

Summary of Updates

Partnership P & T Committee, January 16, 2025 Effective Date: April 1, 2025

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 Partnership 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, 2025, unless otherwise specified.

Class Review: Neuromuscular Agents

HCPCS	HCPCS Description	Summary of Updates
J0585	Injection, onabotulinumtoxin a, 1 unit (Botox™)	<ul style="list-style-type: none"> Updated requirements for chronic migraine prophylaxis and urinary conditions
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (Elevidys™)	<ul style="list-style-type: none"> Updated coverage requirements to address the June 2024 FDA label expansion

Class Review: Ad Hoc Agents

HCPCS	HCPCS Description	Summary of Updates
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (Xiaflex™)	<ul style="list-style-type: none"> Updated requirements for treating Peyronie's disease

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews

HCPCS	HCPCS Description	Summary of Updates
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis) (Aranesp™)	<ul style="list-style-type: none"> Remove ICD-10 requirements
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis) (Mircera™)	<ul style="list-style-type: none"> Remove ICD-10 requirements
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (Procrit™/Epogen™)	<ul style="list-style-type: none"> Remove ICD-10 requirements
Q5105	injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units (Retacrit™)	<ul style="list-style-type: none"> Remove ICD-10 requirements
S0109	Methadone, oral, 5 mg	<ul style="list-style-type: none"> Remove service location requirement

New CMS & DHCS HCPCS Codes, Effective 1/1/2025

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Analgesic/Anti-Inflammatory/Migraine/Gout/Anesthetics		
J0666	Injection, bupivacaine liposome, 1 mg	Covered with age limit of 6 and up and max dose of 266 mg/20 mL (266 units)
Anti-Inflammatory		
J0139	Injection, adalimumab, 1 mg (Humira™)	TAR required
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	TAR required
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	TAR required
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	TAR required
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	TAR required
Q5144	Injection, adalimumab-aacf (Idacio™), biosimilar, 1 mg	TAR required
Q5145	Injection, adalimumab-afzb (Abrilada™), biosimilar, 1 mg	TAR required
Q9996	Injection, ustekinumab-ttwe (Pyzchiva™), subcutaneous, 1 mg	TAR required
Q9997	Injection, ustekinumab-ttwe (Pyzchiva™), intravenous, 1 mg	TAR required
Q9998	Injection, ustekinumab-aekn (Selarsdi™), 1 mg	TAR required
Anti-Infective Agents: Antibiotics		
J2290	Injection, nafcillin sodium, 20 mg	Covered, No limits.
Respiratory, Misc		
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3mg (Ohtuvayre™)	TAR required
Antineoplastic Agents & Adjunctive Therapies		
J0870	Injection, imetelstat, 1 mg (Rytelo™)	TAR required
J9026	Injection, tarlatamab-dlle, 1 mg (Imdelltra™)	TAR required
J9028	Injection, nogapendekin-alfa inbakicept-pmln, for intravesical use, 1 microgram (Anktiva™)	TAR required
J9076	Injection, cyclophosphamide (baxter), 5 mg	TAR required
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg	TAR required
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	TAR required
Gastrointestinal Agents		
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis) (Renvela™)	Covered for dialysis centers only with dose limit of 13000 mg/650 units
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20mg (for esrd on dialysis) (Renvela™)	Covered for dialysis centers only with dose limit of 13000 mg/650 units

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis) (Renagel™)	Covered for dialysis centers only with dose limit of 13000 mg/650 units
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis) (Velphoro™)	Covered for dialysis centers only with dose limit of 3000 mg/600 units
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis) (chew tabs) (Fosrenol™)	Covered for dialysis centers only with dose limit of 4500 mg/900 units
J0608	Lanthanum carbonate, oral, powder, 5 mg, not Therapeutically equivalent to J0607 (for esrd on dialysis) (Fosrenol™)	Covered for dialysis centers only with dose limit of 4500 mg/900 units
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis) (Auryxia)	TAR required
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	Covered for dialysis centers only with dose limit of 6003 mg/261 units
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Covered, No limits

Hematologic Agents

J0901	Vadadustat, oral, 1 mg (for esrd on dialysis) (Vafseo™)	TAR required
J1307	Injection, crovalimab-akkz, 10 mg	TAR required
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Beqvez™)	TAR required
J2802	Injection, romiplostim, 1 microgram (Nplate™)	TAR required
J3392	Injection,exagamglogene autotemcel, per treatment (Casgevy™)	TAR required
Q5139	Injection, eculizumabaeab (bkemv), biosimilar,10 mg	TAR required

Miscellaneous-Imaging Agent

A9615	Injection, pegulicianine, 1 mg (Lumisight™)	Covered with age limit of 18 and older
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Miscellaneous-Immunomodulators, Immunosuppressives

J7514	Mycophenolate mofetil (Myhibbin™), oral suspension, 100 mg	TAR required
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Vaccines/Toxoids/Passive Immunizing/Allergenic Extracts/Misc

90593	Chikungunya virus vaccine, recombinant, for intramuscular use	Covered with age limit of 18 and older
J1552	Injection, immune globulin (Alyglo™), 500 mg	TAR required

Changes made to mirror the State's Medi-Cal provider manual billing requirements		
HCPCS	HCPCS Description	Summary of Updates
J9267	Injection, paclitaxel, 1 mg	Covered, no limits (limits removed)
S0078	Injection, phosphenytoin sodium, 750 mg	Covered, no limits, retro to 4/1/2024

HCPCS	HCPCS Description	Summary of Updates
S5566	Insulin cartridge for use in insulin delivery device other than pump (i.e., pens/autoinjectors), per 300 units.	Covered, no limits (Pharmacies will continue to bill Medi-Cal Rx)
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use (mResvia™)	Covered with age limit of 60 years and older, retro to 7/1/2024
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use (Arexvy™)	Covered, with age limit of 50 years and older (change from 60 and older), Retro to 6/7/2024
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use (Jynneos™)	Covered with age limit of 19 and older. Vaccines for children (VFC) covers for 18 years and younger. Retro to 4/1/2024
90661	Influenza virus vaccine, trivalent (ccIIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelavax™)	Covered with age limit of 19 and older. VFC covers for 18 years and younger. Retro to 8/1/2024