

# PROVIDER Update



CONTRACTUAL | APRIL 26, 2023 | UPDATE 23-364 | 6 PAGES

## Know What Changes are Coming for Prior Authorizations

### Drugs that require prior authorization now and more changes that start July 1, 2023

The following pages have prior authorization (PA) changes for Commercial (HMO/POS/HSP, EPO, PPO), Ambetter HMO/PPO and Medi-Cal fee-for-service physicians and other providers.

#### Use the new Coram contact information

Coram is the Plan's preferred infusion provider. Effective immediately, Coram can be contacted at the following numbers:

- Phone: 866-899-1661
- Fax: 866-843-3221

#### CMS New HCPCS

The below medical benefit medications require PA for all lines of business per new HCPCS codes issued by the Centers for Medicare & Medicaid Services (CMS).

#### Effective January 1, 2023

Code	Description
J0225	Injection, vutrisiran, (Amvuttra®), 1 mg
J0893	Injection, decitabine, (Sun Pharmaceuticals), not therapeutically equivalent to J0894, 1 mg
J1611	Injection, glucagon HC1, (Fresenius Kabi), not therapeutically equivalent to J1610, 1 mg
J1954	Injection, leuprolide acetate for depot suspension, (Lutrate®), 7.5 mg. No PA is required if rendered by a participating hematologist, oncologist or urologist
J2311	Injection, naloxone HCl, (Zimhi®), 1 mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
J9393	Injection, fulvestrant, (Teva), not therapeutically equivalent to J9395, 25 mg
J9394	Injection, fulvestrant, (Fresenius Kabi), not therapeutically equivalent to J9395, 25 mg

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

#### LINES OF BUSINESS:

- IFP
  - Ambetter HMO
  - Ambetter PPO
- Employer Group
  - HMO/POS/HSP
  - EPO
  - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Medi-Cal
  - Kern
  - Los Angeles
  - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

#### PROVIDER SERVICES

provider\_services@healthnet.com

**Ambetter from Health Net IFP**

**Ambetter PPO** – 844-463-8188

**Ambetter HMO** – 888-926-2164

**Health Net Employer Group HMO, POS,**

**HSP, PPO, & EPO** – 800-641-7761

**Medi-Cal (including CS and ECM providers)** – 800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

**Effective April 1, 2023 – New HCPCS codes issued by the CMS**

<b>Code</b>	<b>Description</b>
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys®), 10 mg
C9146	Injection, mirvetuximab soravtansine-gynx (Elahere™), 1 mg
C9147	Injection, tremelimumab-actl (Imjudo®), 1 mg
C9148	Injection, teclistamab-cqyv (Tecvayli™), 0.5 mg
C9149	Injection, teplizumab-mzww (Tziold™), 5 mcg
J0218	Injection, olipudase alfa-rpcp (Xenpozyme®), 1 mg
J1411	Injection, etranacogene dezaparvovec-drlb (Hemgenix®), per therapeutic dose
J1449	Injection, eflapegrastim-xnst (Rolvedon™), 0.1 mg
J1747	Injection, spesolimab-sbzo (Spevigo®), 1 mg
Q5127	Injection, pegfilgrastim-fpgk (Stimufend®), biosimilar, 0.5 mg
Q5128	Injection, ranibizumab-eqrn (Cimerli™), biosimilar, 0.1 mg
Q5129	Injection, bevacizumab-adcd (Vegzelma®), biosimilar, 10 mg
Q5130	Injection, pegfilgrastim-pbbk (Flynetra®), biosimilar, 0.5 mg

**Medi-Cal**

The below PA requirement changes are for Health Net’s Medi-Cal fee-for-service physicians and other providers.

**Medical Services and Outpatient Pharmaceuticals (Submitted under Medical Benefit)**

**Additions effective July 1, 2023**

<b>Requirement</b>	<b>Comments</b>
Alimta	Alimta®
Akynzeo	J1454, Akynzeo®
Benlysta	J0490, injection, Benlysta®, 10 mg, now requires a PA for all members under age 21
Ceprotrin	J2724, Ceprotrin® for members under 21 only
DDAVP	J2597, injectable, desmopressin (DDAVP®) for members under 21 only
Erwinaze	J9019, injection, asparaginase (Erwinaze®), 1,000 IU, for members under 21 only.
Flolan, Veletri	J1325, Flolan®, Veletri® – see Pulmonary Arterial Hypertension (PAH) agents below
Haegarda	J0599, Haegarda® – see Hereditary Angioedema (HAE) agents below
Hereditary Angioedema (HAE) agents	Examples include: <ul style="list-style-type: none"> <li>• Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro®</li> <li>• Firazyr and Haegarda are preferred. See self-injectables (Cinryze and Ruconest are existing PA requirements.)</li> </ul>

## Medi-Cal

### Medical Services and Outpatient Pharmaceuticals (Submitted under Medical Benefit), *continued*

#### Additions, effective July 1, 2023, *continued*

Requirement	Comments
Jevtana	J9043, injection, cabazitaxel (Jevtana®), 1 mg
Padcev	J9177, injection, enfortumab vedotin-EJFV (Padcev®), 0.25 mg
Parsabiv	J0606, injection, etelcalcetide (Parsabiv®), 0.1 mg
Pulmonary Arterial Hypertension (PAH) agents	<i>Examples include:</i> <ul style="list-style-type: none"><li>• PDE-5 Inhibitors: Revatio®</li><li>• Prostacylin Analogues/Receptor Agonist injection: Flolan®, Remodulin®, Uptravi®, Veletri®</li><li>• Prostacylin Analogues (PCA) inhalation: Tyvaso®, Ventavis®</li></ul> (Remodulin and Ventavis are existing PA requirements.)
Reblozyl	J0896, Reblozyl®
Sustol	J1627, Sustol®
Tobramycin	J7682, inhalation solution, tobramycin, 300 mg, FDA-approved, noncompounded, unit dose, administered through DME. Now requires a PA for members under age 21
Velcade	J9041, injection, bortezomib, 0.1M (Velcade®). Now requires a PA for members under age 21

#### Changes, effective July 1, 2023

Bevacizumab agents	Bevacizumab agents no longer require authorization when provided by ophthalmologists
Biosimilars	See updates to the preferred/non-preferred biosimilars in the table below
Phesgo	Phesgo®, previously grouped under Trastuzumab agents now named separately
Trastuzumab agents	Reference to Enhertu® is added to the Trastuzumab agents for clarification

#### Deletions, effective July 1, 2023

The following no longer require PA.

Istodax	<ul style="list-style-type: none"><li>• J9318, romidepsin nonlyophilized (Istodax® liquid), 0.1 mg.</li><li>• J9319, romidepsin lyophilized (Istodax powder), 0.1 mg</li></ul>
Sleep studies (home-based)	Home-based sleep testing no longer requires PA. (Facility sleep testing continues to require PA.)
Testosterone therapy	The following codes no longer require PA: <ul style="list-style-type: none"><li>• J0171 Injection testosterone cypionate (depo-test)</li><li>• J3121 Injection testosterone enanthate 1mg</li></ul>

## Medi-Cal

### Biosimilars, effective July 1, 2023

Changes to preferred/non-preferred biosimilars:

Non-preferred products	Preferred products
<ul style="list-style-type: none"> <li>Bevacizumab agents – Avastin<sup>®</sup>, Alymsys<sup>®</sup>, Vegzelma<sup>®</sup> Only applies to non-ophthalmology</li> <li>Erythropoiesis-stimulating agents (ESA) – Epogen<sup>®</sup>, Procrit<sup>®</sup>, Aranesp<sup>®</sup>, Mircera<sup>®</sup></li> <li>Filgrastim agents – Neupogen<sup>®</sup>, Nivestym<sup>®</sup>, Releuko<sup>®</sup>, Granix<sup>®</sup></li> <li>Infliximab agents – Remicade<sup>®</sup></li> <li>Pegfilgrastim agents – Neulasta<sup>®</sup>, Neulasta Onpro<sup>®</sup>, Fulphila<sup>®</sup>, Nyvepria<sup>®</sup>, Rolvedon<sup>™</sup>, Stimufend<sup>®</sup></li> <li>Retuximab agents – Rituxan<sup>®</sup>, Rituxan Hycela<sup>®</sup>, Riabni<sup>®</sup></li> <li>Trastuzumab agents – Enhertu<sup>®</sup>, Herceptin<sup>®</sup>, Herceptin Hylecta<sup>™</sup>, Herzuma<sup>®</sup>, Kadcyca<sup>®</sup>, Ontruzant<sup>®</sup></li> </ul>	<ul style="list-style-type: none"> <li>Mvasi<sup>™</sup>, Zirabev<sup>™</sup></li> <li>Retacrit<sup>®</sup></li> <li>Zarxio<sup>®</sup></li> <li>Avsola<sup>®</sup>, Inflectra<sup>®</sup>, Renflexis<sup>®</sup></li> <li>Ziextenzo<sup>™</sup>, Udenyca<sup>®</sup></li> <li>Ruxience<sup>®</sup>, Truxima<sup>®</sup></li> <li>Kanjinti<sup>®</sup>, Ogivri<sup>®</sup>, Trazimera<sup>™</sup></li> </ul>

### Other changes not on the PA list, effective July 1, 2023

Benefit	Change
Incontinence supplies	<p><b>Members under age 21</b> – the Plan will discontinue reviewing requests from participating providers for incontinence supplies</p> <ul style="list-style-type: none"> <li>California Children’s Services (CCS) eligible diagnosis should be confirmed and related services directed to CCS</li> <li>For more information about the CCS member verification process go to the <a href="#">Department of Health Care Services (DHCS) Medical Authorizations and Claims</a></li> <li>We continue to follow Medi-Cal requirements regarding quantity limits. For additional information refer to the Quantity Limits outlined in the <a href="#">List of Incontinence Medical Supply Billing Codes (incont billing)</a></li> </ul>

## Commercial and Ambetter

The below PA requirement changes are for Health Net’s Commercial and Ambetter physicians and other providers.

### Outpatient Pharmaceuticals (Submitted under Medical Benefit)

#### Additions effective July 1, 2023

Requirement	Comments
Alimta	Alimta <sup>®</sup>
Akynzeo	J1454, Akynzeo <sup>®</sup>
Haegarda	J0599, Haegarda <sup>®</sup> – see Hereditary Angioedema (HAE) agents below

## Commercial and Ambetter

### Outpatient Pharmaceuticals (Submitted under Medical Benefit), *continued*

#### Additions effective July 1, 2023, *continued*

Requirement	Comments
Hereditary Angioedema (HAE) agents	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Beriner<sup>®</sup>, Cinryze<sup>®</sup>, Firazy<sup>®</sup>, Haegarda<sup>®</sup>, Kalbitor<sup>®</sup>, Ruconest<sup>®</sup>, Takhzyro<sup>®</sup></li> <li>Firazy<sup>®</sup> and Haegarda<sup>®</sup> are preferred which are categorized as self-injectables. Refer to the <a href="#">DOFR crosswalk</a> (Cinryze and Ruconest are existing PA requirements.)</li> </ul>
Jevtana	J9043, injection, cabazitaxel (Jevtana <sup>®</sup> ), 1 mg
Padcev	J9177, injection, enfortumab vedotin-EJFV (Padcev <sup>®</sup> ), 0.25 mg
Parsabiv	J0606, injection, etelcalcetide (Parsabiv <sup>®</sup> ), 0.1 mg
Pulmonary Arterial Hypertension (PAH) agents	<p>Examples include:</p> <ul style="list-style-type: none"> <li>PDE-5 Inhibitors: Revatio<sup>®</sup></li> <li>Prostacyclin Analogues/Receptor Agonist injection: Flolan<sup>®</sup>, Remodulin<sup>®</sup>, Uptravi<sup>®</sup>, Veletri<sup>®</sup></li> <li>Prostacyclin Analogues (PCA) inhalation: Tyvaso<sup>®</sup>, Ventavis<sup>®</sup></li> </ul> <p>(Remodulin and Ventavis are existing PA requirements.)</p>
Reblozyl	J0896, Reblozyl <sup>®</sup>

#### Changes, effective July 1, 2023

Bevacizumab agents	Bevacizumab agents no longer require authorization when provided by ophthalmologists
Biosimilars	See updates to the preferred/non-preferred biosimilars in the table below
Phesgo	Phesgo <sup>®</sup> , previously grouped under Trastuzumab agents now named separately
Rituximab	<ul style="list-style-type: none"> <li>J9311/J9312 require PA for all physicians and other providers. (No longer waived for hematology/ oncology.)</li> <li>Q5115/Q5119 Truxima and Ruxience are preferred. PA no longer required for hematology/oncology</li> </ul>
Trastuzumab agents	Reference to Enhertu <sup>®</sup> is added to the Trastuzumab agents for clarification

#### Deletions, effective July 1, 2023

The following no longer require PA.

Istodax	<ul style="list-style-type: none"> <li>J9318, romidepsin nonlyophilized (Istodax<sup>®</sup> liquid), 0.1 mg</li> <li>J9319, romidepsin lyophilized (Istodax powder), 0.1 mg</li> </ul>
Testosterone therapy	<p>The following codes no longer require PA:</p> <ul style="list-style-type: none"> <li>J0171 Injection testosterone cypionate (depo-test)</li> <li>J3121 Injection testosterone enanthate 1mg</li> </ul>

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## Commercial and Ambetter

### Biosimilars, effective July 1, 2023

Changes to preferred/non-preferred biosimilars:

#### Non-preferred products

- Bevacizumab agents – Avastin<sup>®</sup>, Alymsys<sup>®</sup>, Vegzelma<sup>®</sup>  
PA only applies to non-ophthalmology
- Erythropoiesis-stimulating agents (ESA) – Epogen<sup>®</sup>, Procrit<sup>®</sup>, Aranesp<sup>®</sup>, Mircera<sup>®</sup>
- Filgrastim agents – Neupogen<sup>®</sup>, Nivestym<sup>®</sup>, Releuko<sup>®</sup>, Granix<sup>®</sup>
- Infliximab agents – Remicade<sup>®</sup>, Avsola<sup>®</sup>
- Pegfilgrastim agents – Neulasta<sup>®</sup>, Neulasta Onpro<sup>®</sup>, Fulphila<sup>®</sup>, Nyvepria<sup>®</sup>, Rolvedon<sup>™</sup>, Stimufend<sup>®</sup>
- Retuximab agents – Rituxan<sup>®</sup>, Rituxan Hycela<sup>®</sup>, Riabni<sup>®</sup>
- Trastuzumab agents – Enhertu<sup>®</sup>, Herceptin<sup>®</sup>, Herceptin Hylecta<sup>™</sup>, Herzuma<sup>®</sup>, Kadcyca<sup>®</sup>, Ontruzant<sup>®</sup>

#### Preferred products

- Mvasi<sup>™</sup>, Zirabev<sup>™</sup>
- Retacrit<sup>®</sup>
- Zarxio<sup>®</sup>
- Inflectra<sup>®</sup>, Renflexis<sup>®</sup>
- Ziextenzo<sup>™</sup>, Udenyca<sup>®</sup>
- Ruxience<sup>®</sup>, Truxima<sup>®</sup>
- Kanjinti<sup>®</sup>, Ogivri<sup>®</sup>, Trazimera<sup>™</sup>

#### Additional information

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](mailto:provider_services@healthnet.com), by phone or through the Health Net provider website as listed in the right-hand column on page 1.