

**May 5, 2026**

**Medi-Cal**

**Important Provider Notice: #545**

**Subject: Changes to Requirements for Code Q5120 (Pegfilgrastim-BMEZ, Biosimilar, [ziextenzo], 0.5 mg) – Effective January 1, 2026**

Partnership HealthPlan of California has different requirements for code Q5120, Pegfilgrastim-BMEZ, Biosimilar, [ziextenzo], 0.5 mg, than the Department of Health Care Services (DHCS). Effective for dates of service on and after January 1, 2026, code Q5120 will be valid without a Treatment Authorization Request (TAR) if billed with the following diagnosis codes:

- D70.1 or Z75.11

If one of these diagnosis codes is not applicable, a Partnership TAR is required.

The maximum dosage for Q5120 is 12 units per day. If the maximum dosage has been exceeded and none of the diagnosis codes listed above apply, a TAR is required.

For further information regarding this, please contact the Partnership Claims Department at **(707) 863-4130** or **(855) 798-8757**.