Pharmacy Update

First Quarter 2025 Drug Coverage Updates

This update applies to Health Net Health Plan of Oregon, Inc., "Health Net" Commercial Plans

Prior Authorization Changes to Physician-Administered Medication

- See the table below for list of new HCPC codes. These codes now require prior authorization for coverage for Health Net Commercial Plan members.

Brand (Generic Name)	HCPC Code	Description
Anktiva (nogapendekin alfa inbak-pmln)	C9169	Inject nogapendekin alfa inbakicept-pmln 1 mcg
Beqvez (fidanacogene elaparvovec-dzkt)	C9172	Inj fidanacogene elaparvovec-dzkt per ther dose
Capecitabine	J8522	Capecitabine oral 50 mg
Hemady (dexamethasone)	J8541	Dexamethasone (Hemady) oral 0.25 mg
Imdelltra (tarlatamab-dlle)	C9170	Injection tarlatamab-dlle 1 mg
Jubbonti (denosumab-bbdz)	Q5136	Injection denosumab-bbdz biosimilar 1 mg
Kisunla (donanemab-azbt)	J0175	Injection donanemab-azbt 2 mg
Tevimbra (tislelizumab-jsgr)	J9329	Injection Tislelizumab-Jsgr 1mg
Tyenne (tocilizumab-aazg)	Q5135	Injectn tocilizumab-aazg tyenne biosimilar 1 mg
Wyost (denosumab-bbdz)	Q5136	Injection denosumab-bbdz biosimilar 1 mg

Quarterly Update on Drug Coverage Guidelines

See the table below for all the updated or new Health Net coverage guidelines that were approved by the Pharmacy and Therapeutics Committee in the fourth quarter of 2024. All coverage guidelines will go into effect January 1, 2025 and will become available to view in their entirety on our website approximately two weeks prior to their effective date.

UPDATED COVERAGE GUIDELINES – Clinically Significant Change(s)	
CP.PHAR.79 Lapatinib (Tykerb)	CP.PHAR.436 Pexidartinib (Turalio)
CP.PHAR.93 Bevacizumab (Alymsys, Avastin, Avzivi, Mvasi, Vegzelma, Zirabev)	CP.PHAR.438 Trientine (Cuvrior, Syprine)
CP.PHAR.96 Naltrexone (Vivitrol)	CP.PHAR.439 Valrubicin (Valstar)
CP.PHAR.129 Venetoclax (Venclexta)	CP.PHAR.441 Entrectinib (Rozlytrek)
CP.PHAR.130 Avatrombopag (Doptelet)	CP.PHAR.461 Nadofaragene Firadenovec-vncg (Adstiladrin)
CP.PHAR.131 Infertility and Fertility Preservation	CP.PHAR.490 Rimegepant (Nurtec ODT)
CP.PHAR.133 Idelalisib (Zydelig)	CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymoglobulin)
CP.PHAR.136 Elagolix (Orilissa), Elagolix/Estradiol/Norethinedrone (Oriahnn)	CP.PHAR.508 Tafasitamab-cxix (Monjuvi)
CP.PHAR.137 Ivosidenib (Tibsovo)	CP.PHAR.513 Plasminogen, Human-tvmh (Ryplazim)
CP.PHAR.138 Lenvatinib (Lenvima)	CP.PHAR.551 Anifrolumab-fnia (Saphnelo)
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	CP.PHAR.553 Belzutifan (Welireg)
CP.PHAR.141 Ribavirin (Rebetol, Ribasphere RibaPak)	CP.PHAR.555 Efgartigimod alfa, efgartigimod-hyaluronidase (Vyvgart, Vyvgart Hytrulo)
CP.PHAR.149 Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	CP.PHAR.558 Mitapivat (Pyrukynd)

CP.PHAR.305 Obinutuzumab (Gazyva)	CP.PHAR.566 Atogepant (Qulipta)
CP.PHAR.307 Bendamustine (Belrapzo, Bendeka, Treanda, Vivimusta)	CP.PHAR.580 Etranacogene Dezaparvovec-drlb (Hemgenix)
CP.PHAR.308 Elotuzumab (Empliciti)	CP.PHAR.591 Tofersen (Qalsody)
CP.PHAR.309 Carfilzomib (Kyprolis)	CP.PHAR.594 Donanemab-azbt (Kinsunla)
CP.PHAR.313 Pralatrexate (Folotyn)	CP.PHAR.641 Avacincaptad pegol (Izervay)
CP.PHAR.314 Romidepsin (Istodax)	CP.PHAR.643 Fidanacogene Elaparvovec-dzkt (Beqvez)
CP.PHAR.317 Cetuximab (Erbitux)	CP.PHAR.645 Niraparib + Abiraterone (Akeega)
CP.PHAR.321 Panitumumab (Vectibix)	CP.PHAR.646 Quizartinib (Vanflyta)
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	CP.PHAR.647 Resmetirom (Rezdiffra)
CP.PHAR.334 Ribociclib (Kisqali), Ribociclib/Letrozole (Kisqali Femara)	CP.PHAR.648 Rozanolixizumab-noli (Rystiggo)
CP.PHAR.352 Daunorubicin/Cytarabine (Vyxeos)	CP.PHAR.649 Talquetamab-tgvs (Talvey)
CP.PHAR.353 Pegaspargase (Oncaspar), Calaspargase Pegol-mknl (Asparlas)	CP.PHAR.652 Elranatamab-bcmm (Elrexfio)
CP.PHAR.355 Abemaciclib (Verzenio)	CP.PHAR.678 Afamitresgene Autoleucel (Tecelra)
CP.PHAR.357 Copanlisib (Aliqopa)	CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Klarity-C, Restasis, Verkazia, Vevye)
CP.PHAR.358 Gemtuzumab Ozogamicin (Mylotarg)	CP.PMN.116 L-glutamine (Endari)
CP.PHAR.359 Inotuzumab Ozogamicin (Besponsa)	CP.PMN.143 Isotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Myorisan, Zenatane)
CP.PHAR.363 Enasidenib (Idhifa)	CP.PMN.244 Tazarotene (Arazlo, Fabior, Tazorac)
CP.PHAR.365 Neratinib (Nerlynx)	CP.PMN.249 Ciprofloxacin/Fluocinolone (Otovel)
CP.PHAR.373 Benralizumab (Fasenra)	CP.PMN.252 Metoclopramide (Gimoti)
CP.PHAR.387 Azacitidine (Onureg, Vidaza)	CP.PMN.256 Nifurtimox (Lampit)
CP.PHAR.389 Pegvisomant (Somavert)	CP.PMN.266 Finerenone (Kerendia)
CP.PHAR.391 Lanreotide (Somatuline Depot and Unbranded)	CP.PMN.273 Varenicline (Tyrvaya)
CP.PHAR.393 Leucovorin Injection	CP.PMN.277 Ulcer Therapy Products (Omeclamox Pak, Pylera, Talicia, Voquezna)
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	CP.PMN.282 Ketorolac Nasal Spray (Sprix)
CP.PHAR.400 Duvelisib (Copiktra)	OR.CP.CPA.190 Formulary Exceptions
NEW COVERAGE GUIDELINES	
CP.PHAR.691 Axatilimab-csfr (Niktimvo)	CP.PHAR.696 Palopegteriparatide (Yorvipath)
CP.PHAR.693 Denileukin Diftitox-cxdl (Lymphir)	CP.PHAR.698 Seladelpar (Livdelzi)
CP.PHAR.695 Lazertinib (Lazcluze)	CP.PHAR.699 Vorasidenib (Voranigo)

Additional Information

For questions regarding the information contained in this update, please contact the Health Net Pharmacy Department at 1-888-802-7001.