



PHARMACY UPDATE

December 21, 2018

UPDATE #18-015

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This update applies to:

All retail pharmacies

States:

- Oregon
- Washington

Line of business:

- Commercial

PHARMACY INQUIRIES ONLY:

Claims Processing/
Technical Support

Caremark
Claims Processing

Commercial Pharmacy
Help Desk:
1-800-600-0180

*For optimal service,
this telephone number
is for pharmacy use
only.

MEMBER INQUIRIES:

Refer all member
inquiries to the
appropriate Customer
Service phone number
listed on their Health
Net ID card.

First Quarter 2019 Drug List Changes

The following update includes changes to Commercial drug lists. Changes apply to all Commercial drug lists unless stated otherwise.

- The Essential Rx Drug List (EDL) is used by Large Groups, Small Groups and Individual Plans.
- The Aon Active Health Exchange Drug List (ADL) is used by groups that purchased plans through the Aon Active Health Exchange.

View the most current version of our drug lists on www.healthnet.com.

QUESTIONS

For questions regarding the information in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001.

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2019 MAC Policy Changes

Effective January 1, 2019, there will be changes to the Maximum Allowable Charge (MAC) policies offered for Oregon Small Group and Oregon Large Group. Oregon Small Group products will offer only MAC A policies. Oregon Large Group products now will offer both No MAC and MAC A. This change does not apply to Washington Small Group or Washington Large Group. Those will continue to offer No MAC for 2019.

MAC A will enforce that the member receives a brand name medication when there is a generic available. If the member chooses to fill a brand name product, the member will pay the applicable copayment of the brand drug PLUS the difference between the generic and brand cost.

Offering MAC A enables us to more effectively manage healthcare costs. If a member has a medically necessary need for the higher cost brand drug and cannot take the generic equivalent, prescribers can submit a prior authorization request to the Health Net Pharmacy team to request the brand name drug to be dispensed without applying the penalty (difference in cost between generic and brand drug). The prior authorization must request brand name PLUS request an exception to the penalty or to the MAC A policy. If prior authorization is approved, applicable tier cost-shares will apply for the tier level to which the brand name drug is assigned.

No MAC	Brand name drugs with generic equivalents available are subject to Tier 3 copayment/coinsurance as soon as generic is available.
MAC A	Member must pay the difference between the generic and brand cost plus applicable copayment/coinsurance if a brand is requested.
MAC B	Same as MAC A except if the prescriber writes "dispense as written (DAW)" on the script, member is not responsible for the difference in cost between brand and generic.
MAC U	Brand drugs with a generic equivalent available are not covered without prior authorization and medical necessity.

Formulary Removal of Brand Drugs with Generic Available

Certain brand drugs with a generic available originator drug ("O" drug) will be removed from the formulary effective January 1, 2019. If the member continues to use the brand "O" drug, the member will be responsible for the full cost of the medication. If the member has a medically necessary need for the "O" drug, prescribers can submit a prior authorization request to the Health Net Pharmacy team.

*Members and prescribers affected by either the MAC policy changes or the formulary removal of brand drugs with generic available have been notified.

Pharmacy Drug List Changes

First Quarter 2019 - COMMERCIAL PRODUCTS

Changes listed in the table apply to ADL and EDL unless a specific formulary is noted.

*Tier 1, Tier 2, Tier 3, PV: These preventive medications are covered at \$0 cost share if you have a Preventive Pharmacy benefit.

AC = Anti-cancer

ADL = AonActive Drug List

EDL = Essential Rx Drug List

NF = Non Formulary

SP = Specialty

Step Therapy = Prior authorization is required if step therapy is not met.

Outpatient Pharmaceuticals Covered Under the Medical Benefit

Newly approved medications may require prior authorization. The current medical prior authorization requirements list can be viewed at www.healthnet.com/provcom/pdf/11351.pdf.

Pharmaceuticals Covered Under the Pharmacy Benefit

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Tier 1 Additions and Changes			
vancomycin	vancomycin oral capsules	Antiinfective Agent - glycopeptide antibiotic Treatment of various susceptible bacterial infections.	Generic available at Tier 1 (EDL only) Prior authorization required
Tier 2 Additions and Changes			
Atripla®	efavirenz-emtricitabine-tenofovir disoproxil fumarate tablet	Antiinfective agent - antiviral combination Treatment of human immunodeficiency (HIV) virus.	Tier 2 Step therapy - must try Symfi.
Biktarvy®	Bictegravir-emtricitabine-tenofovir alafenamide fumarate tablet	Antiinfective agent - antiviral combination Treatment of human immunodeficiency (HIV) virus.	Tier 2
Cimduo™	lamivudine-tenofovir disoproxil fumarate tablet	Antiinfective agent - antiviral combination Treatment of human immunodeficiency (HIV) virus.	Tier 2
Complera®	emtricitabine- rilpivirine-tenofovir disoproxil fumarate	Antiinfective agent - antiviral combination	Tier 2 Step therapy -

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
	tablet	Treatment of human immunodeficiency (HIV) virus.	must try Symfi.
Odefsey®	emtricitabine-rilpivirine-tenofovir alafenamide fumarate tablet	Antiinfective agent - antiviral combination Treatment of human immunodeficiency (HIV) virus.	Tier 2 Step therapy - must try Symfi.
Symfi/Symfi Lo™	efavirenz-lamivudine-tenofovir disoproxil fumarate tablet	Antiinfective agent - antiviral combination Treatment of human immunodeficiency (HIV) virus.	Tier 2
Tier 3 Additions and Changes			
Lucemyra™	lofexidine HCL tablet	Substance abuse agents- withdrawal agents Treatment of opiate agonist withdrawal symptoms to facilitate abrupt opiate discontinuation.	Tier 3 (OR EDL/ADL ONLY) Added limit of #224 tablets per 14 day supply. PA required for more than a 30 day supply per year.
Osmolex ER™	amantadine extended-release tablet	Neurological agents - antiparkinsonian agent Treatment of Parkinson's disease and for the treatment of drug-induced extrapyramidal reactions.	Tier 3 Prior authorization required
Siklos®	hydroxyurea tablet	Antineoplastic agent – antimetabolite Indicated to reduce the frequency of painful crises and to reduce the need for blood transfusions in pediatric patients, 2 years of age and older, with sickle cell anemia with recurrent moderate to severe painful crises.	Tier 3 Added age limit of less than 19 years.
Stimate®	desmopressin nasal spray	Hematological agents – hemostatics Indicated for the management of spontaneous bleeding or trauma-induced hemorrhage or for bleeding prophylaxis in patients with hemophilia A or mild to moderate von Willebrand's disease type 1.	Tier 3 (EDL only) Prior authorization added

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Symtuza™	darunavir-cobic- emtricitab-tenofovir AF Tablet	Antiviral agents – HIV-1 Indicated as a complete regimen for treatment of HIV-1 infection in adults who have no prior treatment history or who are virologically suppressed on a stable regimen for at least 6 months and have no known substitutions assoc with resistance to darunavir or tenofovir.	Tier 3 Step therapy - must try Symfi
Specialty Tier and Other Additions and Changes			
Aimovig™	erenumab solution for injection	Neurological agents – anti-migraine agents Indicated for preventive treatment of migraine in adults.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Braftovi™	envorafenib capsule	Antineoplastic agents – kinase inhibitor For use in combination with binimetinib, for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test.	Tier AC Prior authorization required
Ilumya™	tildrakizumab-asmn solution for injection	Biologic response modifier – interleukin inhibitor Treatment of moderate to severe plaque psoriasis in patients who are candidates for systemic therapy or phototherapy.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Jynarque®	tolvaptan tablet	Renal agents - selective vasopressin V ₂ -receptor antagonist Treatment of autosomal dominant polycystic kidney disease (ADPKD) to slow kidney function decline in patients at risk of developing rapidly progressing ADPKD.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Kevzara® Auto- injector	sarilumab solution for injection	Disease Modifying Antirheumatic Drugs (DMARDs) – interleukin inhibitors Treatment of moderate to severe rheumatoid arthritis inpatients who have had an inadequate response or intolerance to one or more disease modifying antirheumatic drugs.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Mektovi®	binimetinib tablet	Antineoplastic agents – MEK inhibitor For use in combination with	Tier AC Prior authorization

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
		encorafenib, for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test.	required
Nuplazid®	pimavanserin tartrate tablet	Atypical antipsychotic Treatment of hallucinations and delusions associated with Parkinson's disease psychosis.	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Panretin®	alitretinoin 1% gel	Antineoplastic agents - topical retinoid Treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma.	Tier AC (WA EDL only) Prior authorization added
Purixan®	mercaptopurine suspension	Antineoplastic agents – purine analog Treatment of acute lymphocytic leukemia (ALL)	Tier AC (EDL only) Prior authorization added
Talzenna™	talazoparib capsule	Antineoplastic agents – poly (ADP-ribose) polymerase (PARP) inhibitor Treatment of deleterious or suspected deleterious germline BRCA-mutated (gBRCAm), HER2-negative locally advanced or metastatic breast cancer.	Tier AC Prior authorization added
Tavalisse™	fostamatinib disodium tablet	Hematological agents – hemostatics Treatment of thrombocytopenia in patients with chronic idiopathic thrombocytopenic purpura (ITP).	Tier SP (EDL) Tier 3 (ADL) Prior authorization required
Vizimpro®	dacomitinib tablet	Antineoplastic agents – epidermal growth factor (EGFR) kinase inhibitor Treatment of non-small cell lung cancer (NSCLC).	Tier AC Prior authorization added