

## Notice of Change to the Provider-Administered Drug Program

We are expanding the Provider-Administered Drug Program (PADP) drug list by adding biosimilar versions of already-included reference biologic products effective January 1, 2019. Preservice review is now required for the biologic listed below prior to administration in the provider office, home, outpatient hospital, ambulatory surgical center, public health clinic and rural health clinic settings.

### Drug Affected by this Change

The chart below lists a new drug added to the program effective January 1, 2019.

Procedure HCPCS	Drug Description	Reference Biologic
Q5110	Nivestym (filgrastim-aafi)	Neupogen

### Process for Preservice Reviews

There is no change to the process for requesting a preservice medical necessity review for biosimilar drugs and other drugs in the PADP. Please contact Magellan Rx Management to request a preservice medical necessity through their secure website at [magellanrx.com](http://magellanrx.com) or by calling Magellan Rx Management at 800-424-4947.

### More Information

For a complete list of drugs included in the PADP, please refer to the *Provider-Administered Drug Program* section of the [Manual for Physicians and Providers](#) on our website at [floridablue.com](http://floridablue.com).