PROVIDER*Update*

Prior Authorization List Updates

Ultomiris™ approved by FDA, and a reminder about authorization for out-of-network services for Medi-Cal members

Ultomiris™ has been approved by the U.S. Food and Drug Administration (FDA). It requires prior authorization immediately for fee-for-service (FFS) members. Ultomiris has been added to the Health Net* Prior Authorization Requirements list under *Outpatient Pharmaceuticals (Submitted under Medical Benefit)*.

Medication	FDA approval date and indication
Ultomiris	Approved on December 21, 2018, for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH)

MEDI-CAL ONLY: OUT-OF-NETWORK SERVICES MUST BE AUTHORIZED

As a reminder, services from out-of-network providers for Medi-Cal members require prior authorization. This does not apply to emergency services and self-referral services allowed under the Medi-Cal plan for select services.

AUTHORIZATION REQUIREMENTS CAN BE VIEWED ONLINE

You can access prior authorization requirements and directions to submit requests using the directions below.

If you are servicing a member enrolled in…	Access prior authorization requirements with these steps
• Employer group Medicare Advantage (MA) HMO • Employer group HMO, PPO, EPO • Point of Service (POS) • Medi-Cal	1 Go to provider.healthnet.com 2 If you are not logging in, select *Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization* 3 If you are logging in, select *Working with Health Net > Contractual > Services Requiring Prior Authorization* Instructions and contact information for submitting requests are included in list.
Individual MA HMO and Special Needs Plan (SNP)	1 Go to ca.healthnetadvantage.com 2 Select *I'm A Provider > Medicare* 3 Answer a few questions, then enter the service code to check whether a service requires prior authorization

If you are servicing a member enrolled in…	Access prior authorization requirements with these steps		
	4	If the code requires prior authorization, you will be prompted to log in to **provider.healthnetcalifornia.com** to submit an authorization request	
• IFP CommunityCare HMO • IFP PureCare HSP • PPO Individual and Family • IFP EnhancedCare PPO • IFP PureCare One EPO	1	Go to ifp.healthnetcalifornia.com	
	2	Select *For Providers*	
	3	Answer a few questions, then enter the service code to check whether a service requires prior authorization	
	4	If the code requires prior authorization, you will be prompted to log in to **provider.healthnetcalifornia.com** to submit an authorization request	

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.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 the applicable Health Net Provider Services Center within 60 days as listed in the right-hand column on page 1.