

Provider Administered Drug Program (PADP) - Managed by Magellan Rx Management
July 2021

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

Products Included in MRxM Management

- BlueOptions (Group & Individual)
- BlueSelect (Group & Individual)
 - State Account Employees
- BlueChoice (Group & Individual)
- HOI BlueCare (excluding out of state and Non-Par Providers)
 - My Blue (excluding out of state and Non-Par Providers)
 - SimplyBlue (excluding out of state and Non-Par Providers)
 - Miami Dade (Group & Individual)

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/ CVS Health, (Just in Time/ Drug Replacement) - ***Caremark/ CVS Health will perform all Prior Authorization for Commercial products***

■ Effective 07/01/2021, Medicare Adv HMO & PPO will no longer be managed by MRxM Management

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 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 (Group & Individual plans)
- SimplyBlue
- My Blue*
- BlueSelect (Group & Individual plans)
- BlueOptions ACA/ CE Plans (Group & Individual plans)
- BlueChoice Group ACA/ CE Plans

* 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. My Blue, etc), these will be separately reviewed by Florida Blue through normal process.

<u>PADP Drug List</u>				
<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP EFF DATE</u>	<u>TERM DATE</u>
A9513	LUTATHERA	<u>LUTETIUM LU 177</u>	11/11/2019	n/a

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A9543	ZEVALIN	<u>IBRITUMOMAB TIUXETAN</u>	11/14/2016	n/a
A9590	AZEDRA	<u>IODINE I-131 IOBENGUANE</u>	11/11/2019	n/a
A9600	METASTRON	<u>STRONTIUM SR-89 CHLORIDE</u>	11/11/2019	n/a
A9604	QUADRAMET	<u>SAMARIUM SM-153 LEXIDRONAM</u>	11/11/2019	n/a
A9606	XOFIGO	<u>RADIUM RA223 DICHLORIDE THER</u>	11/14/2016	n/a
A9699*	UNCLASSIFIED RADIOPHARMACEUTICAL*	<u>UNCLASSIFIED RADIOPHARMACEUTICAL*</u>	11/11/2019	n/a
J0129	ORENCIA IV	ABATACEPT	01/01/2014	n/a
J0178	EYLEA	AFLIBERCEPT	04/01/2015	n/a
J0179	BEOVU	BROLUCIZUMAB-DBLL	11/11/2019	n/a
J0180	FABRAZYME	AGALSIDASE BETA	11/11/2019	n/a
J0185	CINVANTI	APREPITANT	11/11/2019	n/a
J0202	LEMTRADA	<u>ALEMTUZUMAB</u>	11/14/2016	n/a
J0221	LUMIZYME	ALGLUCOSIDASE ALFA	11/11/2019	n/a
J0222	ONPATTRO	PATISIRAN	11/11/2019	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
J0470	BAL IN OIL	DIMERCAPROL	11/11/2019	n/a
J0490	BENLYSTA IV	BELIMUMAB IV	11/11/2019	n/a
J0517	FASENRA	BENRALIZUMAB	11/11/2019	n/a
J0565	ZINPLAVA	BEZLOTOXUMAB	11/11/2019	n/a
J0567	BRINEURA	CERLIPONASE ALFA	11/11/2019	n/a
J0570	PROBUPHINE IMPLANT	BUPRENORPHINE IMPLANT	11/11/2019	n/a
J0584	CRYSVITA	BUROSUMAB-TWZA	11/11/2019	n/a
J0585	BOTOX	ONABOTULINUMTOXIN A	01/01/2014	n/a
J0586	DYSPORE	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
J0597	BERINERT	<u>C1 ESTERASE INHIBITOR</u>	01/01/2014	n/a
J0600	CALCIUM DISODIUM	<u>EDETATE CALCIUM DISODIUM</u>	11/11/2019	n/a

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J0638	ILARIS	<u>CANAKINUMAB</u>	11/14/2016	n/a
J0641	FUSILEV	<u>LEVOLEUCOVORIN</u>	04/01/2015	n/a
J0642	KHAPZORY	<u>LEVOLEUCOVORIN</u>	10/01/2019	n/a
J0717	CIMZIA	<u>CERTOLIZUMAB PEGOL</u>	01/01/2014	n/a
J0775	XIAFLEX	<u>COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM</u>	11/11/2019	n/a
J0791	ADAKVEO	<u>CRIZANLIZUMAB</u>	11/20/2019	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
J0896	REBLOZYL	<u>LUSPATERCEPT-AAMT</u>	11/11/2019	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
J1301	RADICAVA	<u>EDARAVONE</u>	11/11/2019	n/a
J1303	ULTOMIRIS	<u>RAVULIZUMAB-CWVZ</u>	11/11/2019	n/a
J1322	VIMIZIM	<u>ELOSULFASE ALFA</u>	11/11/2019	n/a
J1325	FLOLAN	<u>EPOPROSTENOL</u>	11/11/2019	n/a
J1325	VELETRI	<u>EPOPROSTENOL</u>	11/11/2019	n/a
J1428	EXONDYS 51	<u>ETEPLIRSEN</u>	11/11/2019	n/a
J1439	INJECTAFER	<u>FERRIC CARBOXYMALTOSE</u>	11/11/2019	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-	FOSAPREPITANT	11/14/2016	06/30/2021
J1454	AKYNZEO	<u>FOSNETUPITANT & PALONOSE</u>	11/11/2019	n/a
J1458	NAGLAZYME	<u>GALSULFASE</u>	11/11/2019	n/a
J1459	PRIVIGEN	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012	n/a
J1554	ASCENIV	<u>HUMAN IMMUNE GLOBULIN</u>	10/01/2019	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

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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
J1627	SUSTOL	<u>GRANISETRON, extended-release</u>	11/11/2019	n/a
J1726	MAKENA	<u>HYDROXYPROGESTERONE CAPROATE</u>	11/14/2016	n/a
J1729	HYDROXYPROGESTERONE CAPROATE	<u>HYDROXYPROGESTERONE CAPROATE</u>	11/11/2019	n/a
J1740	BONIVA-	<u>IBANDRONATE SODIUM</u>	11/14/2016	02/14/2021
J1743	ELAPRASE	<u>IDURSULFASE</u>	11/11/2019	n/a
J1745	REMICADE	<u>INFLIXIMAB</u>	01/01/2014	n/a
J1786	CEREZYME	<u>IMUGLUCERASE</u>	01/01/2014	n/a
J1823	UPLIZNA	<u>INEBILIZUMAB-CDON</u>	07/10/2020	n/a
J1930	SOMATULINE DEPOT	<u>LANREOTIDE</u>	11/14/2016	n/a
J1931	ALDURAZYME	<u>LARONIDASE</u>	11/11/2019	n/a
J1950	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014	n/a
J2182	NUCALA	<u>MEPOLIZUMAB</u>	11/11/2019	n/a
J2323	TYSABRI	<u>NATALIZUMAB</u>	04/01/2013	n/a
J2350	OCREVUS	<u>OCRELIZUMAB</u>	11/11/2019	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
J2502	SIGNIFOR LAR	<u>PASIREOTIDE , Long Acting</u>	11/11/2019	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

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J2724	CEPROTIN	<u>PROTEIN C CONCENTRATE</u>	11/11/2019	n/a
J2778	LUCENTIS	<u>RANIBIZUMAB</u>	04/01/2015	n/a
J2783	ELITEK	<u>RASBURICASE</u>	11/14/2016	n/a
J2786	CINQAIR	<u>RESLIZUMAB</u>	11/11/2019	n/a
J2787	PHOTREXA VISCOUS	<u>RIBOFLAVIN 5'PHOSPHATE</u>	11/11/2019	n/a
J2796	NPLATE	<u>ROMIPILOSTIM</u>	01/01/2014	n/a
J2797	VARUBI	<u>ROLAPITANT</u>	11/11/2019	n/a
J2820	LEUKINE	<u>SARGRAMOSTIM (GM-CSF)</u>	11/14/2016	n/a
J2840	KANUMA	<u>SEBELIPASE ALFA</u>	11/11/2019	n/a
J2860	SYLVANT	<u>SITUXIMAB</u>	11/11/2019	n/a
J3032	VYEPTI	<u>EPTINEZUMAB-JJMR</u>	02/21/2020	n/a
J3060	ELELYSO	<u>TALIGLUCERASE ALFA</u>	11/14/2016	n/a
J3111	EVENITY	<u>ROMOSOZUMAB-AQQG</u>	11/11/2019	n/a
J3145	AVEED	<u>TESTOSTERONE UNDECANOATE</u>	11/11/2019	n/a
J3241	TEPEZZA	<u>TEPROTUMUMAB-TRBW</u>	01/28/2020	n/a
J3245	ILUMYA	<u>TILDRAKIZUMAB</u>	11/11/2019	n/a
J3262	ACTEMRA	<u>TOCILIZUMAB</u>	01/01/2014	n/a
J3304	ZILRETTA	<u>TRIAMCINOLANE ACETONIDE</u>	11/11/2019	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
J3316	TRIPTODUR	<u>TRIPTORELIN, EXTENDED-RELEASE</u>	11/11/2019	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
J3397	MEPSEVII	<u>VESTRONIDASE ALFA-VJBK</u>	11/11/2019	n/a
J3489	ZOMETA/ REGLAST	<u>ZOLEDRONIC ACID</u>	01/01/2014	02/14/2021
J3590*	UNCLASSIFIED BIOLOGICS*	<u>UNCLASSIFIED BIOLOGICS*</u>	11/11/2019	n/a
J7311	RETISERT	<u>FLUOCINOLONE 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
J7314	YUTIQ	<u>FLUOCINOLONE ACETONIDE, intravitreal implant</u>	11/11/2019	n/a
J7318	DUROLANE	<u>HYALURONAN/ DERIVATIVE</u>	11/11/2019	n/a

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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
J7321	VISCO-3	<u>SODIUM HYALURONATE</u>	05/01/2017	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</u>	01/01/2015	n/a
J7328	GEL-SYN	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2016	n/a
J7329	TRIVISC	<u>HYALURONAN/ DERIVATIVE</u>	11/11/2019	n/a
J7331	SYNOJOYT	<u>SYNOJOYNE</u>	11/11/2019	n/a
J7332	TRILURON	<u>TRILURON</u>	11/11/2019	n/a
J7402	SINUVA IMPLANT	<u>MOMELASONE FUROATE SINUS IMPLANT</u>	11/11/2019	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
J9036	BELRAPZO	<u>BENDAMUSTINE HCl</u>	05/15/2018	n/a
J9037	BLENREP	<u>BELANTAMAB MAFODOTIN-BLMF</u>	08/20/2020	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
J9044	BORTEZOMIB	<u>BORTEZOMIB</u>	12/04/2017	n/a
J9047	KYPROLIS	<u>CARFILZOMIB</u>	11/14/2016	n/a
J9055	ERBITUX	<u>CETUXIMAB</u>	04/01/2013	n/a

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J9057	ALIQOPA	<u>COPANLISIB</u>	09/18/2017	n/a
J9118	ASPARLAS	<u>CALASPARGASE PAGOL-MKNL</u>	10/01/2019	n/a
J9119	LIBTAYO	<u>CEMIPLIMAB-RWIC</u>	09/28/2018	n/a
J9144	DARZALEX FASPRO	<u>DARATUMUMAB & HYALURONIDASE-FIHJ</u>	05/11/2020	n/a
J9145	DARZALEX	<u>DARALUMUMAB</u>	11/14/2016	n/a
J9153	VYXEOS	<u>DAUNORUBICIN and CYTARABINE</u>	08/11/2017	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
J9173	IMFINZI	<u>DURVALUMAB</u>	05/01/2017	n/a
J9176	EMPLICITI	<u>ELOTUZUMAB</u>	11/14/2016	n/a
J9177	PADCEV	<u>ENFORTUMAB VEDOTIN-EJFV</u>	12/18/2019	n/a
J9179	HALAVEN	<u>ERIBULIN</u>	04/01/2013	n/a
J9198	INFUGEM	<u>GEMCITABINE HYDROCHLORIDE</u>	04/08/2019	n/a
J9202	ZOLADEX	<u>GOSERELIN ACETATE</u>	01/01/2014	n/a
J9203	MYLOTARG	<u>GEMTUZUMAB OZOGAMICIN</u>	09/07/2017	n/a
J9204	POTELIGEO	<u>MOGAMULIZUMAB-KPKC</u>	08/17/2018	n/a
J9205	ONIVYDE	<u>IRINOTECAN LIPOSOME</u>	11/14/2016	n/a
J9210	GAMIFANT	<u>EMAPALUMAB-LZSG</u>	11/11/2019	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
J9223	ZEPZALCA	<u>LURBINECTIDIN</u>	06/19/2020	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
J9227	SARCLISA	<u>ISATUXIMAB-IRFC</u>	03/09/2020	n/a
J9228	YERVOY	<u>IPILIMUMAB</u>	04/01/2013	n/a
J9229	BESPOLSA	<u>INOTUZUMAB OZOGAMICIN</u>	08/18/2017	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
J9269	ELZONRIS	<u>TAGRAXOFUSP-ERZS</u>	12/21/2018	n/a
J9271	KEYTRUDA	<u>PEMBROLIZUMAB</u>	11/14/2016	n/a
J9281	JELMYTO	<u>MITOMYCIN</u>	04/16/2020	n/a

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>
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
J9304	PEMFEXY	<u>PEMETREXED</u>	10/01/2020	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
J9309	POLIVY	<u>POLATUZUMAB VEDOTIN-PIIQ</u>	06/10/2019	n/a
J9311	RITUXAN HYCELA	<u>RITUXIMAB-HYALURONIDASE</u>	06/22/2017	n/a
J9312	RITUXAN	<u>RITUXIMAB</u>	04/01/2013	n/a
J9313	LUMOXITI	<u>MOXETUMOMAB PASUDOTOX-TDFK</u>	10/16/2018	n/a
J9316	PHESGO	<u>PERTUZUMAB, TRASTUZUMAB, and HYALURONIDASE-ZZXF</u>	06/29/2020	n/a
J9317	TRODELVY	<u>SACITUZUMAB GOVITECAN-HZIY</u>	04/22/2020	n/a
J9325	IMLYGIC	<u>TALIMOGENE LAHERPAREPVEC</u>	11/14/2016	n/a
J9330	TORISEL	<u>TEMSIROLIMUS</u>	11/14/2016	n/a
J9348	DANYELZA	<u>NAXITAMAB-GQGK</u>	11/25/2020	n/a
J9349	MONJUVI	<u>TAFASITAMAB-CXIX</u>	08/03/2020	n/a
J9352	YONDELIS	<u>TRABECTEDIN</u>	11/14/2016	n/a
J9353	MARGENZA	<u>MARGETUXIMAB-CMKB</u>	12/16/2020	n/a
J9354	KADCYLA	<u>ADO-TRASTUZUMAB</u>	01/01/2014	n/a
J9355	HERCEPTIN	<u>TRASTUZUMAB</u>	07/20/2009	n/a
J9356	HERCEPTIN HYLECTA	<u>TRASTUZUMAB HYALURONIDASE-OYSK</u>	04/08/2019	n/a
J9358	ENHERTU	<u>FAM-TRASTUZUMAB DERUXTECAN-NXKI</u>	12/20/2019	n/a
J9400	ZALTRAP	<u>ZIV-AFLIBERCEPT</u>	11/14/2016	n/a
J9999*	NOC*	<u>NOC ANTINEOPLASTIC*</u>	11/14/2016	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

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>
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
Q5107	MVASI	<u>BEVACIZUMAB-AWWB</u>	09/14/2017	n/a
Q5108	FULPHILA	<u>PEGFILGRASTIM-JMDB</u>	10/01/2018	n/a
Q5109	IXIFI	<u>INFLIXIMAB-QBTX</u>	01/01/2019	n/a
Q5110	NIVESTYM	<u>FILGRASTIM-AAFI</u>	01/01/2019	n/a
Q5111	UDENYCA	<u>PEGFILGRASTIM-CBQV</u>	03/01/2019	n/a
Q5112	ONTRUZANT	<u>TRASTUZUMAB-DTTB</u>	07/01/2019	n/a
Q5113	HERZUMA	<u>TRASTUZUMAB-PKRB</u>	07/01/2019	n/a
Q5114	OGIVRI	<u>TRASTUZUMAB-DKST</u>	12/01/2017	n/a
Q5115	TRUXIMA	<u>RITUXIMAB-ABBS</u>	07/01/2019	n/a
Q5116	TRAZIMERA	<u>TRAZIMERA</u>	10/01/2019	n/a
Q5117	KANJINTI	<u>TRASTUZUMAB-ANNS</u>	07/22/2019	n/a
Q5118	ZIRABEV	<u>ZIRABEV</u>	10/01/2019	n/a
Q5119	RUXIENCE	<u>RITUXIMAB-PVVR</u>	07/23/2019	n/a
Q5120	ZIEXTENZO	<u>PEGFILGRASTIM-BMEZ</u>	11/11/2019	n/a
Q5121	AVSOLA	<u>INFLIXIMAB-AXXQ</u>	12/06/2019	n/a
Q5122	NYVEPRIA	<u>PEGFILGRASTIM-APGF</u>	06/10/2020	n/a
Q5123	RIABNI	RITUXIMAB-ARRX	12/17/2020	n/a
Q9991	SUBLOCADE	<u>BUPRENORPHINE EXTENDED-RELEASE, 100MG OR LESS</u>	11/11/2019	n/a
Q9992	SUBLOCADE	<u>BUPRENORPHINE EXTENDED-RELEASE, GREATER 100MG</u>	11/11/2019	n/a

** Includes existing and new to market physician administered drugs that are aligned with NOC A9699, J1599, J3590 & 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 Unclassified HCPCS Drug List				
<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP EFF DATE</u>	<u>TERM DATE</u>
J3590*	ADUHELM*	ADUCANUMAB-AVWA*	06/07/2021	n/a

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>
J3590*	RYPLAZIM*	<u>PLASMINOGEN, HUMAN-TVMH*</u>	06/04/2021	n/a
J9999*	CAMCEVI*	<u>LEUPROLIDE MESYLATE*</u>	05/25/2021	n/a
J9999*	RYBREVANT*	<u>AMIVANTAMAB-VMJW*</u>	05/21/2021	n/a
J9999*	ZYNLONTA*	<u>LONCASTUXIMAB TESIRINE-LPYL*</u>	04/23/2021	n/a
J9999*	JEMPERLI*	<u>DOSTARLIMAB-GXLY*</u>	04/22/2021	n/a
C9079**/ J3590*	EVKEEZA*	<u>EVINACUMAB-DGNB</u>	02/16/2021	n/a
C9080**/ J9999*	PEPAXTO	<u>MELPHALAN FLUFENAMIDE</u>	03/01/2021	n/a
C9065**/ J9999*	ROMIDEPSIN*	<u>ROMIDEPSIN*</u>	03/13/2020	n/a
J3590*	REVCovi*	<u>ELAPEGADEMASE-IVLR</u>	11/11/2019	n/a
J1599*	PANZYGA*	<u>IMMUNE GLOBULIN IV**</u>	09/02/2019	n/a
J9999*	RIABNI*	<u>RITUXIMAB-ARRX*</u> New HCPCS Q5123 effective 07/01/2021	12/17/2020	n/a
J9999*	MARGENZA*	<u>MARGETUXIMAB-CMKB*</u> New HCPCS J9353 effective 07/01/2021	12/16/2020	n/a
J9999*	DANYELZA*	<u>NAXITAMAB-GQ GK*</u> New HCPCS J9348 effective 07/01/2021	11/25/2020	n/a

* 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 the corresponding unspecified drug HCPCS until a listed HCPCS is assigned by CMS.

C9072**/ J1599*	ASCENIV*	<u>IMMUNE GLOBULIN IV**</u> New HCPCS, J1554 effective 04/01/2021	10/01/2019	n/a
C9069**/ J9999*	BLENREP*	<u>BELANTAMAB MAFODOTIN-BLMF*</u> New HCPCS, J9037 effective 04/01/2021	08/20/2020	n/a
C9070**/ J9999*	MONJUVI*	<u>TAFASITAMAB-CXIX*</u> New HCPCS, J9349 effective 04/01/2021	08/03/2020	n/a

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>
J3590*	UPLIZNA*	INEDILIZUMAB-ODON New HCPCS, J4822 effective 01/01/2021	07/10/2020	n/a
G9062**/ J9999*	DARZALEX FASPRO*	<u>DARATUMUMAB & HYALURONIDASE-FIHJ*</u> <u>New HCPCS, J9144 effective 01/01/2021</u>	05/11/2020	n/a
J9999*	ZEPZELCA*	<u>LURBINECTEDIN*</u> <u>New HCPCS, J9223 effective 01/01/2021</u>	06/19/2020	n/a
G9064**/ J9999*	JELMYTO*	<u>MITOMYCIN*</u> <u>New HCPCS, J9281 effective 01/01/2021</u>	04/16/2020	n/a
J9999*	PHESGO*	<u>PERTUZUMAB, TRASTUZUMAB, and HYALURONIDASE-ZZXF*</u> <u>New HCPCS, J9316 effective 01/01/2021</u>	06/29/2020	n/a
G9066**/ J9999*	TRODELVY*	<u>SACITUZUMAB GOVITECAN-HZLY</u> <u>New HCPCS, J9317 effective 01/01/2021</u>	04/22/2020	n/a
J3590*	NYVEPRIA*	<u>PEGFILGRASTIM-APGF*</u> <u>New HCPCS, Q5122 effective 01/01/2021</u>	06/10/2020	n/a
G9061**/ J3590*	TEPEZZA*	<u>TEPROTUMUMAB-TRBW*</u> <u>New HCPCS, J3241 effective 10/01/2020</u>	01/28/2020	n/a
G9063**/ J3590*	VYEPTI*	<u>EPTINEZUMAB-JJMR*</u> <u>New HCPCS, J3032 effective 10/01/2020</u>	02/21/2020	n/a
J9999*	SARCLISA*	<u>ISATUXIMAB-IRFC*</u> <u>New HCPCS, J9227 effective 10/01/2020</u>	03/09/2020	n/a
G9053**/ J3590*	ADAKVEO*	<u>GRIZANLIZUMAB*</u> <u>New HCPCS, J0791 effective 07/01/2020</u>	11/20/2019	n/a
J3590*	REBLOZYL*	<u>LUSPATERCEPT-AAMT*</u> <u>New HCPCS, J0896 effective 07/01/2020</u>	11/11/2019	n/a
J9999*	PADCEV*	<u>ENFORTUMAB-VEDOTIN-EJFV*</u> <u>New HCPCS, J9177 effective 07/01/2020</u>	12/18/2019	n/a
J9999*	ENHERTU*	<u>FAM-TRASTUZUMAB-DEUXTECAN-NXKI*</u> <u>New HCPCS, J9358 effective 07/01/2020</u>	12/20/2019	n/a
J9999*	RUXIENCE*	<u>RITUXIMAB-PVVR*</u> <u>New HCPCS, Q5119 effective 07/01/2020</u>	07/23/2019	n/a
G9058**/ J3590*	ZIEXTENZO*	<u>PEGFILGRASTIM-BMEZ*</u> <u>New HCPCS, Q5120 effective 07/01/2020</u>	11/11/2019	n/a
J3590*	AVSOLA*	<u>INFLIXIMAB-AXXQ*</u> <u>New HCPCS, Q5121 effective 07/01/2020</u>	12/06/2019	n/a
J3590*	BEOVU*	<u>BROLUCIZUMAB-DBLL</u> New HCPCS J0179 effective 01/01/2020	10/08/2019	n/a

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>
A9699*/- C9407** C9408**	AZEDRA*	<u>IODINE I-131 IOBENGUANE</u> <u>New HCPCS A9590 effective 01/01/2020</u>	11/11/2019	n/a
J9999*	POLIVY*	<u>POLATUZUMAB VEDOTIN-PIIQ</u> <u>New HCPCS J9309 effective 01/01/2020</u>	06/10/2019	n/a
J9999*	INFUGEM*	<u>GEMCITABINE HYDROCHLORIDE*</u> <u>New HCPCS J9199 effective 01/01/2020</u>	04/08/2019	n/a
J9999*/ C9049**	ELZONRIS*	<u>TAGRAXOFUSP-ERZS*</u> <u>New HCPCS J9269 effective 10/01/2019</u>	12/21/2018	09/30/2019
J9999*/ C9045**	LUMOXITI*	<u>MOXETUMOMAB PASUDOTOX-TDFK</u> <u>New HCPCS, J9313 effective 10/01/2019</u>	10/16/2018	09/30/2019
J9999*/ C9044**	LIBTAYO*	<u>GEMIPLIMAB-RWIC*</u> <u>New HCPCS, J9119 effective 10/01/2019</u>	09/28/2018	09/30/2019
J9999*/ C9038**	POTELIGEO*	<u>MOGAMULIZUMAB-KPKC*</u> <u>New HCPCS, J9204 effective 10/01/2019</u>	08/17/2018	09/30/2019
J9999*	KANJINTI*	<u>TRASTUZUMAB-ANNS*</u> <u>New HCPCS, Q5117 effective 10/01/2019</u>	07/22/2019	09/30/2019
J9999*/ C9042**	BELRAPZO*	<u>BENDAMUSTINE HCl*</u> <u>New HCPCS, J9036 effective 07/01/2019</u>	05/15/2018	06/30/2019
J9999*	HERCEPTIN HYLECTA*	<u>TRASTUZUMAB and HYALURONIDASE*</u> <u>New HCPCS, J9356 effective 07/01/2019</u>	04/08/2019	06/30/2019
J9999*	OGIVRI*	<u>TRASTUZUMAB-DKST*</u> <u>New HCPCS, Q5114 effective 07/01/2019</u>	12/01/2017	06/30/2019