

Summary of Updates

Partnership P & T Committee, October 9, 2025 Effective Date: January 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: January 1st, 2026, unless otherwise specified.

Class Review: Antineoplastic & Adjunctive Therapies		
HCPCS	HCPCS Description	Summary of Updates
J3590	lifileucel (Amtagvi™)	• New drug specific criteria created
Q2057	afamitresgene autoleucel (Tecelra™)	• New drug specific criteria created
J9382	Injection, zenocutuzumab-zbco, 1 mg (Bizengri™)	• New drug specific criteria created
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg (Emrelis™)	• New drug specific criteria created
Q2058	obecabtagene autoleucel (Aucatzyl™)	• Added to CAR-T criteria with specific indication
Q2054	lisocabtagene maraleucel (Breyanzi™)	• Removal of REMS program requirement/small changes to monitoring parameters
Q2042	tisagenlecleucel (Kymriah™)	• Removal of REMS program requirement/small changes to monitoring parameters
Q2041	axicabtagene ciloleucel (Yescarta™)	• Removal of REMS program requirement/small changes to monitoring parameters
Q2053	brexucabtagene autoleucel (Tecartus™)	• Removal of REMS program requirement/small changes to monitoring parameters
Q2055	Idcabtagene vicleucel (Abecma™)	• Removal of REMS program requirement/small changes to monitoring parameters
Q2056	ciltacabtagene autoleucel (Carvykti™)	• Removal of REMS program requirement/small changes to monitoring parameters
J9145	Injection, daratumumab, 10 mg (Darzalex™)	• Updated to general anti-neoplastic case-by-case criteria
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj (Darzalex Faspro™)	• Updated to general anti-neoplastic case-by-case criteria
J9272	Injection, dostarlimab-gxly, 10 mg (Jemperli™)	• Updated to general anti-neoplastic case-by-case criteria

Class Review: Hematological Agents		
HCPCS	HCPCS Description	Summary of Updates
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)	<ul style="list-style-type: none"> Remove age limit
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)	<ul style="list-style-type: none"> Remove age limit
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)	<ul style="list-style-type: none"> Replace ICD10 limits with updated codes: D75.821, D75.822, D75.828, or D75.829
J0883	Injection, argatroban, 1 mg (for non-esrd use)	<ul style="list-style-type: none"> Remove age limit
J0891	Injection, argatroban (accord), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)	<ul style="list-style-type: none"> Replace ICD10 limits with updated codes: D75.821, D75.822, D75.828, or D75.829
J0892	Injection, argatroban (accord), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)	<ul style="list-style-type: none"> Remove age limit
J2720	Injection, protamine sulfate, per 10 mg	<ul style="list-style-type: none"> Remove quantity limit
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis) (Mircera™)	<ul style="list-style-type: none"> Age limit changed to 3 months and older
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use) (Mircera™)	<ul style="list-style-type: none"> Changed age limit and covered uses to align with FDA label updates Standardized coverage duration with other ESAs
J1750	Injection, iron dextran, 50 mg	<ul style="list-style-type: none"> Add D63.1 to covered ICD10 codes
J1756	Injection, iron sucrose, 1 mg	<ul style="list-style-type: none"> Add D63.1 to covered ICD10 codes
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	<ul style="list-style-type: none"> Add D63.1 to covered ICD10 codes
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	<ul style="list-style-type: none"> Add D63.1 to covered ICD10 codes Increase quantity limit to 1020mg/DoS
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	<ul style="list-style-type: none"> Add D63.1 to covered ICD10 codes Increase quantity limit to 1020mg/DoS
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	<ul style="list-style-type: none"> Remove TAR requirement Add ICD10 limits: D70.1 or Z51.11 Add quantity limits: 12 units per 1 day(s)
Q5111	Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg	<ul style="list-style-type: none"> Add TAR requirement Remove ICD10 and quantity limits
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	<ul style="list-style-type: none"> Add TAR requirement Remove ICD10 and quantity limits
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	<ul style="list-style-type: none"> Remove TAR requirement Add ICD10 limits: D70.1 or Z51.11 Add quantity limits: 12 units per 1 day(s)
J1299	Injection, eculizumab, 2 mg	<ul style="list-style-type: none"> Minor edits to criteria

Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	<ul style="list-style-type: none"> • Added to Soliris & biosimilar criteria
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	<ul style="list-style-type: none"> • Minor edits to criteria
J1303	Injection, ravulizumab-cwvz, 10 mg	<ul style="list-style-type: none"> • Minor edits to criteria
J2802	Injection, romiplostim, 1 microgram	<ul style="list-style-type: none"> • Addition of requirements for chemotherapy induced thrombocytopenia and post-stem cell transplant thrombocytopenia to criteria

Class Review: Psychotherapeutic & Neurological Miscellaneous Agents		
HCPCS	HCPCS Description	Summary of Updates
J0174	Injection, lecanemab-irmb, 1 mg (Leqembi™)	<ul style="list-style-type: none"> • Small changes to monitoring requirements and coverage duration
J0175	Injection, donanemab-azbt, 2 mg (Kisunla™)	<ul style="list-style-type: none"> • Small changes to monitoring parameters and dosing regimen
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (Ocrevus Zunovo™)	<ul style="list-style-type: none"> • New criteria. Shares the same criteria with Ocrevus IV formulation
J2350	Injection, ocrelizumab, 1 mg (Ocrevus™)	<ul style="list-style-type: none"> • Criteria updated to include indication of primary progressive multiple sclerosis

Miscellaneous Changes Falling Outside of Scheduled Drug Class Reviews		
HCPCS	HCPCS Description	Summary of Updates
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	<ul style="list-style-type: none"> • Addition of baseline aGVHD stage by organ to required medical information • Minor edits to GVHD prophylactic regimen optimization requirement
J1747	Injection, spesolimab-sbzo, 1 mg	<ul style="list-style-type: none"> • New criteria for subcutaneous formulation • Minor updates to intravenous formulation criteria to reference SC product

New CMS & DHCS HCPCS Codes, Effective 10/1/2025		
HCPCS	HCPCS Code & Drug Descriptions	Coverage Status
Analgesic/Anti-Inflammatory/Migraine/Gout/Anesthetics		
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg (Zynrelef™)	<ul style="list-style-type: none"> • TAR required, case-by-case criteria
Q5156	Injection, tocilizumab-anoh (Avtozma™), biosimilar, 1 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria
J0570	Buprenorphine implant, 74.2 mg	<ul style="list-style-type: none"> • Carved out to state. • DHCS: TAR required
Anti-Infective Agents: Antibiotics		
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg) (Emblaveo™)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J0525	Injection, cefotetan disodium, 10 mg (Cefotan™)	<ul style="list-style-type: none"> • Covered with no limits

J0681	Injection, ceftobiprole medocartil sodium, 3 mg (Zevtera™)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J1834	Injection, isoniazid, 1 mg	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J2291	Injection, nafcillin sodium (baxter), 20 mg	<ul style="list-style-type: none"> • Covered with no limits
Anti-Infective Agents: Antiviral		
J0738	Injection, lenacapavir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV) (Yeztugo™)	<ul style="list-style-type: none"> • Carved out to state • DHCS: no TAR or limits
J0752	Oral, lenacapavir, 300 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV) (Yeztugo™)	<ul style="list-style-type: none"> • Carved out to state • DHCS: no TAR or limits
Antihistamines/Nasal Agents/Cough & Cold/Respiratory Misc		
Q5154	Injection, omalizumab-igec (Omlyclo™), biosimilar, 5 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria
Antineoplastic & Adjunctive Agents		
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg (Emrelis™)	<ul style="list-style-type: none"> • TAR required: drug specific criteria
J0614	Injection, treosulfan, 50 mg (Grafapex™)	<ul style="list-style-type: none"> • TAR required: case by case criteria
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg (Datroway™)	<ul style="list-style-type: none"> • TAR required: case by case criteria
Cardiovascular Agents		
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	<ul style="list-style-type: none"> • Covered with no limits
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	<ul style="list-style-type: none"> • Covered with no limits
J0759	Injection, clevidipine butyrate, 1 mg (Cleviprex™)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J1807	Injection, ethacrynate sodium, 1 mg (Edecrin™)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J2151	Injection, mannitol, 250 mg	<ul style="list-style-type: none"> • Covered with no limits
Dermatological/Anorectal/Mouth-Throat/Dental/Ophthalmic/Otic		
J3403	revakinagene taroretcel-lwey, per implant (Encelto™)	<ul style="list-style-type: none"> • TAR required: drug specific criteria
Q5155	Injection, aflibercept-jbvf (Yesafili™), biosimilar, 1 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria
Endocrine & Metabolic Agents		
J0675	Injection, carboprost tromethamine, 0.1 mg (Hemabate)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J1612	Injection, glucagon (Gvoke™), 0.01 mg	<ul style="list-style-type: none"> • Covered with no limits
J1809	Injection, fosdenopterin, 0.1 mg (Nulibry™)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
Q5157	Injection, denosumab-bmwo (Stoboclo™/Osenvelt™), biosimilar, 1 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria
Q5158	Injection, denosumab-bnht (Bomynta™/Conexxence™), biosimilar, 1 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria
Q5159	Injection, denosumab-dssb (Ospomyv™/Xbryk™), biosimilar, 1 mg	<ul style="list-style-type: none"> • TAR required: drug specific criteria

Gastrointestinal Agents		
J0462	Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg	<ul style="list-style-type: none"> • Covered with no limits
J1370	Injection, esomeprazole sodium, 1 mg (Nexium™ IV)	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
Hematologic Agents		
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to J0583, 1 mg	<ul style="list-style-type: none"> • TAR required: case-by-case criteria
J3290	Injection, tranexamic acid, 5 mg (Cyklokapron™)	<ul style="list-style-type: none"> • Covered with no limits
J7173	Injection, concizumab-mtci, 0.5 mg (Alhemo™)	<ul style="list-style-type: none"> • TAR required: use pharmacy benefit
J7174	Injection, fitusiran, 0.04 mg (Qfitlia™)	<ul style="list-style-type: none"> • TAR required: use pharmacy benefit
Miscellaneous		
C9305	Injection, nipocalimab-aahu, 3 mg (Imaavy™)	<ul style="list-style-type: none"> • TAR required: drug specific criteria
J3402	Injection, remestemcel-l-rknd, per therapeutic dose (Ryoncil™)	<ul style="list-style-type: none"> • TAR required: drug specific criteria