

## 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 CalViva Health members. These changes apply to outpatient pharmaceuticals (submitted under the medical benefit) and other select services.

**Note:** 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)/HCPCS codes with PA implications** – effective October 1, 2025

#### Accessing PA requirements

- Go to the Provider Library at [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com) > *Medi-Cal* > *Prior Authorization Requirements* (on the left side).
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Fresno, Kings and Madera counties – CalViva Health PS List*.

#### Need help? Contact us

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569. Behavioral Health providers can call 844-966-0298.

#### THIS UPDATE APPLIES TO:

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

#### PROVIDER SERVICES

**CalViva Health Medi-Cal (including ECM and CS providers)** – 888-893-1569

**Behavioral health providers** – 844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com)

---

## Effective immediately

### 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)
- Bıldıyos® 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

### Removals

- Obsolete medication – Fusilev®
  - No longer commercially available
  - PA requirements unchanged
  - Levoleucovorin (Khapzory™) continues to require PA
- Testosterone therapy
  - HCPCS code J1071 – No longer requires PA

## Effective February 1, 2026

### Addition: New medication requiring PA

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

## 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.

CPT Copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Service category	Drug name	Codes	PA rule
Custom orthotics	N/A	L1007	PA required
Durable medical equipment	N/A	E0658 – E0659	PA required if > \$1500 billed
Genetic testing	N/A	0575U – 0576U, 0578U, 0582U – 0583U, 0585U – 0586U, 0592U, 0597U	PA required
Outpatient pharmaceuticals	IMAAVY™	C9305	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
Prosthetics	N/A	L5657, L6034 – L6036, L6038 – L6039	PA required – ages 0-20
Wound care	N/A	A2036 – A2039	PA required
		Q4383 – Q4397	

### Correction: HCPCS code update for Thyrogen®

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 25-996, *Streamlining Prior Authorization: Simplifying Processes for Better Efficiency*, distributed on September 24, 2025.