

PROVIDER Update



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 MEDICCONNECT
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

Cal MediConnect PA Changes

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

Requirement	Comments
Additions, effective January 1, 2020	
Bronchial thermoplasty	
<p>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, Synjoynt[™], Takhzyro[™], Tecentriq[®], Triluron[™], TriVisc[®], Viscosupplementation agents, Xgeva[®], Xiaflex[®], Zemdri[™]</p>	<p>Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>)</p> <p>Biosimilars to listed drugs require authorization.</p>
<p>Trastuzumab agents (examples include Herceptin[®], Herceptin Hylecta[™], Kanjinti[™], Ogivri[™], Ontruzant[®], Trazimera[™], Herzuma[®])</p>	<p>Previously listed as Herceptin[®]</p> <p>Biosimilars to listed drugs require authorization.</p>
Changes, effective January 1, 2020	
Joint surgeries	Previously listed as joint replacements
Remicade [®]	<p>Includes all infliximab products</p> <p>Biosimilars to listed drugs require authorization.</p>
Rituxan [®]	<p>Non-oncology only – includes all rituximab products</p> <p>Biosimilars to listed drugs require authorization.</p>