

PROVIDER Update



CONTRACTUAL | AUGUST 10, 2023 | UPDATE 23-824 | 2 PAGES

New Prior Authorization Requirements Effective October 15, 2023

Get prior authorization for medical benefit drugs and services listed in this update

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

Effective July 1, 2023

Code	Description	Brand/reference
C9151	Injection, pegcetacoplan, 1 mg.	Syfovre™
J1440	Fecal microbiota, live - jsIm, 1 ml.	Rebyota™
J1961	Injection, lenacapavir, 1 mg.	Sunlenca®
J2329	Injection, ublituximab-xiyy, 1 mg.	Briumvi®
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose.	Adstiladrin®
J9321	Injection, pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg.	Pemetrexed
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg.	
J9323	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg.	
J9350	Injection, mosunetuzumab-axgb, 1 mg.	Lunsumio™

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.

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
 - Los Angeles (LA-DHS)
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

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Outpatient Pharmaceuticals (Submitted under Medical Benefit)

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

Medications Newly approved by the FDA require PA effective immediately

The following medications newly approved by the U.S. Food and Drug Administration (FDA) require prior authorization. Please refer to communication 23-695, *Medication Trend Updates and Formulary Changes – Third Quarter 2023* for additional information.

Requirement	Comments
Leqembi™	J0174, Injection, lecanemab-irmb, 1 mg (effective July 6, 2023)
Zynteglo®	betibeglogene autotemcel
Adstiladrin®	J9029, nadofaragene firadenovec-vncg

PA ADDITIONS, effective October 15, 2023

Requirement	Comments
Cablivi	C9047, Cablivi®, Injection, caplacizumab-yhdp, 1 mg.
Feraheme	Q0138, Feraheme®, (non-ESRD) and Q0139 (ESRD), administer Feraheme as an intravenous infusion in 50-200 mL 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP over at least 15 minutes.
Injectafer	J1439, Injectafer®, Injection, ferric carboxymaltose, 1 mg.
Ilumya	J3245, Ilumya®, Injection, tildrakizumab, 1 mg.
Spravato	G2082–G2083, Spravato®, office visit, drug purchase, drug administration, and post-administration observation services.
Triferic	J1443–J1444, Triferic®, Injection, ferric pyrophosphate citrate.

PA CHANGES, effective October 15, 2023

Requirement	Comments
Biosimilars	<ul style="list-style-type: none">Filgrastim agents: Nivestym® moved from non-preferred to preferredZarxio® is preferred. Use Nivestym when Zarxio is not tolerated.Zarxio® removed from preferred under Pegfilgrastim agents
Gene therapy, includes CAR-T therapy	Examples include: Abecma*, Adstiladrin, Breyanzi*, Carvykti*, Hemgenix, Kymriah*, Luxturna, Roctavian, Skysona, Tecartus*, Yescarta*, Zynteglo, Zolgensma *CAR-T therapy.
IV iron agents	Examples include: Feraheme, Injectafer, Monoferric, Triferic/Triferic AVNU.

PA DELETIONS, effective October 15, 2023

Requirement	Comments
Belrapzo™	J9036 Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg.
Trodelvy™	J9317 Sacituzumab govitecan-hziy (Trodelvy)

Medical Services

PA ADDITIONS, effective October 15, 2023

Requirement	Comments
Palliative care	Submit a prior authorization request to Health Net . Go to bit.ly/HNPADept .