

PROVIDER Update



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Medicare Prior Authorization Changes for Part B Medications

New CMS codes are listed in two tables effective January 1 and April 1, 2024

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

Effective January 1, 2024

New CMS codes effective 1/1/2024 for Part B medications requiring authorization:

Code	Description	Brand/reference
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	Daxxify®
C9161	Injection, aflibercept HD, 1 mg	Eylea HD®
C9162	Injection, avacincaptad pegol, 0.1 mg	Izervay®
C9163	Injection, talquetamab-tgvs, 0.25 mg	Talvey™
C9165	Injection, elranatamab-bcmm, 1 mg	Elrexfio™
J0184	Injection, amisulpride, 1 mg	Barhemsys®
J0217	Injection, velmanase alfa-tycv, 1 mg	Lamzede®
J1246	Injection, dinutuximab, 0.1 mg	Unituxin®
J1304	Injection, tofersen, 1 mg	Qalsody®
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes	Roctavian®
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Elevidys™
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Elfabrio®

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

LINES OF BUSINESS:

- Wellcare By Health Net
 - Medicare Advantage (HMO)
 - Medicare Advantage (PPO)

PROVIDER SERVICES

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Medicare (individual & employer group) (Wellcare By Health Net) – 800-929-9224

Behavioral Health providers – 844-966-0298

PROVIDER PORTAL

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PROVIDER COMMUNICATIONS

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New CMS codes effective 1/1/24 for Part B medications requiring authorization, continued

Code	Description	Brand/reference
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	Vyjuvek™
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, FDA approved prescription, only for use as HIV preexposure prophylaxis (not for use as treatment of HIV)	Emtriva®
J0799	FDA approved prescription drug, only for use as HIV preexposure prophylaxis (not for use as treatment of HIV), not otherwise classified	N/A
J9286	Injection, glofitamab-gxbm, 2.5 mg	Columvi™
J9321	Injection, epcoritamab-bysp, 0.16 mg	Epkinly™
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Pemrydi RTU®
J9333	Injection, rozanolixizumab-noli, 1 mg	Rystiggo®
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Vyvgart® Hytrulo
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Abrilada®

CMS New HCPCS, effective April 1, 2024

New CMS codes effective 4/1/2024 for Part B medications requiring authorization:

Code	Description	Brand/reference
C9166	Injection, secukinumab, IV, 1 mg	Cosentyx®
C9167	Injection, apadamtase alfa, 10 units	Adzynma™
C9168	Injection, mirikizumab-mrkz, 1 mg	Omvo™
J0177	Injection, aflibercept HD, 1 mg	Eylea HD®
J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Brixadi®
J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Brixadi®
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Daxxify®
J1202	Miglustat, oral, 65 mg	Opfolda®
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Pombiliti™
J1323	Injection, elranatamab-bcmm, 1 mg	Elrexio™
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Focinvez™
J2277	Injection, motixafortide, 0.25 mg	Aphexda®
J2782	Injection, avacincaptad pegol, 0.1 mg	Izervay®

New CMS codes effective 4/1/24 for Part B medications requiring authorization, continued

Code	Description	Brand/reference
J2801	Injection, risperidone (Rykindo), 0.5 mg	Rykindo®
J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey™
J9073	Injection, cyclophosphamide (Ingenus), 5 mg	N/A
J9074	Injection, cyclophosphamide (Sandoz), 5 mg	N/A
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	N/A
J9248	Injection, melphalan (Hepzato), 1 mg	Hepzato
J9249	Injection, melphalan (Apotex), 1 mg	N/A
J9376	Injection, pozelimab-bbfg, 1 mg	Veopoz™
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Tofidence™
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Tyruko®

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, by telephone or through the Health Net provider portal as listed in the right-hand column on page 1. Behavioral health providers can call 844-966-0298.