

## Summary of Updates

### Partnership P & T Committee, April 10,

### 2025 Effective Date: July 1, 2025

The following TAR criteria, coverage requirements, &/or restrictions, apply to Partnership'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:** July 1<sup>st</sup>, 2025, unless otherwise specified.

#### Class Review: Antihistamine, Nasal, Cough and Cold, Respiratory Misc.

HCPCS	HCPCS Description	Summary of Updates
J0517	benralizumab injection, 1 mg (Fasenra™)	<ul style="list-style-type: none"> <li>• Updates to criteria; age limit change for asthma, new FDA-approved indication (EGPA)</li> </ul>

#### Class Review: Anti-infective Agents

HCPCS	HCPCS Description	Summary of Updates
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g (Avycaz™)	<ul style="list-style-type: none"> <li>• Remove age limit</li> </ul>
J0878	Injection, daptomycin, 1 mg (Cubicin™)	<ul style="list-style-type: none"> <li>• Remove TAR requirement</li> </ul>
J0877	Injection, daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg	<ul style="list-style-type: none"> <li>• Remove TAR requirement</li> </ul>
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to J0878, 1 mg	<ul style="list-style-type: none"> <li>• Remove TAR requirement</li> </ul>
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to J0878 or J0872, 1 mg	<ul style="list-style-type: none"> <li>• Remove TAR requirement</li> </ul>
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	<ul style="list-style-type: none"> <li>• Updates to criteria; require use of preferred daptomycin products</li> </ul>
J0875	Injection, dalbavancin, 5 mg (Dalvance™)	<ul style="list-style-type: none"> <li>• Remove TAR requirement</li> <li>• Add dose/frequency limit of 1500mg/30 days, 2 doses/30 days.</li> </ul>

Class Review: Genitourinary Agents		
HCPCS	HCPCS Description	Summary of Updates
J0224	Injection, lumasiran, 0.5 mg (Oxlumo™)	<ul style="list-style-type: none"> <li>Updates to criteria; remove eGFR restriction, add requirement to trial nedosiran</li> </ul>

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews		
HCPCS	HCPCS Description	Summary of Updates
J9226	Histrelin implant, 50 mg (Supprelin LA™)	<ul style="list-style-type: none"> <li>Updates to criteria; require trial of preferred leuprolide product, new criteria for gender incongruence</li> </ul>
J1951	Injection, leuprolide acetate for depot suspension, 0.25 mg (Fensolvi™)	<ul style="list-style-type: none"> <li>Updates to criteria; require trial of preferred leuprolide product, new criteria for gender incongruence</li> </ul>
J3316	Injection, triptorelin, extended-release, 3.75 mg (Triptodur™)	<ul style="list-style-type: none"> <li>Updates to criteria; require trial of preferred leuprolide product, new criteria for gender incongruence</li> </ul>
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (Elevidys™)	<ul style="list-style-type: none"> <li>Updates to criteria; additional items to required medical information</li> </ul>

New CMS & DHCS HCPCS Codes, Effective 4/1/2025		
HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
<b>Anti-Infective Agents</b>		
J1271	Injection, doxycycline hyclate, 1mg	No TAR, no limits
J2804	Injection, rifampin, 1mg	No TAR, limit 1200 units/day
J2865	Injection, sulfamethoxazole 5mg and trimethoprim 1mg	No TAR, no limits
<b>Antineoplastic and Adjunctive Agents</b>		
J9024	Injection, atezolizumab, 5 mg and hyaluronidasetqjs	TAR Required
J9054	Injection, bortezomib (boruzu), 0.1 mg	TAR Required
J9161	Injection, denileukin diftitox-cxdL, 1mcg	TAR Required
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	TAR Required
C9302	Injection, zanidatamab-hrii, 2 mg	TAR Required
C9303	Injection, zolbetuximab-clzb, 1 mg	TAR Required
C9301	Obecabtagene autoleucel, up to 410 million cd19 carpositive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	TAR Required

Cardiovascular Agents		
J1938	Injection, furosemide, 1mg	No TAR, no limits
Dermatological, Anorectal, Mouth-Throat, Dental, Eye, Ear		
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	TAR Required
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	TAR Required
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	TAR Required
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	TAR Required
Endocrine and Metabolic Agents		
J1072	Injection, testosterone cypionate (azmiro), 1 mg	TAR Required
Gastrointestinal Agents		
J1308	Injection, famotidine, 0.25 mg	No TAR, no limits
Hematological Agents		
J1299	Injection, eculizumab, 2 mg	TAR Required
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	TAR Required
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	TAR Required
J0281	Injection, aminocaproic acid, 1 gram	No TAR, no limits
J1808	Injection, folic acid, 0.1 mg	No TAR, no limits
C9304	Injection, marstacimab-hncq, 0.5 mg	TAR Required
Miscellaneous Products		
J7521	Tacrolimus, granules, oral suspension, 0.1 mg	No TAR, no limits
J9038	Injection, axatilimab-csfr, 0.1 mg	TAR Required
C9300	Injection, indigotindisulfonate sodium, 1 mg	No TAR, no limits
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	TAR Required

#### Monthly State Bulletin Review for First Quarter (January, February, March)

HCPCS	HCPCS Description	Summary of Updates
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Per State General Medicine Bulletin #607: Added as a benefit with age limit 18+, effective for dates of services on or after February 1, 2025. Partnership's TAR requirement will remain and supersede any limits to ensure appropriate utilization of preferred alternatives.