September 2026

Fee Schedule Change for Certain Drugs on the Physician-Administered Drug Program

Effective October 1, 2026

We are updating reimbursement for some drug codes on our Physician-Administered Drug Program (PADP) managed by Prime Therapeutics Management ("Prime") Medical Pharmacy Solutions (MPS), effective **October 1, 2026**.

This PADP preservice review bulletin applies to the following products:

- HMO (BlueCare®, myBlue, SimplyBlue)
- PPO (BlueChoice®, BlueOptions℠, BlueSelect, Miami-Dade Blue)
- State Employees' PPO Plan
- Truli for Health

Please continue to refer to the *Manual for Physicians and Providers* at FloridaBlue.com for the latest policies and procedures.

Process for Preservice Reviews

There is no change to the process for requesting a preservice medical necessity review for these drugs. Please continue to contact Prime MPS as you do today through their secure website at GatewayPA.com or by calling them at 1-800-424-4947.

To determine if this change affects you, please refer to your physician fee schedule.

Code	Description
A9602	Fluorodopa f-18, diagnostic, per millicurie (FLUORODOPA F 18)
J0129	Injection, abatacept, 10 mg (ORENCIA)
J0185	Injection, aprepitant, 1 mg (CINVANTI)
J0461	Injection, atropine sulfate, 0.01 mg
J0583	Injection, bivalirudin, 1 mg (ANGIOMAX)
J0588	Injection, incobotulinumtoxin a, 1 unit (XEOMIN)
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0692	Injection, cefepime hydrochloride, 500 mg (MAXIPIME)
J0717	Injection, certolizumab pegol, 1 mg (CIMZIA)
J0878	Injection, daptomycin, 1 mg (CUBICIN)
J0894	Injection, decitabine, 1 mg (DIACOGEN)

Code	Description
J1071	Injection, testosterone cypionate, 1 mg
J1453	Injection, fosaprepitant, 1 mg (EMEND)
J1570	Injection, ganciclovir sodium, 500 mg
J1602	Injection, golimumab, 1 mg, for intravenous use (SIMPONI ARIA)
J1610	Injection, glucagon hydrochloride, per 1 mg (GLUCAGEN/GLUCAGON EMERGENCY)
J1644	Injection, heparin sodium, per 1000 units
J1823	Injection, inebilizumab-cdon, 1 mg (UPLIZNA)
J2020	Injection, linezolid, 200 mg (ZYVOX)
J2185	Injection, meropenem, 100 mg
J2248	Injection, micafungin sodium, 1 mg (MYCAMINE)
J2250	Injection, midazolam hydrochloride, per 1 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2280	Injection, moxifloxacin, 100 mg
J2357	Injection, omalizumab, 5 mg (XOLAIR)
J2426	Injection, paliperidone palmitate extended release, 1 mg (INVEGA SUSTENNA)
J2560	Injection, phenobarbital sodium, up to 120 mg
J2794	Injection, risperidone, 0.5 mg (RISPERDAL CONSTA)
J2798	Injection, risperidone, 0.5 mg (PERSERIS)
J2805	Injection, sincalide, 5 micrograms (KINEVAC)
J3032	Injection, eptinezumab-jjmr, 1 mg (VYEPTI)
J3111	Injection, romosozumab-aqqg, 1 mg (EVENITY)
J3243	Injection, tigecycline, 1 mg (TYGACIL)
J3245	Injection, tildrakizumab, 1 mg (ILUMYA)
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg (TRIESENCE)
J7300	Intrauterine copper contraceptive (PARAGARD)
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) (LEVULAN KERASTICK)
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg (AMELUZ)
J7517	Mycophenolate mofetil, oral, 250 mg (CELLCEPT)
J8530	Cyclophosphamide; oral, 25 mg
J8540	Dexamethasone, oral, 0.25 mg
J9045	Injection, carboplatin, 50 mg (PARAPLATIN)
J9050	Injection, carmustine, 100 mg (BICNU)
J9176	Injection, elotuzumab, 1 mg (EMPLICITI)
J9198	Injection, gemcitabine hydrochloride, 100 mg (INFUGEM)
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg
J9205	Injection, irinotecan liposome, 1 mg (ONIVYDE)
J9206	Injection, irinotecan, 20 mg (CAMPOSTAR)

Code	Description
J9218	Leuprolide acetate, per 1 mg
J9223	Injection, lurbinectedin, 0.1 mg (ZEPZELCA)
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg (ALKERAN)
J9260	Injection, methotrexate sodium, 50 mg
J9280	Injection, mitomycin, 5 mg
J9281	Mitomycin pyelocalyceal instillation, 1 mg (JELMYTO)
J9309	Injection, polatuzumab vedotin-piiq, 1 mg (POLIVY)
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg (PHESGO)
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg (TRODELVY)
Q0167	Dronabinol, 2.5 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (MARINOL)
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml (ISOVUE, OMIPAQUE, OPTIRAY, ULTRAVIST, VISIPAQUE)
Q9991	Injection, buprenorphine extended-release, less than or equal to 100 mg (SUBLOCADE)
Q9992	Injection, buprenorphine extended-release, greater than 100 mg (SUBLOCADE)

Important Note: The chart above lists current drugs in the program with fee schedule changes effective October 1, 2026. For a complete list of drugs included in the PADP, please refer to the PADP section of the *Manual for Physicians and Providers* at FloridaBlue.com.