

Notice of Change to Physician-Administered Drug Program Effective March 1, 2026

We are expanding our Physician-Administered Drug Program (PADP) managed by Prime Therapeutics Management (“Prime”) Medical Pharmacy Solutions (MPS), effective **March 1, 2026**. As part of this change, we will require preservice reviews for the drugs listed below prior to administration in the office, home, outpatient hospital, ambulatory surgical center, public health clinic, and rural health clinic settings. This PADP preservice review bulletin applies to the Truli for Health Plan.

If you administer any of the drugs below on or after March 1, 2026, without requesting a preservice review, the claim will be denied. Participating providers are not allowed to bill their Florida Blue patients for the denied charges.

This change will be reflected in our *Provider Manual* later this year. Please continue to refer to the Manual for Physicians and Providers on FloridaBlue.com for the latest policies and procedures.

Physician-Administered Drugs Requiring Preservice Review Effective March 1, 2026	
Code	Description
J1426	Injection, casimersen, 10 mg (AMONDYS 45)
J0225	Injection, vutrisiran, 1 mg (AMVUTTRA)
J2277	Injection, motixafortide, 0.25 mg (APHEXDA)
J0364	Injection, apomorphine hydrochloride, 1 mg (APOKYN), when provider administered only
J9261	Injection, nelarabine, 50 mg (ARRANON)
J1448	Injection, trilaciclib, 1 mg (COSELA)
J9246	Injection, melphalan, 1 mg (EVOMELA)
J1951	Injection, leuprolide acetate for depot suspension, 0.25 mg (FENSOLVI)
J1434	Injection, fosaprepitant, 1 mg (FOCINVEZ)
J0223	Injection, givosiran, 0.5 mg (GIVLAARI)
J0799	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified (when provider administered only)
J7355	Injection, travoprost, intracameral implant, 1 microgram (iDOSE TR)

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Physician-Administered Drugs Requiring Preservice Review Effective March 1, 2026	
Code	Description
J9207	Injection, ixabepilone, 1 mg (IXEMPRA)
J2782	Injection, avacincapted pegol, 0.1 mg (IZERVAY)
J1306	Injection, inclisiran, 1 mg (LEQVIO)
J9218	Leuprolide acetate, per 1 mg (when provider administered only)
J1437	Injection, ferric derisomaltose, 10 mg (MONOFERRIC)
J1809	Injection, fosdenopterin, 0.1 mg (NULIBRY)
J0224	Injection, lumasiran, 0.5 mg (OXLUMO)
J0208	Injection, sodium thiosulfate, 100 mg (PEDMARK)
J2468	Injection, palonosetron hydrochloride, 25 micrograms (POSFREA)
J1304	Injection, tofersen, 1 mg (QALSODY)
J1201	Injection, cetirizine hydrochloride, 0.5 mg (QUZYTIR)
J7352	Afamelanotide implant, 1 mg (SCENESSE)
J2326	Injection, nusinersen, 0.1 mg (SPINRAZA)
S0013	Esketamine, nasal spray, 1 mg (SPRAVATO)
J2781	Injection, pegcetacoplan, intravitreal, 1 mg (SYFOVRE)
J1427	Injection, viltolarsen, 10 mg (VILTEPSO)
J1429	Injection, golodirsen, 10 mg (VYONDYS)
J3299	Injection, triamcinolone acetonide, 1 mg (XIPERE)
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (YCANTH)
J0738	Injection, lenacapavir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (YEZTUGO, not for use as treatment for HIV)

Important Note: The chart above lists new drugs added to the program effective March 1, 2026. For a complete list of drugs included in the PADP, please refer to the Provider-Administered Drug Program section of the *Provider Manual Participation, Product, UM* at [TruliForHealth.com](https://www.TruliForHealth.com).

We will continue to do voluntary preservice reviews for members in products that **do not** require preservice review. If requesting a voluntary pre-determination service for select services (VPSS) for any of the above drugs, those requests must be submitted to Prime (MPS) **beginning March 1, 2026**.

You may obtain a preservice review or VPSS by accessing Prime (MPS) via secure website at gatewaypa.com or by calling 1-800-424-4947.

Thank you for the care you provide to our members.

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