Summary of Updates
PHC P & T Committee, October 10, 2024
Effective Date: January 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 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**: January 1st, 2025, unless otherwise specified.*

Class Review: Antineoplastic & Adjunctive Agents		
HCPCS	**HCPCS Description**	**Summary of Updates**
J9271	Injection, pembrolizumab, 1 mg (Keytruda™)	Replace existing drug specific criteria with general requirements for antineoplastic agents (case-by-case review)
Q2054	Lisocabtagene maraleucel (Breyanzi™)	Updated criteria with new FDA-approved indications and recommended place in therapy for existing indication to be consistent with NCCN treatment guidelines
Q2042	Tisagenlecleucel (Kymriah™)	Small changes to criteria wording to be consistent with prescribing information and NCCN treatment guidelines
Q2041	Axicabtagene ciloleucel (Yescarta™)	Small changes to wording and requirements for existing indications to be consistent with NCCN treatment guidelines
Q2053	Brexucabtagene autoleucel (Tecartus™)	Small changes to wording for ALL and required prerequisite therapy for MCL to be consistent with NCCN treatment guidelines
J1950	Injection, leuprolide acetate (for depot suspension), 3.75 mg (Lupron Depot™)	Created drug specific criteria for all FDA approved indications and off-label use for gender dysphoria. TAR requirement removed for

		breast cancer ICD-10
J9071	Injection, cyclophosphamide (Auromedics), 5 mg	Updated to covered, no limits
J9072	Injection, cyclophosphamide (Dr. Reddy's), 5 mg	Updated to covered, no limits

Class Review: Hematological Agents		
HCPCS	**HCPCS Description**	**Summary of Updates**
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Beqvez™)	New criteria created
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (Hemgenix™)	Updates to drug specific criteria for consistency with Beqvez and FDA label
J3393	Injection, betibeglogene autotemcel, per treatment (Zynteglo™)	Updates to drug specific criteria for consistency with Casgevy
J3590	Unclassified biologics (exagamglogene autotemcel) (Casgevy™)	Updates to drug specific criteria for TDT for consistency with Zynteglo and for SCD to add note about alternative genotypes
J3394	Injection, lovotibeglogene autotemcel, per treatment (Lyfgenia™)	Updates to drug specific criteria for SCD to add note about alternative genotypes
J0791	Injection, crizanlizumab-tmca, 5 mg (Adakveo™)	Updates to drug specific criteria for renewal requirements
J1300	Injection, eculizumab, 10 mg (Soliris™)	Updates to drug specific criteria; preferred agents for PNH and NMOSD
J1303	Injection, ravulizumab-cwvz, 10 mg (Ultomiris™)	Updates to drug specific criteria; added criteria for NMOSD, updated preferred agents for PNH
J3590	Unclassified biologics (crovalimab-akkz) (PiaSky™)	New criteria created
J0896	Injection, luspatercept-aamt, 0.25 mg (Reblozyl™)	Updates to drug specific criteria; added criteria for MDS first line indication
J7171	Injection, adamts13, recombinant-krhn, 10 iu (Adzynma™)	New criteria created
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg (Ziextenzo™)	TAR requirement added; added to Neulasta/Stimufend criteria
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) (Feraheme™)	TAR requirement removed; covered with ICD10 limits (D50.0, D50.1, D50.8, D50.9, E61.1, O99.011-O99.013, O99.019, O99.02-O99.03), age limit 18 years and older, dose limit of 510 units per date of service

Class Review: Nutritional Products		
HCPCS	**HCPCS Description**	**Summary of Updates**
NO UPDATES		

Class Review: Psychotherapeutic and Neurological Misc. Agents		
HCPCS	**HCPCS Description**	**Summary of Updates**
J3590	Unclassified drugs or biologicals (Skysona™)	New criteria created
J0174	Intravenous Injection, Lecanemab-irmb, 1mg (Leqembi™)	Updates to current criteria allowing for additional screening tools and parameters. Also updated patient age limit.
J0715	Injection, Donanemab-abzt (Kisunla™)	New criteria created
J3590	Unclassified drug or biologicals, Unclassified biologics (Lenmeldy™)	New criteria created
J0222	Injection, Patisiran 0.1mg (Onpattro™)	Updates to current criteria-removing required prerequisite therapy and added requirement for disease assessment scoring tool

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews		
HCPCS	**HCPCS Description**	**Summary of Updates**
J3111	Injection, romosozumab-aqqg, 1 mg (Evenity™)	Updates to drug specific criteria

New CMS & DHCS HCPCS Codes, Effective 10/1/2024		
HCPCS	**HCPCS Code & Drug Descriptions**	**Coverage Status**
Analgesic, Anti-inflammatory, Migraine, Gout, Anesthetics		
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Covered with limits: 400 units per day
J1171	Injection, hydromorphone, 0.1 mg	Covered with no limits
Q5135	Injection, tocilizumab-aazg (Tyenne™), biosimilar, 1 mg	TAR required: case by case criteria
J2003	Injection, lidocaine hydrochloride, 1 mg	Covered with no limits. Reminder: Providers should not claim J2003 as a line item for reimbursement when also claiming UA/UB on a surgical code for anesthesia drug reimbursement, since this would constitute double billing.
J2004	Injection, lidocaine hcl with epinephrine, 1 mg	Covered with no limits. Reminder:

		Providers should not claim J2004 as a line item for reimbursement when also claiming UA/UB on a surgical code for anesthesia drug reimbursement, since this would constitute double billing.
Antineoplastic and Adjunctive Agents		
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	TAR required: antineoplastic case by case
C9170	Injection, tarlatamab-dlle, 1 mg	TAR required: antineoplastic case by case
J9329	Injection, Tislelizumab-jsgr, 1 mg	TAR required: antineoplastic case by case
J8522	Capecitabine, oral, 50 mg	Covered with no limits
Central Nervous System Agents		
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg	Covered with quantity limit of 200 units per day
Cardiovascular Agents		
J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg	Covered with no limits
J2003	Injection, lidocaine hydrochloride, 1 mg	Covered with no limits
Endocrine and Metabolic Agents		
J2601	Injection, vasopressin (baxter), 1 unit	Covered with no limits
J8541	Dexamethasone (Hemady™), oral, 0.25 mg	Covered with age limit of 18years and older and dose of 160 units per day
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	TAR required, added to drug specific criteria for Prolia / Xgeva
Hematological Agents		
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	TAR required: drug specific criteria
Miscellaneous Products		
C9171	Injection, pegulicianine, 1 mg	Covered with age limit of 18 years or older
Psychotherapeutic and Neurological Misc. Agents		
J0175	Injection, donanemab-azbt, 2 mg	TAR required: drug specific criteria
Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc.		
90683	respiratory syncytial virus (RSV) vaccine (mRESVIA™)	Covered with age limit of 60 years and older, effective 7/1/24
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21),	Covered with no limits

	for Intramuscular use	

Additions to J3490/Z7610 Unclassified NDC Coverage *Brand names are listed for reference only; coverage information also applies to generics.*	
Generic (Brand)	**Coverage Requirements/Limits**
Endocrine and Metabolic Agents	
Metformin 24 HR 500 & 1,000 mg (Glumetza™ or Fortamet™)	Covered with no limits
Miscellaneous Products	
Patiromer powder packets for suspension (Veltassa™) In 1, 8.4, 16.8, and 25.2 g packets	Increased quantity limits as follows: • 1 g: 8 per day • 8.4 g: 3 per day • 16.8 & 25.2 g: remain at 1 per day with no changes