

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J0129	Injection, abatacept (Orencia®), 10 mg	Effective 01/01/2014
J0178	Injection, aflibercept (Eylea®), 1 mg	Effective 04/01/2015
J0256	Injection, alpha 1-proteinase inhibitor, human (Aralast NP, Prolastin®, Zemairra®), 10 mg, not otherwise specified	Effective 01/01/2014
J0257	Injection, alpha 1 proteinase inhibitor (human)(Glassia™), 10 mg	Effective 01/01/2014
J0585	Injection, onabotulinumtoxinA (Botox®, Botox® Cosmetic), 1 unit	Effective 01/01/2014
J0586	Injection, abobotulinumtoxinA (Dysport®), 5 units	Effective 01/01/2014
J0587	Injection, rimabotulinumtoxinB (Myobloc®),100 units	Effective 01/01/2014
J0588	Injection, incobotulinumtoxinA (Xeomin®), 1 unit	Effective 01/01/2014
J0597	Injection, C-1 esterase inhibitor (human)(Berinert®), 10 units	Effective 01/01/2014
J0641	Injection, levoleucovorin calcium (Fusilev™), 0.5 mg	Effective 04/01/2015
J0717	Injection, certolizumab pegol (Cimzia®), 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Effective 01/01/2014
J0800	Injection, corticotropin (H.P. Acthar® Gel), up to 40 units	Effective 01/01/2014
J0881	Darbepoetin Alfa (Aranesp®), 1 microgram (non-esrd use)	Effective 07/20/2009

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J0885	Epoetin Alfa (Epogen®, Procrit®), (for non-esrd use), 1000 units	Effective 07/20/2009
J0897	Injection, denosumab (Prolia™, Xgeva™), 1 mg	Effective 01/01/2014
J1290	Injection, ecallantide (Kalbitor®), 1 mg	Effective 01/01/2014
J1300	Injection, eculizumab (Soliris®), 10 mg	Effective 01/01/2014
J1442 J1447	Injection, filgrastim (G-CSF) (Neupogen®), 1 microgram Injection, tbo-filgrastim (Granix), 1 mcg	Effective 07/20/2009 Effective 01/01/2016
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Effective 01/16/2012
J1556	Injection, immune globulin (Bivigam), 500 mg	Effective 01/01/2014
J1557	Injection, immune globulin, (Gammaplex) intravenous, nonlyophilized (e.g., liquid), 500 mg	Effective 01/16/2012
J1561	Injection, immune globulin, (Gamunex-C, Gammaked), nonlyophilized (e.g., liquid), 500 mg	Effective 01/16/2012
J1562	Injection, immune globulin (vivaglobin), 100 mg	Eff. 01/16/2012 Termed 12/31/2014
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder) (Carimune NF, Panglobulin NF and Gammagard S/D), not otherwise specified, 500 mg	Effective 01/16/2012

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Effective 01/16/2012
J1569	Injection, immune globulin, (Gammagard Liquid), intravenous	Effective 01/16/2012
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg	Effective 01/16/2012
J1599	Injection, immune globulin, intravenous. nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Effective 01/16/2012
J1745	Injection, infliximab (Remicade®), 10 mg	Effective 01/01/2014
J1786	Injection, imiglucerase (Cerezyme®), 10 units	Effective 01/01/2014
J1950	Injection, leuprolide acetate (for depot suspension)(Lupron Depot®, Lupron Depot-PED®), per 3.75 mg	Effective 01/01/2014
J2323	Injection, natalizumab (Tysabri®), 1 mg	Effective 01/01/2014
J2353	Injection, octreotide (SandoSTATIN® LAR), depot form for intramuscular injection, 1 mg	Effective 04/01/2013
J2357	Injection, omalizumab (Xolair®), 5 mg	Effective 01/01/2014
J2469	Palonosetron Hydrochloride (Aloxi®), 25 mcg	Effective 07/20/2009
J2503	Injection, pegaptanib sodium (Macugen), 0.3 mg	Effective 04/01/2015
J2505	Injection, pegfilgrastim (Neulasta®), 6 mg	Effective 07/20/2009

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J2778	Injection, ranibizumab (Lucentis®), 0.1 mg	Effective 04/01/2015
J2796	Injection, romiplostim (Nplate®), 10 micrograms	Effective 01/01/2014
J3262	Injection, tocilizumab (Actemra®), 1 mg	Effective 01/01/2014
J3315	Injection, triptorelin pamoate (Trelstar®), 3.75 mg	Effective 01/01/2014
J3357	Injection, ustekinumab (Stelara™), 1 mg	Effective 01/01/2014
J3385	Injection, velaglucerase alfa (VIPRIV®), 100 units	Effective 01/01/2014
J3380	Injection, vedolizumab (Entyvio), 1 mg	Effective 01/01/2016
J3489	Injection, zoledronic acid (Reclast®, Zometa®), 1 mg	Effective 01/01/2014
J3590	NDC: 64764-0300-20 Injection, vedolizumab (Entyvio®), 1 mg	Effective 04/01/2015 Code termed 12/31/15- refer to Classified code J3380
J7321	Hyaluronan or derivative (Hyalgan® or Supartz®) for intra-articular injection, per dose	Effective 04/01/2013
J7323	Hyaluronan or derivative (Euflexxa®) for intra-articular injection, per dose	Effective 04/01/2013
J7324	Hyaluronan or derivative (Orthovisc®) for intra-articular injection, per dose	Effective 04/01/2013
J7325	Hyaluronan or derivative (Synvisc® or Synvisc-One®) for intra-articular injection, 1 mg	Effective 04/01/2013

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J7326	Hyaluronan or derivative (Gel-One®) for intra-articular injection, per dose	Effective 04/01/2013
J7327	Hyaluronan or derivative (Monovisc), for intra-articular injection, per dose	Effective 01/01/2015
J7328	Hyaluronan or derivative (Gel-Syn), for intra-articular injection, 0.1 mg	Effective 01/01/2016
J9025	Injection, azacitidine (Vidaza®), 1 mg	Effective 04/01/2015
J9033	Injection, bendamustine HCl (Treanda®), 1 mg	Effective 04/01/2015
J9035	Injection, bevacizumab (Avastin®), 10 mg	Effective 07/20/2009
J9041	Injection, bortezomib (Velcade®), 0.1 mg	Effective 04/01/2013
J9043	Injection, cabazitaxel (Jevtana®), 1 mg	Effective 01/01/2014
J9055	Injection, cetuximab (Erbix), 10 mg	Effective 04/01/2013
J9155	Injection, degarelix (Firmagon®), 1 mg	Effective 04/1/2013 Termed 12/31/2014
J9171	Injection, docetaxel (Taxotere®, Docefrez™), 1 mg	Effective 04/01/2013
J9179	Injection, eribulin mesylate (Halaven), 0.1 mg	Effective 04/01/2013
J9202	Goserelin acetate implant (Zoladex®), per 3.6 mg	Effective 01/01/2014
J9217	Leuprolide acetate (for depot suspension)(Eligard®, Lupron Depot®), 7.5 mg	Effective 01/01/2014
J9225	Histrelin implant (Vantas®), 50 mg	Effective 01/01/2014
J9226	Histrelin implant (Supprelin® LA), 50 mg	Effective 04/01/2015

2016

Provider and Physician Administered Drug Program (PADP) List Code	Drug Name	Effective and/or Term Date
J9228	Injection, ipilimumab (Yervoy™), 1 mg	Effective 04/01/2013
J9263	Injection, oxaliplatin (Eloxatin®), 0.5 mg	Effective 04/01/2013
J9264	Injection, paclitaxel protein-bound particles (Abraxane®), 1 mg	Effective 04/01/2013
J9303	Injection, panitumumab (Vectibix), 10 mg	Effective 04/01/2013
J9305	Injection, pemetrexed (Alimta®), 10 mg	Effective 04/01/2013
J9310	Injection, rituximab (Rituxan®), 100 mg	Effective 04/01/2013
J9354	Injection, ado-trastuzumab emtansine (Kadcyla™), 1mg	Effective 01/01/2014
J9355	Injection, trastuzumab (Herceptin®), 10 mg	Effective 07/20/2009
Q2043	Sipuleucel-T (Provenge®), minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Effective 04/01/2013
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox (Lipodox®), 10mg	Effective 04/01/2015
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10mg –	Effective 04/01/2015
Q5101 Q9980	Injection, filgrastim, biosimilar, 1mcg Hyaluronan or derivative (Genvisc 850), for intra-articular injection, 1 mg	Effective 07/01/2015 Effective 01/01/2016