PROVIDER*Update*



CONTRACTUAL

OCTOBER 24, 2019

UPDATE 19-826

2 PAGES

Prior Authorization Requirements Changes

Find out what prior authorization requirements are changing starting January 1, 2020

Health Net* is implementing changes to the Cal MediConnect Plan (Medicare-Medicaid Plan) prior authorization (PA) requirements as outlined in the table on page 2.

View authorization requirements online

Follow the steps below to find out if PA is needed for any procedures, services or equipment:

- 1 Go to provider.healthnet.com
- 2 Before logging in, select Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization.
- 3 After logging in, select Working with Health Net > Contractual > Services Requiring Prior Authorization.

Additional information

Providers are encouraged to access Health Net's 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 Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO CAL MEDICONNECT PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com Los Angeles County – 1-855-464-3571 San Diego County – 1-855-464-3572 www.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@healthnet.com

Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

OTH036118EW00 (10/19)

Cal MediConnect PA Changes

Below are PA requirement changes for Cal MediConnect medical benefits plan.

Requirement	Comments
Additions, effective January 1, 2020	
Bronchial thermoplasty	
Adcetris®, Asparlas™, Bavencio®, BCG Intravesical, Belrapzo™, Bendeka®, Bevacizumab agents (non-ophthalmologist only), CAR-T, Cyramza®,Darzalex®, Durolane®, Elzonris®, Empliciti®, Entyvio®, Evenity®, Gamifant®, Gelsyn™, Hyalgan®, Iluvien®, Imfinzi®, Keytruda®, Kyprolis®, Levoleucovorin (Fusilev®, Khapzory™), Libtayo®, Lumoxiti®, Lupron Depot-Ped®, Mylotarg™, Nuzyra®, Oncaspar®, Opdivo®, Perjeta®, Poteligeo®, Prolia®, Sandostatin® LAR kit, Sensipar®, Sinuva®, Somatuline® Depot, Synojoynt™, Takhzyro™, Tecentriq®, Triluron™, TriVisc®, Viscosupplementation agents, Xgeva®, Xiaflex®, Zemdri™	Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan) Biosimilars to listed drugs require authorization.
Trastuzumab agents (examples include Herceptin [®] , Herceptin Hylecta [™] , Kanjinti [™] , Ogivri [™] , Ontruzant [®] , Trazimera [™] , Herzuma [®])	Previously listed as Herceptin® Biosimilars to listed drugs require authorization.
Changes, effective January 1, 2020	
Joint surgeries	Previously listed as joint replacements
Remicade [®]	Includes all infliximab products Biosimilars to listed drugs require authorization.
Rituxan [®]	Non-oncology only – includes all rituximab products Biosimilars to listed drugs require authorization.