

PROVIDER Update



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Medication Trend Updates and Formulary Changes – 4th Quarter 2024

Review drug list changes and medication safety issues

Stay up to date with information about:

- Preferred biosimilar medications.
- Changes to the Medi-Cal drug benefits for the fourth quarter of 2024.

Biosimilar medications are preferred

Biosimilars are U.S. Food and Drug Administration (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.

As of September 1, 2020, Health Net*, on behalf of Community Health Plan of Imperial Valley, began preferring the following biosimilar medications over their brand (or reference product) counterparts for 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. Refer to **page 2** for a list of preferred biosimilar medications.

Prior authorization (PA) guidelines can be found under the *Outpatient Pharmaceuticals (Submitted Under Medi-Cal Benefit)* section on the Medi-Cal Fee-for-Service Community Health Plan of Imperial Valley Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations>.

Additional information

Providers are encouraged to access the provider portal online at **provider.healthnetcalifornia.com** for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups

PROVIDER SERVICES

CHPIV Medi-Cal (including ECM and CS providers) – 833-236-4141

PROVIDER PORTAL

provider.healthnetcalifornia.com

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary 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.

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Preferred biosimilar medications, *continued*.

Medications	
Reference brand	Preferred products
Bevacizumab agents (Avastin) ¹	Mvasi, Zirabev
Erythropoiesis-stimulating agents (Epogen, Procrit, Aranesp)	Retacrit ³
Filgrastim agents (Neupogen)	Zarxio ³ followed by Nivestym
Infliximab agents (Remicade) ²	Inflectra, Renflexis, Avsola
Pegfilgrastim agents (Neulasta, Neulasta Onpro)	Udenyca, Udenyca Onbody, Nyvepria
Rituximab agents (Rituxan)	Ruxience ⁴ , Truxima ⁴
Trastuzumab agents (Herceptin)	Kanjinti, Ogivri, Trazimera

¹ Only applies to non-ophthalmology.

² Avsola preferred for Medi-Cal.

- Preferred biosimilars are required in lieu of branded drugs.
- Must try all preferred products. Please refer to the drug-specific policy for complete list of preferred products.
- Unbranded infliximab is required prior to branded Remicade.

³ No PA required under medical benefit.

⁴ No PA required for oncology/hematology.

Changes to Medi-Cal drug benefits

The Pharmacy and Therapeutics (P&T) Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the P&T Committee reviews Medi-Cal drug benefits to determine changes. A table listing some recent changes is available on page 3. The list contains brand-name prescription medications, status, other medication choices, and comments for the fourth quarter of 2024.

A complete list of formularies for all products, including the Medi-Cal Drug Lists, is available on the Pharmacy Information for Providers page on the provider website at <https://bit.ly/PharmacyInformationforProviders>.

For medical drug benefits, refer to *Outpatient Pharmaceuticals (Submitted Under Medi-Cal Benefit)* section of the Medi-Cal Fee-for Service Community Health Plan of Imperial Valley Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations>.

Pharmacy help line

For more information regarding changes to the Medi-Cal Drug Lists, contact the proper pharmacy phone number listed.

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

Changes to the Community Health Plan of Imperial Valley Medi-Cal Drug Lists

Medication	Status	Formulary alternative(s)	Comments
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Injectable preparation

Beqvez™ (fidanacogene elaparvovec-dzkt) single-dose intravenous infusion	Medical Benefit ⁵		An adeno-associated virus vector-based gene therapy indicated for the treatment of adults with moderate to severe hemophilia B (congenital factor IX deficiency) who: <ul style="list-style-type: none"> • Currently use factor IX prophylaxis therapy, or • Have current or historical life-threatening hemorrhage, or • Have repeated, serious spontaneous bleeding episodes, and • Do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test.
Imdelltra™ (tarlatamab-dlle) single-dose vial	Medical Benefit ⁵		A bispecific delta-like ligand 3 (DLL3)-directed CD3 T-cell engager indicated for the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.
Lenmeldy® (atidarsagene autotemcel) single-dose cell suspension	Medical Benefit ⁵		An autologous hematopoietic stem cell-based gene therapy indicated for the treatment of children with pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile PSEJ) or early symptomatic early juvenile (ESEJ) metachromatic leukodystrophy (MLD).
Tevimbra® (tislelizumab-jsgr) single-dose vial	Medical Benefit ⁵		A programmed death receptor-1 (PD-1) blocking antibody indicated for the treatment of adult patients with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor.

Intravesical preparation

Anktiva® (nogapendekin alfa inbakicept-pmln) single-dose vial	Medical Benefit ⁵		An interleukin-15 (IL-15) receptor agonist indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCG-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
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Note: The information above is subject to change. Please refer the Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations> for the most up-to-date information.

⁵ Prior authorization (PA) is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.