

**Provider Administered Drug Program (PADP) - Managed by Magellan Rx Management**  
**October 2018**

Florida Blue and Health Options, Inc has contracted with Magellan Rx Management (MRxM) to assist in managing the Provider Administered Drug Program (PADP) which includes a select set of physician/ healthcare professional administered medication. The utilization management program is designated to maximize patient care in the most appropriate and affordable manner based on clinically accepted standards. As with all utilization management programs, PADP will be utilized to determine if the proposed service meets the definition of medical necessity under the member's benefit plan.

PADP has been in place and managed by Magellan Rx Management (previously known as ICORE) since July 2009 with periodic drug updates for Florida physicians who buy and bill and administer the included drugs within the physician location. Beginning November 14, 2016, Magellan Rx Management (MRxM) will be performing and issuing the **prior authorizations** (required based on the Member and/or Provider contract), **Voluntary Pre-determinations for Select Services (VPSS), and/ or Advanced Organizational Determinations (Medicare Advantage/ SAO)** for the designated drugs included in the PADP Drug list for all provider/ facility types (In-State and Out of State) that will be administering the medication within the following place of services for the included products identified below (see below for limited exclusions) :

**Place of Services Included MRxM Management**

- Office
- Home
- Outpatient (On-Campus & Off-Campus)
- Clinics
- Ambulatory Infusion Suite (AIS)
- Other Outpatient Centers
- Ambulatory Surgery Center (ACS)

**Products Included in MRxM Management**

- BlueOptions (Group & Individual)
- BlueChoice (Group & Individual)
- BlueSelect (Group & Individual)
- My Blue (*excluding out of state and Non-Par Providers*)
- State Account Employees
- Miami Dade (Group & Individual)
- Medicare Advantage PPO
- Go Blue (Group & Individual)
- Med Adv HMO Products (*excluding out of state and Non-Par Providers*)
- HOI BlueCare Group & Individual (*excluding out of state and Non-Par Providers*)
- SimplyBlue (*excluding out of state and Non-Par Providers*)

**Excluded from MRxM Management**

- Medicare Part B Primary
- FEP (Federal Employee Program), BlueCard Host, Be Healthy and Medicare Supplement
- CareCentrix Providers when In-State Home or AIS (***Prior Auth will be performed through CareCentrix***)
  - Drugs covered & processed thru Pharmacy Benefit (***PBM or Part D***)

- Physicians ordering Rx through FB Preferred Specialty Pharmacy (Caremark or Prime Specialty Pharmacy (Just in Time/ Drug Replacement) - ***Preferred Specialty Pharmacy will perform Prior Authorization***

PADP has been in place and managed by Magellan Rx Management (previously known as ICORE) since July 2009 with periodic drug updates for Florida physicians who buy and bill and administer the included drugs within the physician location. Florida Blue physician and providers that participate with Florida Blue Utilization Management Programs (PADP) are required to obtain a prior authorization for the drugs included in the PADP Drug list prior to the administration. If a prior authorization is not obtained for the applicable drug(s), payment for that service will be denied, and the Member cannot be held responsible for the denied charges.

Additions to the PADP Drug List will be made periodically in accordance with the applicable provisions of the contract(s). Member benefit agreements may require prior authorization for certain drugs which would include all the drugs included in the PADP List that will be managed by Magellan Rx Management as well as additional drugs that are not included in the PADP Drug List that will be managed by Florida Blue. The additional drugs that require prior authorization based upon the member's benefit agreement that are not included in PADP, can be located on the Medical and Specialty Drug UM List. Below are the member's benefit arrangements that would require prior authorizations regardless of the physician and providers participation:

**Member Benefit Arrangements Require Prior Auth** *(all provider arrangements)*

- BlueCare HMO
- SimplyBlue
- My Blue\*
- Medicare Advantage HMO Products\*
- BlueSelect (Group & Individual plans)
- BlueOptions ACA Plans (Group & Individual plans)
- Medicare Advantage PPO
- BlueChoice Group ACA Plans *(effective 4/1/2016)*

*\* Prior Authorization required in addition to referral when applicable*

NOTE: Member benefit arrangements that do not require prior authorization and/or provider contracts that do not align with Florida Blue Utilization Management Programs (PADP) are eligible for a Voluntary Predetermination of Select Services (VPSS) which for the PADP drug list will be reviewed by Magellan Rx Management (MRxM). For the drugs that are **not** included in the PADP Drug list, the VPSS would be managed by Florida Blue.

For the Member benefit and/or provider arrangements (UM) that require prior authorization for the listed drugs, a separate review is NOT required for the administration/ per diem services unless separately identified. When member product requires a referral to Specialist and/or prior authorization for Home Nursing services (i.e. Medicare Adv HMO, My Blue, etc), these will be separately reviewed by Florida Blue through normal process.

**PADP Drug List**

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP EFF DATE</u>	<u>TERM DATE</u>
A9543	ZEVALIN	<u>IBRITUMOMAB TIUXETAN</u>	11/14/2016	n/a
A9606	XOFIGO	<u>RADIUM RA223 DICHLORIDE THER</u>	11/14/2016	n/a
J0129	ORENCIA SQ	ABATACEPT	01/01/2014	n/a
J0178	EYLEA	AFLIBERCEPT	04/01/2015	n/a
J0202	LEMTRADA	<u>ALEMTUZUMAB</u>	11/14/2016	n/a
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014	n/a
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014	n/a
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014	n/a
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014	n/a
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014	n/a
J0585	BOTOX	ONABOTULINUMTOXIN A	01/01/2014	n/a
J0586	DYSPOET	ONABOTULINUMTOXIN A	01/01/2014	n/a
J0587	MYOBLOC	ONABOTULINUMTOXIN B	01/01/2014	n/a
J0588	XEOMIN	ONABOTULINUMTOXIN A	01/01/2014	n/a
J0596	RUCONEST	<u>C-1 ESTERASE INHIBITOR (RECOMBINANT)</u>	11/14/2016	n/a
J0597	BERINERT	<u>C1 ESTERASE INHIBITOR</u>	01/01/2014	n/a
J0638	ILARIS	<u>CANAKINUMAB</u>	11/14/2016	n/a
J0641	FUSILEV	<u>LEVOLEUCOVORIN</u>	04/01/2015	n/a
J0717	CIMZIA	<u>CERTOLIZUMAB PEGOL</u>	01/01/2014	n/a
J0800	HP ACTHAR	<u>CORTICOTROPIN</u>	01/01/2014	n/a
J0881	ARANESP	<u>DARBEPOETIN ALFA</u>	07/20/2009	n/a
J0885	EPOGEN	<u>EPOETIN ALFA</u>	07/20/2009	n/a
J0885	PROCRIT	<u>EPOETIN ALFA</u>	07/20/2009	n/a
J0888	MIRCERA	<u>EPOETIN BETA (non-ESRD use)</u>	01/01/2015	n/a
J0897	PROLIA	<u>DENOSUMAB</u>	01/01/2014	n/a
J0897	XGEVA	<u>DENOSUMAB</u>	01/01/2014	n/a
J1290	KALBITOR	<u>ECALLANTIDE</u>	01/01/2014	n/a
J1300	SOLIRIS	<u>ECULIZUMAB</u>	01/01/2014	n/a
J1442	NEUPOGEN	<u>FILGRASTIM</u>	07/20/2009	n/a
J1447	GRANIX	<u>TBO-FILGRASTIM</u>	01/01/2016	n/a
J1453	EMEND	<u>FOSAPREPITANT</u>	11/14/2016	n/a
J1459	PRIVIGEN	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1556	BIVIGAM	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1557	GAMMAPLEX	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a

J1561	GAMMAKED	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1561	GAMUNEX	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1561	GAMUNEX-C	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1566	CARIMUNE NF	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1566	GAMMAGARD SD	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1566	PANGLOBULIN NF	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1568	OCTAGAM	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1569	GAMMAGARD LIQUID	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1572	FLEBOGAMMA	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1599*	Unclassified IVIG*	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1602	SIMPONI ARIA	<u>GOLIMUMAB</u>	11/14/2016	n/a
J1726	MAKENA	<u>HYDROXYPROGESTERONE CAPROATE</u>	11/14/2016	n/a
J1725	MAKENA-	<u>HYDROXYPROGESTERONE CAPROATE (**new HCPCS assigned)</u>	11/14/2016	06/30/2017
J1740	BONIVA	<u>IBANDRONATE SODIUM</u>	11/14/2016	n/a
J1745	REMICADE	<u>INFLIXIMAB</u>	01/01/2014	n/a
J1786	CEREZYME	<u>IMUGLUCERASE</u>	01/01/2014	n/a
J1930	SOMATULINE DEPOT	<u>LANREOTIDE</u>	11/14/2016	n/a
J1950	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014	n/a
J2323	TYSABRI	<u>NATALIZUMAB</u>	04/01/2013	n/a
J2353	SANDOSTATIN LAR DEPOT	<u>OCTREOTIDE</u>	01/01/2014	n/a
J2357	XOLAIR	<u>OMALIZUMAB</u>	01/01/2014	n/a
J2469	ALOXI	<u>PALONOSETRON</u>	07/20/2009	n/a
J2503	MACUGEN	<u>PEGAPTANIB SODIUM</u>	04/01/215	n/a
J2505	NEULASTA	<u>PEGFILGRASTIM</u>	07/20/2009	n/a
J2507	KRYSTEXXA	<u>PEGLOTICASE</u>	11/14/2016	n/a
J2562	MOZOBIL	<u>PLERIXAFOR</u>	11/14/2016	n/a
J2778	LUCENTIS	<u>RANIBIZUMAB</u>	04/01/2015	n/a
J2783	ELITEK	<u>RASBURICASE</u>	11/14/2016	n/a
J2796	NPLATE	<u>ROMIPLOSTIM</u>	01/01/2014	n/a
J2820	LEUKINE	<u>SARGRAMOSTIM (GM-CSF)</u>	11/14/2016	n/a
J3060	ELELYSO	<u>TALIGLUCERASE ALFA</u>	11/14/2016	n/a
J3262	ACTEMRA	<u>TOCILIZUMAB</u>	01/01/2014	n/a
J3315	TRELSTAR DEPOT	<u>TRIPTORELIN PAMOATE</u>	01/01/2014	n/a
J3315	TRELSTAR LA	<u>TRIPTORELIN PAMOATE</u>	01/01/2014	n/a
J3357	STELARA SQ	<u>USTEKINUMAB SQ</u>	01/01/2014	n/a
J3358	STELARA IV	<u>USTEKINUMAB IV</u>	07/01/2017	n/a
J3380	ENTYVIO	<u>VEDOLIZUMAB</u>	01/01/2015	n/a
J3385	VPRIV	<u>VELAGLUCERASE ALFA</u>	01/01/2014	n/a

J3396	VISUDYNE	<u>VERTEPORFIN</u>	11/14/2016	n/a
J3489	ZOMETA/ RECLAST	<u>ZOLEDRONIC ACID</u>	01/01/2014	n/a
J7311	RETISERT	<u>FLUCINOLONE ACETONIDE, intravitreal implant</u>	11/14/2016	n/a
J7312	OZURDEX	<u>DEXAMETHASONE, intravitreal implant</u>	11/14/2016	n/a
J7313	ILUVIEN	<u>FLUCINOLONE ACETONIDE, intravitreal implant</u>	11/14/2016	n/a
J7320	GENVISC 850	<u>HYALURONAN/ DERIVATIVE</u>	11/14/2016	n/a
J7321	HYALGAN	<u>SODIUM HYALURONATE</u>	04/01/2013	n/a
J7321	SUPARTZ	<u>SODIUM HYALURONATE</u>	04/01/2013	n/a
J7322	HYMOVIS	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2017	n/a
J7323	EUFLEXXA	<u>SODIUM HYALURONATE</u>	04/01/2013	n/a
J7324	ORTHOVISC	<u>HIGH MOLECULAR WEIGHT HYALURONAN INJECTION</u>	04/01/2013	n/a
J7325	SYNVISC	<u>HYLAN G-F 20</u>	04/01/2013	n/a
J7325	SYNVISC ONE	<u>HYLAN G-F 20</u>	04/01/2013	n/a
J7326	GEL-ONE	<u>CROSS-LINKED HYALURONATE</u>	04/01/2013	n/a
J7327	MONOVISC	<u>HIGH MOLECULAR WEIGHT HYALURONAN INJECTION</u>	01/01/2015	n/a
J7328	GEL-SYN	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2016	n/a
J9019	ERWINAZE	<u>ASPARAGINASE</u>	11/14/2016	n/a
J9022	TECENTRIQ	<u>ATEZOLIZUMAB</u>	11/14/2016	n/a
J9023	BAVENCIO	<u>AVELUMAB</u>	03/23/2017	n/a
J9025	VIDAZA	<u>AZACITIDINE</u>	04/01/2015	n/a
J9032	BELEODAQ	<u>BELINOSTAT</u>	11/14/2016	n/a
J9033	TREANDA	<u>BENDAMUSTINE</u>	04/01/2015	n/a
J9034	BENDEKA	<u>BENDAMUSTINE</u>	01/01/2017	n/a
J9035	AVASTIN (oncology use)	<u>BEVACIZUMAB</u>	07/20/2009	n/a
J9039	BLINCYTO	<u>BLINATUMOMAB</u>	11/14/2016	n/a
J9041	VELCADE	<u>BORTEZOMIB</u>	04/01/2013	n/a
J9042	ADCETRIS	<u>BRENTUXIMAB VEDOTIN</u>	11/14/2016	n/a
J9043	JEVTANA	<u>CABAZITAXEL</u>	01/01/2014	n/a
J9047	KYPROLIS	<u>CARFILZOMIB</u>	11/14/2016	n/a
J9055	ERBITUX	<u>CETUXIMAB</u>	04/01/2013	n/a
J9145	DARZALEX	<u>DARALUMUMAB</u>	11/14/2016	n/a
J9155	FIRMAGON	<u>DEGARELIX, 1MG</u>	04/01/2013	12/31/2014
J9171	DOCEFREZ	<u>DOCETAXEL</u>	04/01/2013	n/a
J9171	TAXOTERE	<u>DOCETAXEL</u>	04/01/2013	n/a
J9176	EMPLICITI	<u>ELOTUZUMAB</u>	11/14/2016	n/a
J9179	HALAVEN	<u>ERIBULIN</u>	04/01/2013	n/a
J9202	ZOLADEX	<u>GOSERELIN ACETATE</u>	01/01/2014	n/a
J9203	MYLOTARG	<u>GEMTUZUMAB OZOGAMICIN</u>	09/07/2017	n/a

J9205	ONIVYDE	<u>IRINOTECAN LIPOSOME</u>	11/14/2016	n/a
J9217	ELIGARD	<u>LEUPROLIDE ACETATE</u>	01/01/2014	n/a
J9217	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014	n/a
J9225	VANTAS	<u>HISTRELIN ACETTE</u>	01/01/2014	n/a
J9226	SUPPRELIN LA	<u>HISTRELIN ACETATE</u>	04/01/2015	n/a
J9228	YERVOY	<u>IPILIMUMAB</u>	04/01/2013	n/a
J9262	SYNRIBO	<u>OMACETAXINE MEPESUCCINATE</u>	11/14/2016	n/a
J9263	ELOXATIN	<u>OXALIPLATIN</u>	04/01/2013	n/a
J9264	ABRAXANE	<u>PACLITAXEL</u>	04/01/2013	n/a
J9271	KEYTRUDA	<u>PEMBROLIZUMAB</u>	11/14/2016	n/a
J9285	LARTRUVO	<u>OLARATUMAB</u>	03/06/2017	n/a
J9295	PORTRAZZA	<u>NECITUMUMAB</u>	11/14/2016	n/a
J9299	OPDIVO	<u>NIVOLUMAB</u>	11/14/2016	n/a
J9301	GAZYVA	<u>OBINUTUZUMAB</u>	11/14/2016	n/a
J9302	ARZERRA	<u>OFATUMUMAB</u>	11/14/2016	n/a
J9303	VECTIBIX	<u>PANITUMUMAB</u>	04/01/2013	n/a
J9305	ALIMTA	<u>PEMETREXED</u>	04/01/2013	n/a
J9306	PERJETA	<u>PERTUZUMAB</u>	11/14/2016	n/a
J9307	FOLOTYN	<u>PRALATEXATE</u>	11/14/2016	n/a
J9308	CYRAMZA	<u>RAMUCIRUMAB</u>	11/14/2016	n/a
J9310	RITUXAN	<u>RITUXIMAB</u>	04/01/2013	n/a
J9325	IMLYGIC	<u>TALIMOGENE LAHERPAREPVEC</u>	11/14/2016	n/a
J9330	TORISEL	<u>TEMSIROLIMUS</u>	11/14/2016	n/a
J9352	YONDELIS	<u>TRABECTEDIN</u>	11/14/2016	n/a
J9354	KADCYLA	<u>ADO-TRASTUZUMAB</u>	01/01/2014	n/a
J9355	HERCEPTIN	<u>TRASTUZUMAB</u>	07/20/2009	n/a
J9400	ZALTRAP	<u>ZIV-AFLIBERCEPT</u>	11/14/2016	n/a
J9999*	NOC*	<u>NOC ANTINEOPLASTIC*</u>	11/14/2016	n/a
Q2040	KYMRIAH	<u>TISAGENLECLEUCEL</u>	08/31/2017	n/a
Q2041	YESCARTA	<u>AXICABTAGENE CILOLEUCEL*</u>	10/18/2017	n/a
Q2043	PROVENGE	<u>SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS</u>	04/01/2013	n/a
Q2049	LIPODOX	<u>DOXORUBICIN LIPOSOMAL</u>	04/01/2015	n/a
Q2050	DOXIL	<u>DOXORUBICIN LIPOSOMAL</u>	04/01/2015	n/a
Q5101	ZARXIO	<u>FILGRASTIM-SNDZ</u>	07/01/2015	n/a
Q5102	INFLECTRA	<u>INFLIXIMAB, BIOSIMILAR (**new HCPCS assigned)</u>	07/01/2016	03/31/2018
Q5102	RENFLEXIS	<u>INFLIXIMAB, BIOSIMILAR (**new HCPCS assigned)</u>	07/25/2017	03/31/2018
Q5103	INFLECTRA	<u>INFLIXIMAB-DYYB, BIOSIMILAR</u>	07/01/2016	n/a
Q5104	RENFLEXIS	<u>INFLIXIMAB-ABDA, BIOSIMILAR</u>	07/25/2017	n/a

Q5106	RETACRIT	<u>EPOESTIN ALFA-EPBX</u>	10/01/2018	n/a
Q5108	FULPHILA	<u>PEGFILGRASTIM-JMDB</u>	10/01/2018	n/a
Q9980	GENVISC	<u>HYALURONAN/ DERIVATIVE (**new HCPCS assigned)</u>	01/01/2016	12/31/2016
Q9986	MAKENA-	<u>HYDROXYPROGESTERONE CAPROATE- (**new HCPCS assigned)</u>	11/14/2016	12/31/2017
Q9989	STELARA IV	<u>USTEKINUMAB IV- (**new HCPCS assigned)</u>	07/01/2017	12/31/2017

*\* Includes existing and new to market drugs that are aligned with NOC J9999. Once drug is assigned to HCPCS, the new HCPCS will be included in the PADP Drug List*

*\*\* New HCPCS assigned by CMS. Drug was included in PADP prior to new HCPCS effective date*

**PADP J9999 Drug List**

<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP EFF DATE</u>	<u>TERM DATE</u>
J9999*	LIBTAYO	<u>CEMIPLIMAB-RWIC</u>	09/28/2018	n/a
J9999*	POTELIGE0	<u>MOGAMULIZUMAB-KPKC</u>	08/17/2018	n/a
J9999*	BELRAPZO	<u>BENDAMUSTINE HCl</u>	05/15/2018	n/a
J9999*/ C9030**	ALIQOPA*	<u>COPANLISIB*</u>	09/18/2017	n/a
J9999*/ C9028	BESPOUSA*	<u>INOTUZUMAB OZOGAMICIN*</u>	08/18/2017	n/a
J9999*	BORTEZOMIB*	<u>BORTEZOMIB*</u>	12/04/2017	n/a
J9999*/ C9492	IMFINZI*	<u>DURVALUMAB*</u>	05/01/2017	n/a
J9999*	MVASI*	<u>BEVACIZUMAB-AWWB*</u>	09/14/2017	n/a
J9999*	OGIVRI*	<u>TRASTUZUMAB-DKST*</u>	12/01/2017	n/a
J9999*/ C9467	RITUXAN HYCELA*	<u>RITUXIMAB-HYALURONIDASE*</u>	06/22/2017	n/a
J9999*	UNITUXIN*	<u>DINUTUXIMAB*</u>	04/01/2017	n/a
J9999*/ C9024	VYXEOS*	<u>DAUNORUBICIN and CYTARABINE*</u>	08/11/2017	n/a
J9999*	YESCARTA*	<u>AXICABTAGENE CILOLEUCEL* (**new HCPCS assigned, Q2041)</u>	10/18/2017	03/31/2017
J9999*/ C9483**	TECENTRIQ*	<u>ATEZOLIZUMAB* (**new HCPCS assigned, J9022)</u>	11/14/2016	12/31/2017
J9999*	BAVENCIO*	<u>AVELUMAB* (**new HCPCS assigned, J9023)</u>	03/23/2017	12/31/2017
J9999*/ C9485**	LARTRUVO*	<u>OLARATUMAB* (**new HCPCS assigned, J9023)</u>	11/14/2016	12/31/2017
J9999*/ C9476**	DARZALEX*	<u>DARALUMUMAB* (**new HCPCS assigned, J9145)</u>	11/14/2016	12/31/2016

J9999*/ C9477**	EMPLICITI*	<u>ELOTUZUMAB*</u> (**new HCPCS assigned, J9176)	11/14/2016	12/31/2016
J9999*/ C9472**	IMLYGIC*	<u>TALIMOGENE LAHERPAREPVEC*</u> (**new HCPCS assigned, J9325)	11/14/2016	12/31/2016
J9999*/ C9474**	ONIVYDE*	<u>IRINOTEGAN LIPOSOME*</u> (**new HCPCS assigned, J9205)	11/14/2016	12/31/2016
J9999*/ C9475**	PORTRAZZA*	<u>NECITUMUMAB*</u> (**new HCPCS assigned, J9295)	11/14/2016	12/31/2016
J9999*/ C9480**	YONDELIS*	<u>TRABECTEDIN*</u> (**new HCPCS assigned, J9352)	11/14/2016	12/31/2016

**\* Once drug is assigned to HCPCS, the new HCPCS will be included in the PADP Drug List and managed through Magellan Rx Management (MRxM). NOTE - Drugs associated to J9999, are NOT accepted with C9399. MRxM authorizations will not be applied when billing C9399.**

**\*\* C-Codes are only billable for the specified drug services within Hospital Outpatient setting. All other setting must be billed with J9999 until a listed HCPCS is assigned by CMS.**