

Provider Administered Drug Program (PADP) - Managed by Magellan Rx Management
January 2024

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**

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 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	LUTETIUM LU 177	11/11/2019	n/a
A9543	ZEVALIN	IBRITUMOMAB TIUXETAN	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
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
A9607	PLUVICTO	<u>LUTETIUM (177LU) VIPIVOTIDE TETRAXETAN</u>	03/23/2022	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
J0174	LEQEMBI	LECANEMAB-IRMB	01/06/2023	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	ALEMTUZUMAB	11/14/2016	n/a
J0217	LAMZEDE	VELMANASE ALFA-TYCV	04/13/2023	n/a
J0218	XENPOZYME	OLIPUDASE-ALFA	08/31/2022	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
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>DARBEOETIN 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
J1246	UNITUXIN	<u>DINUTUXIMAB</u>	05/01/2017	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
J1302	ENJAYMO	<u>SUTIMLIMAB-JOME</u>	02/04/2022	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
J1440	REBYOTA	<u>FECAL MICROBIOTA, LIVE-JSLM</u>	01/09/2023	n/a
J1442	NEUPOGEN	<u>FILGRASTIM</u>	07/20/2009	n/a
J1447	GRANIX	<u>TBO-FILGRASTIM</u>	01/01/2016	n/a
J1449	ROLVEDON	<u>EFLAPEGRASTIM-XNST</u>	09/09/2022	n/a
J1453	EMEND	<u>FOSAPREPITANT</u>	11/14/2016	06/30/2021
J1454	AKYNZEO	<u>FOSNETUPITANT & PALANOSE</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

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
J1576	PANZYGA	<u>IMMUNE GLOBULIN IV</u>	09/02/2019	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
J1747	SPEVIGO	<u>SPESOLIMAB</u>	09/01/2022	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
J1932	CIPLA	<u>LANREOTIDE</u>	10/01/2022	n/a
J1950	LUPRON DEPOT	<u>LEUPROLIDE ACETATE</u>	01/01/2014	n/a
J1952	CAMCEVI	<u>LEUPROLIDE</u>	01/01/2021	n/a
J1954	LUTRATE	<u>LEUPROLIDE DEPOT</u>	01/01/2023	n/a
J2182	NUCALA	<u>MEPOLIZUMAB</u>	11/11/2019	n/a
J2323	TYSABRI	<u>NATALIZUMAB</u>	04/01/2013	n/a
J2327	SKYRIZI IV	<u>RISANKIZUMAB-RZAA</u>	06/16/2022	n/a
J2329	BRIUMVI	<u>UBLITUXIMAB</u>	12/28/2022	n/a
J2350	OCREVUS	<u>OCRELIZUMAB</u>	11/11/2019	n/a
J2353	SANDOSTATIN LAR DEPOT	<u>OCTREOTIDE</u>	01/01/2014	n/a
J2356	TEZSPIRE	<u>TEZPELUMAB-EKKO</u>	12/17/2021	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> New HCPCS J2506, effective 01/01/2022	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
J2508	ELFABRIO	<u>PEGUNIGALSIDASE ALFA-IWXJ</u>	05/09/2023	n/a
J2562	MOZOBIL	<u>PLERIXAFOR</u>	11/14/2016	n/a
J2724	CEPROTIN	<u>PROTEIN C CONCENTRATE</u>	11/11/2019	n/a
J2777	VABYSMO	<u>FARICIMAB-SVOA</u>	01/28/2022	n/a
J2778	LUCENTIS	<u>RANIBIZUMAB</u>	04/01/2015	n/a
J2779	SUSVIMO	<u>RANOBIZUMAB</u>	10/22/2021	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
J2998	RYPLAZIM	<u>PLASMINOGEN, HUMAN-TVMH</u>	06/04/2021	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
J3401	VYJUVEK	<u>BEREMAGENE GEPERPAVEC-SVDT</u>	05/19/2023	n/a
J3489	ZOMETAX RECLAST	<u>ZOLEDRONIC ACID</u>	01/01/2014	02/14/2021

J3590*	UNCLASSIFIED BIOLOGICS*	UNCLASSIFIED BIOLOGICS*	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
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
J9029	ADSTILADRIN	<u>NADOFARAGENE FIRADENOVEC-VNCG</u>	12/16/2022	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

J9044	BORTEZOMIB	<u>BORTEZOMIB</u> <i>New HCPCS J9046, J9048, & J9049 effective 01/01/2023</i>	12/04/2017	12/31/2022
J9046	BORTEZOMIB	<u>BORTEZOMIB</u>	01/01/2023	n/a
J9047	KYPROLIS	<u>CARFILZOMIB</u>	11/14/2016	n/a
J9048	BORTEZOMIB	<u>BORTEZOMIB</u>	01/01/2023	n/a
J9049	BORTEZOMIB	<u>BORTEZOMIB</u>	01/01/2023	n/a
J9055	ERBITUX	<u>CETUXIMAB</u>	04/01/2013	n/a
J9056	VIVIMUSTA	<u>BENDAMUSTINE HYDROCHLORIDE</u>	12/07/2022	n/a
J9057	ALIQUOPA	<u>COPANLISIB</u>	09/18/2017	n/a
J9058	BENDAMUSTINE	<u>BENDAMUSTINE</u>	07/01/2023	n/a
J9059	BENDAMUSTINE	<u>BENDAMUSTINE</u>	07/01/2023	n/a
J9061	RYBREVAANT	<u>AMIVANTAMAB-VMJW</u>	05/21/2021	n/a
J9063	ELAHERE	<u>MIRVETUXIMAB SORAVTANSINE-GYNX</u>	11/28/2022	n/a
J9064	CABAZITAXEL	<u>CABAZITAXEL</u>	10/01/2023	n/a
J9118	ASPARLAS	<u>CALASPARGASE PAGOL-MKNL</u>	10/01/2019	n/a
J9119	LIBTAYO	<u>CEMPIIMAB-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
J9172	DOCETAXEL	<u>DOCETAXEL</u>	01/01/2024	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	BESPONSA	<u>INOTUZUMAB OZOGAMICIN</u>	08/18/2017	n/a
J9247	PEPAXTO	<u>MELPHALAN FLUFENAMIDE</u>	03/01/2021	n/a
J9258	PACLITAXEL	<u>PACLITAXEL</u>	01/01/2024	n/a
J9259	PACLITAXEL PROTEIN-BOUND	<u>PACLITAXEL PROTEIN-BOUND</u>	07/01/2023	n/a
J9262	SYNRIBO	<u>OMACETAXINE MEPESUCCINATE</u>	11/14/2016	n/a
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
J9274	KIMMTRAK	<u>TEBENTAFUSP-TEBN</u>	01/25/2022	n/a
J9281	JELMYTO	<u>MITOMYCIN</u>	04/16/2020	n/a
J9285	LARTRUVO	<u>OLARATUMAB</u>	03/06/2017	n/a
J9286	COLUMVI	<u>GLOFITAMAB-GXBM</u>	06/15/2023	n/a
J9294	PEMETREXED	<u>PEMETREXED</u>	04/01/2023	n/a
J9295	PORTRAZZA	<u>NECITUMUMAB</u>	11/14/2016	n/a
J9296	PEMETREXED	<u>PEMETREXED</u>	04/01/2023	n/a
J9297	PEMETREXED	<u>PEMETREXED</u>	04/01/2023	n/a
J9298	OPDUALAG	<u>NIVOLUMAB ELATLIMAB-RMBW</u>	03/18/2022	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
J9314	PEMETREXED	<u>PEMETREXED</u>	01/01/2023	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
J9321	EPKINLY	<u>EPCORITAMAB-BYSP</u>	05/19/2023	n/a
J9322	PEMETREXED	<u>PEMETREXED</u>	07/01/2023	n/a
J9323	PEMETREXED	<u>PEMETREXED</u>	07/01/2023	n/a
J9324	PEMRYDI RTU	<u>PEMETREXED</u>	01/01/2024	n/a
J9325	IMLYGIC	<u>TALIMOGENE LAHERPAREPVEC</u>	11/14/2016	n/a
J9330	TORISEL	<u>TEMSIROLIMUS</u>	11/14/2016	n/a
J9331	FYARRO	<u>SIROLIMUS ALBUMIN-BOUND NANOPARTICLES</u>	11/22/2021	n/a
J9332	VYVGART	<u>EFGARTIGIMOD ALFA-FCAB</u>	12/27/2021	n/a
J9333	RYSTIGGO	<u>ROZANOLIXIZUMAB-NOLI</u>	06/28/2023	n/a
J9334	VYVGART HYTRULO	<u>EFGARTIGIMOD ALFA-FCAB</u>	06/20/2023	n/a
J9345	ZYNYZ	<u>RETIFANLIMAB-DLWR</u>	03/22/2023	n/a
J9347	IMJUDO	<u>TREMELIMUMAB-ACTL</u>	10/21/2022	n/a
J9348	DANYELZA	<u>NAXITAMAB-GQGK</u>	11/25/2020	n/a
J9349	MONJUVI	<u>TAFASITAMAB-CXIX</u>	08/03/2020	n/a
J9350	LUNSUMIO	<u>MOSUNETUZUMAB-AXGB</u>	12/22/2022	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
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
J9380	TECVAYLI	<u>TECLISTAMAB-CQYV</u>	10/25/2022	n/a
J9381	TZIELD	<u>TEPLIZUMAB-MZWV</u>	11/17/2022	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	FILGRASTIM-AAFI	01/01/2019	n/a
Q5111	UDENYCA	PEGFILGRASTIM-CBQV	03/01/2019	n/a
Q5112	ONTRUZANT	TRASTUZUMAB-DTTB	07/01/2019	n/a
Q5113	HERZUMA	TRASTUZUMAB-PKRB	07/01/2019	n/a
Q5114	OGIVRI	TRASTUZUMAB-DKST	12/01/2017	n/a
Q5115	TRUXIMA	RITUXIMAB-ABBS	07/01/2019	n/a
Q5116	TRAZIMERA	TRAZIMERA	10/01/2019	n/a
Q5117	KANJINTI	TRASTUZUMAB-ANNS	07/22/2019	n/a
Q5118	ZIRABEV	ZIRABEV	10/01/2019	n/a
Q5119	RUXIENCE	RITUXIMAB-PVVR	07/23/2019	n/a
Q5120	ZIEXTENZO	PEGFILGRASTIM-BMEZ	11/11/2019	n/a
Q5121	AVSOLA	INFLIXIMAB-AXXQ	12/06/2019	n/a
Q5122	NYVEPRIA	PEGFILGRASTIM-APGF	06/10/2020	n/a
Q5123	RIABNI	RITUXIMAB-ARRX	12/17/2020	n/a
Q5124	BYOOVIZ	RANIBIZUMAB-NUNA	09/20/2021	n/a
Q5125	RELEUKO	FILGRASTIM-AYOW	02/25/2022	n/a
Q5126	ALYMSYS	BEVACIZUMAB-MALY	04/13/2022	n/a
Q5127	STIMUFEND	PEGFILGRASTIM-FPGK	09/01/2022	n/a
Q5128	CIMERLI	RANIBIZUMAB-EQRN	08/02/2022	n/a
Q5129	VEGZELMA	BEVACIZUMAB-ADCD	09/27/2022	n/a
Q5130	FYLNETRA	PEGFILGRASTIM-PBBK	05/26/2022	n/a
Q9991	SUBLOCADE	BUPRENORPHINE EXTENDED-RELEASE, 100MG OR LESS	11/11/2019	n/a
Q9992	SUBLOCADE	BUPRENORPHINE EXTENDED-RELEASE, GREATER 100MG	11/11/2019	n/a

** 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*	AVZIVI*	BEVACIZUMAB-TNJN*	12/06/2023	n/a
J3590*	RYZNEUTA*	EFBEMALENOGRASTIM ALFA-VUXW*	11/16/2023	n/a
J3590*	ADZYNMA*	ADAMTS13, RECOMBINANT-KRHN*	11/09/2023	n/a
J3590*	WEZLANA*	USTEKINUMAB-AUUB*	10/31/2023	n/a
J9999*	LOQTORZI*	TORIPALIMAB-TPZI*	10/27/2023	n/a
J3590*	OMVOH IV*	MIRIKIZUMAB-MRKZ IV*	10/26/2023	n/a

J3590*	COSENTYX IV*	EXAGAMGLOGENE AUTOTEMCEL IV*	10/25/2023	n/a
J3590*	TOFIDENCE*	TOCILIZUMAB-BAVI*	09/29/2023	n/a
J3590*	POMBILITI*	CIPAGLUCOSIDASE ALFA-ATGA*	09/28/2023	n/a
J3590*	TYRUKO*	NATALIZUMAB-SZTN*	08/24/2023	n/a
J3590*/ C9161	EYLEA HD*	AFLIBERCEPT*	08/18/2023	n/a
J3590*	VEOPOZ*	POZELIMAB-BBFG*	08/18/2023	n/a
J9999*/ C9165	ELREXFIO*	ELRANATAMAB-BCMM*	08/14/2023	n/a
J9999*	HEPZATO KIT*	MELPHALAN HYDROCHLORIDE*	08/14/2023	n/a
J3590*/ C9160	DAXXIFY*	DAXIBOTULINUMTOXIN A-LANM*	08/11/2023	n/a
J9999*/ C9163	TALVEY*	TALQUETAMAB-TGVS*	08/09/2023	n/a
J3590*	REVCOVI*	ELAPEGADEMASE-IVLR*	11/11/2019	n/a
J9999*	COLUMVI*	GLOFITAMAB-GXBM* New HCPCS, J9286 effective 01/01/2024	06/15/2023	n/a
J3590*	ELFABRIO*	PEGUNIGALSIDASE ALFA-IWXJ* New HCPCS, J2508 effective 01/01/2024	05/09/2023	n/a
J9999*/- C9155	EPKINLY*	EPCORITAMAB-BYSP* New HCPCS, J9321 effective 01/01/2024	05/19/2023	n/a
J3590*	RYSTIGGO*	ROZANOLIXIZUMAB-NOLI* New HCPCS, J9333 effective 01/01/2024	06/28/2023	n/a
J3590*	VYJUVEK*	BEREMAGENE-GEPEPVEG-SVDT* New HCPCS, J3401 effective 01/01/2024	05/19/2023	n/a
J3590*	VYVGART HYTRULO*	EFGARTIGIMOD-ALFA-FCAB* New HCPCS, J9334 effective 01/01/2024	06/20/2023	n/a
J9999*	ZYNYZ*	RETIFANLIMAB-DLWR* New HCPCS, J9345 effective 10/01/2023	03/22/2023	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.