



4th Quarter 2025 Injectable Medication HCPCS/DOFR Crosswalk

Use the updates for dates of service on and after March 10, 2026

The Pharmacy Advisory Committee approved updates to the Injectable Medication HCPCS/Division of Financial Responsibility (DOFR) Crosswalk on November 25, 2025. The Pharmacy Advisory Committee members include physicians and pharmacists.

The approved updates, **effective March 10, 2026**, are listed on pages 2–6 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:

- 21 **new injectable** medications to be added to the crosswalk
- 21 **updates and changes** to current injectable medication procedure codes
- 8 **new biosimilars** and updates to be added to the crosswalk
- 7 **new** generic drugs
- 3 **category** changes

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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.

New drugs

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|-------|--------------------------------|--|-----------------------|---------------------------|
| 90288 | BabyBIG® | Botulism immune globulin, human, for intravenous use | Therapeutic injection | |
| 90287 | Botulism antitoxin heptavalent | Botulinum antitoxin, equine, any route | Therapeutic injection | |
| J9999 | Blenrep® | Belantamab mafodotin-blmf for intravenous (IV) solution, 70 mg | Therapeutic injection | Chemotherapy ¹ |
| J3490 | Brekiya® | Dihydroergotamine mesylate solution auto-injector, 1 mg/mL | Self-injectable | |
| J0577 | Brixadi® weekly | Injection, buprenorphine extended-release, less than or equal to 7 days of therapy | Therapeutic injection | |
| J3490 | Dawnzera™ | Donidalorsen sodium subcutaneous solution auto-injector, 80 mg/0.8 mL | Self-injectable | |
| J7177 | Fibryga® | Fibrinogen concentrate (human) for IV solution, 2 gm | Therapeutic injection | |
| J3490 | Forzinity™ | Elamipretide HCL subcutaneous solution, 280 mg/3.5 mL | Self-injectable | |
| J1612 | Gvoke® | Injection, glucagon, 0.01 mg | Self-injectable | |
| 90371 | Hyperhep B® | Hepatitis B immune globulin (HBIG), human, for intramuscular use | Therapeutic injection | |
| C9399 | Keytruda QLEX™ | Pembrolizumab-berahyaluron-pmph injection | Therapeutic injection | Chemotherapy ¹ |
| J3490 | Leqembi® IQLK™ | Lecanemab-irmb solution auto-injector, 360 mg/1.8 mL | Self-injectable | |
| 91304 | Nuvaxovid™ | COVID-19 vaccine, adjuvanted | Therapeutic injection | Immunization |
| J3590 | Papzimeos™ | Zopapogene imadenovec-drba | Therapeutic injection | |
| 90384 | RhoGAM® ultra-filtered plus | Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use | Therapeutic injection | |
| 91322 | Spikevax® | COVID-19 vaccine, mRNA | Therapeutic injection | Immunization |

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

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|-------|------------|---|-----------------------|-----------------------------------|
| J3590 | Yimmugo® | Immune Globulin (Human)-dira IV solution, 10 gm/100 mL | Therapeutic injection | |
| J3490 | Zurnai™ | Nalmefene HCl solution auto-injector, 1.5 mg/0.5 mL (base equivalent) | Self-injectable | |
| J3490 | Zegalogue® | Dasiglucagon injection, for subcutaneous use | Self-injectable | |
| J0681 | Zevtera® | Injection, ceftobiprole medocartil sodium, 3 mg | Therapeutic injection | Home health/infusion ² |
| J0668 | Zynrelef® | Bupivacaine and meloxicam extended-release solution | Therapeutic injection | |

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 | Drug name | Generic name | Comment |
|-------|----------------------|--|---|
| J9215 | Alferon N® | Interferon alfa-N3 (human leukocyte derived), 250,000 IU injection | No longer manufactured |
| J0457 | Azactam® | Injection, aztreonam, 100 mg | Replaces S0073 |
| J0515 | Benztropine | Benztropine (brand name, formerly, Cogentin®) mesylate injection, 1 mg | The brand-name Cogentin has been discontinued |
| J3490 | Bydureon® | Exenatide extended release | No longer manufactured |
| J3490 | Bydureon® BCise | Exenatide extended release injectable suspension, 2 mg | No longer manufactured |
| J0636 | Calcijex® | Injection, calcitriol, 0.1 mcg | Brand has been discontinued; a generic version is available |
| 91320 | Comirnaty® 2024-2025 | Covid-19 Vaccine, mRNA, 24-25 Formula | No longer manufactured |
| J0802 | Cortrophin gel | Injection, corticotropin (animal-based), up to 40 units | Additional manufacturer |
| J0759 | Cleviprex® | Clevidipine butyrate, 1 mg | Replaces C9248 |

Updates/changes to current injectable medication procedure codes or HCPCS codes, *continued*

| HCPCS | Drug name | Generic name | Comment |
|--------------|-----------------|--|---|
| C9306 | Emrelis™ | Telisotuzumab vedotin-tllv for injection, for IV use | Replaces J9999 |
| J3403 | Encelto™ | Revakinagene taroretcel-lwey intravitreal implant 200,000 cells | Replaces J3402 |
| J0139 | Humira® (2 pen) | Injection, adalimumab, 1 mg | Code added |
| J0641 | Fusilev® | Levoleucovorin calcium, 0.5 mg | Brand has been discontinued; a generic version is available |
| C9305 | Imaavy™ | Nipocalimab-Aahu IV solution | Replaces J3590 |
| J9065 | Leustatin® | Cladribine per 1 mg | No longer manufactured |
| J3490 | Lusedra® | Fospropofol disodium Injection | No longer manufactured |
| J2151 | Mannitol | Mannitol injection | Replaces J2150 |
| J7174 | Qfitlia™ | Fitusiran injection, for subcutaneous use | Replaces J3490 |
| J0900 | Valertest #1 | Testosterone enanthate and estradiol valerate | No longer manufactured |
| 90625 | Vaxchora® | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use | This oral suspension will be discontinued |
| J0740 | Vistide® | Cidofovir, 375 mg injection | Brand has been discontinued; a generic version is available |

New biosimilars added to the Injectable Medication HCPCS/DOFR Crosswalk

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

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|--------------|------------|--|-----------------------|--------------------------------------|
| J3590 | Bilprevda® | Denosumab-nxxp injection, for subcutaneous use biosimilar to Xgeva® | Therapeutic injection | Chemotherapy adjunctive ¹ |
| J3590 | Bildyos® | Denosumab-nxxp injection, for subcutaneous use biosimilar to Prolia® | Therapeutic injection | |
| J3590 | Jobevne™ | Bevacizumab-nwgd, biosimilar to Avastin® | Therapeutic injection | |

New biosimilars added to the Injectable Medication HCPCS/DOFR Crosswalk, *continued*

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|--------------|------------------|--|-------------------------|---------------------------|
| Q5134 | Tyruko® | Natalizumab-sztnm, biosimilar to TYSABRI® | Therapeutic injection | |
| J3590 | Starjemza™ | Ustekinumab-hmny IV solution, 130 mg/26 mL (5 mg/mL) (for IV infusion), biosimilar to Stelara® | Therapeutic injection | |
| J3590 | Starjemza™ | Ustekinumab-hmny solution prefilled syringe, 45 mg/0.5 mL, biosimilar to Stelara | Self-injectable | |
| J3590 | Starjemza™ | Ustekinumab-hmny subcutaneous solution, 45 mg/0.5 mL, biosimilar to Stelara | Self-injectable | |

New generic injectable medications

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

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|--------------|---------------------|---|-------------------------|-----------------------------------|
| J0163 | Epinephrine | Injection, epinephrine in sodium chloride (endovenous administration), 0.1 mg | Therapeutic injection | |
| J0164 | Epinephrine | Injection, epinephrine in sodium chloride (Baxter), 0.1 mg | Therapeutic injection | |
| J0462 | Atropine sulfate | Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg | Therapeutic injection | |
| J0675 | Carboprost | Injection, carboprost tromethamine, 0.1 mg | Therapeutic injection | |
| J1370 | Esomeprazole sodium | Injection, esomeprazole sodium, 1 mg | Therapeutic injection | |
| J2290 | Nafcillin | Injection, nafcillin sodium, 20 mg | Therapeutic injection | Home health/infusion ² |
| J0582 | Bivalirudin | Injection, bivalirudin (endovenous administration), not therapeutically equivalent to J0583, 1 mg | Therapeutic injection | |

Category changes

The following medications have been approved to correct the secondary category listed below.

| HCPCS | Drug name | Generic name | Primary category | Secondary category |
|--------------|------------------|--|-------------------------|---------------------------|
| J3490 | Saxenda® | Liraglutide (weight management) solution pen-injector, 6 mg/mL | Self-injectable | |
| J3490 | Victoza® | Liraglutide [rDNA origin] injection | Self-injectable | |
| J3490 | Saxenda® | Liraglutide (weight management) solution pen-injector, 6 mg/mL | Self-injectable | |

¹If 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.

²When administered by a nurse in a home setting.

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.