

# PROVIDER Update



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## Medication Trend Updates and Drug Benefit Changes – 1st Quarter 2025

### Review drug list changes and medication safety issues

Stay up to date with information about:

- Voluntary withdrawal of Oxbryta® from the market due to safety concerns
- Changes to the Medi-Cal drug benefits for the first quarter of 2025.

#### Voluntary withdrawal of Oxbryta from the market due to safety concerns

On September 25, 2024, Pfizer Inc., the manufacturer of Oxbryta (voxelotor), approved for treating sickle cell disease, announced it is voluntarily withdrawing the medication from the market. The company is also discontinuing all active clinical trials and expanded access programs for Oxbryta because recent data indicate the benefit of Oxbryta does not outweigh the risks for the sickle cell patient population.

In post marketing clinical trials of Oxbryta, Pfizer reported more deaths and a higher rate of vaso-occlusive crisis (severe pain caused by sickled red blood cells blocking blood flow and oxygen delivery to tissues) in patients with sickle cell disease receiving Oxbryta compared to placebo. In addition, in two real-world registry studies, Pfizer also observed a higher rate of vaso-occlusive crisis in patients with sickle cell disease receiving Oxbryta.

The Food and Drug Administration (FDA) alerted patients and health care professionals about the withdrawal and advised providers to stop prescribing Oxbryta. Patients should contact their health care professional about stopping Oxbryta and starting another treatment option. The FDA had been undergoing a safety review of the post-marketing data prior to Pfizer's withdrawal of the drug.

#### Changes to Medi-Cal drug benefits

The Pharmacy Advisory Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the Pharmacy Advisory Committee reviews Medi-Cal drug benefits to determine changes. A table listing

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups

#### PROVIDER SERVICES

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

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://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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some recent changes is available below. The list contains brand-name prescription medications, status, other medication choices, and comments for the first quarter of 2025.

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 lines

For more information regarding changes to the Medi-Cal medical benefit drugs, contact the proper pharmacy phone number listed.

### Additional Information

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](http://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.

## Changes to the Community Health Plan of Imperial Valley Medi-Cal drug benefits

Medication	Status	Formulary alternative(s)	Comments
<b>Oral preparation</b>			
Lazcluze™ (lazertinib) tablet	Carved out to state		A kinase inhibitor indicated in combination with amivantamab for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test.
Livdelzi® (seladelpar) capsule	Carved out to state		A peroxisome proliferator-activated receptor (PPAR)-delta agonist indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.
Voranigo® (vorasidenib) tablet	Carved out to state		An isocitrate dehydrogenase-1 (IDH1) and isocitrate dehydrogenase-2 (IDH2) inhibitor indicated for the treatment of adult and pediatric patients 12 years and older with Grade 2 astrocytoma or oligodendroglioma with a susceptible IDH1 or IDH2 mutation following surgery including biopsy, sub-total resection, or gross total resection.

**Changes to the Community Health Plan of Imperial Valley Medi-Cal drug benefits, *continued***

Medication	Status	Formulary alternative(s)	Comments
<b>Injectable preparation</b>			
Lymphir™ (denileukin diftitox-cxdl) single-dose vial	Medical benefit <sup>1</sup>		An IL2-receptor-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy
Niktimvo™ (axatilimab-csfr) single-dose vial	Medical benefit <sup>1</sup>		A colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.
Tecelra® (afamitresgene autoleucel) suspension	Medical benefit <sup>1</sup>		A melanoma-associated antigen A4 (MAGE-A4)-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adults with unresectable or metastatic synovial sarcoma who have received prior chemotherapy, are HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P positive and whose tumor expresses the MAGE-A4 antigen as determined by FDA-approved or cleared companion diagnostic devices.
Yorvipath® (palopegteriparatide) single-patient-use prefilled pen	Medical benefit <sup>1</sup>		A parathyroid hormone analog (PTH(1-34)) indicated for the treatment of hypoparathyroidism in adults.

Note: The information above is subject to change. Please refer to the Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations> for the most up-to-date information.

<sup>1</sup> Prior authorization (PA) is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.