

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

J0888	MIRCERA	<u>EPOETIN BETA (non-ESRD use)</u>	01/01/2015
J0897	PROLIA	<u>DENOSUMAB</u>	01/01/2014
J0897	XGEVA	<u>DENOSUMAB</u>	01/01/2014
J1290	KALBITOR	<u>ECALLANTIDE</u>	01/01/2014
J1300	SOLIRIS	<u>ECULIZUMAB</u>	01/01/2014
J1442	NEUPOGEN	<u>FILGRASTIM</u>	07/20/2009
J1447	GRANIX	<u>TBO-FILGRASTIM</u>	01/01/2016
J1453	EMEND	<u>FOSAPREPITANT</u>	11/14/2016
J1459	PRIVIGEN	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1556	BIVIGAM	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1557	GAMMAPLEX	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1561	GAMMAKED	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1561	GAMUNEX	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1561	GAMUNEX-C	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1566	CARIMUNE NF	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1566	GAMMAGARD SD	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1566	PANGLOBULIN NF	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1568	OCTAGAM	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1569	GAMMAGARD LIQUID	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1572	FLEBOGAMMA	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1599*	Unclassified IVIG*	<u>HUMAN IMMUNE GLOBULIN</u>	01/16/2012
J1602	SIMPONI ARIA	<u>GOLIMUMAB</u>	11/14/2016
<del>J1725</del>	<del>MAKENA</del>	<del><u>HYDROXYPROGESTERONE CAPROATE</u></del>	11/14/2016 - 06/30/2017 (new HCPCS, Q9986 assigned 7/1/2017)
J1740	BONIVA	<u>IBANDRONATE SODIUM</u>	11/14/2016
J1745	REMICADE	<u>INFLIXIMAB</u>	01/01/2014
J1786	CEREZYME	<u>IMUGLUCERASE</u>	01/01/2014
J1930	SOMATULINE DEPOT	<u>LANREOTIDE</u>	11/14/2016
J1950	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014
J2323	TYSABRI	<u>NATALIZUMAB</u>	04/01/2013
J2353	SANDOSTATIN LAR DEPOT	<u>OCTREOTIDE</u>	01/01/2014
J2357	XOLAIR	<u>OMALIZUMAB</u>	01/01/2014
J2469	ALOXI	<u>PALONOSETRON</u>	07/20/2009
J2503	MACUGEN	<u>PEGAPTANIB SODIUM</u>	04/01/215
J2505	NEULASTA	<u>PEGFILGRASTIM</u>	07/20/2009

J2507	KRYSTEXXA	<u>PEGLOTICASE</u>	11/14/2016
J2562	MOZOBIL	<u>PLERIXAFOR</u>	11/14/2016
J2778	LUCENTIS	<u>RANIBIZUMAB</u>	04/01/2015
J2783	ELITEK	<u>RASBURICASE</u>	11/14/2016
J2796	NPLATE	<u>ROMIPLOSTIM</u>	01/01/2014
J2820	LEUKINE	<u>SARGRAMOSTIM (GM-CSF)</u>	11/14/2016
J3060	ELELYSO	<u>TALIGLUCERASE ALFA</u>	11/14/2016
J3262	ACTEMRA	<u>TOCILIZUMAB</u>	01/01/2014
J3315	TRELSTAR DEPOT	<u>TRIPTORELIN PAMOATE</u>	01/01/2014
J3315	TRELSTAR LA	<u>TRIPTORELIN PAMOATE</u>	01/01/2014
J3357	STELARA	<u>USTEKINUMAB</u>	01/01/2014
J3380	ENTYVIO	<u>VEDOLIZUMAB</u>	01/01/2016
J3385	VPRIV	<u>VELAGLUCERASE ALFA</u>	01/01/2014
J3396	VISUDYNE	<u>VERTEPORFIN</u>	11/14/2016
J3590	ENTYVIO	<u>NDC: 64764-0300-20 (UNCLASSIFIED BIOLOGIC)</u>	01/01/2015 - 12/01/2016 (Effective 1/1/2016, drug assigned J3380)
J3489	ZOMETA/ RECLAST	<u>ZOLEDRONIC ACID</u>	01/01/2014
J7311	RETISERT	<u>FLUOCINOLONE ACETONIDE, intravitreal implant</u>	11/14/2016
J7312	OZURDEX	<u>DEXAMETHASONE, intravitreal implant</u>	11/14/2016
J7313	ILUVIEN	<u>FLUCINOLONE ACETONIDE, intravitreal implant</u>	11/14/2016
J7320	GENVISC 850	<u>HYALURONAN/ DERIVATIVE</u>	11/14/2016
J7321	HYALGAN	<u>SODIUM HYALURONATE</u>	04/01/2013
J7321	SUPARTZ	<u>SODIUM HYALURONATE</u>	04/01/2013
J7322	HYMOVIS	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2017
J7323	EUFLEXXA	<u>SODIUM HYALURONATE</u>	04/01/2013
J7324	ORTHOVISC	<u>HIGH MOLECULAR WEIGHT HYALURONAN INJECTION</u>	04/01/2013
J7325	SYNVISC	<u>HYLAN G-F 20</u>	04/01/2013
J7325	SYNVISC ONE	<u>HYLAN G-F 20</u>	04/01/2013
J7326	GEL-ONE	<u>CROSS-LINKED HYALURONATE</u>	04/01/2013
J7327	MONOVISC	<u>HIGH MOLECULAR WEIGHT HYALURONAN INJECTION</u>	01/01/2015
J7328	GEL-SYN	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2016
J9019	ERWINAZE	<u>ASPARAGINASE</u>	11/14/2016
J9025	VIDAZA	<u>AZACITIDINE</u>	04/01/2015
J9032	BELEODAQ	<u>BELINOSTAT</u>	11/14/2016

J9033	TREANDA	<u>BENDAMUSTINE</u>	04/01/2015
J9033	BENDEKA	<u>BENDAMUSTINE</u>	12/11/2015 - 12/31/2016 (new code, J9034 eff 1/1/2017)
J9034	BENDEKA	<u>BENDAMUSTINE</u>	01/01/2017
J9035	AVASTIN (oncology use)	<u>BEVACIZUMAB</u>	07/20/2009
J9039	BLINCYTO	<u>BLINATUMOMAB</u>	11/14/2016
J9041	VELCADE	<u>BORTEZOMIB</u>	04/01/2013
J9042	ADCETRIS	<u>BRENTUXIMAB VEDOTIN</u>	11/14/2016
J9043	JEVTANA	<u>CABAZITAXEL</u>	01/01/2014
J9047	KYPROLIS	<u>CARFILZOMIB</u>	11/14/2016
J9055	ERBITUX	<u>CETUXIMAB</u>	04/01/2013
J9145**	DARZALEX	<u>DARALUMUMAB</u>	11/14/2016
J9155	FIRMAGON	<u>DEGARELIX, 1MG</u>	04/01/2013 - 12/31/2014 (Termed 12/31/2014)
J9171	DOCEFREZ	<u>DOCETAXEL</u>	04/01/2013
J9171	TAXOTERE	<u>DOCETAXEL</u>	04/01/2013
J9176**	EMPLICITI	<u>ELOTUZUMAB</u>	11/14/2016
J9179	HALAVEN	<u>ERIBULIN</u>	04/01/2013
J9202	ZOLADEX	<u>GOSERELIN ACETATE</u>	01/01/2014
J9205**	ONIVYDE	<u>IRINOTECAN LIPOSOME</u>	11/14/2016
J9217	ELIGARD	<u>LEUPROLIDE ACETATE</u>	01/01/2014
J9217	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014
J9225	VANTAS	<u>HISTRELIN ACETTE</u>	01/01/2014
J9226	SUPPRELIN LA	<u>HISTRELIN ACETATE</u>	04/01/2015
J9228	YERVOY	<u>IPILIMUMAB</u>	04/01/2013
J9262	SYNRIBO	<u>OMACETAXINE MEPESUCCINATE</u>	11/14/2016
J9263	ELOXATIN	<u>OXALIPLATIN</u>	04/01/2013
J9264	ABRAXANE	<u>PACLITAXEL</u>	04/01/2013
J9271	KEYTRUDA	<u>PEMBROLIZUMAB</u>	11/14/2016
J9295**	PORTRAZZA	<u>NECITUMUMAB</u>	11/14/2016
J9299	OPDIVO	<u>NIVOLUMAB</u>	11/14/2016
J9301	GAZYVA	<u>OBINUTUZUMAB</u>	11/14/2016
J9302	ARZERRA	<u>OFATUMUMAB</u>	11/14/2016
J9303	VECTIBIX	<u>PANITUMUMAB</u>	04/01/2013
J9305	ALIMTA	<u>PEMETREXED</u>	04/01/2013

J9306	PERJETA	<u>PERTUZUMAB</u>	11/14/2016
J9307	FOLOTYN	<u>PRALATEXATE</u>	11/14/2016
J9308	CYRAMZA	<u>RAMUCIRUMAB</u>	11/14/2016
J9310	RITUXAN	<u>RITUXIMAB</u>	04/01/2013
J9325**	IMLYGIC	<u>TALIMOGENE LAHERPAREPVEC</u>	11/14/2016
J9330	TORISEL	<u>TEMSIROLIMUS</u>	11/14/2016
J9352**	YONDELIS	<u>TRABECTEDIN</u>	11/14/2016
J9354	KADCYLA	<u>ADO-TRASTUZUMAB</u>	01/01/2014
J9355	HERCEPTIN	<u>TRASTUZUMAB</u>	07/20/2009
J9400	ZALTRAP	<u>ZIV-AFLIBERCEPT</u>	11/14/2016
J9999*	NOC*	<u>NOC ANTINEOPLASTIC*</u>	11/14/2016
Q2043	PROVENGE	<u>SIPULEUCEL-T AUTOLOGOUS CD54+ CELLS</u>	04/01/2013
Q2049	LIPODOX	<u>DOXORUBICIN LIPOSOMAL</u>	04/01/2015
Q2050	DOXIL	<u>DOXORUBICIN LIPOSOMAL</u>	04/01/2015
Q5101	ZARXIO	<u>FILGRASTIM-SNDZ</u>	07/01/2015
Q5102	INFLECTRA	<u>INFlixIMAB, BIOSIMILAR</u>	07/01/2016
Q9980	GENVISC	<u>HYALURONAN/ DERIVATIVE</u>	01/01/2016 - 12/31/2016 (new code, J7320 eff 1/1/2017)
Q9986**	MAKENA	<u>HYDROXYPROGESTERONE CAPROATE</u>	11/14/2016
Q9989	STELARA IV	<u>USTEKINUMAB IV</u>	07/01/2017

\* 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

<u>PADP J9999Drug List</u>			
<u>HCPCS/ CPT</u>	<u>DRUG NAME</u>	<u>GENERIC/ HCPCS DESCRIPTION</u>	<u>PADP Eff dates</u>
J9999*/ C9483**	TECENTRIQ*	<u>ATEZOLIZUMAB*</u>	11/14/2016
J9999*	BAVENCIO*	<u>AVELUMAB*</u>	03/23/2017 (FDA Approval)
J9999*/ C9485**	LARTRUVO*	<u>OLARATUMAB*</u>	11/14/2016

J9999*	IMFINZI*	<u>DURVALUMAB*</u>	05/01/2017 (FDA Approval)
<del>J9999*/C9476**</del>	DARZALEX*	<u>DARALUMUMAB*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)
<del>J9999*/C9477**</del>	EMPLICITI*	<u>ELOTUZUMAB*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)
<del>J9999*/C9472**</del>	IMLYGIC*	<u>TALIMOGENE LAHERPAREPVEC*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)
<del>J9999*/C9474**</del>	ONIVYDE*	<u>IRINOTECAN LIPOSOME*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)
<del>J9999*/C9475**</del>	PORTRAZZA*	<u>NECITUMUMAB*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)
<del>J9999*/C9480**</del>	YONDELIS*	<u>TRABECTEDIN*</u>	11/14/2016 - 12/31/2016 (new code, J9145 eff 1/1/2017)

**\* Once drug is assigned to HCPCS, the new HCPCS will be included in the PADP Drug List and 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.**