Pharmacy Update

Second Quarter 2025 Drug List Changes

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

UPDATE TO THE OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM

*INCLUDES UPDATE TO THE FAX NUMBER TO SUBMIT REQUESTS FOR BUY & BILL DRUGS

The form for manually submitting prior authorization (PA) requests for outpatient services, including buy and bill drugs, has been updated. The main update to the PA request form is the change in the fax number to submit PA requests for Buy & Bill drugs. The new fax number for Buy & Bill Drug requests is (833) 782-0054. To help ensure that your requests are properly routed for review and there is no delay in determination please ensure that you and your staff are using the updated form and current fax number corresponding to the request type when submitting requests. The updated form is posted on our website and can be accessed directly here.

Health Net Preferred Drug List Changes

Health Net's Drug Lists are updated quarterly and available online.

- For the most current preferred drug lists, visit the Pharmacy section of our website.

Medication	Effective Date
Additions	
ABRAXANE (paclitaxel protein-bound particles) 100 MG For IV Susp Added to PDL on Tier AC; PA required	2.1.2025
ANKTIVA (nogapendekin alfa inbak-pmln) 400 MCG/0.4 ML Intravesical Soln Added to PDL on Tier AC; PA required	2.1.2025
Arsenic Trioxide 10 MG/10 ML IV Soln Added to PDL on Tier AC; PA required	1.1.2025
AUCATZYL (obecabtagene autoleucel) 410,000,000 Cells IV Susp Added to PDL on Tier AC; PA required	2.1.2025
AUGTYRO (repotrectinib) 160 MG Cap Added to PDL on Tier AC; PA required	2.1.2025
AVASTIN (bevacizumab) 100 MG/4ML & 400 MG/16ML IV Soln Added to PDL on Tier AC; PA required	2.1.2025
BIZENGRI (zeenocutuzumab-zbco) 375 MG/18.75ML IV Soln Added to PDL on Tier AC; PA required	4.1.2025
BORUZU (bortezomib) 3.5MG/1.4ML Inj Added to PDL on Tier AC; PA required	2.1.2025
CAMPTOSAR (irinotecan HCl) 40 MG/2 ML, 100 MG/5 ML & 300 MG/15ML Inj Added to PDL on Tier AC; PA required	2.1.2025
CISPLATIN 50 MG/50ML, 100 MG/100ML & 200 MG/ML Inj Added to PDL on Tier AC; PA required	2.1.2025
Cyclophosphamide 500 MG, 1 GM and 2 GM Inj Added to PDL on Tier AC; PA required	1.1.2025
Cyclophosphamide 1000 MG/10 ML, 2000 MG/20ML Soln Added to PDL to Tier AC; PA required	2.1.2025
DANZITEN (nilotinib tartrate) 71 MG & 95 MG Tab	2.1.2025

Added to PDL on Tier AC; PA required	
DATROWAY (datopotamab deruxtecan-dink) 100 MG IV Soln Added to PDL on Tier AC; PA required	4.1.2025
DEXCOM G6 & G7 Receiver Added to PDL on Tier 2; QL 1 per 365 days; PA required	4.1.2025
DEXCOM G6 SENSOR Added to PDL on Tier 2; QL 1 per 30days	4.1.2025
DEXCOM G7 SENSOR Added to PDL on Tier 2; QL 3 per 30 days; PA required	4.1.2025
DEXCOM G6 TRANSMITTER Added to PDL on Tier 2; QL 3 per 30 days; PA required	4.1.2025
Docetaxel Conc 160 MG/8ML, 20 MG/2 ML, 80 MG/8 ML & 160 MG/16 ML Inj Added to PDL on Tier AC; PA required	2.1.2025
DUPIXENT (dupilumab) 100 MG/0.67ML Prefilled Syringe Added to PDL on Tier SP; PA required	4.1.2025
ELLENCE (epirubicin HCl) 50 MG/25ML and 200 MG/100ML IV Soln Added to PDL on Tier AC; PA required	2.1.2025
ELREXFIO (elranatamab-bcmm) 44 MG/1.1ML & 76 MG/1.9ML Soln Added to PDL on Tier AC; PA required	2.1.2025
FASENRA (benralizumab) 10 MG/0.5ML & 30 MG/ML Prefilled Syringe Added to PDL on Tier SP; PA required	4.1.2025
FOLOTYN (pralatrexate) 20 MG/ML and 40 MG/2ML inj Added to PDL on Tier AC; PA required	2.1.2025
FUSILEV (levoleucovorin calcium) 50 MG Inj Added to PDL on Tier AC; PA required	2.1.2025
HALAVEN (eribulin mesylate) 1 MG/2 ML Inj Added to PDL on Tier AC; PA required	2.1.2025
HEPZATO (melphalan HCl) 50 MG Soln Added to PDL on Tier AC; PA required	2.1.2025
HERCESSI (trastuzumab-strf) 420MG & 150 MG Soln Added to PDL on Tier AC; PA required	4.1.2025
IMDELLTRA (tarlatamab-dlle) 1 MG & 10 MG IV Infusion Added to PDL on Tier AC; PA required	2.1.2025
IMKELDI (imatinib mesylate) 80 MG/ML Oral Soln Added to PDL on Tier AC; PA required	4.1.2025
Irinotecan HCL 500 MG/25 ML Inj Added to PDL on Tier AC; PA required	2.1.2025
ITOVEBI (inavolisib) 3 MG & 9 MG Tab Added to PDL on Tier AC; PA required	1.1.2025
IXEMPRA KIT (ixabepilone) 15 MG & 45 MG IV Infusion Added to PDL on Tier AC; PA required	2.1.2025
JEVTANA (cabazitaxel) 60 MG/1.6ML Inj Added to PDL on Tier AC; PA required	2.1.2025
KYPROLIS (carfilzomib) 60 MG Inj Added to PDL on Tier AC; PA required	2.1.2025
LAZCLUZE (lazertinib mesylate) 80 MG & 240 MG Tab Added to PDL on Tier AC; PA required	1.1.2025

LUMAKRAS (sotorasib) 240 MG Tab Added to PDL on Tier AC; PA required	2.1.2025
MESNEX (mesna) 100 MG/ML Inj Added to PDL on Tier AC; PA required	2.1.2025
NOVANTRONE (mitoxantrone HCl) Conc 20MG/10ML & 30MG/ML Inj Added to PDL on Tier AC; PA required	2.1.2025
OMNIPOD 5 LIBRE2 PLUS G6 (Disposable Pump Kit) Added to PDL on Tier AC; QL max 1 per 365 days	4.1.2024
OMNIPOD 5 LIBRE2 PLUS G6 (Disposable Pump Supplies) Added to PDL on Tier AC; QL max 10 per 30 days	4.1.2025
OMNIPOD GO 10 Unit, 15 Unit, 25 Unit, 30 Unit/24HR Disposable Pump Kit Added PDL on Tier AC; QL max 10 per 30 days	4.1.2025
OMNIPOD GO, V-GO 20 Unit, 30 Unit, 40 Unit/24HR Disposable Pump Kit Added to PDL on Tier AC; QL max 30 per 30 days	4.1.2025
ONCASPAR (pageaspargase) 750 Unit/ML Inj Added to PDL on Tier AC; PA required	2.1.2025
PARAPLATIN (carboplatin) 50 MG/5ML, 150 MG/15ML, 450 MG/45M & 600 MG/60ML IV Soln Added to PDL on Tier AC; PA required	2.1.2025
PEMETREXED DIPOTASSIUM 100 MG & 500 MG IV Soln Added to PDL on Tier AC; PA required	4.1.2025
PHOTOFRIN (porfimer sodium) 75 MG Inj Added to PDL on Tier AC; PA required	2.1.2025
PROLEUKIN (aldesleukin) 22000000 Unit IV Soln Added to PDL on Tier AC; PA required	2.1.2025
PROVENGE (sipuleucel-t) 50,000,000 Cells IV Susp Added to PDL on Tier AC; PA required	2.1.2025
REVUFORJ (revumenib citrate) 110 MG & 160 MG Tab Added to PDL on Tier AC; PA required	2.1.2025
REVUFORJ (revumenib citrate) 100 MG Tab Added to PDL on Tier AC; PA required	4.1.2025
RITUXAN (rituximab) 100 MG/10ML & 500 MG/50ML IV Soln Added to PDL on Tier AC; PA required	2.1.2025
RITUXAN HYCELA (rituximab-hyaluronidase) Human 1400-23400 MG-Unit/11.7ML & 1600-26800 MG-Unit/13.4ML Inj Added to PDL on Tier AC; PA required	2.1.2025
RYTELO (imetelstat sodium) 47 MG & 188 MG IV Soln Added to PDL on Tier AC; PA required	2.1.2025
TAXOTERE (docetaxl) Conc 20 MG/ML & 80 MG/4ML Inj Added to PDL on Tier AC; PA required	2.1.2025
TECELRA (afamitresgene autoleucel) 10,000,000,000 Cells IV Susp Added to PDL on Tier AC; PA required	2.1.2025
TECENTRIQ HYBREZA (atezolizumab-hyaluronidase-tqjs) 1875-30000 MG-Unit/15 ML inj Added to PDL on Tier AC; PA required	2.1.2025
TEMODAR (temozolomide) 100 MG Soln Added to PDL on Tier AC; PA required	2.1.2025
TEPANDINA (thiotepa) 15 MG Inj Added to PDL on Tier AC; PA required	2.1.2025

TEPMETKO (tepotinib HCl) 225 MG Tab Added to PDL on Tier AC; PA required	2.1.2025
TEVIMBRA (tislelizumab-jsgr) 100 MG/10ML Soln Added to PDL on Tier AC; PA required	1.1.2025
TREANDA (bendamustine HCl) 25 MG & 100 MG Soln Added to PDL on Tier AC; PA required	2.1.2025
VALSTAR (valrubicin) 40 MG/ML Soln Added to PDL on Tier AC; PA required	1.15.2025
VINCRISTINE SULFATE 1 MG/ML Soln Added to PDL on Tier AC; PA required	2.1.2025
VORANIGO (vorasidenib) 10 MG & 40 MG Tab Added to PDL on Tier AC; PA required	2.1.2025
VORAXAZE (glucarpidase) 1000 Unit Inj Added to PDL on Tier AC; PA required	2.1.2025
VYLOY (zolbetuximab-clzb) 100 MG Soln Added to PDL on Tier AC; PA required	1.1.2025
XOLAIR (omalizumab 75 MG/0.5ML, 150 MG/ML & 300 MG/2ML) Soln Auto-Injector Added to PDL on Tier SP; PA required	4.1.2025
XOLAIR (omalizumab) 300 MG/2ML Prefilled Syringe Added to PDL on Tier SP; PA required	4.1.2025
ZALTRAP (ziv-aflibercept) 100 MG/4ML & 200 MG/8ML Soln Added to PDL on Tier AC; PA required	2.1.2025
ZEVALIN Y-90 (ibritumomab tiuxetan) Yttrium-90 (Y-90) Kit 3.2 MG/2ML Added to PDL on Tier AC; PA required	2.1.2025
ZIIHERA (zanidatamab-hrii) 300 MG Soln Added to PDL on Tier AC; PA required	4.1.2025
ZINECARD (dexrazoxane HCl) 250 MG & 500 MG Inj Added to PDL on Tier AC; PA required	2.1.2025
ZOLADEX (goserelin acetate implant) 3.6 MG & 10.8 MG Added to PDL on Tier AC; PA required	2.1.2025
Removals	
KORLYM (mifepristone) 300 MG Tab Removed from PDL	4.1.2025
KEY: AC = Anticancer; Inj = Injection; PA = Prior Authorization; PDL = Preferred Drug List; Soln = Solution; Susp = Suspension	

PRIOR AUTHORIZATION CHANGES TO SPECIALIZED MEDICATIONS GIVEN IN OFFICE

See the table below for list of new HCPC codes. These codes now require prior authorization for coverage for HealthNet members.

Brand (Generic Name)	HCPC Code	Description
ABRILADA (ADALIMUMAB-AFZB)	Q5145	INJECTION ADALIMUMAB-AFZB ABRILADA BS 1 MG
ALYGLO (IMMUNE GLOBULIN [HUMAN]-STWK)	J1552	INJECTION IMMUNE GLOBULIN ALYGLO 500 MG
ANKTIVA (NOGAPENDEKIN ALFA INBAK-PMLN)	J9028	INJ NOGAPENDEKIN ALFA INBAKICEPT-PMLN IVES 1 MCG
AURYXIA (FERRIC CITRATE)	J0609	FERRIC CITRATE ORAL 3 MG FERRIC IRON
AXTLE (PEMETREXED DIPOTASSIUM)	J9292	INJECTN PEM AVYXA NOT THER EQUIV TO J9305 10 MG
BEQVEZ (FIDANACOGENE ELAPARVOVEC-DZKT)	J1414	INJECTION FIDANACOGENE ELAPARVOVEC-DZKT PER TX D

BKEMV (ECULIZUMAB-AEEB)	Q5139	INJECTION ECULIZUMAB-AEEB BKEMV BIOSIMILAR 10 MG
CASGEVY (EXAGAMGLOGENE AUTOTEMCEL)	J3392	INJECTION EXAGAMGLOGENE AUTOTEMCEL PER TREATMENT
CYCLOPHOSPHAMIDE	J9076	INJECTION CYCLOPHOSPHAMIDE BAXTER 5 MG
CYLTEZO (ADALIMUMAB-ADBM)	Q5143	INJECTION ADALIMUMAB-ADBM BIOSIMILAR 1 MG
FOSRENOL (LANTHANUM CARBONATE)	J0607	LANTHANUM CARBONATE ORAL 5 MG
FOSRENOL (LANTHANUM CARBONATE)	J0608	LANTHANUM CARBONATE PWD 5 MG NOT EQUIV TO J0607
HERCESSI (TRASTUZUMAB-STRF)	Q5146	INJECTION TRASTUZUMAB-STRF HERCESSI BS 10 MG
HULIO (ADALIMUMAB-FKJP)	Q5140	INJECTION ADALIMUMAB-FKJP BIOSIMILAR 1 MG
HUMIRA (ADALIMUMAB)	J0139	INJECTION ADALIMUMAB 1 MG
IDACIO (ADALIMUMAB-AACF)	Q5144	INJECTION ADALIMUMAB-AACF IDACIO BIOSIMILAR 1 MG
IMDELLTRA (TARLATAMAB-DLLE)	J9026	INJECTION TARLATAMAB-DLLE 1 MG
MYHIBBIN (MYCOPHENOLATE MOFETIL)	J7514	MYCOPHENOLATE MOFETIL MYHIBBIN ORAL SUSP 100 MG
NPLATE (ROMIPLOSTIM)	J2802	INJECTION ROMIPLOSTIM 1 MCG
NYPOZI (FILGRASTIM-TXID)	C9173	INJECTION FILGRASTIM-TXID NYPOZI BIOSIMILR 1 MCG
OHTUVAYRE (ENSIFENTRINE)	J7601	ENSIFENTRINE INH SUSP FDA-APPD PROD NONCMPD 3 MG
PIASKY (CROVALIMAB-AKKZ)	J1307	INJECTION CROVALIMAB-AKKZ 10 MG
PYZCHIVA (USTEKINUMAB-TTWE)	Q9996	INJECTION USTEKINUMAB-TTWE PYZCHIVA SC 1 MG
PYZCHIVA (USTEKINUMAB-TTWE)	Q9997	INJECTION USTEKINUMAB-TTWE PYZCHIVA IV 1 MG
RENVELA (SEVELAMER CARBONATE)	J0601	SEVELAMER CARBONATE ORAL 20 MG
RENVELA (SEVELAMER CARBONATE)	J0602	SEVELAMER CARBONATE ORAL POWDER 20 MG
RYTELO (IMETELSTAT SODIUM)	J0870	INJECTION IMETELSTAT 1 MG
SELARSDI (USTEKINUMAB-AEKN)	Q9998	INJECTION USTEKINUMAB-AEKN SELARSDI 1 MG
SEVELAMER CARBONATE	J0603	SEVELAMER HYDROCHLORIDE ORAL 20 MG
SIMLANDI (ADALIMUMAB-RYVK)	Q5142	INJECTION ADALIMUMAB-RYVK BIOSIMILAR 1 MG
SYNDROS (DRONABINOL)	Q0155	DRO SYNDROS 0.1 MG ORAL FDA-APRVD RX ANTI-EMETIC
VAFSEO (VADADUSTAT)	J0901	VADADUSTAT ORAL 1 MG
VELPHORO (SEVELAMER CARBONATE)	J0605	SUCROFERRIC OXYHYDROXIDE ORAL 5 MG
YUFLYMA (ADALIMUMAB-AATY)	Q5141	INJECTION ADALIMUMAB-AATY BIOSIMILAR 1 MG

Additional Information

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