

PROVIDER Update



CONTRACTUAL | NOVEMBER 21, 2025 | UPDATE 25-1222 | 3 PAGES

Prior Authorization Updates Now in Effect – More Changes Coming in Early 2026

Review new medication additions and removals, reclassifications and CMS code changes

The following updates to prior authorization (PA) requirements affect providers serving Health Net* members in Commercial (HMO, Point of Service (POS), PPO), Ambetter HMO/PPO and Medi-Cal fee-for-service plans. These changes apply to outpatient pharmaceuticals (submitted under the medical benefit) and other select services.

Note for Medi-Cal: A correction to HCPCS code J3240 (Thyrogen®), effective December 1, 2025, is included at the end of this communication.

What's changing and when

- **New medications requiring PA** – effective immediately and February 1, 2026
- **Medication category reclassification** – effective immediately (no change to PA status)
- **Removals** – effective immediately (no longer requires PA)
- **New Centers for Medicare & Medicaid Services (CMS) CPT/HCPCS codes with PA implications** – effective October 1, 2025

Accessing PA requirements

- Go to the Provider Library at providerlibrary.healthnetcalifornia.com > select a line of business > *Prior Authorization Requirements* (on the left side).
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Medi-Cal Fee-for-Service* or the *Commercial – California* PA List.

Need help? Contact us

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center as listed in the right-hand column.

THIS UPDATE APPLIES TO:

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

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer Group
 - HMO/POS
 - PPO
- Medi-Cal
 - Amador
 - Calaveras
 - Inyo
 - Los Angeles
 - Mono
 - Sacramento
 - San Joaquin
 - Stanislaus
 - Tulare
 - Tuolumne

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP
Ambetter HMO – 888-926-2164

Ambetter from Health Net IFP
Ambetter PPO – 844-463-8188

Health Net Employer Group
HMO, POS & PPO – 800-641-7761

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

Behavioral Health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

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Effective immediately – Commercial, Ambetter and Medi-Cal plans

Additions: New outpatient pharmaceuticals requiring PA

- Vabrinty™
 - Added to GnRH agonist examples
 - HCPCS code J9217 (existing PA requirement)
- Lutrate Depot
 - Added to GnRH agonist examples
 - HCPCS code J1954 (existing PA requirement)
- BILDYOS® and Bilprevda®
 - Added to Denosumab agents
 - U.S. Food and Drug Administration (FDA)-approved September 2025
- Dawnzera™
 - Added to Hereditary Angioedema (HAE) agents as non-preferred
 - FDA-approved August 2025
- Keytruda Qlex™
 - Added to PD-1/PD-L1 inhibitors
 - FDA-approved September 2025
- Papzimeos™
 - Added to Gene therapy examples
 - FDA-approved August 2025

Changes: Medication category reclassifications (no change to PA requirements)

- Eylea®, Eylea HD, Enzeevu™, Pavblu™
 - Moved to Aflibercept agents category
- Velcade®, Boruzu™
 - Moved to Bortezomib agents category

Removal: Obsolete medication

- Fusilev®
 - No longer commercially available
 - PA requirements unchanged
 - Levoleucovorin (Khapzory™) continues to require PA

Effective immediately – Medi-Cal only

Removal: No longer requires PA

- Testosterone therapy – HCPCS code J1071

Effective February 1, 2026 – Commercial, Ambetter and Medi-Cal plans

Addition: New medication requiring PA

- Jobevne™
 - Added to Bevacizumab agents as non-preferred
 - FDA-approved April 2025

Commercial, Ambetter and Medi-Cal plans

New CMS CPT/HCPCS codes with PA requirements, effective October 1, 2025 – The procedures, services (including durable medical equipment) and outpatient pharmaceuticals listed in the table below require PA per new CPT and HCPCS codes issued by the CMS.

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Service category	Drug name	Codes	PA rule	
			Commercial (HMO, POS, PPO), Ambetter HMO/PPO	Medi-Cal
Custom orthotics	N/A	L1007	PA required	PA required
Durable medical equipment	N/A	E0658 – E0659	No PA required	PA required if > \$1500 billed
Genetic testing	N/A	0575U – 0576U, 0578U, 0582U – 0583U, 0585U – 0586U, 0592U, 0597U	PA required	PA required
Outpatient pharmaceuticals	IMAAVY™	C9305	PA required	PA required
	Emrelis™	C9306		
	Grafapex™	J0614		
	Nulibry®	J1809		
	Ryoncil®	J3402		
	Datroway®	J9011		
• Gene therapy	Encelto™	J3403		
• Self-Injectable	Alhemo®	J7173		
	Qfitlia™	J7174		
• Omalizumab agents	Omlyclo®	Q5154		
• Aflibercept agents	Yesafili™	Q5155		
• Tocilizumab agents	Avtozma®	Q5156		
• Denosumab agents	Stoboclo®/ Osenvelt®	Q5157		
	Bomynta®/ Conexence®	Q5158		
	Ospomyv™ and Xbryk™	Q5159		
Proprietary laboratory analysis	N/A	0577U, 0579U, 0591U, 0596U, 0598U – 0599U	PA required	PA required
Prosthetics	N/A	L5657, L6034 – L6036, L6038 – L6039	PA required if > \$2500 billed	PA required – ages 0-20
Wound care	N/A	A2036 – A2039	PA required	PA required
		Q4383 – Q4397		

Correction: HCPCS code update for Thyrogen® – Medi-Cal only

Effective December 1, 2025, **HCPCS code J3240 (Thyrogen®)** will require prior authorization under Outpatient pharmaceuticals. This code was previously listed incorrectly as J3420 in provider update 25-998, *Streamlining Prior Authorization: Simplifying Processes for Better Efficiency*, distributed on September 24, 2025.