PROVIDER*Update*



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Medication Trend Updates and Formulary Changes – 4th Quarter 2023

Review formulary changes and medication safety issues

Stay up to date with information about:

- FDA approved the second over-the-counter naloxone nasal spray.
- Preferred biosimilar medications.
- Changes to the Health Net* commercial Formulary, Medi-Cal Preferred Drug List (PDL) and Medicare Part D Formulary for the fourth quarter of 2023.

FDA approved the second over-the-counter (OTC) naloxone nasal spray, RiVive™

On July 28, 2023, the U.S. Food and Drug Administration (FDA) approved RiVive, 3 milligram (mg) naloxone hydrochloride nasal spray for OTC use. Naloxone is a nonprescription drug and is used for the emergency treatment of known or suspected opioid overdose. The first OTC naloxone product was Narcan® nasal spray which was approved back in March 2023.

Naloxone is a potential lifesaving medication designed to help reverse the effects of an opioid overdose in minutes. Drug overdose persists as a major public health issue in the United States, primarily driven by synthetic opioids. With the approval of RiVive as the second OTC naloxone nasal spray product, this will help increase consumer access to naloxone and reduce opioid overdose deaths throughout the country.

The approval of RiVive nasal spray for nonprescription use was supported by data from a study submitted by the manufacturer that showed similar levels of RiVive reach the bloodstream as an approved prescription naloxone product. The drug has been demonstrated to be safe and effective for use as directed on its label

The nasal spray will come in a package of two 3-milligram doses in case the person overdosing does not respond to the first dose. RiVive will be available in early 2024 primarily to the United States harm reduction organizations and state governments for costs lower than other opioid antagonist nasal sprays.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer/Group
- HMO/POS/HSP
- EPO
- PPO
- Wellcare By Health Net
- Medicare Advantage (HMO)
- Medicare Advantage (PPO)
- Medi-Cal
 - Kern
- Los Angeles
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San JoaquinStanislaus
- Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP Ambetter PPO – 844-463-8188 Ambetter HMO – 888-926-2164

Health Net Employer Group HMO, POS, HSP, PPO, & EPO – 800-641-7761

Medicare (individual & employer group) (Wellcare By Health Net) — 800-929-9224

Medi-Cal (including CS and ECM providers) – 800-675-6110

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Health Net prefers biosimilar medications

Biosimilars are FDA approved safe and effective medicines that are similar to existing biologic medicines. The FDA regulates biosimilar manufacturing to ensure that they scientifically demonstrate safety and effectiveness while showing no clinically meaningful differences. Biosimilars cost less than their brand name counterparts which indicate they can help lower the overall cost of care for members while still providing quality care.

Effective September 1, 2020, Health Net began preferring the following biosimilar medications over their brand (or reference product) counterparts for Commercial and Medi-Cal members. For those who have not tried a biosimilar, the patient must try and fail (or have a contraindication to) the preferred biosimilar(s) before the brand name or reference product will be approved.

Prior authorization guidelines can be found on Health Net's provider portal online at provider.healthnetcalifornia.com.

Medications

Reference brand	Preferred products		
Bevacizumab agents (Avastin) (only applies to non-ophthalmology)	Mvasi, Zirabev		
Erythropoiesis-stimulating agents (Epogen, Procrit, Aranesp)	Retacrit		
Filgrastim agents (Neupogen)	Zarxio followed by Nivestym		
Infliximab agents (Remicade) 1,2	Inflectra, Renflexis		
Pegfilgrastim agents (Neulasta)	Ziextenzo, Udenyca		
Rituximab agents (Rituxan) ¹	Ruxience, Truxima		
Trastuzumab agents (Herceptin) 1	Kanjinti, Ogivri, Trazimera		

¹ Must try all preferred products prior to nonpreferred approval

- o Preferred biosimilars are required in lieu of branded drugs.
- o Authorized by Health Net Pharmacy Department.
- o Must try all preferred products. Please refer to the drug specific policy for complete list of preferred products.

Changes to the Commercial Formulary, Medi-Cal PDL and Medicare Part D Formulary/ Drug benefit changes

The Health Net Pharmacy and Therapeutics (P&T) Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the P&T Committee reviews medications on the Formulary for commercial members, the PDL for Medi-Cal members, and the Medicare Part D Formulary for Medicare members to determine which medications remain on the same tier and which are moved. A table listing some recent changes is available on page 4. The list contains brand-name prescription medications, status, other medication choices, and comments for the fourth quarter of 2023.

The 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.

² Avsola preferred for Health Net Medi-Cal.

Pharmacy help line

For more information regarding changes to the Health Net Commercial Formulary or Health Net Medi-Cal Preferred Drug List, or Medicare Part D Formulary, contact the proper pharmacy phone numbers listed below:

Product	Phone number	Fax number	
Pharmacy Benefit (Medi-Cal Rx)	800-977-2273	800-869-4325	
Medical Benefit Drugs (Medi-Cal)	800-675-6110	833-953-3436	
Commercial Pharmacy Services	800-548-5524, option #3	866-399-0929	
Medicare Pharmacy Service Center	800-867-6564	800-977-8226	

Additional information

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

Line of Business	Phone number	Email address	
IFP Ambetter PPO	844-463-8188	provider_services@healthnet.com	
IFP Ambetter HMO	888-926-2164	provider_services@healthnet.com	
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	800-641-7761	provider_services@healthnet.com	
Medicare (Individual & Employer Group)	800-929-9224	provider_services@healthnet.com	
Medi-Cal	800-675-6110	N/A	

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

	Status			Health Net Formulary Alternative(s)		rnative(s)		
Medication	Commercial Tier 3 plan (Tier 4 plan)	Medicare Part D (6-Tier preferred) ³	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value ³ (Tier 1, 2, 3, 4, 5 or 6)	Medi-Cal	Comments	
Oral preparation								
Skyclarys™ (omaveloxolone) capsule	NF	NF	Carved out to State				Treatment of Friedreich's ataxia in adults and adolescents aged 16 years and older.	
Injectable preparation	Injectable preparation							
Lamzede® (velmanase alfa-tycv) injection	Medical Benefit ⁴	Medical Benefit ⁴	Medical Benefit ⁴				A recombinant human lysosomal alpha-mannosidase indicated for the treatment of non-central nervous system manifestations of alphamannosidosis in adult and pediatric patients.	
Intravitreal preparation								
Syfovre™ (pegcetacoplan) injection	Medical Benefit ⁴	Medical Benefit ⁴	Medical Benefit ⁴				A complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).	

Note: The information above is subject to change. Please refer to Health Net's provider portal online at provider.healthnetcalifornia.com for the most up-to-date formulary status.

NF indicates nonformulary; These medications require member-specific medical reasons why formulary medications cannot be considered. Requests are reviewed via Health Net's prior authorization process.

³Medicare 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)

⁴ Prior authorization (PA) is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.