

Medication Trend Updates and Drug Benefit Changes – 3rd Quarter 2025

Review drug list changes and medication safety issues

Stay up to date with information about:

- Preferred biosimilar medications.
- Changes to the Medi-Cal drug benefits for the third quarter of 2025.

Preferred biosimilar medications

Health Net*, on behalf of Community Health Plan of Imperial Valley, began preferring certain biosimilar medications instead of their brand name versions (or reference products) for 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 the Plan's provider website at bit.ly/drug-coverage.

Changes to Medi-Cal drug benefits

The Pharmacy Advisory Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the Pharmacy Advisory Committee reviews Medi-Cal drug benefits to determine changes. 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.

A complete list of formularies for all products, including the Medi-Cal Drug Lists, is 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 of the Medi-Cal Fee-for-Service Community Health Plan of Imperial Valley Prior Authorization List at bit.ly/HealthNetPriorAuthorizations.

Pharmacy help lines

For more information regarding changes to the Medi-Cal medical benefit drugs, contact the proper pharmacy phone number listed.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups

PROVIDER SERVICES

CHPIV Medi-Cal
(including ECM and CS providers) –
833-236-4141

PROVIDER PORTAL

provider.healthnetcalifornia.com

| 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 |

Additional Information

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

The Plan's preferred biosimilar medications

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.

Changes to the Community Health Plan of Imperial Valley Medi-Cal drug benefits

| Medication | Status | Formulary alternative(s) | Comments |
|---|------------------------------|--------------------------|--|
| Injectable preparation | | | |
| Casgevy™ (exagamglogene autotemcel) suspension | Carved 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 | Carved 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 ¹ | | 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 <https://bit.ly/HealthNetPriorAuthorizations> for the most up-to-date information.

¹ Prior authorization (PA) is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.