

# Summary of Updates

## PHC P & T Committee, April 4, 2024

### Effective Date: July 1, 2024

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:** July 1<sup>st</sup>, 2024, unless otherwise specified.

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

HCPCS	HCPCS Description	Summary of Updates
J1201	Injection, cetirizine hydrochloride, 0.5 mg	<ul style="list-style-type: none"> <li>Increase limit to allow for 20 units per day with NTR</li> </ul>
J2786	Injection, reslizumab (Cinqair™), 1 mg	<ul style="list-style-type: none"> <li>Changes to exclusion criteria and required medical information</li> </ul>
J0517	Injection, benralizumab (Fasenra™), 1 mg	<ul style="list-style-type: none"> <li>Changes to required medical information</li> </ul>
J2357	Injection, omalizumab (Xolair™), 5 mg	<ul style="list-style-type: none"> <li>Add criteria for new indication: IgE mediated food allergy</li> </ul>

#### Class Review: Anti-Infective Agents

HCPCS	HCPCS Description	Summary of Updates
J3490	Unclassified drugs; sulbactam for injection; durlobactam for injection (Xacduro™)	<ul style="list-style-type: none"> <li>Add to Standard Antibiotic Case by Case criteria</li> </ul>
J2547	Peramivir inj., 1 mg (Rapivab™)	<ul style="list-style-type: none"> <li>Change age limit to 6 months and older (from 2 years and older)</li> </ul>

#### Class Review: Genitourinary Agents

HCPCS	HCPCS Description	Summary of Updates
No changes		

#### Class Review: Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc.

HCPCS	HCPCS Description	Summary of Updates
J0565	Injection, Bezlotoxumab (Zinplava™), 10 mg	<ul style="list-style-type: none"> <li>Change age limit to 1 year and older</li> </ul>

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews		
HCPCS	HCPCS Description	Summary of Updates
J3590	Unclassified biologicals: lovetibeglogene autotemcel (Lyfgenia™)	<ul style="list-style-type: none"> <li>Assign drug specific criteria for sickle cell disease</li> </ul>
J3590	Unclassified biologicals; exagamglogene autotemcel (Casgevy™)	<ul style="list-style-type: none"> <li>Assign drug specific criteria for sickle cell disease and transfusion dependent beta-thalassemia</li> </ul>
J9395	Injection, Fulvestrant, 25 mg (Faslodex™)	<ul style="list-style-type: none"> <li>Removed billing limitation of max dose</li> </ul>
Q2055; Q2054; Q2056; Q2042; Q2053; Q2041	General CAR-T combined criteria: Idecabtagene vicleucel (Abecma™); Lisocabtagene maraleucel (Breyanzi™); Ciltacabtagene autoleucel (Carvykti™); Tisagenlecleucel (Kymriah™); Brexucabtagene autoleucel (Tecartus™); Axicabtagene ciloleucel (Yescarta™)	<ul style="list-style-type: none"> <li>Remove requirement for TB testing</li> <li>Remove requirement for CD19 tumor expression</li> </ul>
New CMS & DHCS HCPCS Codes, Effective 7/1/2023		
HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
<b>Analgesic, Anti-inflammatory, Migraine, Gout, Anesthetics</b>		
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	TAR Required
<b>Antineoplastic and Adjunctive Agents</b>		
J1434	Injection, fosaprepitant (focinvez), 1 mg	TAR Required
J3055	Injection, talquetamab-tgvs, 0.25 mg	TAR Required
J9073	Injection, cyclophosphamide (ingenus), 5 mg	No restrictions
J9074	Injection, cyclophosphamide (sandoz), 5 mg	<i>Limited to ages 18 and up</i>
J9075	Injection, cyclophosphamide, otherwise specified, 5mg	No restrictions
J9248	Injection, melphalan (hepzato), 1 mg	TAR Required
J9249	Injection, melphalan (apotex), 1 mg	TAR Required
J1323	Injection, elranatamab-bcmm, 1 mg	TAR Required
J2277	Injection, motixafortide, 0.25 mg	TAR Required
<b>Dermatological, Anorectal, Mouth-Throat, Dental, Eye, Ear</b>		
C9166	Injection, secukinumab, intravenous, 1 mg	TAR Required
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	TAR Required
J0177	Injection, aflibercept hd, 1 mg	TAR Required
J2782	Injection, avacincapted pegol, 0.1 mg	TAR Required
<b>Endocrine and Metabolic Agents</b>		
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg (powder for solution)	<i>Limited to ages 18 and up</i>
J0651	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to J0650, 10 mcg (solution)	<i>Limited to ages 18 and up</i>
J0652	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to J0650, 10 mcg (solution)	<i>Limited to ages 18 and up</i>

J1010	Injection, methylprednisolone acetate, 1 mg	No restrictions
J2919	Injection, methylprednisolone sodium succinate, 5 mg	No restrictions
J1202	Miglustat, oral, 65 mg	TAR Required
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	TAR Required
<b>Gastrointestinal Agents</b>		
C9168	Injection, mirikizumab-mrkz, 1 mg	TAR Required
<b>Hematological Agents</b>		
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	TAR Required
J9376	Injection, pozelimab-bbfg, 1 mg	TAR Required
C9167	Injection, apadamase alfa, 10 units	TAR Required
<b>Miscellaneous Products</b>		
J0209	Injection, sodium thiosulfate (hope), 100 mg	TAR required
J3424	Injection, hydroxocobalamin, intravenous, 25 mg	No restrictions
<b>Neuromuscular Agents</b>		
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	TAR Required
<b>Psychotherapeutic and Neurological Misc. Agents</b>		
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	TAR Required

## 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
<b>Anti-Infectives: Antibiotic Agents</b>	
Linezolid 600 mg tab (Zyvox™)	Addition, no restriction
Nirmatrelvir; ritonavir dose packs 150 mg-100 mg & 300 mg-100 mg (Paxlovid™) <i>Commercially available NDCs</i>	Addition, no restriction
Posaconazole 100 mg DR tab (Noxafil™)	Addition, no restriction
<b>Cardiovascular Agents</b>	
Diltiazem 60, 90, 120 mg SR cap (Cardizem SR™)	Addition, no restriction
Spiroonolactone 5 mg/ml oral suspension (Carospir™)	Addition, no restriction
<b>Dermatological, Anorectal, Mouth-Throat, Dental, Eye, Ear</b>	
Docosanol 10% cream (Abreva™), OTC	Addition, no restriction
Benzocaine/Menthol 20%-0.26%	Addition, no restriction
Benzocaine 10%	Addition, no restriction
<b>Electrolyte Regulation Agents</b>	
Potassium chloride, 10, 20, 25 MEQ powder for suspension packets	Addition, no restriction
<b>Endocrine and Metabolic Agents</b>	
Canagliflozin 100mg, 300mg tab (Invokana™)	Addition, no restriction
Dapagliflozin 5mg, 10mg tab (Farxiga™)	Addition, no restriction
Empagliflozin 10mg, 25mg (Jardiance™)	Addition, no restriction
<b>Gastrointestinal Agents</b>	
Mesalamine 250mg, 500mg tablets (Pentasa™)	Addition, no restriction
Hard fat/phenylephrine HCl Suppository (Hemorroidal™) OTC	Addition, no restriction
Rifaximin 200mg, 550mg tab (Xifaxan™)	Addition, no restriction
<b>Genitourinary Agents: Vaginal Agents</b>	
Mirabegron 25mg, 50mg ER tab (Myrbetriq™)	Addition, no restriction
<b>Neuromuscular Agents: Anticonvulsants</b>	
Brivaracetam 10, 25, 50, 75, 100 mg tablets (Briviact™)	Addition, no restriction
Brivaracetam 10mg/ml oral solution (Briviact™)	Addition, no restriction
Brivaracetam 10 mg/ml vials (Briviact™)	Addition, no restriction
Topiramate XR 25, 50, 100, 150, 200mg ER caps (Qudexy XR™)	Addition, no restriction
Zonisamide 20 mg/ml oral susp. (Zonisad™)	Addition, no restriction