

Summary of Updates

Partnership P & T Committee, July 9,

2026 Effective Date: October 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: October 1st, 2026, unless otherwise specified.

Class Review: Dermatological/Anorectal/Mouth-Throat/Dental/Ophthalmic/Otic		
HCPCS	HCPCS Description	Summary of Updates
J7336	Capsaicin 8% patch, per square centimeter (Qutenza™)	New criteria for Post Herpetic Neuralgia and Diabetic Peripheral Neuropathy
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg (Enzeevu™)	Updates reflecting FDA approval of diabetic retinopathy (DR), diabetic macular edema (DME), and retinal vein occlusion (RVO)
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg (Yesafili™)	Updates to include the Yesafili biosimilar in the intravitreal aflibercept criteria
J0177	Injection, aflibercept hd, 1 mg, (Eylea HD™)	- Updates reflecting FDA approval for: - DME following RVO - Extended dosing-interval up to 20 weeks in nAMD and DME, and 4-week dosing across all indications
J1628	Injection, guselkumab, 1 mg (Tremfya™)	Updates reflecting FDA approval of self-administered induction in Chron's Disease
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml (Vyjuvek™)	Updates reflecting FDA approval of self-administration and age expansion
J2781	Injection, pegcetacoplan, intravitreal, 1 mg (Syfovre™)	Clarification of GA lesion location requirements (without changing intent of criteria)
J2782	Injection, avacincaptad pegol, 0.1 mg (Izervay™)	Clarification of GA lesion location requirements (without changing intent of criteria)
J7355	Injection, travoprost, intracameral implant, 1 microgram (iDose TR™)	Updates reflecting FDA approval of re-administration
J3590 (NOC)	Unclassified biologics: secukinumab (SC) (Cosentyx SC™)	- Retired drug specific criteria - Now using self-administered drug case by case criteria
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) (Levulan Kerastick™)	- Removed TAR requirement - Added quantity limit of 1 unit per date of service

Class Review: Endocrine and Metabolic Agents		
HCPCS	HCPCS Description	Summary of Updates
J3590 (NOC)	Injection, pegzilarginase-nbln (Loargys™)	New drug specific criteria
J1930	Injection, lanreotide, 1 mg (Somatuline Depot™)	Removal of diagnosis restriction for Cipla brand
J1932	Injection, lanreotide, (cipl), 1 mg (Cipla 505(b)(2) lanreotide_	Removal of diagnosis restriction for Cipla brand
Multiple HCPCS codes *see attached criteria*	Multiple HCPCS codes under Enzyme Replacement Drugs criteria	Age limit updates for Fabrazyme and Elaprase and addition of Policy MCUP3138 External Independent Medical Review for all products
J9381	Injection, teplizumab-mzwv, 5 mcg (Tzield™)	Updates to current criteria age limit and new indication
J3489	Injection, zoledronic acid, 1 mg (Reclast; Zometa™) – removal of frequency limits, daily limits (5 units) remains	Frequency limit of once per year removed
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg (Celestone Soluspan™)	Remove quantity limit to match the State with no TAR required

Class Review: Gastrointestinal Agents		
HCPCS	HCPCS Description	Summary of Updates
J1745	Injection, infliximab, excludes biosimilar, 10 mg (Remicade™) and Biosimilars	Updates to prefer all biosimilar products over brand Remicade
J3358	Ustekinumab, for intravenous injection, 1 mg (Stelara™) and Biosimilars (Approved as Modified)	Updates to preferred and non-preferred products
J3380	Injection, Vedolizumab, Intravenous, 1 Mg (Entyvio™)	Update to current criteria to prefer Entyvio SC Pen

Class Review: Miscellaneous Products		
HCPCS	HCPCS Description	Summary of Updates
J1823	Injection, inebilizumab-cdon, 1 mg (Uplizna™)	Added criteria for new indication generalized myasthenia gravis (gMG)
J9332	Injection, efgartigimod alfa-fcab, 2mg (Vyvgart™)	Updates reflecting FDA approval of additional gMG serotypes
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (Vyvgart Hytrulo™)	Updates reflecting FDA approval of additional gMG serotypes
J9333	Injection, rozanolixizumab-noli, 1 mg (Rystiggo™)	Updates reflecting FDA approval of Vyvgart for additional gMG serotypes
J9256	Injection, nipocalimab-aahu, 3 mg (Imaavy™)	Updates reflecting FDA approval of Vyvgart for additional gMG serotypes
J0491	Injection, anifrolumab-fnia, 1 mg (Saphnelo™)	Updates reflecting FDA approval of self-administration
J0490	Injection, belimumab, 10 mg (Benlysta IV™)	Updates reflecting FDA approval of expanded age range on self-administered formulation
J3590 (NOC)	Unclassified biologics: candida albicans skin test (Candin™)	Added quantity limit of 1 unit per date of service

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews

HCPCS	HCPCS Description	Summary of Updates
J9072	Injection, cyclophosphamide, 5 mg (Frindovyx™)	• Added TAR requirement
J9074	Injection, cyclophosphamide (sandoz), 5 mg	• Added TAR requirement

New CMS & DHCS HCPCS Codes, Effective 7/1/2026

HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Analgesic/Anti-Inflammatory/Migraine/Gout/Anesthetics - Anti-Inflammatory		
Q0234	Injection, tocilizumabbi, 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 only, 1 mg (Tofidence™)	TAR required; case-by-case criteria
Anti-Infective Agents - Antibiotics		
J0528	Injection, fosfomycin disodium, 20mg (Contepo™)	TAR required; Antibiotic case by case criteria
Antihistamines/Nasal Agents/Cough & Cold/Respiratory Misc - Antihistamines		
J2361	Injection, depemokimab-ulaa, 1 mg (Exdensur™)	TAR required; drug specific criteria
Antineoplastic & Adjunctive Agents		
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj (Rybrevant Faspro™)	TAR required; Antineoplastic case by case criteria
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to J9171, 1 mg	Covered with limits: 200 units per DoS or BSA >2.0
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg (Blenrep™)	TAR required; Antineoplastic case by case criteria
C9310	Injection, leucovorin calcium (avyxa), 1 mg	TAR required; case-by-case criteria
Dermatological/Anorectal/Mouth-Throat/Dental/Ophthalmic/Otic - Ophthalmic		
J2374	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml (Iopidine 1%™)	No TAR with age limit of 18 years and up
J2789	Riboflavin 5'-phosphate, ophthalmic solution, up to 2 ml (Epioxa/Epioxa HD™)	TAR required; case-by-case criteria
Q5168	Injection, ranibizumableyk, biosimilar, 0.1 mg (Nufymco™)	TAR required; drug specific criteria (Lucentis products)
Q5170	Injection, afliberceptboav (eydenzelt), biosimilar, 1 mg	TAR required; drug specific criteria (Eylea products)
Endocrine & Metabolic Agents		
Q5165	Injection, denosumabmobz, biosimilar, 1 mg (Oziltus™)	TAR required; drug specific criteria (Xgeva products)
Q5166	Injection, denosumabdesu, biosimilar, 1 mg (Osvyrti/Jubereq™)	TAR required; drug specific criteria (Prolia/Xgeva products)
Q5167	Injection, denosumabqbde, biosimilar, 1 mg (Enoby/Xtrenbo™)	TAR required; drug specific criteria (Prolia/Xgeva products)
Q5171	Injection, denosumabmobz, biosimilar, 1 mg (Boncresa™)	TAR required; drug specific criteria (Prolia products)
Gastrointestinal Agents		
Q5164	Injection, ustekinumabhmny, biosimilar, 1 mg (Starjemza™)	TAR required; drug specific criteria (IV), self-administered case-by-case criteria (SC)
Hematologic Agents		
J1289	Injection, narsoplimabwuug, 1 mg (Yartemlea™)	TAR required; case-by-case criteria

J3386	Injection, etuvetidigene autotemcel, per treatment (Waskyra™)	TAR required; case-by-case criteria
J7176	Injection, human fibrinogen – chmt (fesilty), 1 mg (Fesilty™)	TAR required; case-by-case criteria
Q5169	Injection, pegfilgrastimunne, biosimilar, 0.5 mg (Armlupeg™)	TAR required; case-by-case criteria
Miscellaneous - Diagnostic Product		
A9574	Injection, ferumoxytol, 1 mg (FeraBright™)	No TAR required; covered with no limits
Neuromuscular Agents - Neurological: ALS, Friedrich's Ataxia, MD, Muscle Relaxants, Rett Syndrome, SMA		
J3405	Injection, onasemnogene abeparvovec-brve, per treatment (Itvisma™)	TAR required; drug specific criteria
Vaccines		
90616	Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 mL dosage, for intramuscular use	No TAR required; covered with no limits
90639	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 50 mcg/0.5 mL dosage, for intramuscular use	No TAR required; covered with no limits
J1577	Injection, immune globulin (qivigy), 100 mg (Qivigy™)	TAR required; case-by-case criteria