



Dear Physician-Administered Drug (PAD) Providers,

Health First Colorado will be implementing a new utilization management (UM) program for the fee-for-service physician-administered drug (PAD) benefit.

Effective **January 18, 2022**, a select number of PADs will be subject to prior authorization (PA) requirements. See the table below for the list of 24 PAD Healthcare Common Procedural Coding System (HCPCS) codes subject to the new UM policy.

After implementation, providers will need to submit a PA request to the UM vendor, Keystone Peer Review Organization (Kepro), for any member receiving any of the PADs listed in Table 1. Providers must also ensure that an approved PA is on file prior to PAD administration. There must be an approved PA on file for each of the PADs requiring a PA that a member receives.

All PAD PA procedures and clinical criteria can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#). Providers will be required to follow all General Provider and PAD billing policies found in the [PAD Billing Manual](#) located on the [Billing Manuals web page](#).

PAs may be submitted and will be processed via the [Kepro PA portal](#). Kepro will offer various training sessions to providers beginning December 28, 2021. Additional information will be sent via email, newsletters and monthly provider bulletins and posted to the [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and [Physician Administered Drug Provider Resources web page](#)

Email HCPF_PAD@state.co.us with all other PAD questions.

Drug Class	HCPCS	Drug Name
	J0172	Aduhelm
Bone Resorption Inhibitor Agents	J0897	Prolia
		Xgeva
Botulinum Toxin Agents	J0585	Botox
	J0586	Dysport
	J0587	Myobloc
	J0588	Xeomin
	J2786	Cinqair
	J3380	Entyvio
	J0517	Fasenra
	J2182	Nucala
	J2350	Ocrevus
	J1745	Remicade
	J1300	Soliris
	J2323	Tysabri
	J2357	Xolair

Drug Class	HCPCS	Drug Name	
Immune Globulin Agents	J1459	Privigen	
	J1556	Bivigam	
	J1557	Gammaplex	
	J1561		Gammaked
			Gamunex
			Gamunex-C
	J1566	Gammagard S/D	
	J1568	Octagam 5%, 10%	
	J1569	Gammagard Liquid	
	J1572	Flebogamma DIF	
	J1599		Asceniv
			Panzyga

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