

PROVIDER Update



CONTRACTUAL | JULY 11, 2025 | UPDATE 25-679m | 4 PAGES

Medication Trend Updates and Formulary Changes – 3rd Quarter 2025

Review drug list, formulary and drug benefit changes and medication safety issues

Stay up to date with information about:

- Preferred biosimilar medications
- Changes to drug benefits for Health Net* Medi-Cal members, the Commercial drug lists and the Medicare Part D Formulary for the third quarter of 2025.

Preferred biosimilar medications

Health Net* began preferring certain biosimilar medications instead of their brand name versions (or reference products) for Commercial and Medi-Cal members. Patients who have not tried a biosimilar must try and fail (or have side effects to) the preferred biosimilar(s) before the brand name or reference product will be approved. Refer to page 2 for a list of brand medications and their preferred biosimilars. Pharmacy prior authorization guidelines can be found on Health Net's provider website at bit.ly/drug-coverage.

Changes to the Commercial Drug Lists, Medi-Cal Drug Benefits and Medicare Part D Formulary

The Health Net Pharmacy Advisory Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the Pharmacy Advisory Committee reviews medications on the Drug Lists for Commercial members, Medi-Cal drug benefits, and the Medicare Part D Formulary for Medicare members to determine changes, including which medications remain on the same tier and which are moved. A table listing some recent changes is available on page 3. The list contains brand-name prescription medications, status, other medication choices, and comments for the third quarter of 2025. The complete lists of the Commercial Formularies, Medi-Cal Drug Lists, and Medicare Part D Formularies are available on the Pharmacy Information for Providers page on the provider website at bit.ly/PharmacyInformationforProviders. For medical drug benefits, refer to the *Outpatient Pharmaceuticals (Submitted Under Medi-Cal Benefit)* section on the Commercial, Health Net Medi-Cal Fee-for-Service and Medicare - California Prior Authorization Lists at bit.ly/HealthNetPriorAuthorizations.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer Group
 - HMO/POS
 - PPO
- Medicare Advantage (HMO) (Wellcare By Health Net)
- Medi-Cal
 - Amador
 - Calaveras
 - Inyo
 - Los Angeles
 - Molina
 - Mono
 - Sacramento
 - San Joaquin
 - Stanislaus
 - Tulare
 - Tuolumne

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP

Ambetter PPO – 844-463-8188

Ambetter HMO – 888-926-2164

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

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

Medicare Supplement – 800-641-7761

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

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Pharmacy help line

For more information regarding changes to the Health Net Commercial Formulary or Health Net Medi-Cal Drug Lists, or Medicare Part D Formulary, contact the proper pharmacy phone numbers listed below:

| Product | Phone number | Fax number |
|----------------------------------|-------------------------|--------------|
| Pharmacy Benefit (Medi-Cal Rx) | 800-977-2273 | 800-869-4325 |
| Medical Benefit Drugs (Medi-Cal) | 800-675-6110 | 833-953-3436 |
| Commercial Pharmacy Services | 800-548-5524, option #3 | 866-399-0929 |
| Medicare Pharmacy Service Center | 800-867-6564 | 800-977-8226 |

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 phone or through the Health Net provider portal as listed in the right-hand column on page 1.

Health Net's preferred biosimilar medication

The table below lists brand medications and their preferred biosimilars.

| Medications | |
|--|--|
| Reference/non-preferred products | Preferred products |
| Bevacizumab agents (Alymsys, Avastin, Avzivi, Vegzelma) ¹ | Mvasi, Zirabev |
| Erythropoiesis-stimulating agents (Aranesp, Epogen, Mircera, Procrit) | Retacrit ³ |
| Filgrastim agents (Granix, Neupogen, Nypozi, Releuko) | Zarxio ³ followed by Nivestym |
| Infliximab agents (Remicade, Zymfentra) ² | Inflectra, Renflexis, Avsola, infliximab |
| Pegfilgrastim agents (Fulphila, Fylnetra, Neulasta, Neulasta Onpro, Rolvedon, Ryzenuta, Stimufend, Ziextenzo) | Udenyca, Udenyca Onbody, Nyvepria |
| Rituximab agents (Riabni, Rituxan, Rituxan Hycela) | Ruxience ⁴ , Truxima ⁴ |
| Trastuzumab agents (Herceptin, Herceptin Hylecta, Hercessi, Herzuma, Ontruzant) | Kanjinti, Ogivri, Trazimera |

¹Only applies to non-ophthalmology

²Avsola preferred for Medi-Cal.

- Preferred biosimilars are required in lieu of branded drugs.
- Must try all preferred products. Please refer to the drug specific policy for complete list of preferred products.
- Unbranded infliximab (NDC 57894-0160-01) is required prior to branded Remicade.
- Unbranded infliximab also requires preferred biosimilar.

³No PA required under medical benefit.

⁴No PA required for oncology/hematology.

Health Net Commercial Drug List, Medi-Cal Drug Benefit and Medicare Part D Formulary Changes

| Medication | Status | | | Health Net Formulary Alternative(s) | | | Comments |
|------------|--------------------------------------|------------------------------|----------|-------------------------------------|------------------------------------|----------|----------|
| | Commercial Tier 3 plan (Tier 4 plan) | Medicare Part D ¹ | Medi-Cal | Commercial (Tier 1 or 2) | Medicare Part D Value ¹ | Medi-Cal | |

Injectable preparation

| | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------|------------|--------------------|--|
| Casgevy™ (exagamglogene autotemcel) suspension | Medical benefit ² | Medical benefit ² | Carve out to state | | | | Effective July 1, 2025, gene therapy used for sickle cell disease is carved out to state for Medicaid. |
| Lyfgenia™ (lovotibeglogene autotemcel) suspension | Medical benefit ² | Medical benefit ² | Carve out to state | | | | Effective July 1, 2025, gene therapy used for sickle cell disease is carved out to state for Medicaid. |
| Ryoncil® (remestemcel-L-rknd) suspension | Medical benefit ² | Medical benefit ² | Medical benefit ² | Prednisone | Prednisone | Carve out to State | An allogeneic bone marrow-derived mesenchymal stromal cell (MSC) therapy indicated for the treatment of steroid-refractory acute graft versus host disease (SR-aGvHD) in pediatric patients two months of age and older. |

Note: The information above is subject to change. Please refer to the Prior Authorization List at bit.ly/HealthNetPriorAuthorizations for the most up-to-date information.

¹ Medicare Part D: Wellcare CalViva Health Dual Align (HMO D-SNP), Wellcare Dual Align (HMO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Low Premium (HMO), Wellcare Simple Focus (HMO), Wellcare Simple Ruby (HMO), Wellcare Premium Ultra (HMO), Wellcare Specialty Simple (HMO C-SNP), Wellcare CalViva Health Dual Align (HMO D-SNP), Wellcare Dual Align (HMO D-SNP), Wellcare Dual Liberty (HMO D-SNP)

² Prior authorization is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.