

Summary of Updates

PHC P & T Committee, July 10, 2025

Effective Date: October 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: October 1st, 2025, unless otherwise specified.

Class Review: Dermatological/Anorectal/Mouth-Throat/Dental/Ophthalmic/Otic		
HCPCS	HCPCS Description	Summary of Updates
J1628	Injection, guselkumab, 1 mg (Tremfya™)	<ul style="list-style-type: none"> • New criteria for IV formulation for CD and UC created, requires TNFi and Stelara • Updates to SC formulation criteria to include the CD/UC criteria.
J7314	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (Yutiq™),	<ul style="list-style-type: none"> • Criteria separated from Retisert (otherwise unchanged)
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (Iluvien™)	<ul style="list-style-type: none"> • Criteria updated with new indication: non-infectious uveitis (NIU)
J7311	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg (Retisert™)	<ul style="list-style-type: none"> • Criteria updated with Iluvien as a step option for NIU
J2778	Injection, ranibizumab, 0.1 mg (Lucentis™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab
Q5128	Injection, ranibizumab-eqrn, biosimilar, 0.1 mg (Cimerli™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab
Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg (Byooviz™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab and Lucentis
J0178	Injection, aflibercept, 1 mg (Eylea™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab
Q5147	Injection, aflibercept-ayyh, biosimilar, 1 mg (Pavblu™)	<ul style="list-style-type: none"> • Added to Eylea criteria
Q5149	Injection, aflibercept-abzv, biosimilar, 1 mg (Enzeevu™)	<ul style="list-style-type: none"> • Added to Eylea criteria
Q5150	Injection, aflibercept-mrbb, biosimilar, 1 mg (Ahzantive™)	<ul style="list-style-type: none"> • Added to Eylea criteria

Q5153	Injection, aflibercept-yszy, biosimilar, 1 mg (Opuviz™)	<ul style="list-style-type: none"> • Added to Eylea criteria
J2777	Injection, faricimab-svoa, 0.1 mg (Vabysmo™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab
J2779	Injection, ranibizumab, via intravitreal implant, 0.1 mg (Susvimo™)	<ul style="list-style-type: none"> • Added new indications (DME, DR) to criteria • Add step requirement with Vabysmo or Eylea HD
J0179	Injection, brolocizumab-dbl, 1 mg (Beovu™)	<ul style="list-style-type: none"> • Add step requirement with bevacizumab
J3403	Unclassified biologics; revakinagene taroretcel-lwey (Encelto™)	<ul style="list-style-type: none"> • New criteria for macular telangiectasia type-2, consistent with clinical trial inclusion and FDA label
J2781	Injection, pegcetacoplan, intravitreal, 1 mg (Syfovre™)	<ul style="list-style-type: none"> • New criteria for Geographic Atrophy, consistent with clinical trial inclusion and FDA label
J2782	Injection, avacincaptad pegol, 0.1 mg (Izervay™)	<ul style="list-style-type: none"> • New criteria for Geographic Atrophy, consistent with clinical trial inclusion and FDA label

Class Review: Endocrine and Metabolic Agents

HCPCS	HCPCS Description	Summary of Updates
J3111	Injection, romosozumab-aqqg, 1 mg (Evenity™)	<ul style="list-style-type: none"> • Criteria updated. Qualifications for defining fracture risk updated and removal of step requirement for members at very high risk for fracture
J9381	Injection, teplizumab-mzwv, 5 mcg (Tzield™)	<ul style="list-style-type: none"> • Small update to coverage duration wording

Class Review: Gastrointestinal Agents

HCPCS	HCPCS Description	Summary of Updates
J2267	Injection, mirikizumab-mrkz, 1 mg (Omvoh™)	<ul style="list-style-type: none"> • New criteria for Crohn's disease
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg (Skyrizi™)	<ul style="list-style-type: none"> • New criteria for Ulcerative Colitis

Class Review: Miscellaneous Products

HCPCS	HCPCS Description	Summary of Updates
J9332	Injection, efgartigimod alfa-fcab, 2mg (Vyvgart™)	<ul style="list-style-type: none"> • Updated criteria with preference for self-administered formulation

J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (Vyvgart Hytrulo™)	<ul style="list-style-type: none"> • Updated criteria with preference for self-administered formulation • Added criteria for CIDP • Added information about the Hytrulo PFS product being self-administered
J9333	Injection, rozanolixizumab-noli, 1 mg (Rystiggo™)	<ul style="list-style-type: none"> • Updated criteria with preference for Vyvgart self-administered formulation
J1823	Injection, inebilizumab-cdon, 1 mg (Uplizna™)	<ul style="list-style-type: none"> • New criteria for IgG4-related disease
C9305	Unclassified biologics: nipocalimab-aahu (Imaavy™)	<ul style="list-style-type: none"> • New criteria for myasthenia gravis, consistent with other agents in the class, requiring trial and failure to Vyvgart products
J3402	Unclassified biologics: remestemcel-L-rknd (Ryoncil™)	<ul style="list-style-type: none"> • New criteria for steroid refractor acute GVHD requiring diagnosis confirmation, steroid refractory disease, and trial of ruxolitinib • Limited to FDA approved ages 2mo-17yr
J9038	Injection, axatilimab-csfr, 0.1 mg (Niktimvo™)	<ul style="list-style-type: none"> • New criteria for chronic GVHD, limited to 3rd line use (behind steroids and at least one other agent)

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews

HCPDS	HCPDS Description	Summary of Updates
S0013	Esketamine, nasal spray, 1 mg (Spravato™)	<ul style="list-style-type: none"> • Reduce prior step therapy from 4 to 2 antidepressants • Remove minimum antidepressant trial duration • Specify requirements for clinical workup of treatment resistant depression • Additional wording for clarification of requirements

New CMS & DHCS HCPDS Codes, Effective 7/1/2025

HCPDS	HCPDS Code & Drug Descriptions	Coverage Status
Anti-Infective Agents		
J3373	Injection, vancomycin hydrochloride, 10 mg	No TAR required, no limits
J3374	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to J3373, 10 mg	No TAR required, no limits

J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to J3373, 10 mg	No TAR required, no limits
Antineoplastic and Adjunctive Agents		
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	TAR required: antineoplastic case by case
C9175	Injection, treosulfan, 50 mg	TAR required: antineoplastic case by case
J1326	Injection, zolbetuximab-clzb, 2 mg	TAR required: antineoplastic case by case
J9276	Injection, zanidatamab-hrii, 2 mg	TAR required: antineoplastic case by case
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	TAR required: antineoplastic case by case
J9341	Injection, thiotepa (tepylute), 1 mg	TAR required: antineoplastic case by case
J9342	Injection, thiotepa, not otherwise specified, 1 mg	No TAR required, no limits
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	TAR required: antineoplastic case by case
Cardiovascular Agents		
J0167	Injection, epinephrine (hospira), not therapeutically equivalent to J0165, 0.1 mg	No TAR required, no limits
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to J0165, 0.1 mg	No TAR required, no limits
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	No TAR required, no limits
J0166 (Providers to use code J3490/Z7610)	Injection, epinephrine (bpi), not therapeutically equivalent to J0165, 0.1 mg	No TAR required, no limits
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg	No TAR required, no limits
J0616	Injection, metoprolol tartrate, 1 mg	No TAR required, no limits
J1163	Injection, diltiazem hydrochloride, 0.5 mg	No TAR required, no limits
Dermatological, Anorectal, Mouth-Throat, Dental, Eye, Ear		
Q5099	Injection, ustekinumab-stba, biosimilar, 1 mg (Steqeyma)	(IV) TAR required, added to existing Stelara criteria (SC)TAR required: Self-administered drug criteria

Q5153	Injection, aflibercept-yszy, biosimilar, 1 mg (Opviz™)	TAR required: added to Eylea criteria
Gastrointestinal Agents		
Q5098	Injection, ustekinumab-srlf, biosimilar, 1 mg (Imuldosa™)	(IV) TAR required, added to existing Stelara criteria (SC)TAR required: Self-administered drug criteria
Q5100	Injection, ustekinumab-kfce, biosimilar, 1 mg (Yesintek™)	(IV) TAR required, added to existing Stelara criteria (SC)TAR required: Self-administered drug criteria
Hematological Agents		
J7172	Injection, marstacimab-hncq, 0.5 mg	TAR required: Self-administered drug criteria
Miscellaneous Products		
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Carved out to state
J2313	Injection, naloxone hydrochloride, 0.01 mg (Zimhi™)	Carved out to state
J9220	Injection, indigotindisulfonate sodium, 1 mg	No TAR required, no limits
Neuromuscular Agents		
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	TAR required: Self-administered drug criteria
Nutritional Agents		
J0618	Injection, calcium chloride, 2 mg	No TAR required, no limits
Psychotherapeutic and Neurological Misc. Agents		
J3391	Injection, atidarsagene autotemcel, per treatment	TAR required, existing drug specific criteria
Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc.		

Monthly State Bulletin Review for Second Quarter (April, May, June)

HCPCS	HCPCS Description	Summary of Updates
J3394	Injection, lovetibeglogene autotemcel, per treatment	Carved out to state on 7/1/25