

PROVIDER Update



CONTRACTUAL | APRIL 26, 2023 | UPDATE 23-365 | 4 PAGES

Know What Changes are Coming for Prior Authorizations

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

The below medical benefit medications require prior authorization (PA) per new HCPCS codes issued by the Centers for Medicare & Medicaid Services (CMS). This applies to the Los Angeles County Department of Health Services (LA-DHS).

Effective January 1, 2022

Code	Description
J0225	Injection, vutrisiran, (Amvuttra®), 1 mg
J0893	Injection, decitabine, (Sun Pharmaceutical), not therapeutically equivalent to J0894, 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
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys®), 10 mg

Effective April 1, 2023

Code	Description
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-mzwv (Tzield™), 5 mcg

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

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

LINES OF BUSINESS:

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

PROVIDER SERVICES

provider_services@healthnet.com
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, *continued*

Code	Description
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 (Fylnetra®), biosimilar, 0.5 mg

Effective July 1, 2023

View the tables, which start below, for prior authorization (PA) requirement.

Medical Services and Outpatient Pharmaceuticals (Submitted under Medical Benefit)

Additions

Requirement	Comments
Alimta	Alimta®
Akynzeo	J1454, Akynzeo®
Benlysta	J0490, injection, Benlysta®, 10 mg, now requires a PA for all members under age 21
Ceprotin	J2724, Ceprotin® 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"> • Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro® • Firazyr and Haegarda are preferred. See self-injectables (Cinryze and Ruconest are existing prior authorization requirements.)
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

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

Additions, effective July 1, 2023, *continued*

Requirement	Comments
Pulmonary Arterial Hypertension (PAH) agents	<p>Examples include:</p> <ul style="list-style-type: none"> • PDE-5 Inhibitors: Revatio® • Prostacyclin Analogues/Receptor Agonist injection: Flolan®, Remodulin®, Uptravi®, Veletri® • Prostacyclin Analogues (PCA) inhalation: Tyvaso®, Ventavis® <p>(Remodulin and Ventavis are existing prior authorization requirements.)</p>
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 prior authorization.

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

Biosimilars, effective July 1, 2023

Changes to preferred/non-preferred biosimilars:

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

Other changes not on the prior authorization list, effective July 1, 2023

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

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

Additional information

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 800-675-6110.