

PROVIDERUpdate



Community
Health Plan
OF IMPERIAL VALLEY

MEDI-CAL



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3rd Quarter 2026 Injectable Medication HCPCS/DOFR Crosswalk

Use the updates for dates of service on and after November 17, 2026

The Pharmacy Advisory Committee approved updates to the Injectable Medication HCPCS/Division of Financial Responsibility (DOFR) Crosswalk on August 11, 2026. The Pharmacy Advisory Committee members include physicians and pharmacists.

The approved updates, **effective November 17, 2026**, are listed on pages 2-7 of this update. Injectable medications are placed in DOFR categories that mirror the DOFR matrix categories in the Health Net* and Community Health Plan of Imperial Valley *Provider Participation Agreement (PPA)*.

The update includes:

- **11 new injectable** medications to be added to the crosswalk
- **27 updates and changes** to current injectable medication procedure codes
- **15 new biosimilars** and updates to be added to the crosswalk
- **6 new** generic medications
- **3 corrections on DOFR categorization** to current injectable medication procedure codes
- **2 administrative changes** to current injectable medication procedure codes
- **21 code description updates** to current injectable medication procedure codes

Relevant sections of the Plan's provider operations manuals will be revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library on the provider portal at provider.healthnetcalifornia.com > *Provider Library* under *Quick Links*, or go directly to providerlibrary.healthnetcalifornia.com.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

THIS UPDATE APPLIES TO:

- Participating Physician Groups

PROVIDER SERVICES

CHPIV Medi-Cal
(including ECM and CS providers) –
833-236-4141

PROVIDER PORTAL

provider.healthnetcalifornia.com

New injectable medications to be added to the Injectable Medication HCPCS/DOFR Crosswalk

The following medications have been approved as additions to the crosswalk reference table.

HCPCS	Medication name	Generic name	Primary category ¹	Secondary category
J0528	Contempo™	Injection, fosfomycin disodium, 20 mg	Therapeutic injection	Home health/infusion ³
J3590	Decnupaz™	Injection, pivekimab sunirine-pvcz, for intravenous use	Therapeutic injection	Chemotherapy ²
J3490	Evdi	Injection, trabectedin, for intravenous use	Therapeutic injection	Chemotherapy ²
J7176	Fesilty™	Injection, human fibrinogen-chnt (Fesilty), 1 mg	Therapeutic injection	Blood/blood products for hemophilia
J3590	Hepcludex®	Injection, bulevirtide-gmod, for subcutaneous use	Self-injectable	
J3590	Kresladi®	Marnetegrage autotemcel suspension for intravenous infusion	Therapeutic injection	
J3590	Lumvoa™	Injection, veligrotug-vvze, for intravenous use	Therapeutic injection	
J1577	Qivigy®	Injection, immune globulin (Qivigy), 100 mg	Therapeutic injection	Home health/infusion ³
J9999	Tregzi™	Allogeneic regulatory T-cell immunotherapy with hematopoietic stem and progenitor cells and T cells-vldq suspension, for intravenous infusion	Therapeutic injection	
J3590	Tryngolza®	Injection, olezarsen, for subcutaneous use	Self-injectable	
J3590	Zaynich™	Injection, cefepime and zidebactam, for intravenous use	Therapeutic injection	Home health/infusion ³

Updates/changes to current injectable medication procedure codes or HCPCS codes

Updates to the Injectable Medication HCPCS/DOFR Crosswalk are based on changes or updates to HCPCS codes or changes in medication descriptions or availability. The following are changes to injectable medications currently listed in the crosswalk reference table.

HCPCS	Medication name	Generic name	Comment
J0461	Atropine Sulfate	Injection, atropine sulfate (Fresenius and therapeutically equivalent), 0.01 mg	Discontinued; generic alternatives are still active
C9999	Besremi®	Ropeginterferon alfa-2b-njft injection, for subcutaneous use	Use J3590 instead
J9037	Blenrep®	Injection, belantamab mafodotin-blmf, 0.5 mg	Use J9053

HCPCS	Medication name	Generic name	Comment
J3590	Boncresta™	Denosumab-mobz biosimilar to Prolia®	Use Q5171
J0706	Cafcit®	Injection, caffeine citrate, 5 mg	Discontinued; generic alternatives are still active
J3590	Enoby™	Denosumab-qbde 60 mg/mL injection, biosimilar to Prolia	Use Q5167
J3590	Exdensur®	Depemokimab-ulaa	Use J2361
J1574	Ganciclovir	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Discontinued; generic alternatives are still active
J1610	Glucagen®	Injection, glucagon hydrochloride, per 1 mg	Updated product name to Glucagen Hypokit
J1642	Heparin Flush	Injection, heparin sodium, (heparin lock flush), per 10 units	Updated product name to BD Heparin Posiflush
J1980	Hyoscyamine sulfate	Injection, hyoscyamine sulfate, up to 0.25 mg	Discontinued
J1335	Invanz®	Injection, ertapenem sodium, 500 mg	Discontinued; generic alternatives are still active
C9309	Itvisma®	Injection, onasemnogene abeparvovec-brve, per treatment	Use J3405
J3590	Jubereq®	Denosumab-desu biosimilar to Xgeva®	Use Q5166
J3590	Nufymco®	Ranibizumab-leyk biosimilar to Lucentis®	Use Q5168
J3590	Osvyrti®	Denosumab-desu biosimilar to Prolia	Use Q5166
J3590	Oziltus™	Denosumab-mobz biosimilar to Xgeva	Use Q5165
J3590	Rybrevant Faspro®	Amivantamab and hyaluronidase-lpuj	Use J9062
J3590	Starjemza™	Ustekinumab-hmny IV solution 130 mg/26 mL (5 mg/mL) for IV infusion. Biosimilar to Stelara®	Use Q5164
J3590	Starjemza	Ustekinumab-hmny solution prefilled syringe 45 mg/0.5 mL. Biosimilar to Stelara	Use Q5164
J3590	Starjemza™	Ustekinumab-hmny subcutaneous solution 45 mg/0.5 mL. Biosimilar to Stelara®	Use Q5164
J3590	Starjemza	Ustekinumab-hmny solution prefilled syringe 90 mg/mL. Biosimilar to Stelara	Use Q5164
J9181	Toposar™	Injection, etoposide, 10 mg	Discontinued; generic alternatives are still active
J3490	Vykoura®	Injection, leucovorin calcium	Use C9310
J3590	Waskyra™	Etuvetidigene autotemcel	Use J3386

HCPCS	Medication name	Generic name	Comment
J3590	Xtrebo™	Denosumab-qbde 120 mg/1.7 mL biosimilar to Xgeva	Use Q5167
J3590	Yartemlea®	Narsoplimab-wuug injection, for intravenous use	Use J1289

New biosimilars added to the Injectable Medication HCPCS/DOFR Crosswalk

The following medications have been approved as additions to the crosswalk reference table.

HCPCS	Medication name	Generic name	Primary category ¹	Secondary category
Q5169	Armlupeg®	Injection, pegfilgrastim-unne (Armlupeg), biosimilar, 0.5 mg	Self-injectable	Chemotherapy adjunctive ²
Q5169	Armlupeg	Injection, pegfilgrastim-unne (Armlupeg), biosimilar, 0.5 mg	Therapeutic injection	Transplant medications – if used with (G-CSF with Mozobil)
J3590	Ennumo™	Injection, pegfilgrastim-pccg, for subcutaneous use, biosimilar to Neulasta®	Self-injectable	Chemotherapy adjunctive ²
J3590	Ennumo	Injection, pegfilgrastim-pccg, for subcutaneous use, biosimilar to Neulasta	Therapeutic injection	Transplant medications – if used with (G-CSF with Mozobil)
Q5170	Eydenzelt®	Injection, aflibercept-boav (Eydenzelt), biosimilar, 1 mg	Therapeutic injection	
Q5130	Fylnetra®	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	Therapeutic injection	Transplant medications – if used with (G-CSF with Mozobil)
J3590	Hadlima™	Injection, adalimumab-bwwd, for subcutaneous use	Self-injectable	
J3590	Hyrimoz®	Injection, adalimumab-adaz, for subcutaneous use	Self-injectable	
J3590	Immgolis™	Injection, golimumab-sldi, for subcutaneous use, biosimilar to Simponi®	Self-injectable	
J3590	Immgolis Intri™	Injection, golimumab-sldi, for intravenous use, biosimilar to Simponi Aria®	Therapeutic injection	Home health/infusion ³
J3590	Ponlimsi™	Injection, denosumab-adet, for subcutaneous use	Therapeutic injection	
J3590	Ranluspec™	Ranibizumab-hkdz injection, interchangeable biosimilar to Lucentis®	Therapeutic injection	

HCPCS	Medication name	Generic name	Primary category ¹	Secondary category
Q5135	Tyenne®	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Self-injectable	
Q5159	Xbyrk™	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Therapeutic injection	Chemotherapy adjunctive ²
J3590	Yusimry®	Injection, adalimumab-aqvh, for subcutaneous use	Self-injectable	

New generic injectable medications

The following medications have been approved as additions to the Injectable Medication HCPCS/DOFR Crosswalk.

HCPCS	Medication name	Generic name	Primary category ¹	Secondary category
J0463	Atropine sulfate	Injection, atropine sulfate (Fresenius and therapeutically equivalent), 0.01 mg	Therapeutic injection	
J3590	Avopef™	Injection, etoposide	Therapeutic injection	Chemotherapy ²
J1164	Diltiazem HCl-sodium chloride	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	Therapeutic injection	
J9232	Docetaxel	Injection, docetaxel (Hospira), not therapeutically equivalent to J9171, 1 mg	Therapeutic injection	Chemotherapy ²
J3590	Favlyxa™	Injection, fluorouracil	Therapeutic injection	Chemotherapy ²
J3375	Tyzavan	Injection, vancomycin hydrochloride (Tyzavan), not therapeutically equivalent to J3373, 10 mg	Therapeutic injection	Home health/infusion ³

Corrections on DOFR categorization

Below are corrections made to the Injectable Medication HCPCS/DOFR Crosswalk with DOFR categorization on select HCPCS codes in order to address inaccuracies and ensure alignment with previously published entries in the crosswalk reference table.

HCPCS	Medication name	Generic name	Comment
Q5160	Jobevne™	Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg	Add Chemotherapy ²
J2351	Ocrevus Zunovo™	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Add Home health/infusion ³
J3590	Saphnelo™	Injection, anifrolumab-fnia, 1 mg for subcutaneous use	Add Self-injectable

Administrative changes

Below are updates to the Injectable Medication HCPCS/DOFR Crosswalk, including removal of duplicate entries and correction of incorrectly displayed codes to ensure alignment with published HCPCS codes.

HCPCS	Medication name	Generic name	Comment
J0713	Ceftazidime and Dextrose	Injection, ceftazidime, per 500 mg	Duplicate entry
J3590	XTREBO™	Denosumab-qbde 120 mg/1.7 mL biosimilar to Xgeva	Product name updated to Xtrenbo

Code description updates to current injectable medication procedure codes or HCPCS codes

Below are updates to the Injectable Medication HCPCS/DOFR Crosswalk based on changes or updates to HCPCS description to the designated HCPCS code.

HCPCS	Medication name	Generic name
J9053	Blenrep®	Injection, belantamab mafodotin-blmf, 0.1 mg
Q5171	Boncresta™	Injection, denosumab-mobz (Boncresta), biosimilar, 1 mg
Q5167	Enoby™	Injection, denosumab-qbde (Enoby/Xtrenbo), biosimilar, 1 mg
J2361	Exdensur®	Injection, depemokimab-ulaa, 1 mg
J1951	Fensolvi®	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
J1569	Gammagard®	Injection, immune globulin, (Gammagard Liquid/Gammagard Liquid ERC), 500 mg
Q5166	Jubereq®	Injection, denosumab-desu (Osvyrti/Jubereq), biosimilar, 1 mg
J0174	Leqembi™	Injection, lecanemab-irmb, 1 mg
J9209	Mesna	Injection, mesna, 200 mg
J9209	Mesnex®	Injection, mesna, 200 mg
Q5168	Nufymco®	Injection, ranibizumab-leyk (Nufymco), biosimilar, 0.1 mg
Q5166	Osvyrti®	Injection, denosumab-desu (Osvyrti/Jubereq), biosimilar, 1 mg
Q5165	Oziltus™	Injection, denosumab-mobz (Oziltus), biosimilar, 1 mg
J9062	Rybrevant Faspro®	Injection, amivantamab 5 mg and hyaluronidase-lpuj
Q5164	Starjemza™	Injection, ustekinumab-hmny (Starjemza), biosimilar, 1 mg
J3375	Vancomycin	Injection, vancomycin hydrochloride (Tyzavan), not therapeutically equivalent to J3373, 10 mg
C9310	Vykoura®	Injection, leucovorin calcium (Avyxa), 1 mg
J3386	Waskyra™	Injection, etuvetidigene autotemcel, per treatment
Q5167	Xtrenbo	Injection, denosumab-qbde (Enoby/Xtrenbo), biosimilar, 1 mg
J1289	Yartemlea®	Injection, narsoplimab-wuug, 1 mg
J1553	Yimmugo®	Injection, immune globulin (Yimmugo), 100 mg

HCPCS codes were taken from the Centers for Medicare & Medicaid Services HCPCS website at www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/alpha-numeric.

¹Therapeutic Injections: Provider administered in an office or clinic setting; typically supplied as vials or reconstitution powders. Self-Injectables: Administered by the patient or caregiver; typically supplied as prefilled syringes, auto injectors, or pen injectors.

²If associated with a cancer diagnosis – ICD-10 codes between C00.0-C79.9, C7A.00-C7B.8, C80.0-C96.9, D00.0-D09.9.

³When administered by a nurse in a home setting.