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## Pharmacy Drug List Changes

### FIRST QUARTER 2018 - COMMERCIAL PRODUCTS

Drug Name (generic name)	Change
<b>TIER 1 ADDITIONS AND CHANGES</b>	
Aczone® (dapsone) 5% gel	New generic available at Tier 1 Prior authorization required Treatment of acne
Alcortin® A (iodoquinol-hydrocortisone-aloe polysaccharide) gel	New generic available at Tier 1 Treatment of fungal infection of skin and nails
Brisdelle® (paroxetine mesylate) capsule	New generic available at Tier 1 Treatment of hot flashes associated with menopause
Coreg CR® (carvedilol ER) capsule	New generic available at Tier 1 Treatment of high blood pressure and heart failure
Fosrenol® (lanthanum) chew	New generic available at Tier 1 Treatment to reduce serum phosphate in patients with end stage renal disease
Lamictal® Starter Kit (lamotrigine) tablet	New generic available at Tier 1 Treatment of epilepsy and bipolar disorder
Lexiva® (fosamprenavir) tablet	New generic available at Tier 1 Treatment of HIV-1
Tamiflu® (oseltamivir) for oral suspension	New generic available at Tier 1 Minimum age of 1 year Treatment of influenza
Ziagen® (abacavir sulfate) oral solution	New generic available at Tier 1 Treatment of HIV-1
<b>TIER 3 ADDITIONS AND CHANGES</b>	
ArmonAir™ Respiclick® (fluticasone propionate) inhalation	Tier 3 Limit 1 inhaler per month Treatment of asthma
Austedo™ (deutetrabenazine) tablet	Tier 3 Prior authorization required Treatment of involuntary movements and chorea associated with Huntington's disease
Ingrezza® (valbenazine) capsule	Tier 3 Prior authorization required Treatment of involuntary movements (tardive dyskinesia)
Lastacaft® (alcaftadine) ophthalmic solution	Changed from Tier 2 to Tier 3 Step therapy required (Try generic Pataday plus azelastine or epinastine) Treatment of itching associated with eye allergies
Renagel® (sevelamer) tablet	Tier 3 Prior authorization required Treatment for phosphorus in the blood of patients with chronic kidney disease on dialysis
Velphoro® (sucroferric oxyhydroxide) chewable	Tier 3 Prior authorization added Treatment for phosphorus in the blood of patients with chronic kidney disease on dialysis

# Pharmacy Drug List Changes

First Quarter 2018

Continued

<b>SPECIALTY (SP) AND ANTICANCER (AC) TIER ADDITIONS AND CHANGES</b>	
Buphenyl® (sodium phynylbutyrate) tablet	New generic available at Tier SP(EDL) and Tier 3(ADL) Prior authorization required Treatment of high blood levels of ammonia
Copaxone® (glatiramer acetate) 40mg/mL prefilled syringe	New generic available at Tier SP(EDL) and Tier 3(ADL) Prior authorization required Treatment of multiple sclerosis
Mevacor® (lovastatin) 10mg, 20mg, 40mg tablet	Generic is Tier 1 and now Tier 1* for ages 40-75 Treatment of high cholesterol
Siliq™ (brodalumab) subcutaneous injection	Tier SP (EDL) Tier 3 (ADL) Prior authorization required Treatment of plaque psoriasis
Tymlos™ (abaloparatide) subcutaneous injection	Tier SP (EDL) Tier 3 (ADL) Prior authorization required Treatment of postmenopausal osteoporosis
Vosevi® (sofosbuvir-velpatasvir-voxilaprevir) tablet	Tier SP (EDL) Tier 3 (ADL) Prior authorization require Treatment of hepatitis C virus
Xatmep™ (methotrexate) oral solution	Tier AC Prior authorization required Treatment of pediatric acute lymphoblastic leukemia and treatment of pediatric polyarticular juvenile idiopathic arthritis
Xermelo™ (telotristat) tablet	Tier SP (EDL) Tier 3 (ADL) Prior authorization required Treatment of carcinoid syndrome diarrhea

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

<sup>2</sup> Tier 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](http://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.