



Summary of Updates

Partnership P & T Committee,

April 9, 2026 Effective Date: July 1, 2026

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 1st, 2026, unless otherwise specified.

| Class Review: Antihistamines, Nasal, Cough-Cold, Respiratory, Miscellaneous | | |
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| HCPCS | HCPCS Description | Summary of Updates |
| J3590 | Injection, depemokimab (Exdensur™) | <ul style="list-style-type: none"> New drug specific criteria made |
| J2182 | Injection, mepolizumab, 1 mg (Nucala™) | <ul style="list-style-type: none"> COPD indication added to criteria |
| J2356 | Injection, tezepelumab-ekko, 1 mg (Tezspire™ autoinjector pen & Tezspire™ prefilled syringe) | <ul style="list-style-type: none"> Rhinosinusitis, chronic, with nasal polyps (CRSwNP) indication added to criteria |

| Class Review: Anti-Infective Agents | | |
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| HCPCS | HCPCS Description | Summary of Updates |
| S0145 | Injection, pegylated interferon alfa-2a, 180 mcg per ml (Pegasys™) | <ul style="list-style-type: none"> Added TAR requirement with self-administered drug criteria |
| J3490 | B.Braun 505(b)(2) piperacillin sodium/tazobactam sodium | <ul style="list-style-type: none"> Removed TAR requirement |
| J3090 | Injection, tedizolid phosphate, 1 mg (Sivextro™) | <ul style="list-style-type: none"> Age limit expanded for FDA label change and additional agents added to list of alternative options |
| J0349 | Injection, rezafungin, 1 mg (Rezzayo™) | <ul style="list-style-type: none"> Removed TAR requirement Added dose limits: 1000 units per 6 months Added age limit: 18 years and older |
| J0740 | Injection, cidofovir, 375 mg (Vistide™) | <ul style="list-style-type: none"> Removed TAR requirement |
| J3404 | Injection, zopapogene imadenovec-drba suspension, per therapeutic dose (Papzimeos™) | <ul style="list-style-type: none"> New drug specific criteria made |
| J1837 | Injection, posaconazole, 1 mg (Noxafil™) | <ul style="list-style-type: none"> Age limit expanded for FDA label change |

| Class Review: Genitourinary Agents | | |
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| HCPCS | HCPCS Description | Summary of Updates |
| J3490 | Mannitol-sorbitol irrigation solution | • TAR requirement removed |

| Class Review: Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc. | | |
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| HCPCS | HCPCS Description | Summary of Updates |
| J1552 | Injection, immune globulin (Alyglo™), 500 mg | • Added to IVIG criteria as non-preferred |
| J1553 | Injection, immune globulin (Yimmugo™), 100 mg | • Added to IVIG criteria as non-preferred |
| J1576 | Injection, immune globulin (Panzyga™), intravenous, non-lyophilized (e.g., liquid), 500 mg | • Updated status to non-preferred IVIG product |
| J1573 | Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml | • Change in quantity limit to allow for up to 128 units/day |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use (Vimkunya™) | • Change in age limit to allow for 12 years and older to match product label |
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (Abrysvo™) | • Change in age limit to 18 and up in addition to pregnancy indication |
| 90661 | Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelvax™) | • Added age limit of 6 months and older to match the State and product labeling |

| New CMS & DHCS HCPCS Codes, Effective 4/1/2026 | | |
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| HCPCS | HCPCS Descriptions | Coverage Status |
| Analgesic | | |
| C9818 | Suzetrigine, oral, 1 mg (Journavx™) | TAR required |
| Anti-Inflammatory | | |
| Q0238 | Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg (Tyenne (IV)™) | TAR required; case-by-case criteria |
| Anti-Infective Agents-Antiviral | | |
| J3404 | Injection, zopapogene imadenovec-drba suspension, per therapeutic dose (Papzimeos™) | TAR required; drug specific criteria |
| Antineoplastic & Adjunctive Agents | | |
| J9003 | Leuprolide injectable, 1 mg (Camcevi ETM™) | TAR required; antineoplastic case-by-case criteria |
| J9183 | Gemcitabine intravesical system, 225 mgm (Inlexzo™) | TAR required; antineoplastic case-by-case criteria |

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| J9277 | Injection, pembrolizumab, 1 mg and berahyaluronidase alfapmph (Keytruda Qlex™) | TAR required; antineoplastic case-by-case criteria |
| Antineoplastic & Adjunctive Agents cont. | | |
| J9278 | Injection, carboplatin (avyxa), 1 mg (Kyxata™) | TAR required; antineoplastic case-by-case criteria |
| J9601 | Injection, linvoseltamabgcpt, 1 mg (Lynozytic™) | TAR required; antineoplastic case-by-case criteria |
| Cardiovascular Agents | | |
| J1164 | Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg | No TAR required; covered with no limits |
| Gastrointestinal Agents | | |
| J0463 | Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg | No TAR required; covered with no limits |
| J8502 | Injection, aprepitant (aponvie), 1 mg (Aponvie™) | TAR required; case-by-case criteria |
| Neuromuscular Agents | | |
| C9309 | Injection, onasemnogene abeparvovec-brve, per treatment (Itvisma™) | TAR required; drug specific criteria |
| Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc. | | |
| J1553 | Injection, immune globulin (yimmugo), 100 mg (Yimmugo™) | TAR required; drug specific criteria |
| Endocrine & Metabolic Agents | | |
| Q5161 | Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg (Aukelso™ and Bosaya™) | TAR required; drug specific criteria |

| Changes made to mirror the State's Medi-Cal provider manual billing requirements | | |
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| HCPCS | HCPCS Description | Summary of Updates |
| J9017 | Injection, arsenic trioxide, 1 mg | Removed age limit to match the State |
| Q5161 | Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg (Aukelso™ and Bosaya™) | TAR required; drug specific criteria |