 1 or 2) | Medicare Part D Value ¹ (Tier 1, 2, 3, 4, 5 or 6) | Medi-Cal | |

Injectable preparation, continued

| | | | | | | | |
|---|------------------|------------------|------------------|--|---|--|---|
| Breyanzi® (lisocabtagene maraleucel) single-dose vial | Medical benefit* | Medical benefit* | Medical benefit* | | Xpovio®*** | Kymriah™*,** | Treatment of adult patients with relapsed or refractory large B-cell lymphoma (LBCL) after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B |
| Enspryng™ (satralizumab-mwge) single-dose prefilled syringe | Medical benefit* | Medical benefit* | Medical benefit* | | Ruxience™*** | Soliris®*,** | Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive |
| Evkeeza™ (evinacumab-dgnb) single-dose vial | Medical benefit* | Medical benefit* | Medical benefit* | atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin, simvastatin/ezetimibe | atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin, simvastatin/ezetimibe, Juxtapid® * | atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin, simvastatin/ezetimibe | Adjunct to other low density lipoprotein-cholesterol (LDL-C) lowering medications for the treatment of adult and pediatric patients ages 12 and older with homozygous familial hypercholesterolemia (HoFH) |

| Medication | Status | | | Health Net Formulary Alternative(s) | | | Comments |
|------------|--------------------------------------|---|----------|-------------------------------------|--|----------|----------|
| | Commercial Tier 3 plan (Tier 4 plan) | Medicare Part D (6-Tier preferred) ¹ | Medi-Cal | Commercial (Tier 1 or 2) | Medicare Part D Value ¹ (Tier 1, 2, 3, 4, 5 or 6) | Medi-Cal | |

Injectable preparation, continued

| | | | | | | | |
|---|------------------|------------------|------------------|--|--|------------|---|
| Imcivree™ (setmelanotide) multi-dose vial | Medical benefit* | Medical benefit* | Medical benefit* | | | | Chronic weight management in adult and pediatric patients age 6 and older with obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) |
| Oxlumo™ (lumasiran) single-dose vial | Medical benefit* | Medical benefit* | Medical benefit* | | | pyridoxine | Treatment of primary hyperoxaluria type 1 (PH1) to lower urinary oxalate levels in pediatric and adult patients |

¹ Medicare Part D = Health Net Gold Select (HMO), Health Net Healthy Heart (HMO), Health Net Jade (HMO C-SNP), Health Net Ruby (HMO), Health Net Ruby Select (HMO), Health Net Sapphire (HMO), Health Net Violet 1 (PPO), Health Net Violet 2 (PPO), Health Net Violet 3 (PPO), Health Net Violet 4 (PPO)

*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 for the local telephone number to determine member's coverage eligibility.

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

- 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 indicated age limit.
- EST indicated electronic step therapy
- IR indicated immediate release
- ER indicated extended release