Pharmacy Update

Fourth Quarter 2023 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
Adstiladrin (nadofaragene firadenovec-vncg)	J9029*	INJECTION NADOFARAGENE FIRADNOVC-VNCG PER THR DOSE
bendamustine	J9058*	INJECTION BENDAMUSTINE HCL (APOTEX) 1 MG
bendamustine	J9059*	INJECTION BENDAMUSTINE HCL (BAXTER) 1 MG
Briumvi (ublituximab-xiiy)	J2329	INJECTION UBLITUXIMAB-XIIY 1MG
Elahere (mirvetuximab soravtansine-gynx)	J9063*	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG
Fiasp (insulin aspart)	J1811	INSULIN FIASP FOR ADM THRU DME PER 50 UNITS
Fiasp (insulin aspart)	J1812	INSULIN FIASP PER 5 UNITS
Furoscix (furosemide)	J1941	INJECTION FUROSEMIDE (FUROSCIX) 20 MG
Imjudo (tremelimumab-actl)	J9347*	INJECTION TREMELIMUMAB-ACTL 1 MG
Invega Hafyera (paliperidone palmitate); Invega Trinza (paliperidone palmitate)	J2427	INJECTION PALIPERIDONE PALMITATE ER 1 MG
Ixinity (coagulation factor IX)	J7213	INJECTION COAGULATION FACTOR IX (IXINITY) 1 IU
Idacio (adalimumab-aacf)	Q5131	INJECTION ADALIMUMAB-AACF BIOSIMILAR 20 MG
Lunsumio (mosunetuzumab-axgb)	J9350*	INJECTION MOSUNETUZUMAB-AXGB 1 MG
Lyumjev (insulin lispro-aabc)	J1813	INSULIN LYUMJEV FOR ADM THRU DME PER 50 UNITS
Lyumjev (insulin lispro-aabc)	J1814	INSULIN LYUMJEV PER 5 UNITS
paclitaxel	J9259*	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264 1 MG
Panzyga (immune globulin (human)-ifas)	J1576	INJECTION IMMUNE GLOBULIN (PANZYGA) IV NON-LYOPH 500 MG
pemetrexed	J9321*	INJECTION PEMETREXED (SANDOZ) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
pemetrexed	J9322*	INJECTION PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
pemetrexed	J9323*	INJECTION PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
Rebyota (fecal microbiota, live-jslm)	J1440	FECAL MICROBIOTA LIVE - JSLM 1 ML
Sunlenca (lenacapavir)	J1961	INJECTION LENACAPAVIR 1 MG
Syfovre (pegcetacoplan)	C9151	INJECTION PEGCETACOPLAN 1 MG
Tecvayli (teclistamab-cqyv)	J9380*	INJECTION TECLISTAMAB-CQYV 0.5 MG
Tzield (teplizumab-mzwv)	J9381	INJECTION TEPLIZUMAB-MZWV 5 MCG
Vivimusta (bendamustine)	J9056*	INJECTION BENDAMUSTINE HCL (VIVIMUSTA) 1 MG

* Oncology/supportive drug-prior authorization requests are to be submitted to and reviewed by New Century Health

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 second quarter of 2023. All coverage guidelines will go into effect October 1, 2023 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.CPA.02 Alprostadil (Caverject, Edex, Muse)	CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)
CP.CPA.175 Ledipasvir-Sofosbuvir (Harvoni)	CP.PHAR.423 Erdafitinib (Balversa)
CP.CPA.176 Sofosbuvir (Sovaldi)	CP.PHAR.431 Selinexor (Xpovio)
CP.CPA.194 Biologic and Non-biologic DMARDs	CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)
CP.CPA.269 Evolocumab (Repatha)	CP.PHAR.433 Polatuzumab Vedotin-piiq (Polivy)
CP.CPA.284 Elbasvir-Grazoprevir (Zepatier)	CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)
CP.CPA.285 Glecaprevir-Pibrentasvir (Mavyret)	CP.PHAR.485 Berotralstat (Orladeyo)
CP.CPA.286 Sofosbuvir-Velpatasvir (Epclusa)	CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)
CP.CPA.288 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira Pak)	CP.PHAR.497 Tucatinib (Tukysa)
CP.CPA.290 Sofosbuvir-Vepatasvir-Voxilaprevir (Vosevi)	CP.PHAR.500 Lurbinectedin (Zepzelca)
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	CP.PHAR.502 Ripretinib (Qinlock)
CP.PHAR.81 Pazopanib (Votrient)	CP.PHAR.512 Pegunigalsidase alfa-iwxj (Elfabrio)
CP.PHAR.89 Peginterferon Alfa-2a (Pegasys)	CP.PHAR.524 Pegcetacoplan (Empaveli, Syfovre)
CP.PHAR.124 Alirocumab (Praluent)	CP.PHAR.539 Loncastuximab tesirine-lpyl (Zynlonta)
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	CP.PHAR.540 Dostarlimab-gxly (Jemperli)
CP.PHAR.146 Deferoxamine (Desferal)	CP.PHAR.542 Talimogene laherepvec (Imlygic)
CP.PHAR.147 Deferiprone (Ferriprox)	CP.PHAR.543 Maralixibat (Livmarli)
CP.PHAR.168 Corticotropin (H.P. Acthar, Purified Cortrophin Gel)	CP.PHAR.547 Infigratinib (Truseltiq)
CP.PHAR.184 Aflibercept (Eylea)	CP.PHAR.549 Sotorasib (Lumakras)
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	CP.PHAR.568 Inclisiran (Leqvio)
CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	CP.PHAR.588 Nivolumab and Relatlimab (Opdualag)
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	CP.PHAR.590 Omaveloxolone (Skyclarys)
CP.PHAR.285 Nintedanib (Ofev)	CP.PHAR.600 Trofinetide (Daybue)
CP.PHAR.286 Pirfenidone (Esbriet)	CP.PHAR.601 Velmanase Alfa-tycv (Lamzede)
CP.PHAR.289 Buprenorphine Injection (Sublocade, Brixadi)	CP.PHAR.613 Fecal microbiota, live-jslm (Rebyota)
CP.PHAR.293 Risperidone LA inj (Risperdal Consta, Perseris, Rykindo, Uzedy)	CP.PMN.62 Tedizolid (Sivextro)
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	CP.PMN.74 Granisetron (Sancuso, Sustol)
CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym, Releuko)	CP.PMN.76 Calcifediol (Rayaldee)
CP.PHAR.300 Bezlotoxumab (Zinplava)	CP.PMN.132 Tadalafil BPH - ED (Cialis)
CP.PHAR.302 Ixazomib (Ninlaro)	CP.PMN.141 Dolasetron (Anzemet)
CP.PHAR.303 Brentuximab Vedotin (Adcetris)	CP.PMN.158 Netupitant and Palonosetron (Akynzeo)

CP.PHAR.310 Daratumumab, Daratumumab-Hyaluronidase-fihj (Darzalex, Darzalex Faspro)	CP.PMN.159 Dronabinol (Marinol, Syndros)
CP.PHAR.312 Blinatumomab (Blincyto)	CP.PMN.205 Patiromer (Veltassa)
CP.PHAR.322 Pembrolizumab (Keytruda)	CP.PMN.208 Halobetasol-Tazarotene (Duobrii)
CP.PHAR.338 Cerliponase alfa (Brineura)	CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa)
CP.PHAR.381 Mechlorethamine (Valchlor)	
NEW COVERAGE GUIDELINES	
CP.CPA.16 GLP-1 receptor agonists	CP.PHAR.627 Lovotibeglogene Autotemcel (Lovo-Cel)
CP.PHAR.395 Patisiran (Onpattro)	CP.PHAR.628 Daprodustat (Jesduvroq)
CP.PHAR.481 Idecabtagene Vicleucel (Abecma)	CP.PHAR.629 retifanlimab-dlwr (Zynyz)
CP.PHAR.528 Odevixibat (Bylvay)	CP.PHAR.630 Zavegepant (Zavzpret)
CP.PHAR.546 Carbetocin	CP.PHAR.631 Sparsentan (Filspari)
CP.PHAR.548 Palovarotene	CP.PHAR.632 Fecal microbiota spores, live-brpk (Vowst)
CP.PHAR.587 Pegzilarginase (AEB1102)	CP.PHAR.633 Eplontersen (AKCEA-TTR-LRx)
CP.PHAR.589 Bulevirtide (Hepcludex)	CP.PHAR.634 Epcoritamab-bysp (Epkinly)
CP.PHAR.625 Concizumab (NN7415)	CP.PMN.288 Nirmatrelvir-Ritonavir (Paxlovid)
CP.PHAR.626 Pozelimab (REGN3918)	

Additional Information

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