



Health Net

Health Net Health Plan of Oregon, Inc.
 Health Net Life Insurance Company
 13221 SW 68th Parkway
 Tigard, Oregon 97223
 Phone: 888.802.7001
 www.healthnet.com

Pharmacy Drug List Changes

Second Quarter 2018 – Commercial Products

Drug Name (generic name)	Change
TIER 1 ADDITIONS AND CHANGES	
Estrace® (estradiol) cream	New generic Tier 1 Treatment of vulvar and vaginal atrophy
Namenda XR® (memantine ER) capsule	New generic available Tier 1 <i>Prior authorization required</i> Treatment of moderate to severe dementia of the Alzheimer's type
Reyataz® (atazanavir) capsule	New generic Tier 1 Treatment of HIV infection
Sustiva® (efavirenz) capsule and tablet	New generic Tier 1 Treatment of HIV infection
Treximet® (sumatriptan-naproxen) 85-500MG tablet	New generic Tier 1 <i>Prior authorization required</i> <i>Limit 9 per month</i> Treatment of migraine
TIER 2 ADDITIONS AND CHANGES	
QVAR® Redihaler™ (betamethasone dipropionate) 40mcg inhaler	Tier 2 <i>Limit 1 inhaler per month</i> Treatment of asthma as prevention therapy
QVAR® Redihaler™ (betamethasone dipropionate) 80mcg inhaler	Tier 2 <i>Limit 2 inhaler per month</i> Treatment of asthma as prevention therapy
TIER 3 ADDITIONS AND CHANGES	
Baxdela (delafloxacin) tablet	Tier 3 <i>Step therapy required</i> Treatment of bacterial skin infections
Odactra™ (dust mite mixed allergen extract) sublingual	Tier 3 <i>Prior authorization required</i> Treatment of allergies caused by house dust mites
Seebri™ (glycopyrrolate) inhaler	Tier 3 <i>Limit 1 inhaler per month</i> Treatment of chronic obstructive pulmonary disease
Symproic® (naldemedine) tablet	Tier 3 <i>Prior authorization required</i> Treatment of opioid-induced constipation
SPECIALTY AND ANTICANCER ADDITIONS AND CHANGES	
Benlysta® (belimumab) injection	Tier SP (EDL) Tier 3 (ADL) <i>Prior authorization required</i> Treatment of Lupus
Bosulif® (bosutinib) tablet	Tier AC <i>Prior authorization required</i> Treatment of adult leukemia

Pharmacy Drug List Changes

Second Quarter 2018

Continued

Drug Name (generic name)	Change
Haegarda® (C1 esterase inhibitor subcutaneous [Human]) injection	Tier SP (EDL) Tier 3 (ADL) <i>Prior authorization required</i> Treatment to prevent Hereditary Angioedema attacks
Idhifa® (enasidenib) tablet	Tier AC <i>Added prior authorization required</i> Treatment of acute myeloid leukemia
Imbruvica® (ibrutinib) capsule and tablet	Tier AC <i>Prior authorization required</i> Treatment leukemia and lymphoma
Kevzara® (sarilumab) injection	Tier SP (EDL) Tier 3 (ADL) <i>Prior authorization required</i> Treatment of moderate to severe rheumatoid arthritis
Nerlynx® (neratinib) tablet	Tier AC <i>Added prior authorization required</i> Treatment of early stage breast cancer
Tremfya® (guselkumab) injection	Tier SP (EDL) Tier 3 (ADL) <i>Prior authorization required</i> Treatment of moderate to severe plaque psoriasis

¹Changes listed in the table apply to EDL and ADL unless a specific formulary is noted.

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

DEFINITIONS

AC – Anticancer Tier

ADL- AonActive Drug List

EDL – Essential Rx Drug List

NF – Non-formulary

PV- Preventive

SP – Specialty Tier

Step Therapy – Prior authorization is required if step therapy is not met

DRUG LIST at www.healthnet.com

Please be sure to visit our website at www.healthnet.com to view the most current version of our drug lists.

ADDITIONAL INFORMATION

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