

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

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*)

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
- 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 dates</u>
A9543	ZEVALIN	IBRITUMOMAB TIUXETAN	11/14/2016
A9606	XOFIGO	RADIUM RA223 DICHLORIDE THER	11/14/2016
J0129	ORENCIA SQ	ABATACEPT	01/01/2014
J0178	EYLEA	AFLIBERCEPT	04/01/2015
J0202	LEMTRADA	ALEMTUZUMAB	11/14/2016
J0256	ARALAST NP	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014
J0256	ARALAST	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014
J0256	PROLASTIN-C	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014
J0256	ZEMAIRA	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014
J0257	GLASSIA	ALPHA 1-PROTEINASE INHIBITOR	01/01/2014
J0585	BOTOX	ONABOTULINUMTOXIN A	01/01/2014
J0586	DYSPOBT	ONABOTULINUMTOXIN A	01/01/2014
J0587	MYOBLOC	ONABOTULINUMTOXIN B	01/01/2014
J0588	XEOMIN	ONABOTULINUMTOXIN A	01/01/2014
J0596	RUCONEST	C-1 ESTERASE INHIBITOR (RECOMBINANT)	11/14/2016
J0597	BERINERT	C1 ESTERASE INHIBITOR	01/01/2014
J0638	ILARIS	CANAKINUMAB	11/14/2016
J0641	FUSILEV	LEVOLEUCOVORIN	04/01/2015
J0717	CIMZIA	CERTOLIZUMAB PEGOL	01/01/2014
J0800	HP ACTHAR	CORTICOTROPIN	01/01/2014
J0881	ARANESP	DARBEPOETIN ALFA	07/20/2009
J0885	EPOGEN	EPOETIN ALFA	07/20/2009
J0885	PROCRIT	EPOETIN ALFA	07/20/2009

J0888	MIRCERA	EPOETIN BETA (non-ESRD use)	01/01/2015
J0897	PROLIA	DENOSUMAB	01/01/2014
J0897	XGEVA	DENOSUMAB	01/01/2014
J1290	KALBITOR	ECALLANTIDE	01/01/2014
J1300	SOLIRIS	ECULIZUMAB	01/01/2014
J1442	NEUPOGEN	FILGRASTIM	07/20/2009
J1447	GRANIX	TBO-FILGRASTIM	01/01/2016
J1453	EMEND	FOSAPREPITANT	11/14/2016
J1459	PRIVIGEN	HUMAN IMMUNE GLOBULIN	01/16/2012
J1556	BIVIGAM	HUMAN IMMUNE GLOBULIN	01/16/2012
J1557	GAMMAPLEX	HUMAN IMMUNE GLOBULIN	01/16/2012
J1561	GAMMAKED	HUMAN IMMUNE GLOBULIN	01/16/2012
J1561	GAMUNEX	HUMAN IMMUNE GLOBULIN	01/16/2012
J1561	GAMUNEX-C	HUMAN IMMUNE GLOBULIN	01/16/2012
J1566	CARIMUNE NF	HUMAN IMMUNE GLOBULIN	01/16/2012
J1566	GAMMAGARD SD	HUMAN IMMUNE GLOBULIN	01/16/2012
J1566	PANGLOBULIN NF	HUMAN IMMUNE GLOBULIN	01/16/2012
J1568	OCTAGAM	HUMAN IMMUNE GLOBULIN	01/16/2012
J1569	GAMMAGARD LIQUID	HUMAN IMMUNE GLOBULIN	01/16/2012
J1572	FLEBOGAMMA	HUMAN IMMUNE GLOBULIN	01/16/2012
J1599*	Unclassified IVIG*	HUMAN IMMUNE GLOBULIN	01/16/2012
J1602	SIMPONI ARIA	GOLIMUMAB	11/14/2016
J1725	MAKENA	HYDROXYPROGESTERONE CAPROATE	11/14/2016
J1740	BONIVA	IBANDRONATE SODIUM	11/14/2016
J1745	REMICADE	INFLIXIMAB	01/01/2014
J1786	CEREZYME	IMUGLUCERASE	01/01/2014
J1930	SOMATULINE DEPOT	LANREOTIDE	11/14/2016
J1950	LUPRON DEPOT	LEUPROLIDE ACETATE	01/01/2014
J2323	TYSABRI	NATALIZUMAB	04/01/2013
J2353	SANDOSTATIN LAR DEPOT	OCTREOTIDE	01/01/2014
J2357	XOLAIR	OMALIZUMAB	01/01/2014
J2469	ALOXI	PALONOSETRON	07/20/2009
J2503	MACUGEN	PEGAPTANIB SODIUM	04/01/215
J2505	NEULASTA	PEGFILGRASTIM	07/20/2009
J2507	KRYSTEXXA	PEGLOTICASE	11/14/2016
J2562	MOZOBIL	PLERIXAFOR	11/14/2016

J2778	LUCENTIS	RANIBIZUMAB	04/01/2015
J2783	ELITEK	RASBURICASE	11/14/2016
J2796	NPLATE	ROMIPLOSTIM	01/01/2014
J2820	LEUKINE	SARGRAMOSTIM (GM-CSF)	11/14/2016
J3060	ELELYSO	TALIGLUCERASE ALFA	11/14/2016
J3262	ACTEMRA	TOCILIZUMAB	01/01/2014
J3315	TRELSTAR DEPOT	TRIPTORELIN PAMOATE	01/01/2014
J3315	TRELSTAR LA	TRIPTORELIN PAMOATE	01/01/2014
J3357	STELARA	USTEKINUMAB	01/01/2014
J3380	ENTYVIO	VEDOLIZUMAB	01/01/2016
J3385	VPRIV	VELAGLUCERASE ALFA	01/01/2014
J3396	VISUDYNE	VERTEPORFIN	11/14/2016
J3590	ENTYVIO	NDC: 64764-0300-20 (UNCLASSIFIED BIOLOGIC)	01/01/2015 (New code 1/1/2016, refer to J3380)
J3489	ZOMETA/ RECLAST	ZOLEDRONIC ACID	01/01/2014
J7311	RETISERT	FLUOCINOLONE ACETONIDE, intravitreal implant	11/14/2016
J7312	OZURDEX	DEXAMETHASONE, intravitreal implant	11/14/2016
J7313	ILUVIEN	FLUCINOLONE ACETONIDE, intravitreal implant	11/14/2016
J7320	GENVISC 850	HYALURONAN/ DERIVATIVE	11/14/2016
J7321	HYALGAN	SODIUM HYALURONATE	04/01/2013
J7321	SUPARTZ	SODIUM HYALURONATE	04/01/2013
J7322	HYMOVIS	HYALURONAN/ DERIVATIVE	01/01/2017
J7323	EUFLEXXA	SODIUM HYALURONATE	04/01/2013
J7324	ORTHOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	04/01/2013
J7325	SYNVISC	HYLAN G-F 20	04/01/2013
J7325	SYNVISC ONE	HYLAN G-F 20	04/01/2013
J7326	GEL-ONE	CROSS-LINKED HYALURONATE	04/01/2013
J7327	MONOVISC	HIGH MOLECULAR WEIGHT HYALURONAN INJECTION	01/01/2015
J7328	GEL-SYN	HYALURONAN/ DERIVATIVE	01/01/2016
J9019	ERWINAZE	ASPARAGINASE	11/14/2016
J9025	VIDAZA	AZACITIDINE	04/01/2015
J9032	BELEODAQ	BELINOSTAT	11/14/2016
J9033	TREANDA	BENDAMUSTINE	04/01/2015
J9033	BENDEKA	BENDAMUSTINE	12/11/2015 (new code 1/1/17-refer to J9034)
J9034	BENDEKA	BENDAMUSTINE	12/11/2015
J9035	AVASTIN (oncology use)	BEVACIZUMAB	07/20/2009
J9039	BLINCYTO	BLINATUMOMAB	11/14/2016

J9041	VELCADE	BORTEZOMIB	04/01/2013
J9042	ADCETRIS	BRENTUXIMAB VEDOTIN	11/14/2016
J9043	JEVTANA	CABAZITAXEL	01/01/2014
J9047	KYPROLIS	CARFILZOMIB	11/14/2016
J9055	ERBITUX	CETUXIMAB	04/01/2013
J9145	DARZALEX	DARALUMUMAB	11/14/2016
J9155	FIRMAGON	DEGARELIX, 1MG	04/01/2013 (Termed 12/31/2014)
J9171	DOCEFREZ	DOCETAXEL	04/01/2013
J9171	TAXOTERE	DOCETAXEL	04/01/2013
J9176	EMPLICITI	ELOTUZUMAB	11/14/2016
J9179	HALAVEN	ERIBULIN	04/01/2013
J9202	ZOLADEX	GOSERELIN ACETATE	01/01/2014
J9205	ONIVYDE	IRINOTECAN LIPOSOME	11/14/2016
J9217	ELIGARD	LEUPROLIDE ACETATE	01/01/2014
J9217	LUPRON DEPOT	LEUPROLIDE ACETATE	01/01/2014
J9225	VANTAS	HISTRELIN ACETTE	01/01/2014
J9226	SUPPRELIN LA	HISTRELIN ACETATE	04/01/2015
J9228	YERVOY	IPILIMUMAB	04/01/2013
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE	11/14/2016
J9263	ELOXATIN	OXALIPLATIN	04/01/2013
J9264	ABRAXANE	PACLITAXEL	04/01/2013
J9271	KEYTRUDA	PEMBROLIZUMAB	11/14/2016
J9295	PROTRAZZA	NECITUMUMAB	11/14/2016
J9299	OPDIVO	NIVOLUMAB	11/14/2016
J9301	GAZYVA	OBINUTUZUMAB	11/14/2016
J9302	ARZERRA	OFATUMUMAB	11/14/2016
J9303	VECTIBIX	PANITUMUMAB	04/01/2013
J9305	ALIMTA	PEMETREXED	04/01/2013
J9306	PERJETA	PERTUZUMAB	11/14/2016
J9307	FOLOTYN	PRALATEXATE	11/14/2016
J9308	CYRAMZA	RAMUCIRUMAB	11/14/2016
J9310	RITUXAN	RITUXIMAB	04/01/2013
J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	11/14/2016
J9330	TORISEL	TEMSIROLIMUS	11/14/2016
J9352	YONDELIS	TRABECTEDIN	11/14/2016
J9354	KADCYLA	ADO-TRASTUZUMAB	01/01/2014
J9355	HERCEPTIN	TRASTUZUMAB	07/20/2009
J9400	ZALTRAP	ZIV-AFLIBERCEPT	11/14/2016

J9999*	NOC*	NOC ANTINEOPLASTIC*	11/14/2016
Q2043	PROVENGE	SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS	04/01/2013
Q2049	LIPODOX	DOXORUBICIN LIPOSOMAL	04/01/2015
Q2050	DOXIL	DOXORUBICIN LIPOSOMAL	04/01/2015
Q5101	ZARXIO	FILGRASTIM-SNDZ	07/01/2015
Q5102	INFLECTRA	INFLIXIMAB, BIOSIMILAR	07/01/2016
Q9980	GENVISC-850	HYALURONAN/ DERIVATIVE	01/01/2016 (new code 1/1/17-refer to J7320)

** 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 managed through Magellan Rx Management (MRxM). Below are the specific drugs aligned to J9999 that require a prior authorization which MRxM will review.*

<u>PADP J9999Drug List</u>			
<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP Eff dates</u>
J9999*/ C9476**	DARZALEX*	DARALUMUMAB*	11/14/2016 -(new code 1/1/17refer to J9145)
J9999*/ C9477**	EMPLICITI*	ELOTUZUMAB*	11/14/2016 (new code 1/1/17-refer to J9176)
J9999*/ C9472**	IMLYGIC*	TALIMOGENE LAHERPAREPVEC*	11/14/2016 (new code 1/1/17-refer to J9325)
J9999*/ C9474**	ONIVYDE*	IRINOTECAN LIPOSOME*	11/14/2016 -(new code 1/1/17-refer to J9205)
J9999*/ C9475**	PORTRAZZA*	NECITUMUMAB*	11/14/2016 (new code 1/1/17-refer to J9295)
J9999*/ C9480**	YONDELIS*	TRABECTEDIN*	11/14/2016 (new code 1/1/17-refer to J9352)
J9999*/ C9483**	TECENTRIQ*	ATEZOLIZUMAB*	11/14/2016

** Once drug is assigned to HCPCS, the new HCPCS will be included in the PADP Drug List managed through Magellan Rx Management (MRxM).*

*** 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.*