

# Memorandum

**To:** Gold Coast Health Plan Providers

**From:** Lily Yip, Pharm.D., APh, CDCES, BCACP, Director of Pharmacy Services

**Re:** **Physician Administered Drugs (PAD) List Changes**

**Date:** Feb. 26, 2025

Physician administered drugs (PAD) through Gold Coast Health Plan's (GCHP) Medical Drug Benefit include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (e.g., J-Code). Certain PAD require prior authorization (PA) to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD via Procedure Code requiring a PA, administered at a provider's office or infusion / hospital facility, must be submitted as a treatment authorization request using the [Prior Authorization Treatment Request Form](#).

GCHP, with direction from the state Department of Health Care Services (DHCS) and the GCHP Pharmacy & Therapeutics (P&T) Committee, updates the PAD List quarterly. This notice is to inform you of the approved changes from the Feb. 13, 2025, P&T Committee meeting, which will be effective June 1, 2025.

The current PAD List is posted on the [Medical Drug Benefit for Providers page of the](#) GCHP website. An updated PAD list, with the changes below and clinical guidelines is scheduled to be posted on the GCHP website by June 1, 2025.

## Changes to the PAD List, effective June 1, 2025:

HPCPS	Generic Name	Brand Name	Changes
J9160	Denileukin Diftitox	Lymphir	Added.
J9229	Inotuzumab Ozogamicin	Besponsa	Added.
J9063	Mirvetuximab Soravtansine	Elahere	Added.
J9042	Brentuximab Vedotin	Adcetris	Added.
J9177	Enfortumab Vedotin	Padcev	Added.
J9022	Atezolizumab	Tecentriq	Added.
J9298	Nivolumab and Relatlimab	Opdualag	Added.
J9017	Arsenic Trioxide	Trisenox	Added.
J9144	Daratumumab and Hyaluronidase	Darzalex Faspro	Not added but limited to FDA approved indications of ICD 10: C90.00, C90.01, C90.02 & E85.81. PA required for all other diagnoses.
J9309	Polatuzumab Vedotin	Polivy	Not added but limited to FDA approved indications of ICD 10: C83.30 - C83.39. PA required for all other diagnoses.



J9301	Obinutuzumab	Gazyva	Not added but limited to FDA approved indications of ICD 10: C82.00-C82.99, C83.00-C88.4, C91.10-C91.42. PA required for all other diagnoses.
J2779	Ranibizumab	Susvimo	Added.
J2182	Mepolizumab	Nucala	Added.

*Removed – The medication is removed from the PAD list and PA is not needed.*

*Added – The medication is added to the PAD list and PA is needed.*

If you have any questions, please contact GCHP's Pharmacy Services Department at [Pharmacy@goldchp.org](mailto:Pharmacy@goldchp.org).