

Medical Drugs that require Prior Authorization (Individual and Family Plans)

Below is the list of medical drugs that require prior authorization as a condition of payment for Individual and Family Plans.

All of the drugs below have Jefferson Health Plans [Medical Policy Bulletins](#) associated with them that contain the medical necessity criteria for coverage for the Individual and Family Plans. It is the responsibility of the provider and or staff to review those medical bulletins. Additionally, use the link to review and consider the Jefferson Health Plans policy bulletins located on the Health Partners Plans/Jefferson Health Plans Provider webpage [Provider Policy Bulletin Library](#).

Drug name	Codes	Description
Adakveo [®] (Crizanlizumab-tcma)	J0791	Injection, crizanlizumab-tmca, 5 mg
Aduhelm [™] (aducanumab-avwa)	J0172	Injection, aducanumab-avwa, 2 mg
Eculizumab (Soliris [®])	J1300	Injection, Eculizumab, 10 mg
Etranacogene dezaparvovec-drlb (Hemgenix [®])	J1411	Etranacogene dezaparvovec-drlb (Hemgenix [®])
SPINRAZA [®] (Nusenserin)	J2326	Injection, Nusinersen 0.1. mg
Relizorb [®] (immobilized lipase) Cartridge [®]	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
Intravenous Immune Globulin (IVIG)	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
	J1554	Injection, immune globulin (Asceniv), 500 mg
	J1556	Injection, immune globulin (Bivigam), 500 mg
	J1557	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
	J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg
	J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
	J1569	Injection, immune globulin, (Gammagard liquid), intravenous, non-lyophilized, (e.g., liquid), 500 mg
	1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	

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	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
	S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
Leqembi™ (lecanemab-irmb)	J0174	Legembi (lecanemab-irmb 1mg)
Nadofaragene firadenovec-vncg (Adstiladrin®)	J9029	Nadofaragene firadenovec-vncg (Adstiladrin®).
Ocrevus® (Ocrelizumab)	J2350	Injection, Ocrelizumab, 1 mg.
Ravulizumab (Ultomiris®)	J1303	Injection, Ravulizumab, 10mg
Sandostatin LAR Depot (octreotide acetate)	J2353	Injection, octreotide, depot form for intramuscular injection
	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg
TEPEZZA® (teprotumumab-trbw)	J3241	Injection, teprotumumab-trbw, 10 mg
	S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.
Viltolarsen (Viltepso®)	J9029	Injection, viltolarsen, 10 mg (Viltepso®)
Xiaflex™ (Collagenase clostridium histolyticum)	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
ZOLGENSMA® (onasemnogene abeparvovec-xioi)	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10

** The following drugs are not available under Medical Benefit for the Individual and Family Plans. They are only available under the Pharmacy benefit.

Please note: Botox (J0585), Dysport (J0586), Xeomin (J0588), Myobloc (J0587) given during a procedure that requires OR/anesthesia/recovery room is part of case rate payment

Pharmacy	
Drug Name	Code
Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	90678
ABOBOTULINUMTOXINA	J0586
ACETYLCYSTEINE, 10%, PER ML, INHALATON SOLUTION AD	J7610
ANTI INHIBITOR, PER IU	J7198

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ANTITHROMBIN III (HUMAN), PER IU	J7197
ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FI	J7605
BOTULINUM TOXIN TYPE A, PER UNIT	J0585
BOTULINUM TOXIN TYPE B, PER 100 UNITS	J0587
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0573
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0573
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0574
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0574
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0575
BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN	J0575
BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR	J0571
BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR	J0571
BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR	J0572
BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR	J0572
CABERGOLINE, ORAL, 0.25 MG	J8515
CAPECITABINE, ORAL, 150 MG"	J8520
CAPECITABINE, ORAL, 500 MG"	J8521
CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	J7336
CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	J7336
DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL FDA APP	Q0163
DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL FDA APP	Q0163
DOLASETRON MESYLATE 100 MG ORAL,FDA APPROVED	Q0180
DOLASETRON MESYLATE 100 MG ORAL,FDA APPROVED	Q0180
DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED F	J7639
DRONABINOL 2.5 MG, ORAL FDA APPROVED PRESCRIPT ANT	Q0167
DRONABINOL 2.5 MG, ORAL FDA APPROVED PRESCRIPT ANT	Q0167
DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	J3535
ETOPOSIDE; ORAL, 50 MG	J8560
ETOPOSIDE; ORAL, 50 MG	J8560
EVEROLIMUS, ORAL, 0. 25 MG	J7527
FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RE	J7193
FACTOR IX (ANTIHEMOPLILIC FACTOR,RECOMBINANT) PER	Q0161
FACTOR IX, COMPELX, PER IU	J7194
Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	J7189
FACTOR VIII (ANTIHEMOPHILIC FACTOR (HUMAN), PER IU	J7190
FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT),	J7192
FLUDARABINE PHOSPHATE, ORAL, 10 MG	J8562
GRANISETRON HYDROCHLORIDE, 1 MG. ORAL,FDA APPROVED	Q0166
GRANISETRON HYDROCHLORIDE, 1 MG. ORAL,FDA APPROVED	Q0166
HYDROXYZINE PAMOATE,25 MG ORAL,FDA APPROVED	Q0177
HYDROXYZINE PAMOATE,25 MG ORAL,FDA APPROVED	Q0177

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INJ ETANERCEPT 25 MG - NOT SELF ADMIN	J1438
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INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR,	J7195
INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD	J0888
INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR,	J7203
INJECTION, ADALIMUMAB, 20 MG	J0135
INJECTION, ADALIMUMAB, 20 MG	J0135
Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Q5131
INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRA	J7186
INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	J0364
INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	J0364
INJECTION, BENRALIZUMAB, 1 MG	J0517
INJECTION, BENRALIZUMAB, 1 MG	J0517
INJECTION, C-1 ESTERASE INHIBITOR (HUMAN),	J0599
INJECTION, C-1 ESTERASE INHIBITOR (HUMAN),	J0599
INJECTION, EMICIZUMAB-KXWH, 0.5 MG	J7170
INJECTION, ENFUVIRTIDE, 1 MG	J1324
INJECTION, ENFUVIRTIDE, 1 MG	J1324
INJECTION, EPOETIN ALFA, BIOSIMILAR	Q5105
INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECO	J7200
INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN,	J7202
INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINA	J7201
INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR,	J7188
INJECTION, FACTOR VIII FC FUSION (RECOMBINANT),	J7205
INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR,	J7207
INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR,	J7209
INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RE	J7182
INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RE	J7210
INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RE	J7211
Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	J7208
Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per i.u.	J7204
INJECTION, FACTOR X, (HUMAN), 1 I.U.	J7175
INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUM	J7180
INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), P	J7181
Injection, fremanezumab-vfrm, 1 mg	J3031
INJECTION, GUSELKUMAB, 1 MG	J1628
INJECTION, GUSELKUMAB, 1 MG	J1628
INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA),	J7177
INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	J7178

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Injection, immune globulin (cutaquist), 100 mg	J1551
INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	J0588
INJECTION, MEPOLIZUMAB, 1 MG	J2182
INJECTION, MEPOLIZUMAB, 1 MG	J2182
INJECTION, METHYLNALTREXONE, 0.1 MG	J2212
INJECTION, OMALIZUMAB, 5 MG (XOLAIR SYRINGE)	J2357
INJECTION, OMALIZUMAB, 5 MG (XOLAIR SYRINGE)	J2357
INJECTION, OMALIZUMAB, 5 MG (XOLAIR VIAL)	J2357
INJECTION, OMALIZUMAB, 5 MG (XOLAIR VIAL)	J2357
INJECTION, PASIREOTIDE LONG ACTING, 1 MG	J2502
Injection, risankizumab-rzaa, intravenous, 1 mg	J2327
INJECTION, TERIPARATIDE, 10 MCG	J3110
INJECTION, TERIPARATIDE, 10 MCG	J3110
INJECTION, TESTOSTERONE CYPIONATE, 1MG	J1071
INJECTION, TESTOSTERONE CYPIONATE, 1MG	J1071
INJECTION, USTEKINUMAB, 1 MG	J3357
INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT),	J7179
INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN),	J7183
INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P	J7187
INTERFERON, GAMMA 1-B, 3 MILLION UNITS	J9216
INTERFERON, GAMMA 1-B, 3 MILLION UNITS	J9216
MELPHALAN; ORAL, 2 MG	J8600
MYCOPHENOLIC ACID, ORAL, 180 MG	J7518
NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	J8655
NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	J8655
ORAL BUSULFAN	J8510
PERPHENZINE, 4 MG ORAL, FDA APPROVED	Q0175
PERPHENZINE, 4 MG ORAL, FDA APPROVED	Q0175
PREDNISONE, IMMEDIATE RELEASE OR DELAYED REL	J7512
PREDNISONE, IMMEDIATE RELEASE OR DELAYED REL	J7512
PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED	Q0164
PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED	Q0164
PROMETHAZINE HYDROCHLORIDE 12.5 MG ORAL FDA APPROV	Q0169
PROMETHAZINE HYDROCHLORIDE 12.5 MG ORAL FDA APPROV	Q0169
RILONACEPT INJECTION	J2793
ROLAPITANT, ORAL, 1 MG	J8670
ROLAPITANT, ORAL, 1 MG	J8670
SIROLIMUS, ORAL"	J7520
TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL),	J7508
TEMOZOLMIDE, ORAL, 5 MG	J8700
TOBRAMYCIN INHALATION SOL	J7682

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TOPOTECAN, ORAL, 0.25 MG	J8705
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XYNTHA INJECTION	J7185
ZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER	Q0144
ZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER	Q0144