

Provider Administered Drug Program (PADP) - Managed by Magellan Rx Management
April 2022

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

Products Included in MRxM Management

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

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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 |
| 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 |

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|------------------------------|--------------------------------------|--|---------------------------------|-------------------------|
| 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 |
| J0172 | ADUHELM | ADUCANUMAB-AVWA | 06/07/2021 | 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 |
| J0219 | NEXVIAZYME | AVALGLUCOSIDASE ALFA-NGPT | 08/06/2021 | 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 |
| J0491 | SAPHNELO | ANIFROLUMAB-FNIA | 07/30/2021 | 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 |
| 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 |
| J1305 | EVKEEZA | <u>EVINACUMAB-DGNB</u> | 02/16/2021 | 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 | 10/31/2021 |
| 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> <u>New HCPCS J2506, effective 01/01/2022</u> | 07/20/2009 | n/a |
| J2506 | NEULASTA | <u>PEGFILGRASTIM</u> | 07/20/2009 | n/a |
| J2507 | KRYSTEXXA | <u>PEGLOTICASE</u> | 11/14/2016 | n/a |

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|------------------------------|-------------------------|---|---------------------------------|-------------------------|
| J2562 | MOZOBIL | <u>PLERIXAFOR</u> | 11/14/2016 | n/a |
| 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>ROMIPLOSTIM</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/ RECLAST | <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 |

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|------------------------------|-------------------------|--|---------------------------------|-------------------------|
| J7318 | DUROLANE | <u>HYALURONAN/ DERIVATIVE</u> | 11/11/2019 | 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 |
| 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 |
| J9021 | RYLAZE | <u>ASPARAGINASE ERWINIA CHRYSANTHAMI (RECOMBINANT)- RYWN</u> | 06/30/2021 | 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 |

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|------------------------------|-------------------------|---|---------------------------------|-------------------------|
| 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 |
| J9057 | ALIQUOPA | <u>COPANLISIB</u> | 09/18/2017 | n/a |
| J9061 | RYBREVAANT | <u>AMIVANTAMAB-VMJW</u> | 05/21/2021 | 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>LURBINECTEDIN</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 | BESPOUSA | <u>INOTUZUMAB OZOGAMICIN</u> | 08/18/2017 | n/a |
| J9247 | PEPAXTO | <u>MELPHALAN FLUFENAMIDE</u> | 03/01/2021 | n/a |
| J9262 | SYNRIBO | <u>OMACETAXINE MEPESUCCINATE</u> | 11/14/2016 | 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> |
|------------------------------|-------------------------|--|---------------------------------|-------------------------|
| 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 |
| J9272 | JEMPERLI | <u>DOSTARLIMAB-GXLY</u> | 04/22/2021 | n/a |
| J9273 | TIVDAK | <u>TISOTUMAB VEDOTIN-TFTV</u> | 09/20/2021 | n/a |
| J9281 | JELMYTO | <u>MITOMYCIN</u> | 04/16/2020 | 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 |
| 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 |
| J9318 | ROMIDEPSIN | <u>ROMIDEPSIN, non-lyophilied</u> | 03/13/2020 | n/a |
| J9319 | ISTODAX | <u>ROMIDEPSIN, lyophilied</u> | 10/01/2021 | 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 |

| <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> |
| 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 |
| J9359 | ZYNLONTA | <u>LONCASTUXIMAB TESIRINE-LPYL</u> | 04/23/2021 | 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 |
| 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 | <u>RITUXIMAB-ARRX</u> | 12/17/2020 | n/a |
| Q5124 | BYOOVIZ | <u>RANIBIZUMAB-NUNA</u> | 09/20/2021 | 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 |

| <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> |

** 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*

| <u>PADP Unclassified HCPCS 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> |
| J9999* | ALYMSYS* | BEVACIZUMAB-MALY* | 04/13/2022 | n/a |
| A9699* | PLUVICTO* | LUTETIUM (177LU) VIPIVOTIDE TETRAKETAN* | 03/23/2022 | n/a |
| J3590* | ENJAYMO* | SUTIMLIMAB-JOME* | 02/04/2022 | n/a |
| J3590* | VABYSMO* | FARICIMAB-SVOA* | 01/28/2022 | n/a |
| J9999* | KIMMTRAK* | TEBENTAFUSP-TEBN* | 01/25/2022 | n/a |
| J3590* | VYVGART* | EFGARTIGIMOD ALFA-FCAB* | 12/27/2021 | n/a |
| J3590* | TEZSPIRE* | TEZEPELUMAB-EKKO* | 12/17/2021 | n/a |
| C9091**/ J9999* | FYARRO* | SIROLIMUS ALBUMIN-BOUND NANOPARTICLES* | 11/22/2021 | n/a |
| C9093**/ J3590* | SUSVIMO* | RANOBIZUMAB* | 10/22/2021 | n/a |
| C9090**/ J3590* | RYPLAZIM* | PLASMINOGEN, HUMAN-TVMH* | 06/04/2021 | n/a |
| J9999* | CAMCEVI* | LEUPROLIDE MESYLATE* | 05/25/2021 | n/a |
| J3590* | REVCIVI* | ELAPEGADEMASE-IVLR | 11/11/2019 | n/a |
| J1599* | PANZYGA* | IMMUNE GLOBULIN IV** | 09/02/2019 | n/a |
| C9085**/ J3590* | NEXVIAZYME* | AVALGLUCOSIDASE ALFA-NGPT* <i>New HCPCS, J0219 effective 04/01/2022</i> | 08/06/2021 | n/a |
| C9086**/ J3590* | SAPHNELO* | ANIFROLUMAB-FNIA* <i>New HCPCS, J0491 effective 04/01/2022</i> | 07/30/2021 | n/a |
| J9999* | TIVDAK* | TISOTUMAB VEDOTIN-TFTV* <i>New HCPCS, J9273 effective 04/01/2022</i> | 09/20/2021 | n/a |
| C9084**/ J9999* | ZYNLONTA* | LONCASTUXIMAB TESIRINE-LPYL* <i>New HCPCS, J9359 effective 04/01/2022</i> | 04/23/2021 | n/a |
| J3590* | BYOOVIZ* | RANIBIZUMAB-NUNA* <i>New HCPCS, Q5124 effective 04/01/2022</i> | 09/20/2021 | 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* | ADUHELM* | <u>ADUCANUMAB-AVWA*</u> New HCPCS J0172, effective 01/01/2022 | 06/07/2021 | n/a |
| J9999* | RYLAZE* | <u>ASPARAGINASE ERWINIA CHRYSANTHAMI (RECOMBINANT)- RYWN</u> New HCPCS J9021, effective 01/01/2022 | 06/30/2021 | n/a |
| C9083**/ J9999* | RYBREVANT* | <u>AMIVANTAMAB-VMJW*</u> New HCPCS J9061, effective 01/01/2022 | 05/21/2021 | n/a |
| C9082**/ J9999* | JEMPERLI* | <u>DOSTARLIMAB-GXLY*</u> New HCPCS J9272, effective 01/01/2022 | 04/22/2021 | 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.**