

# Prior Authorization Requirements



## California

### CalViva Health Medi-Cal fee-for-service (FFS) members in Fresno, Kings and Madera counties

The following services, procedures and equipment are subject to prior authorization (PA) requirements (unless specified as notification required only), as indicated by "X." If "X" is not present, PA may not be required or the service, procedure or equipment may not be a covered benefit. PA is guaranteed only as of the time of access to this list.

**Medical necessity** – Medical necessity must exist for any plan benefit to be a covered service whether a PA is required or not.

**Services that require PA vs. covered services** – This PA list contains services that require PA only and is not a list of covered services. The member's *Evidence of Coverage (EOC)* provides a complete list of covered services. EOCs are available on CalViva Health's website at [bit.ly/CVH-EOC](https://bit.ly/CVH-EOC).

**Eligibility rules and limitations** – Providers are responsible for verifying member eligibility through the Provider Services Center prior to providing care. Even if a service or supply is authorized, eligibility rules and limitations will still apply – all services, procedures, equipment, and outpatient pharmaceuticals are subject to benefit plan coverage limitations.

#### Submit a PA request –

- Send the request to the correct department using the contact information on page 14 unless noted differently in the requirements list.
- Attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request.
- For more submission instructions, see [Avoid Processing Delays for Prior Authorization Requests with These Guidelines](#).

#### PA timelines –

If the request is for ...	Submit prior authorization request:
An <b>elective</b> in patient or outpatient services or procedures.	As soon as the need for service is identified.
A <b>routine</b> request or procedure.	At least five business days before a scheduled procedure.
An <b>urgent</b> request or procedure.	72 hours before a scheduled procedure. Emergency services do not require prior authorization.

PA limitations and exclusions are found on page 12 and **sensitive, confidential or other services** that do not require prior authorization for Medi-Cal members are provided on page 13.

**INPATIENT SERVICES<sup>1</sup>**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Skilled nursing facilities</b>	All elective admissions	X	X
<b>All elective medical and surgical inpatient hospitalizations</b>	Includes, but is not limited to: <ul style="list-style-type: none"> <li>• Acute care hospital</li> <li>• Acute or sub-acute rehabilitation facility</li> <li>• Musculoskeletal procedures for adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> </ul>	X	X
<b>All emergency hospitalizations within 24 hours of hospital admission</b>	<ul style="list-style-type: none"> <li>• <b>Notification required only</b></li> <li>• Contact the <b>Hospital Notification Fax Line</b></li> </ul>	X	X
<b>All hospitalizations to a nonparticipating hospital once emergency stabilization is complete</b>		X	X
<b>Long-term care nursing facility admissions</b>	Contact the Health Net <b>Long-Term Care Intake Line</b>	X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT**

<b>Ablative techniques for treating Barrett’s esophagus and for treatment of primary and metastatic liver malignancies</b>		X	X
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Contact <b>American Specialty Health Plans, Inc. (ASH Plans)</b></li> <li>• Authorization not required for initial evaluation</li> </ul>	X	X
<b>Bariatric surgeries, such as laparoscopic gastric banding</b>		X	X
<b>Behavioral health (outpatient services)</b>	<ul style="list-style-type: none"> <li>• Authorized by the Behavioral Health Team</li> <li>• Includes:                             <ul style="list-style-type: none"> <li>○ Applied behavioral analysis (ABA) and other forms of behavioral health treatment for autism and pervasive developmental disorders</li> <li>○ Out-of-network access</li> <li>○ Psychological and neuropsychological testing</li> </ul> </li> <li>• PA not required for in-network psychotherapy and medication management</li> </ul>	X	X
<b>Bronchial thermoplasty</b>		X	X
<b>Capsule endoscopy</b>		X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Cardiac procedures</b>			X
<b>Clinical trials</b>	To receive urgent status for routine services requiring authorization related to a clinical trial, include the <a href="#">Attestation form</a> in your request or indicate "Routine Care Cost Services Associated with the Clinical Trial"	X	X
<b>Cochlear implants</b>		X	X
<b>Community-Based Adult Services (CBAS)</b>	<ul style="list-style-type: none"> <li>PA is required for greater than 5 visits per week</li> <li>CBAS services with 1-5 visits per week require notification only</li> <li>Fax authorization and notifications to: 833-581-5908</li> </ul>	X	X
<b>Custom orthotics</b>		X	X
<b>Dental anesthesia</b>	Intravenous (IV) moderate sedation and deep sedation/general anesthesia	X	X
<b>Developmental screening</b>	PA required for ages 6–20		X
<b>Diagnostic procedures</b>	<p>Authorized by <a href="#">Evolent Specialty Services, Inc. (Evolent)</a></p> <ul style="list-style-type: none"> <li><b>Advanced imaging:</b> <ul style="list-style-type: none"> <li>Computed tomography (CT)/computed tomography angiography (CTA)</li> <li>Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA)</li> <li>Positron emission tomography (PET) scan</li> </ul> </li> <li><b>Cardiac imaging:</b> <ul style="list-style-type: none"> <li>Coronary computed tomography angiography (CCTA)</li> <li>Myocardial perfusion imaging (MPI)</li> <li>Multigated acquisition (Muga) scan</li> </ul> </li> </ul>	X	X
<b>Durable medical equipment (DME)</b>	<p>Adult members including, but not limited to:</p> <ul style="list-style-type: none"> <li>BiLevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP)</li> <li>Bone growth stimulator</li> <li>Continuous glucose monitoring</li> <li>Custom-made items</li> <li>Hospital beds and mattresses</li> <li>Items with a total Medi-Cal purchase price greater than \$1,500</li> <li>Oxygen</li> <li>Power wheelchairs</li> <li>Scooters</li> <li>Ventilators</li> </ul> <p>All DME for pediatric members requires PA</p>	X	X
<b>Enteral nutrition products</b>		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
<b>Experimental/investigational services and new technologies</b>	Includes, but is not limited to, those listed in the <a href="#">Investigational Procedures List</a> located on the Health Net provider website at <a href="http://provider.healthnet.com">provider.healthnet.com</a> > <i>Working with Health Net &gt; Medical Policies &gt; Investigational Procedure List</i>	X	X
<b>Gender reassignment services (Transgender services)</b>		X	X
<b>Genetic testing</b>		X	X
<b>H. pylori (Helicobacter pylori) antibody testing</b>		X	X
<b>Implantable pain pumps</b>	Authorized by <b>TurningPoint Healthcare Solutions, LLC</b>	X	
<b>Intensive cardiac rehabilitation</b>		X	X
<b>Joint surgeries</b> Includes ankle, hip, knee, and shoulder	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net, on behalf of CalViva Health</b></li> </ul>	X	X
<b>Leg stent bridge</b>		X	X
<b>Lung volume reduction</b>		X	X
<b>Maze procedures</b>		X	X
<b>Medications requiring prior authorization</b>	Contact the <b>Pharmacy Department</b>		X
<b>Neuro and spinal cord stimulators, including procedures</b>	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net, on behalf of CalViva Health</b></li> </ul>	X	X
<b>Orthognathic procedures (includes TMJ treatment)</b>		X	X
<b>Out-of-network providers and services</b>	<ul style="list-style-type: none"> <li>• Services rendered by out-of-network providers require PA</li> <li>• Excludes emergency services and self-referral services allowed under the Medi-Cal plan for family planning, pregnancy termination, HIV counseling and testing, immunizations at the local health department, and sexually transmitted infections (STIs)</li> </ul>	X	X
<b>Outpatient infusion therapy</b>	Includes, but is not limited to, blood transfusions and chemotherapy		X
<b>Outpatient elective surgery</b>			X
<b>Palliative care</b>		X	X
<b>Private duty nursing services</b>	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services		X
<b>Proprietary laboratory analyses</b>	Includes the following CPT® codes: 0457U, 0459U, 0462U, 0468U, 0472U	X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Prosthetics</b>			X
<b>Quantitative drug screening</b>		X	X
<b>Radiation therapy</b>	All radiation therapy for pediatric members requires PA		X
	For adult members, limited to: <ul style="list-style-type: none"> <li>• Intensity modulated radiation therapy (IMRT)</li> <li>• Neutron beam therapy</li> <li>• Proton beam therapy</li> <li>• Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)</li> </ul>	X	
<b>Reconstructive and cosmetic surgery, services and supplies</b>	Surgery, services, and supplies, including, but not limited to: <ul style="list-style-type: none"> <li>• Bone alteration or reshaping, such as osteoplasty</li> <li>• Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia)</li> <li>• Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections and implants</li> <li>• Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas</li> <li>• Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty</li> <li>• Muscle flap</li> <li>• Nasal surgery, such as rhinoplasty or septoplasty</li> <li>• Otoplasty</li> <li>• Penile implant</li> <li>• Treatment of varicose veins</li> </ul>	X	X
<b>Rehabilitation services</b>	Physical, occupational and speech therapy require authorization after 12 combined visits. Includes home setting		X
<b>Sleep studies</b>	Facility based sleep testing	X	X
<b>Spinal surgery –</b> Includes, but is not limited to, laminotomy, discectomy, vertebroplasty, nucleoplasty, and X-Stop	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net, on behalf of CalViva Health</b></li> </ul>	X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• Fax request to the <b>Transplant Team</b></li> <li>• Transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure</li> </ul>	X	X
<b>Transportation</b>	<p>All non-emergency medical transportation (NEMT) requires a Physician Certification Statement (PCS) (<a href="#">CalViva Health</a>)</p> <ul style="list-style-type: none"> <li>• Air transportation (air ambulance), authorized by <b>Health Net, on behalf of CalViva Health</b></li> <li>• Ground NEMT, contact <b>Modivcare</b> (ambulance, gurney/stretchers, wheelchair)</li> </ul>	X	X
<b>Trigger point and sacroiliac (SI) joint injections</b>		X	X
<b>Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP</b>		X	X
<b>Ventriculectomy, cardiomyoplasty</b>		X	X
<b>Vestibuloplasty</b>	Surgical procedure	X	X
<b>Wound care</b>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Negative pressure wound treatment, low-frequency ultrasound</li> <li>• Skin substitutes and biologicals</li> <li>• Wound debridement—authorization required after 12 sessions per year</li> </ul>	X	X

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Medications newly approved by the U.S. Food and Drug Administration (FDA)</b>	<ul style="list-style-type: none"> <li>Newly approved medications may require PA</li> <li>Contact the <b>Pharmacy Department</b> to confirm whether a specific new medication requires PA</li> </ul>	X	X
<b>Self-injectables</b>	<ul style="list-style-type: none"> <li>Self-injectable medications are the responsibility of the <b>Medi-Cal Rx Program</b> effective 1/2/2022</li> <li>Refer to the <a href="#">Contract Drug List</a> (CDL) on the DHCS website for the <b>Medi-Cal Rx</b> list of covered drugs and services. Prior authorizations may be required, and providers may use Cover My Meds to submit a prior authorization request or complete a Prior Authorization Form and fax it to 800-859-4325</li> <li>Prior authorization required from <b>Health Net, on behalf of CalViva Health</b>, for self-injectable medications administered in a physician's office</li> </ul>	X	X
<b>Testosterone therapy</b>	Authorized by the <b>Pharmacy Department</b>	X	X
<b>Drug/therapy class</b>	<ul style="list-style-type: none"> <li>Authorized by the <b>Pharmacy Department</b></li> <li><b>Coram</b> is Health Net's preferred infusion provider</li> </ul>	X	X
<b>Gene therapy, includes CAR-T therapy</b>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Abecma<sup>®*</sup>, Adstiladrin<sup>®</sup>, Breyanzi<sup>®*</sup>, Carvykti<sup>®*</sup>, Elevidys<sup>™</sup>, Hemgenix<sup>®</sup>, Imlygic<sup>®</sup>, Kymriah<sup>™*</sup>, Luxturna<sup>™</sup>, Roctavian<sup>™</sup>, Skysona<sup>®</sup>, Tecartus<sup>™*</sup>, Yescarta<sup>™*</sup>, Zynteglo<sup>®</sup>, Zolgensma<sup>®</sup></li> </ul> <p>*CAR-T therapy</p>	X	X
<b>GnRH agonists</b>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Camcevi<sup>®</sup>, Eligard<sup>®</sup>, Fensolvi<sup>®</sup>, Lupron Depot<sup>®</sup>, Lupron Depot-Ped<sup>®</sup>, Supprelin<sup>®</sup> LA, Triptodur<sup>®</sup>, Zoladex<sup>®</sup></li> <li>Authorization required for non-oncology/non-urology only:                             <ul style="list-style-type: none"> <li>- Eligard, Lupron Depot, Zoladex</li> </ul> </li> </ul>	X	X
<b>Hereditary angioedema (HAE) agents</b>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Berinert<sup>®</sup>, Cinryze<sup>®</sup>, Firazyr<sup>®</sup>, Haegarda<sup>®</sup>, Kalbitor<sup>®</sup>, Ruconest<sup>®</sup>, Takhzyro<sup>®</sup></li> <li>Preferred: Firazyr and Haegarda.</li> <li>See self-injectables</li> </ul>	X	X
<b>Immune globulin agents</b>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Intravenous immunoglobulin (IVIG), Asceniv<sup>®</sup>, Bivigam<sup>®</sup>, Cutaquig<sup>®</sup>, Cuvitru<sup>®</sup>, Flebogamma<sup>®</sup> DIF, GamaSTAN<sup>®</sup>, GamaSTAN<sup>®</sup> S/D, Gammagard<sup>®</sup> Liquid, Gammagard<sup>®</sup> S/D, Gammaked<sup>™</sup>, Gammaplex<sup>®</sup>, Gamunex<sup>®</sup>-C, Hizentra<sup>®</sup>, HyQvia<sup>®</sup>, Octagam<sup>®</sup>, Panzyga<sup>®</sup>, Privigen<sup>®</sup>, Xembify<sup>®</sup></li> <li>Preferred: Gammagard</li> </ul>	X	X

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Intravenous (IV) iron agents</b>	Examples include: <ul style="list-style-type: none"> <li>• Injectafer<sup>®</sup>, Monoferric<sup>®</sup>, Triferic<sup>®</sup>/Triferic AVNU</li> </ul>	X	X
<b>Lysosomal storage disorders</b>	Examples include: <ul style="list-style-type: none"> <li>• Aldurazyme<sup>®</sup>, Brineura<sup>™</sup>, Cerezyme<sup>®</sup>, Elaprase<sup>®</sup>, Elelyso<sup>®</sup>, Elfabrio<sup>®</sup>, Fabrazyme<sup>®</sup>, Kanuma<sup>®</sup>, Lamzede<sup>®</sup>, Lumizyme<sup>®</sup>, Mepsevii<sup>™</sup>, Naglazyme<sup>®</sup>, Nexviazyme<sup>®</sup>, Pombiliti<sup>™</sup>, Vimizim<sup>®</sup>, Vpriv<sup>®</sup>, Xenpozyme<sup>®</sup></li> </ul>	X	X
<b>PD-1/PD-L1 inhibitors</b>	Examples include: <ul style="list-style-type: none"> <li>• Bavencio<sup>®</sup>, Imfinzi<sup>®</sup>, Jemperli<sup>®</sup>, Keytruda<sup>®</sup>, Libtayo<sup>®</sup>, Loqtorzi<sup>™</sup>, Opdivo<sup>®</sup>, Opdualag<sup>™</sup>, Tecentriq<sup>®</sup>, Tevimbra<sup>®</sup>, Zynyz<sup>®</sup></li> </ul>	X	X
<b>Pemetrexed agents</b>	Examples include: <ul style="list-style-type: none"> <li>• Alimta<sup>®</sup> (no PA for generic), Pemfexy<sup>™</sup>, Pemrydi RTU<sup>®</sup> and other generic</li> </ul>	X	X
<b>Pulmonary arterial hypertension (PAH) agents</b>	Examples include: <ul style="list-style-type: none"> <li>• PDE-5 inhibitors: Revatio<sup>®</sup></li> <li>• Prostacyclin analogues/receptor agonist injection: Flolan<sup>®</sup>, Remodulin<sup>®</sup>, Uptravi<sup>®</sup>, Veletri<sup>®</sup></li> <li>• Prostacyclin analogues (PCA) inhalation: Tyvaso<sup>®</sup>, Ventavis<sup>®</sup></li> </ul>	X	X
<b>Ranibizumab agents</b>	Examples include: <ul style="list-style-type: none"> <li>• Byooviz<sup>™</sup>, Cimerli<sup>™</sup>, Lucentis<sup>®</sup>, Susvimo<sup>™</sup></li> </ul>	X	X
<b>Tobramycin (inhaled) agents</b>	Examples include: <ul style="list-style-type: none"> <li>• Bethkis<sup>®</sup>, Katabis<sup>®</sup>, TOBI<sup>®</sup> (ages 0-20 only)</li> </ul>	X	X
<b>Viscosupplementation agents</b>	Examples include: <ul style="list-style-type: none"> <li>• Euflexxa<sup>®</sup>, Gelsyn-3<sup>™</sup>, GenVisc<sup>®</sup> 850, Hyalgan<sup>®</sup>, Supartz FX<sup>™</sup>, Synojoynt<sup>™</sup>, Triluron<sup>™</sup>, TriVisc<sup>™</sup>, VISCO-3<sup>™</sup>, Durolane<sup>®</sup>, Gel-One<sup>®</sup>, Hymovis<sup>®</sup>, Monovisc<sup>®</sup>, Orthovisc<sup>®</sup>, Synvisc<sup>®</sup>, and Synvisc One<sup>®</sup></li> <li>• Preferred: Euflexxa, Monovisc, Orthovisc, Synvisc and Synvisc One</li> </ul>	X	X



## Outpatient Pharmaceuticals (submitted under medical benefit)

- Abrilada™
- Actemra®
- Adakveo®
- Adcetris®
- Adzyna™
- Akynzeo®
- Aliqopa™
- Amondys 45™
- Amvuttra®
- Anktiva®
- Aphexda®
- Aralast®
- Arzerra®
- Asparlas™
- Azedra®
- Beleodaq®
- Benlysta®  
Beovu®
- Beqvez™
- Besponsa®
- Bkmv™
- Blynicyto®
- Botox®
- Briumvi®
- Cablivi®
- Casgevy™
- Ceprotin®  
(ages 0–20 only)
- Cimzia®
- Cinqair®
- Columvi™
- Cortrophin®
- Cosela™
- Cosentyx®
- Crysvita®
- Cynamza®
- Danyelza®
- Darzalex®/Darzalex  
Faspro
- Daxxify®
- DDAVP® injectable  
(ages 0–20 only)
- Dupixent®
- Durysta™
- Dysport®
- Elahere™
- Elrexfio™
- Elzonris®
- Empaveli™
- Empliciti®
- Enjaymo™
- Entyvio™
- Epkinly™
- Erbitux®
- Erwinaze®  
(ages 0–20 only)
- Evenity®
- Evkeeza™
- Exondys 51™
- Eylea®/Eylea HD
- Fasentra™
- Faslodex®
- Folutyn®
- Fyarro™
- Gamifant®
- Givlaari®
- Glassia™
- H.P. Acthar® Gel
- Halaven®
- iDose® TR (implant)
- Ilaris®
- Ilumya®
- Iluvien®
- Imdelltra™
- Imjudo®
- Izervay™
- Jelmyto™
- Jesduvroq™
- Jevtana®
- Ketalar®
- Kimmtrak®
- Kisunla®
- Krystexxa®
- Kyprolis®
- Lemtrada®
- Lenmeldy™
- Leqembi™
- Leqvio®
- Leukine®
- Levoleucovorin  
(Fusilev®, Khapzory™)
- Lumoxiti®
- Lunsumio™
- Lutathera®
- Lyfgenia™
- Macugen®
- Margenza™
- Marquibo®
- Monjuvi®
- Mozobil®
- Mylotarg™
- Myobloc®
- Myozyme®
- Novantrone®
- Nplate®
- Nucala
- Nulibry™
- Ocrevus™
- Omvoh™
- Oncaspar®
- Onpattro™
- Orencia®
- Oxlumo™
- Ozurdex®
- Padcev®
- Panhematin®
- Parsabiv®
- Pepaxto®
- Perjeta®
- Phesgo®
- Polivy™
- Poteligeo®
- Prevymis™
- Prolastin®
- Prolia®/Jubbonti®
- Provence®
- Qalsody™
- Radicava™
- Radiesse®
- Reblozyl®
- Rebyota™
- Retisert®
- Revcovi™
- Rybrevant™
- Rylaze™
- Ryplazim®
- Rystiggo®
- Sandostatin® LAR kit
- Saphnelo™
- Sarclisa®
- Scenesse®
- Sculptra®
- Signifor® LAR
- Simponi Aria®
- Sinuva®
- Skyrizi®
- Soliris®
- Somatuline® Depot
- Sotradecol®
- Spevigo®
- Spinraza™
- Spravato®
- Stelara®
- Sustol®
- Syfovre™
- Synagis®
- Synribo®
- Talvey™
- Tecvayli™
- Tepezza®
- Testopel®
- Tezspir®
- Tivdak™
- Tofidence™
- Trodelvy®
- Tyenne®
- Tyruko®
- Tysabri®
- Tzield™
- Ultomiris™
- Unituxin®
- Uplizna®
- Vabysmo®
- Valstar®
- Vectibix®
- Velcade®  
(ages 0–20 only)
- Veopoz™
- Vidaza®
- Viltipso®
- Visudyne®
- Vyepiti™
- Vyjuvek®
- Vyondys 53®
- Vyvgart®
- Vyvgart® Hytrulo
- Vyxeos®  
(ages 0–20 only)
- Wezlana™
- Xeomin®
- Xgeva®/Wyost®
- Xiaflex®
- Xipere®
- Xolair®
- Yervoy®
- Yutiq™
- Zaltrap®
- Zemaira®
- Zemdri™
- Zepzelca™
- Zilretta™
- Zinplava™
- Zulresso™
- Zynlonta®

For the reference product, all generics or biosimilar drugs will require a prior authorization.

# Outpatient Pharmaceuticals (submitted under medical benefit)

## Biosimilars are required in lieu of branded drugs

- Biosimilars require prior authorization
- Preferred biosimilars are required in lieu of branded drugs
- Authorized by the Pharmacy Department
- Must try preferred products prior to non-preferred approval. Please refer to the drug specific policy for complete list of preferred products.

Non-Preferred	Preferred
Bevacizumab agents – Alysmsys <sup>®</sup> , Avastin <sup>®</sup> , Vegzelma <sup>®</sup> (no longer requires PA for ophthalmologists)	<ul style="list-style-type: none"> <li>• Mvasi<sup>®</sup>, Zirabev<sup>™</sup> (no PA required for ophthalmologists)</li> </ul>
Erythropoiesis-stimulating agents (ESA) – Aranesp <sup>®</sup> , Epogen <sup>®</sup> , Mircera <sup>®</sup> , Procrit <sup>®</sup>	<ul style="list-style-type: none"> <li>• Retacrit<sup>™</sup> (PA not required for Retacrit when administered/provided under the medical benefit)</li> </ul>
Filgrastim agents – Granix <sup>®</sup> , Neupogen <sup>®</sup> , Releuko <sup>®</sup>	<ul style="list-style-type: none"> <li>• Nivestym<sup>®</sup></li> <li>• Zarxio<sup>®</sup> (PA not required for Zarxio when administered/provided under the medical benefit)</li> </ul>
Infliximab agents – Remicade <sup>®</sup>	<ul style="list-style-type: none"> <li>• Avsola<sup>®</sup>, Inflectra<sup>®</sup>, Renflexis<sup>®</sup></li> </ul>
Pegfilgrastim agents – Fulphila <sup>®</sup> , Fylnetra <sup>®</sup> , Neulasta <sup>®</sup> , Neulasta OnPro <sup>®</sup> , Rolvedon <sup>™</sup> , Ryzneuta <sup>™</sup> , Stimufend <sup>®</sup> , Ziextenzo <sup>®</sup>	<ul style="list-style-type: none"> <li>• Nyvepria<sup>®</sup>, Udenyca<sup>®</sup>, Udenyca Onbody</li> </ul>
Rituximab agents – Riabni <sup>®</sup> , Rituxan <sup>®</sup> , Rituxan Hycela <sup>®</sup>	<ul style="list-style-type: none"> <li>• Ruxience<sup>®</sup>, Truxima<sup>®</sup> (no PA required for hematology/oncology indications)</li> </ul>
Trastuzumab agents – Enhertu <sup>®</sup> , Herceptin <sup>®</sup> , Herceptin Hylecta <sup>™</sup> , Herzuma <sup>®</sup> , Kadcyla <sup>®</sup> , Ontruzant <sup>®</sup>	<ul style="list-style-type: none"> <li>• Kanjinti<sup>®</sup>, Ogivri<sup>®</sup>, Trazimera<sup>™</sup></li> </ul>

**NON-BENEFIT SERVICES REQUIRING PRIOR AUTHORIZATION**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<p><b>Community Supports</b></p> <ul style="list-style-type: none"> <li>• Asthma remediation</li> <li>• Community transition services/ nursing facility transition to a home</li> <li>• Day habilitation</li> <li>• Environmental accessibility adaptations (home modifications)</li> <li>• Housing deposits</li> <li>• Housing tenancy and sustaining services</li> <li>• Housing transition navigation services</li> <li>• Meals/medically tailored meals</li> <li>• Nursing facility transition/diversion to assisted living facilities</li> <li>• Personal care and homemaker services</li> <li>• Recuperative care (medical respite)</li> <li>• Respite services</li> <li>• Short-term post-hospitalization housing</li> </ul>	<p>Refer to the <a href="#">CalAIM Resources for Providers</a> page on the portal at healthnet.com &gt; <i>Providers</i> &gt; <i>CALAIM RESOURCES</i> button.</p>	<p>X</p>	<p>X</p>

# Limitations and Exclusions, and Prior Authorization Exceptions

Listed below are prior authorization limitations and exclusions, in addition to sensitive, confidential and other services that do not require prior authorization for adult or pediatric Medi-Cal members.

## LIMITATIONS AND EXCLUSIONS

	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Authorization for carve-out services not covered by Health Net or CalViva Health, such as CCS-eligible conditions, requires prior authorization from the local CCS office.		X
CCS services must be provided by CCS-paneled providers and at CCS-approved facilities.		X
Any services related to CCS-eligible medical conditions must be approved by the CCS program. Refer to the California Code of Regulations, Title 22, Division 2, Part 2, Subdivision 7, CCS, Chapter 4, Medical Eligibility, Article 4, available online at <a href="http://www.calregs.com">www.calregs.com</a> .		X
Routine laboratory and radiology services must be performed at a Health Net or CalViva Health participating facility.	X	X
Non-emergency medical transport (NEMT), ground, for medically necessary outpatient services and non-medical transportation (NMT) is available upon request by a provider or member who contacts Modivcare. All NEMT require a PCS form.	X	X
Specialty mental health services and select substance use disorder services are covered by the county mental health program. If coordination assistance with the county mental health program is needed, contact Medi-Cal Member Services.	X	X
Emergency room (ER) services after stabilization of an emergency medical condition or when the medical screening exam (MSE) does not demonstrate an emergency medical condition are subject to review by Health Net and may not be paid.	X	X
Cosmetic surgery is not a benefit of the Medi-Cal program. Cosmetic surgery requests are reviewed for possible reconstructive benefits, as well as medical necessity, using the Department of Health Care Services (DHCS) definition of cosmetic surgery.	X	X
Authorizations for services commonly included in the local educational agency (LEA) carve-out are referred to the local school district. These include speech therapy, occupational therapy and audiology services for children ages three and over, and psychological testing for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).		X

**SENSITIVE, CONFIDENTIAL OR OTHER SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION**

	<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<p>Referral or prior authorization is not required for the following sensitive services, and the services may be obtained from any qualified in-network or out-of-network provider:</p> <ul style="list-style-type: none"> <li>• <b>Minor consent services – those covered services of a sensitive nature that minors do not need parental consent to access or obtain. Such services are those related to pregnancy testing, contraception services, services for sexually transmitted infection, and outpatient mental health services</b></li> <li>• <b>Adult sensitive care services:</b> <ul style="list-style-type: none"> <li>○ Family planning and birth control including sterilization for adults 21 and older</li> <li>○ Pregnancy testing and counseling and other pregnancy related services</li> <li>○ HIV/AIDS prevention and testing</li> <li>○ Sexually transmitted infections prevention testing</li> <li>○ Sexual assault care</li> <li>○ Outpatient abortion services</li> </ul> </li> </ul>	X	X
<p>Referral or prior authorization is not required for Comprehensive Perinatal Services Program (CPSP) services. Services may be obtained from any participating CPSP providers. Refer to the CPSP website at <a href="http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx">www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx</a> for more information about locating a CPSP provider.</p>	X	X
<p>Other services not requiring prior authorization:</p> <ul style="list-style-type: none"> <li>• Basic prenatal care with a participating network obstetrician</li> <li>• Preventive services from a participating provider</li> <li>• Services for emergency medical conditions</li> <li>• Specialist referral (initial referral to participating specialist)</li> <li>• Urgently needed services when the member is outside their county</li> <li>• Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider</li> <li>• MOA 638 Indian Health Service facilities</li> <li>• Biomarker testing for an insured with advanced or metastatic stage 3 or 4 cancer (FDA approved)</li> <li>• COVID-19 diagnostic and screening testing</li> <li>• Services that are rendered under the Children and Youth Behavioral Health Initiative fee schedule</li> <li>• Initial mental health and substance use disorder assessments</li> <li>• Adult preventive immunizations from a participating physician or other provider</li> <li>• Second opinion from a participating physician or other provider</li> </ul>	X	X

## Prior Authorization Contacts

Listed below are contact numbers for requesting prior authorization via telephone and fax. Also included is contact information for commonly requested Health Net, CalViva Health and Department of Health Care Services departments. If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card.

CONTACT INFORMATION		MEMBERS	
		Ages 21 and Over	Under Age 21
<b>Prior authorization request</b>	800-421-8578; fax: 800-743-1655	X	X
<b>Hospital Notification Unit</b>	fax: 800-676-7969	X	X
<b>Hospital Notification Unit/Post-stabilization Notification</b>	800-995-7890	X	X
<b>Long-term Care Intake Line</b>	800-453-3033; fax: 855-851-4563	X	X
<b>American Specialty Health Plans, Inc. (ASH Plans)</b>	800-972-4226; www.ashlink.com	X	X
<b>Behavioral Health Team</b>	844-966-0298	X	X
<b>California Children's Services (CCS)</b>	www.dhcs.ca.gov/services/ccs/pages/default.aspx (includes CCS contact information by county)		X
<b>CCS paneling inquiries</b>	www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx (916) 552-9105 – select option 5, then option 2		X
<b>Coram Specialty Infusion Services (preferred home +infusion provider)</b>	866-899-1661; fax: 866-843-3221	X	X
<b>County Mental Health for substance abuse services</b>	www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx (includes contact list by county)	X	X
<b>Dental (Denti-Cal)</b>	800-322-6384	X	X
<b>Eligibility and benefits</b>	888-893-1569	X	X
<b>Evolent Specialty Services, Inc. (Evolent) (for advanced and cardiac imaging requests)</b>	800-424-4809 Online submission: www.radmd.com/	X	X
<b>Medi-Cal general information</b>	www.medi-cal.ca.gov	X	X
<b>Medi-Cal Member Services Department</b>	888-893-1569	X	X
<b>Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT)</b>	866-529-2128 fax: 877-457-3352	X	X
<b>Nurse Advice Line</b>	800-675-6110, 24 hours, seven days a week	X	X
<b>Pharmacy Department</b>	800-548-5524; fax: 833-953-3436	X	X
<b>Provider Services Center</b>	888-893-1569	X	X
<b>Public Programs (for CBAS)</b>	Face-to-face, authorization and notification request: fax: 833-581-5908	X	X
<b>Transplant Team</b>	fax: 833-769-1141	X	X
<b>TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests)</b>	855-332-5898; fax: 949-774-2254 www.myturningpoint-healthcare.com email: centenecaum@turningpoint-healthcare.com	X	