

Summary of Updates

PHC P & T Committee, January 11, 2024

Effective Date: April 1, 2024

The following TAR criteria, coverage requirements, &/or restrictions, apply to PHC's Medical Drug Benefit (also referred to as Physician Administered Drugs). These are drugs that are (1) purchased by a medical office, clinic or hospital, (2) administered to the member in a medical setting (not for use at home), and (3) billed directly to PHC as a medical claim using HCPCS codes (and NDCs where appropriate). For pharmacy drug coverage, please refer to Medi-Cal Rx documents on the [State's Medi-Cal Rx web pages](#).

NOTE: Brand names are for reference only. Criteria and billing requirements apply to the drug itself (active ingredient) regardless of the manufacturer/brand, unless otherwise specified.

Effective Date for all changes below: April 1st, 2024, unless otherwise specified.

Class Review: Analgesic, Anti-Inflammatory, Migraine, Gout, Anesthetics		
HCPCS	HCPCS Description	Summary of Updates
J0638	Injection, Canakinumab (Ilaris™), 1 mg	<ul style="list-style-type: none"> New drug specific criteria: Requirements for Canakinumab (Ilaris™)

Class Review: Neuromuscular Agents		
HCPCS	HCPCS Description	Summary of Updates
C9157	Injection, tofersen, 1 mg (Qalsody™)	<ul style="list-style-type: none"> New drug specific criteria: Requirements for Tofersen, intrathecal injection (Qalsody™)
J2326	Injection, nusinersen, 0.1 mg (Spinraza™)	<ul style="list-style-type: none"> Minor edits to current criteria: <ul style="list-style-type: none"> Add current case by case criteria reference Add NMR policy references
J1428	Injection, eteplirsen, 10 mg (Exondys 51™)	<ul style="list-style-type: none"> Minor edits to current criteria: <ul style="list-style-type: none"> Add NMR policy reference Removed age limits from eteplirsen, golodirsen, & viltolarsen
J1426	Injection, casimersen, 10 mg (Amondys 45™)	
J1429	Injection, golodirsen, 10 mg (Vyondys 53™)	
J1427	Injection, viltolarsen, 10 mg (Viltepso™)	
J3590	Unclassified biologics: delandistrogene moxeparvovec-rokl (Elevidys™)	<ul style="list-style-type: none"> New drug specific criteria: Requirements for Delandistrogene moxeparvovec-rokl (Elevidys™)

HCPCS	HCPCS Description (Brand reference)	Summary of Updates
<i>Hyaluronan or derivative, Preferred Group</i>		
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	<ul style="list-style-type: none"> • Changes to criteria: <ul style="list-style-type: none"> ○ Regrouping of preferred hyaluronic acid agents <ul style="list-style-type: none"> ▪ Added Durolane™ & Gelsyn-3 ▪ Removed Orthovisc™ (now a non-preferred brand) ○ Removed requirement for duloxetine trial ○ Minor changes to the requirement for at least one non-pharmacologic measure
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	
J7328	Hyaluronan or derivative, Gelsyn-3, for intra-articular injection, 0.1 mg	
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	
<i>Hyaluronan or Derivative, Non-Preferred Group</i>		
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	<ul style="list-style-type: none"> • Changes to criteria: <ul style="list-style-type: none"> ○ Regrouping of NON-preferred hyaluronic acid agents <ul style="list-style-type: none"> ▪ Added Orthovisc™ ▪ Removed Durolane™ & Gelsyn-3™ (now preferred brands) • Removed requirement for duloxetine trial • Minor changes to the requirement for at least one non-pharmacologic measure
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1mg	
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	
J7331	Hyaluronan or derivative, Synjoynt, for intra-articular injection, 1mg	
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	

Class Review: Anti-Infective Agents		
HCPCS	HCPCS Description (Brand reference)	Summary of Updates
J0878	Injection, daptomycin, 1 mg (Cubicin™)	<ul style="list-style-type: none"> Update criteria to include linezolid in the list of antibiotic options for complicated skin and skin structure infections (cSSSI). Add FDA approved ages to age limit
J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	
J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	
J3090	Injection, tedizolid phosphate, 1 mg (Sivextro™)	<ul style="list-style-type: none"> Update criteria to include linezolid to list of antibiotic options for complicated skin and skin structure infections (cSSSI). Update age limits to match FDA approved labeling Add case-by-case criteria reference
J2407	Injection, oritavancin, 10 mg (Orbactive™)	
J0875	Injection, dalbavancin, 5 mg (Dalvance™)	

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews		
HCPCS	HCPCS Description	Summary of Updates
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (Lupron Depot™, Eligard™)	<ul style="list-style-type: none"> Add breast cancer ICD-10s to the list of ICD-10's required for reimbursement without a TAR

New CMS & DHCS HCPCS Codes, Effective 1/1/2024		
HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Antineoplastic & Adjunctive Agents		
C9163	Injection, talquetamabtgvs, 0.25 mg (Talvey™)	TAR required
C9165	Injection, elranatamabbcm, 1 mg (Elrexio™)	TAR required
J9052	Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg	No limits or requirements
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg	TAR required
J9258	Injection, Paclitaxel Protein-Bound Particles (Teva), not therapeutically equivalent to J9264, 1mg	TAR required
J9286	Injection, glofitamabgxbm, 2.5 mg (Columvi™)	TAR required
J9321	Injection, epocoritamab-bysp, 0.16 mg (Epkinly™)	TAR required
J9324	Injection, Pemetrexed (Pemrydi RTU™), 10 mg	TAR required
Anti-infectives - Antibiotic		
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	No limits or requirements

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
J0873	Injection, daptomycin (Xellia) not therapeutically equivalent to J0878, 1mg	TAR required
Anti-infectives - Antiparasitic		
J0391	Injection, artesunate, 1mg	TAR required
Cardiovascular Agents		
J1939	Injection, bumetanide, 0.5 mg (Bumex™)	No limits or requirements
J2404	Injection, nifedipine, 0.1 mg (Cardene IV™)	No limits or requirements
Central Nervous System Agents (sedative)		
J1105	Dexmedetomidine sublingual film (Igalmi™)	TAR required
Dermatologic Agents		
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (Ycanth™)	TAR required
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml (Vyjuvek™)	TAR required
Endocrine & Metabolic Agents		
J0217	Injection, Velmanase alfa-tycy, 1 mg (Lamzede™)	TAR required
J2508	Injection, pegunigalsidase alfaiwxj, 1 mg (Elfabrio™)	TAR required
Gastrointestinal Agents		
J0184	Injection, amisulpride, 1 mg (Barhemsys™)	TAR required
J1596	Injection, Glycopyrrolate, 0.1 mg (Glyrx-PF™, Robinul™)	No limits or requirements
Hematologic Agents		
C9159	Injection, prothrombin complex concentrate (human), Balfaxar, per i.u. of factor ix activity (BALFAXAR™)	TAR required
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes (Roctavian™)	TAR required
J3425	Injection, hydroxocobalamin, 10 mcg solution	No limits or requirements
Immunomodulatory Agents		
J9333	Injection, rozanolixizumab-noli, 1 mg (RYSTIGGO™)	TAR required
J9334	Injection, efgartigimod alfa-fcab, 2mg and hyaluronidase-qvfs (Vyvgart Hytrulo™)	TAR required
Neuromuscular Agents		
J1304	Injection, tofersen, 1 mg (Qalsody™)	TAR required

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
J1413	Injection, Delandistrogene Moxeparvovec-rokl, per therapeutic dose (ELEVIDYS)	TAR required
Ophthalmologic Agents		
C9161	Injection, Aflibercept HD, 1 mg (Eylea HD™)	TAR required
C9162	Injection, Avacincaptad-pegol, 0.1 mg (IZERVAY™)	TAR required
Vaccines		
90589	Chikungunya virus vaccine, live attenuated, IM (Ixchiq™)	No TAR required (requires SK modifier and minimum age 18)

Additions and Changes to J3490/Z7610 Unclassified NDC Coverage
Brand names are listed for reference only; coverage information also applies to generics.

Generic (Brand)	Change Description
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants Agents	
Atomoxetine oral capsules (Strattera™)	Remove Quantity limit
Cardiovascular Agents	
Olmesartan 5, 10, 40 mg tablets (Benicar™)	Remove Quantity limit
Ezetimibe 10 mg tablets (Zetia™)	Remove Quantity limit
Dermatologic/Anorectal/Mouth, Throat/Dental/Ophthalmic/Otic Agents	
Glycerin, propylene glycol, methylcellulose (Biotene Dry Mouth Mouthwash™)	Addition
Glucose oxidase/lactoperoxidase (Biotene Dry Mouth Gum With Xylitol™)	
Dextranase/glucose/lactoperoxidase/mutan (Biotene PBF Dry Mouth Chewing Gum With Xylitol™)	
Water, purified, eye wash (Eye Clean™, Advanced Eye Relief™, generic Eye Wash, several mfg)	Addition
Endocrine & Metabolic	
Alendronate sodium 5 mg, 10 mg, 35 mg, 40 mg, 70 mg oral tablets (Fosamax™)	Remove Quantity limit
Neuromuscular	
Cenobamate oral tablets, 50, 100, 150, & 200 mg (Xcopri™)	Addition
Nutritional Agents	
Magnesium gluconate 500 mg (27 mg Mg) oral tablets	Addition