

Summary of Updates

PHC P & T Committee, July 13, 2023

Effective Date: October 1, 2023

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: October 1st, 2023, unless otherwise specified.

Class Review: Dermatological, Anorectal, Mouth – Throat, Dental, Eye - Ear		
HCPCS	HCPCS Description	Summary of Updates
J1747	Intravitreal injection, spesolimab-sbzo, 1 mg (Spevigo™)	• New criteria created for Generalized pustular psoriasis (GPP) flares
Q5124	Intravitreal injection, ranibizumab-nuna, biosimilar (Byooviz™)	• Minor revisions to criteria wordings and extend TAR approval duration.
Q5128	Injection, ranibizumab-eqrn, biosimilar (Cimerli™)	• New criteria to be the same with Lucentis
J2778	Injection, ranibizumab, 0.1 mg (Lucentis™)	• Minor revisions to criteria wordings and extend TAR approval doses.
J2779	Injection, ranibizumab, via intravitreal implant 0.1mg (Susvimo™)	• Minor revisions to criteria wordings and extend TAR approval doses.
J2777	Injection, faricimab-svoa, 0.1mg (Vabysmo™)	• Minor revisions to improve readability and extend TAR approval doses.
J0178	Intravitreal injection, aflibercept, 1 mg (Eylea)	• Added requirements for retinopathy of prematurity. Minor changes to improve readability and extend TAR approval doses.
J0179	Intravitreal injection, brolocizumab-dbl, 1mg (Beovu™)	• Added requirements for retinopathy of prematurity. Minor changes to improve readability and extend TAR approval doses.

Class Review: Endocrine and Metabolic Agents		
HCPCS	HCPCS Description	Summary of Updates
J9381	Injection, teplizumab-mzwv, 5 mcg (Tzield™)	• New criteria created

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews

HCPCS	HCPCS Description	Summary of Updates
J2916	Injection, sodium ferric gluconate complex in sucrose, 12.5 mg (Ferrelecit™)	<ul style="list-style-type: none"> • Removal of CKD • Requirement: Must have IDA • Dose limits per service date: <ul style="list-style-type: none"> ○ Sodium Ferric Gluconate: 250mg Iron Dextran: 1000mg ○ Iron Sucrose: Maximum 500mg; min age 2 yrs.
J1750	Injection, iron dextran, 50 mg (InFed™)	
J1756	Injection, iron sucrose, 1 mg (Venofer™)	
J3240	Injection, thyrotropin alpha, 0.9 mg, 1.1 mg vial (Thyrogen™)	<ul style="list-style-type: none"> • Remove TAR requirement • Add ICD-10 requirement for thyroid cancer.
J9206	Injection, irinotecan, 20 mg (Camptosar™)	<ul style="list-style-type: none"> • Remove ICD-10 requirements.
J9263	Injection, oxaliplatin, 0.5 mg (Eloxatin™)	<ul style="list-style-type: none"> • Remove ICD-10 requirements.
J9217	Leuprolide acetate (for depot), 7.5 mg (Lupron Depot™), (Eligard™)	<ul style="list-style-type: none"> • Remove TAR requirement • add ICD-10 requirement for prostate cancer (C61)

New CMS & DHCS HCPCS Codes, Effective 7/1/2023

NEW BILLING CODES – 503(b) NDCs

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Analgesics/Anti-Inflammatory/Migraine/Gout/Anesthetics		
J0137	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	Limit 4 g per day
Anti-Infectives		
J0737	Injection, clindamycin phosphate, (Baxter), not therapeutically equivalent to J0736, 300 mg	No restriction
Antineoplastic Agents		
J9058	Injection, bendamustine hydrochloride (Apotex), 1 mg	TAR required
J9059	Injection, bendamustine hydrochloride (Baxter), 1 mg	TAR required
J9259	Injection, paclitaxel protein bound particles, (American Regent), not therapeutically equivalent to J9264, 1 mg	ICD-10 requirements, Minimum age 18 yrs
J9322	Injection, pemetrexed, (Bluepoint), not therapeutically equivalent to J9305, 10 mg	Minimum age 18 yrs
Cardiovascular Agents		
J1806	Injection, esmolol hydrochloride (WG Critical Care), not therapeutically equivalent to J1805, 10 mg	No restriction
J1921	Injection, labetalol HCl (Hikma), not therapeutically equivalent to J1820, 5 mg	Limit 300 mg/day
Endocrine Agent		
J2599	Injection, vasopressin (American Regent), not therapeutically equivalent to J2598, 1 mg	No restriction

NEW BILLING CODES -- NDA, ANDA NDCs		
HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Analgesics/Anti-Inflammatory/Migraine/Gout/Anesthetics		
J0206	Injection, allopurinol sodium , 1 mg (Aloprim™)	TAR required
J0216	Injection, alfentanil hydrochloride, 500 mcg	TAR required & not payable in addition for UA or UB surgical modifier because surgical modifier rates include anesthesia-related drug costs
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	Not payable in addition to UA or UB surgical CPT modifier because surgical modifier rates include anesthetic drug cost
Q5131	Injection, adalimumab-aacf (Idacio™), biosimilar, 20 mg	TAR required
Anti-Infectives		
J0457	Injection, aztreonam, 100 mg	No restriction
J0736	Injection, clindamycin phosphate, 300 mg	No restriction
J1836	Injection, metronidazole, 10 mg.	<i>Limited to 400 units (4,000mg) per day</i>
Antineoplastic Agents		
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose (Adstiladrin™)	TAR required
J9056	Injection, bendamustine hydrochloride (Vivimusta), 1 mg	TAR required
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg (Elahere™)	TAR required
J9347	Injection, tremelimumab-actl, 1 mg (Imjudo™)	TAR required
J9350	Injection, mosunetuzumabxgb, 1 mg (Lunsumio™)	TAR required
J9380	Injection, teclistamab-cqyv, 0.5 mg (Tecvayli™)	TAR required
J9323	Injection, pemetrexed ditromethamine, 10 mg	Minimum age 18 years
Cardiovascular Agents		
J1805	Injection, esmolol hydrochloride, 10 mg (Brevibloc™)	No restriction
J1920	Injection, labetalol hydrochloride, 5 mg (Normodyne™, Trandate™)	Limit 300 mg per day
J1941	Injection, furosemide (Furoscix™), 20 mg	TAR required
J2305	Injection, nitroglycerin, 5 Mg	No restriction
J2371	Injection, phenylephrine HCL, 20 mcg (Vazculep™)	No restriction
J2372	Injection, phenylephrine Hydrochloride (Biorphen™), 20 mcg	No restriction
Central Nervous System/Hypnotics/Sedatives/Sleep Disorder		
J2249	Injection, remimazolam, 1 mg (Byfavo™)	TAR required
J2561	Injection, phenobarbital sodium (Sezaby™), 1 mg	Limited to use in neonates (age <28 days) and maximum dose of 400 mg
Dermatological/Anorectal/Mouth-Throat/Dental/Ophthalmic/Otic		
C9151	Injection, pegcetacoplan, 1mg (Syfovre™)	TAR required

Endocrine Agents		
J1811	Insulin (Fiasp™) for administration through DME (i.e., insulin pump) per 50 units	TAR required
J1812	Insulin (Fiasp™), per 5 Units (<i>previously billed with J1815</i>)	Limited to 40 code units (200 insulin units) per day.
J1813	Insulin (Lyumjev™) for administration through DME (i.e., insulin pump) per 50 units (<i>previously billed with J1817</i>)	TAR required
J1814	Insulin (Lyumjev™), per 5 Units (<i>previously billed with J1815</i>)	Limited to 40 code units (200 insulin units) per day.
J2598	Injection, vasopressin, 1unit (Vasostrict™)	No restriction
J9381	Injection, Teplizumab-mzwv, 5 mcg (Tziel™)	TAR required
Gastrointestinal Agents		
J1440	Fecal microbiota, live – jslm, 1 ml (Rebyota™)	TAR required
Psychotherapeutic & Neurological Agents		
J2329	Injection, ublituximab-xiyy, 1 mg (Briumvi™)	TAR required
Vaccines/Toxoids/Passive Immunizing/Allergenic Extracts		
90679	Respiratory syncytial virus vaccine, pref, recombinant, subunit, adjuvanted, for IM use (Arexvy™)	TBD, pending advisement from DHCS
J1576	Injection, immune globulin (Panzyga™), IV, non-lyophilized (e.g., liquid), 500 mg	TAR required

Additions & Changes to J3490/Z7610 Unclassified NDC Coverage

Brand names are listed for reference only; coverage information also applies to generics.

Generic (Brand)	Change or New Coverage Requirements/Limits
Anti-inflammatory Agents	
Colchicine 0.6 mg tablets & capsules	Change: Removed daily tablet count limit for hospital claims
Anti-Infectives: Antibiotic Agents	
Erythromycin Base 250 mg DR tablets (Ery-TAB™) and 250 mg & 500 mg tablets	Addition, no restriction
Azithromycin oral tablets 250 mg, 500 mg, 600 mg	Change: Removed daily tablet count limit for hospital claims
Cardiovascular Agents	
Fenofibrate 50 mg, 150 mg capsules (Lipofen™) and 40 mg & 120 mg tablets (Fenoglide™)	Addition, no restriction
Fenofibrate, micronized 30, 43, 90, 130 mg capsules (Antara™)	Addition, no restriction
Fenofibrate nanocrystallized, 160 mg tablets (Triglide™)	Addition, no restriction
Fenofibric acid 35, 105 mg tablets (Fibricor™)	Addition, no restriction
Fenofibric acid choline 45 & 135 mg DR capsules (Trilipix™)	Addition, no restriction
Ivabradine 5 mg & 7.5 mg tablets (Corlanor™)	Addition, no restriction

Nimodipine 30 mg capsules (Nimotop™)	Addition, no restriction
Nimodipine 6 mg/ml oral/enteral solution (Nymalize™)	Addition, no restriction other than must bill as 1 unit=1 unit dose oral syringe, do not use # of ML as the unit count. Multi-dose 240 ml bottle should be billed as count of 1 for each bottle used and remarks to indicate actual # of ML administered (will be reimbursed by the # of ML used).
Midodrine 2.5, 5, 10 mg tablets	Change: Removed daily tablet count limit for hospital claims
Dermatologic Agents	
Neomycin/Bacitracin Zn/Polymixin B (Neosporin) ointment	Addition, no limit other than must bill as 1 unit=1 package; do not use # of grams as the unit count.
Electrolyte Regulation Agents	
Sodium bicarbonate 325 & 650 mg tablets	Addition, no restriction
Sodium phosphate dibasic-sodium phosphate monobasic intravenous solution, 142 mg/ml-276 mg/ml IV soln	Addition, no restriction other than must bill as 1 unit=1 vial; do not use # of ML as the unit count.
Endocrine Agents	
Levothyroxine powder for solution, injection/intravenous in 100 mcg, 200 mcg and 500 mcg vials	Addition, no restriction other than must bill as 1 unit=1 vial; do not use # of ML as the unit count.
Gastrointestinal Agents	
Loperamide HCL OTC tablets, capsules, solution, suspension (Imodium AD™)	Addition, no restriction other than liquid forms must be billed as 1 unit-1 bottle or unit dose cup; do not use # of ML as the unit count.
Mesalamine 400 mg DR capsules (Delzicol™)	Addition, no restriction
Pantoprazole granule packets for oral suspension, 40 mg (Protonix™).	Addition, limit: 6 packets per day.
Hematologic Agents	
Aprotinin/Fibrinogen/Thrombin for topical application, in kits with Duploject™ applicator syringe device and PFS kits (Tisseel™)	Addition, no restriction other than must bill as 1 unit=1 kit.
Nasal Agents	
Phenylephrine 0.25% spray, 1% drops (Neo-Synephrine™)	Addition, no restriction other than must bill as 1 unit=1 bottle/sprayer; do not use # of ML as the unit count.
Neurological Agents	
Donepezil oral tablets, 5 & 10 mg (Aricept™)	Change: Removed daily tablet count limit for hospital claims.
Nutritional Agents	

Cyanocobalamin OTC 50, 100, & 250 mcg tablets	No restriction
Vitamin E OTC tablets, capsules 100, 200, 400, 800, 1,000 IU	No restriction
Cholecalciferol OTC tabs, capsules	No restriction