

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: Jan. 22, 2024

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 (e.g., J-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 Pharmacy & Therapeutics (P&T) Committee, updates the PAD List quarterly. This notice is to inform you of the approved changes from the Nov. 14, 2024, P&T Committee meeting, which will be effective May 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 May 1, 2025.

Changes to the PAD List, effective May 1, 2025:

HPCPS	Generic Name	Brand Name	Changes
J9354	Ado-trastuzumab	Kadcyla	Added.
J9312	Rituximab	Rituxan	Added. <i>Note: PA not required for Non-Hodgkin Lymphoma (NHL) and Chronic Lymphocytic Leukemia (CLL) uses.</i>
Q5115	Rituximab - abbs	Truxima	Added. <i>Note: PA not required for NHL and CLL uses.</i>
Q5123	Rituximab – arrx	Riabni	Added. <i>Note: PA not required for NHL and CLL uses.</i>
Q5119	Rituximab – pvvr	Ruxience	Added <i>Note: PA not required for NHL and CLL uses.</i>
J9311	Rituximab – hyaluronidase	Rituxan Hycela	Added.
J1554	Immune Globulin	Asceniv	Added.
J1599	Immune Globulin	Alyglo	Added.

J1551	Immune Globulin	Cutaquig	Added.
J1555	Immune Globulin	Cuvitru	Added.
J1575	Immune Globulin	Hyqvia	Added.
J1576	Immune Globulin	Panzyga	Added.
J1558	Immune Globulin	Xembify	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.