



4665 Business Center Drive
Fairfield, California 94534

Date: 08/19/2020

Medi-Cal

Important Provider Notice: #403

Subject: Pharmacy Changes to Codes J2792, J2820, J0202, J1826, J2323, J0887, Q5110, Q5108, J0882, Q4081, Q5105 and J1447 - Effective 10/15/20

For dates of service on or after October 15, 2020, Partnership HealthPlan of California (PHC) will apply the following changes to the procedure codes listed above as follows:

J2792	Anti-D immunoglobulin [Rho(D) immune globulin] inj, 100 IU (WinRho SDF™)	TAR requirement added
J2820	Sargramostim inj, (gm-csf), 50 mcg (Leukine™)	TAR requirement added
J0202	Alemtuzumab inj, 1 mg (Lemtrada™)	TAR requirement added
J1826	Interferon beta-1a inj, 30 mcg (Avonex™)	TAR requirement added
J2323	Natalizumab inj, 1 mg (Tysabri™)	TAR requirement added
J0887	Epoetin beta, 1 microgram (Mircera), for ESRD on dialysis	TAR requirement <u>removed</u> when services provided in location 65 and DX is N18.6 or D63.1. All other location and DX codes require a TAR
Q5110	Filgrastim-aafi, biosimilar, 1 microgram, (Nivestym™)	TAR requirement removed – must be billed with DX codes D70.0, D70.1, D70.4, D70.8, D70.9 or Z51.11
Q5108	Pegfilgrastim-jmdb, biosimilar, 0.5 mg (Fulphila™)	Maximum of 12 units per DOS added
J0882	Darbepoetin alfa, 1 microgram (Aranesp) (ESRD on dialysis)	TAR requirement <u>removed</u> when services provided in location 65 and DX is N18.6 or D63.1. All other location and DX codes require a TAR
Q4081	Epoetin alfa, 100 units (Procrit, Epogen) (ESRD on dialysis)	TAR requirement <u>removed</u> when services provided in location 65 and DX is N18.6 or D63.1. All other location and DX codes require a TAR
Q5105	Epoetin alfa-epbx, biosimilar (Retacrit) (ESRD on dialysis), 100 units	TAR requirement <u>removed</u> when services provided in location 65 and DX is N18.6 or D63.1. All other location and DX codes require a TAR
J1447	TBO-Filgrastim, 1 mcg (Granix™)	Limited to DX code D70.1, Z51.11, D70.2 or Z51.89

If more than the limitations listed above are needed, providers may submit a Treatment Authorization Request (TAR) to the PHC Health Services Department for consideration.

For additional information regarding these codes, please see the Medi-Cal website at www.medi-cal.ca.gov.