



# PHARMACY UPDATE

January 8, 2013

UPDATE #13-001

PAGE 1 of 3

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.

## Preferred Drug List (PDL) updated on Healthnet.com

Health Net's formulary changes for the first quarter of 2013 are listed beginning on page two of this Pharmacy Update. View the most current version of our PDL on [www.healthnet.com](http://www.healthnet.com).

### QUESTIONS

For questions regarding the information in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001, Option 1, and then Option 4.

# Preferred Drug List (PDL) Changes

## FIRST QUARTER 2013 - COMMERCIAL PRODUCTS

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
<b>Tier 1 Additions and Changes</b>			
Aldara®	imiquimod 5% cream	Biologic response modifier Treatment of external genital and perianal warts, actinic keratosis and superficial basal cell carcinoma	Generic changed from Tier 3 to Tier 1
Diovan® HCT	valsartan/ hydrochlorothiazide	Angiotensin II receptor antagonist/ diuretic combination Treatment of hypertension	New generic available at Tier 1
TriCor®	fenofibrate tablets	Fibric acid antilipemic Treatment of hyperlipoproteinemia and hypertriglyceridemia	New generic available at Tier 1
<b>Tier 2 Additions and Changes</b>			
Juvisync® 100-40mg, 50-40mg	sitagliptin and simvastatin	HMG-CoA reductase inhibitor/ dipeptidyl peptidase-4 inhibitor combination Treatment of both type 2 diabetes mellitus and hypercholesterolemia	Tier 2 Quantity limit added - Limited to 1 tablet per day
Tudorza™ Pressair™	acclidinium bromide	Antimuscarinic agent Treatment of chronic obstructive pulmonary disease (COPD)	Tier 2 Limited to 1 inhaler per month
<b>Tier 3 Additions and Changes</b>			
Aubagio®	teriflunomide tablet	Neurological agent Treatment of relapsing forms of multiple sclerosis (MS)	Tier 3 Prior authorization required
Cetraxal® Otic	ciprofloxacin otic solution 0.2%	Ophthalmic quinolone Treatment of acute otitis externa	New generic available at Tier 3
ForFivo® XL	bupropion hcl SR 24hr 450mg tablet	Aminoketone antidepressant Treatment of major depression	Tier 3 Prior authorization required Limited to 1 tablet per day
Kadian® 10, 40,70,130, 150,200mg	morphine sulfate SR 24hr capsule	Opiate analgesic Treatment of moderate to severe pain	Changed from Tier 2 to Tier 3 Limited to 2 capsules per day – applies to 10mg only
Metadate CD®	methylphenidate hcl CD capsule	Central nervous system stimulant Treatment of attention-deficit hyperactivity disorder (ADHD) and treatment of narcolepsy	New generic available at Tier 3
Myrbetriq™	mirabegron	Bladder antispasmodic Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency and urinary frequency	Tier 3 Limited to 1 tablet per day
Revatio™	sildenafil 20mg tablet	Phosphodiesterase inhibitor Treatment of pulmonary hypertension	New generic available at Tier 3 Prior authorization required
Sanctura XR®	tropium XR	Antimuscarinic agent Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency and urinary frequency	New generic available at Tier 3 Limited to 1 capsule per day

Brand Name	Generic Name	Therapeutic Category & Indication	Comments
Xeljanz®	tofacitinib	Janus kinase inhibitor DMARD Treatment of moderately to severely active rheumatoid arthritis in patients who have had an inadequate response to or intolerance to methotrexate	Tier 3 Prior authorization required
Zetia®	ezetimibe	Antilipemic – cholesterol absorption inhibitor Treatment of hyperlipidemia	Tier 3 Removed the prior authorization requirement
Zetonna™	ciclesonide nasal aerosol solution	Nasal corticosteroid Treatment of nasal symptoms associated with allergic rhinitis	Tier 3 Limited to 1 inhaler per month
<b>Other</b>			
Bosulif®	bosutinib tablet	Multi-tyrosine kinase inhibitor (TKI) Treatment of chronic myelogenous leukemia (CML)	Anticancer Tier Prior authorization required Not available through mail order
Stivarga®	regorafenib tablet	Multikinase inhibitor Treatment of metastatic colorectal cancer in patients who have previously received fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; and anti-VEGF therapy; and an anti-EGFR therapy if KRAS wild type	Anticancer Tier Prior authorization required Not available through mail order