

Health Partners Plans & Jefferson Health Plans
Medical Oncology Code List

*****Please note: This list is constantly evolving as new drugs come to market and are approved by the FDA as well as with any HCPC code changes issued by CMS. Please contact Health Partners Plans, Jefferson Health Plans or EviCore, if the drug you are requesting is not contained on this list, to determine if prior authorization is needed*****

***** For Medicaid only: Drugs on this list may be non-preferred agents or require clinical prior authorization according to the Pennsylvania Statewide Preferred Drug List (PDL). The current list of non-preferred agents and prior authorization requirements, as well as applicable criteria, can be found here: *****

<https://www.papdl.com/content/dam/ffs-medicare/pa/pdl/penn-statewide-pdl-2025.pdf>

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
5-Fluorouracil- Injection	5FU, Adrucil	J9190	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ado-Trastuzumab Emtansine	Kadcyla	J9354	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Aldesleukin	Proleukin, Interleukin-2	J9015	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Amivantamab-vmjw	Rybrevant	J9061	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Aprepitant	Cinvanti	J0185	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y; This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Arsenic Trioxide	Trisenox	J9017	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Asparaginase erwinia chrysanthemi (recombinant)-rywn	Rylaze	J9021	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Atezolizumab	Tecentriq	J9022	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Atezolizumab and Hyaluronidase-tqjs	Tecentriq Hybreza	J9024	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New permanent HCPC Code: J9024 will replace NOC Code: C9399 & J9999
Avelumab	Bavencio	J9023	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Azacitidine	Vidaza	J9025	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
BCG	TheraCys, Tice	J9030	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Belinostat	Beleodaq	J9032	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bendamustine HCL	Treanda	J9033	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bendamustine HCL	Bendeka	J9034	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bendamustine HCL	Belrapzo	J9036	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bendamustine HCL (vivimusta)		J9056	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bevacizumab	Avastin	J9035	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bevacizumab (Radiation Necrosis)	Avastin	J9035	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avastin to treat Radiation Induced Necrosis of the CNS
Bevacizumab-adcd	Vegzelma	Q5129	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Vegzelma to treat Radiation Induced Necrosis of the CNS

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Bevacizumab-adcd	Vegzelma	Q5129	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-awwb	Mvasi	Q5107	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-awwb (Radiation Necrosis)	Mvasi	Q5107	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Mvasi to treat Radiation Induced Necrosis of the CNS
Bevacizumab-bvzr	Zirabev	Q5118	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Zirabev to treat Radiation Induced Necrosis of the CNS
Bevacizumab-bvzr	Zirabev	Q5118	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-maly	Alymsys	Q5126	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-maly (Radiation Necrosis)	Alymsys	Q5126	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Alymsys to treat Radiation Induced Necrosis of the CNS
Bevacizumab-tjnj	Avzivi	J3490	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-tjnj	Avzivi	J3490	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.
Bevacizumab-tjnj	Avzivi	J3590	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-tjnj	Avzivi	J3590	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.
Bevacizumab-tjnj	Avzivi	J9999	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-tjnj	Avzivi	J9999	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.
Bevacizumab-tjnj	Avzivi	C9399	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Bevacizumab-tjnj	Avzivi	C9399	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.
Bleomycin	Blenoxane	J9040	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Blinatumomab	Blinicyto	J9039	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bortezomib	Velcade	J9041	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bortezomib (boruzu)		J9054	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New manufacture code: J9054 for Bortezomib, effective: 04/01/25
Bortezomib (hospira)		J9049	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Bortezomib (maia)		J9051	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Brentuximab Vedotin	Adcetris	J9042	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Burosumab-twza	Crysvita	J0584	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Cabazitaxel	Jevtana	J9043	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cabazitaxel (sandoz)		J9064	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Calaspargase pegol-mknl	Asparlas	J9118	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Carboplatin	Paraplatin	J9045	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Carfilzomib	Kyprolis	J9047	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Carmustine	BICNU, BCNU	J9050	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Carmustine (accord)		J9052	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cemiplimab-rwlc	Libtayo	J9119	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cetuximab	Erbixux	J9055	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Cisplatin	Platinol	J9060	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cladribine	Leustatin	J9065	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Clofarabine	Clolar	J9027	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cosibelimab-ipdl	Unloxyt	J3490	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Cosibelimab-ipdl	Unloxyt	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Cosibelimab-ipdl	Unloxyt	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Cosibelimab-ipdl	Unloxyt	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Cyclophosphamide - inj (auromedic)		J9071	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cyclophosphamide - inj (baxter)		J9076	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cyclophosphamide - inj (dr. reddy's)		J9072	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cyclophosphamide - inj (ingenus)		J9073	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cyclophosphamide - inj (sandoz)		J9074	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cyclophosphamide Inj, not otherwise specified		J9075	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Cytarabine	Ara-C	J9100	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Dacarbazine	DTIC-Dome	J9130	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Dactinomycin	Cosmegen, Actinomycin	J9120	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Daratumumab	Darzalex	J9145	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Daratumumab and hyaluronidase-fihj	Darzalex Faspro	J9144	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Darbepoetin alfa	Aranesp	J0881	Medical Oncology - SPORT	Supportive	INJECTABLE	Y; This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Datopotamab deruxtecan-dlnk	Datroway	J3490	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 02/06/25
Datopotamab deruxtecan-dlnk	Datroway	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 02/06/25
Datopotamab deruxtecan-dlnk	Datroway	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 02/06/25
Datopotamab deruxtecan-dlnk	Datroway	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 02/06/25
Daunorubicin	Cerubidine	J9150	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Decitabine	Dacogen	J0894	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Decitabine (sun pharma)		J0893	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Degarelix	Firmagon	J9155	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y; This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Denileukin Diftitox-cxdl	Lymphir	J9161	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New permanent HCPC Code: J9161 will replace NOC Codes: C9399 & J9999
Denosumab	Xgeva, Prolia	J0897	Medical Oncology - SPORT	Supportive	INJECTABLE	Y; This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Denosumab	Xgeva, Prolia	J0897	Medical Oncology - CHEMO	Primary	INJECTABLE	Y; This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	Primary chemotherapy drug for the use of Xgeva to treat Giant Cell Tumor.
Denosumab-bbdz	Wyost, Jubbonti	Q5136	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Denosumab-bbdz	Wyost, Jubbonti	Q5136	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor.
Dinutuximab	Unituxin	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Dinutuximab	Unituxin	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Docetaxel	Taxotere	J9171	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Docetaxel (docivyx)		J9172	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Dostarlimab-gxly	Jemperli	J9272	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Doxorubicin HCL	Adriamycin	J9000	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Doxorubicin HCL (liposomal)	Doxil, Doxorubicin HCL (Liposomal) not otherwise specified	Q2050	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Durvalumab	Imfinzi	J9173	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Efbemalenograstim alfa-vuxw	Ryzneuta	J9361	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Eflapegrastim-xnst	Rolvedon	J1449	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Elotuzumab	Empliciti	J9176	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Elranatamab-bcmm	Elrexfio	J1323	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Enfortumab vedotin-ejfv	Padcev	J9177	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Epcoritamab-bysp	Epkinly	J9321	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Epirubicin	Ellence	J9178	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Epoetin alfa	Epogen, Procrit	J0885	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: Epogen is Preferred and Procrit is Non-Preferred, but both drugs require Prior Auth for Medicaid	Y	Y	
Epoetin alfa-epbx	Retacrit	Q5106	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Eribulin mesylate	Halaven	J9179	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Etoposide - inj	Toposar, VePesid, Etopophos	J9181	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Fam-trastuzumab deruxtecan-nxki	Enhertu	J9358	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Filgrastim	Neupogen	J1442	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Filgrastim-aafi	Nivestym	Q5110	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Filgrastim-ayow	Releuko	Q5125	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Filgrastim-sndz	Zarxio	Q5101	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Filgrastim-bxd	Nypozi	Q5148	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	New permanent HCPC Code will replace NOC Codes: C9173 & J3590, effective: 04/01/25
Floxuridine	FUDR	J9200	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Fludarabine Phosphate	Fludara, Oforta	J9185	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Fosaprepitant	Emend	J1453	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	N: Generic is a preferred drug for Medicaid and does not require prior authorization. Y: Brand is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Fosaprepitant (focinvez)		J1434	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Fosaprepitant (teva)		J1456	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	
Fosnetupitant/Palonosetron	Akynzeo	J1454	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Fulvestrant	Faslodex	J9395	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Fulvestrant (fresenius kabi)		J9394	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Gemcitabine	Gemzar	J9201	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Gemcitabine Hydrochloride (accord)		J9196	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Gemtuzumab Ozogamicin	Mylotarg	J9203	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Glofitamab-gxbm	Columvi	J9286	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Goserelin acetate implant	Zoladex	J9202	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y	Y	Y	
Granisetron - subcutaneous	Sustol	J1627	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Idarubicin HCL - inj	Idamycin	J9211	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ifosfamide	Ifex, Mitoxana	J9208	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Imetelstat	Rytelo	J0870	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Inotuzumab Ozogamicin	Besponsa	J9229	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ipilimumab	Yervoy	J9228	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Irinotecan	Camptosar	J9206	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Irinotecan Liposome	Onivyde	J9205	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Isatuximab-irfc	Sarclisa	J9227	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ixabepilone	Ixempria	J9207	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Lanreotide (Cipla) (J1932)		J1932	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Lanreotide (J1930)	Somatuline Depot	J1930	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Leucovorin - inj	Leucovorin Calcium	J0640	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Leuprolide Acetate (cipla)		J1954	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y	Y	Y	
Leuprolide Acetate (J1950: 3.75mg)	Eligard, Lupron Depot, Lupron, Leuprolide Acetate	J1950	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Leuprolide Acetate (J9217: 7.5mg)	Eligard, Lupron Depot, Lupron, Leuprolide Acetate	J9217	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Leuprolide Acetate (J9218: 1mg)	Lupron	J9218	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Leuprolide Mesylate	Camcevi	J1952	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Levoleucovorin	Fusilev	J0641	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Levoleucovorin	Khapzory	J0642	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Liposome-encapsulated combination of Daunorubicin and Cytarabine	Vyxeos	J9153	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Loncastuximab tesirine-lpyl	Zynlonta	J9359	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Lurbinectedin	Zepzelca	J9223	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Luspatercept-aamt	Reblozyl	J0896	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Margetuximab-cmkb	Margenza	J9353	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Melphalan (apotex)		J9249	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Melphalan (hepzato)		J9248	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Melphalan HCL - inj	Evomela	J9246	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Melphalan HCL - NOS inj	Alkeran	J9245	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Methotrexate (accord)		J9255	Medical Oncology - CHEMO	Primary	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	
Methotrexate Sodium, 50mg		J9260	Medical Oncology - CHEMO	Primary	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	
Mirvetuximab Soravtansine-gynx	Elahere	J9063	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Mitomycin	Mutamycin	J9280	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Mitomycin	Jelmyto	J9281	Medical Oncology - CHEMO	Primary	PYELOCALYCEAL	Y	Y	Y	Medicare Part B
Mitoxantrone HCL	Novantrone	J9293	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Mogamulizumab-kpkc	Poteligeo	J9204	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Mosunetuzumab-axgb	Lunsumio	J9350	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Nadofaragen Firadenovec-vncg	Adstiladrin	J9029	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y	
Naxitamab-ggqk	Danyelza	J9348	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Necitumumab	Portrazza	J9295	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Nelarabine	Arranon	J9261	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Nivolumab	Opdivo	J9299	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Nivolumab and Relatlimab-rmbw	Opdualag	J9298	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Nivolumab and Hyaluronidase-nvhy	Opdivo Qvantig	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Nivolumab and Hyaluronidase-nvhy	Opdivo Qvantig	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Nogapendekin alfa inbakcept-pmIn	Anktiva	J9028	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Obinutuzumab	Gazyva	J9301	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Octreotide, depot	Sandostatin LAR	J2353	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Octreotide, depot	Sandostatin LAR	J2353	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Octreotide, non-depot	Sandostatin	J2354	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Octreotide, non-depot	Sandostatin	J2354	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Ofatumumab	Arzerra	J9302	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Oxaliplatin	Eloxatin	J9263	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Paclitaxel	Nov-Onxol, Taxol	J9267	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Paclitaxel (albumin-bound)	Abraxane	J9264	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Palonosetron	Aloxi	J2469	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	
Pamidronate Disodium	Aredia	J2430	Medical Oncology - SPORT	Supportive	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	
Panitumumab	Vectibix	J9303	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pegaspargase	Oncaspar	J9266	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pegfilgrastim, excludes biosimilar, 0.5 mg	Neulasta	J2506	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-apgf	Nyvepria	Q5122	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-bmez	Ziextenzo	Q5120	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-cbqv	Udenryca	Q5111	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-fpgk	Stimufend	Q5127	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-jmdb	Fulphila	Q5108	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Pegfilgrastim-pbbk	Flynetra	Q5130	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Peginterferon, alfa-2a	Pegasys	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	N	N	
Peginterferon, alfa-2a	Pegasys	S0145	Medical Oncology - CHEMO	Primary	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	N	N	
Pembrolizumab	Keytruda	J9271	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed	Pemfexy	J9304	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed	Alimta, Pemetrexed not otherwise specified	J9305	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Pemetrexed	Ditromethamine	J9323	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (accord)		J9296	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (avyxa)		J9292	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (bluepoint)		J9322	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (hospira)		J9294	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (pemrydi rtu)		J9324	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (sandoz)		J9297	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pemetrexed (teva)		J9314	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pentostatin	Nipent	J9268	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pertuzumab	Perjeta	J9306	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pertuzumab / trastuzumab / hyaluronidase-zzxf	Phesgo	J9316	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Polatuzumab vedotin-piiq	Polivy	J9309	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Porfimer Sodium	Photofrin	J9600	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Pralatrexate	Folotyn	J9307	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ramucirumab	Cyramza	J9308	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Retifanlimab-dlwr	Zynyz	J9345	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Rituximab	Rituxan	J9312	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Rituximab and Hyaluronidase Human	Rituxan Hycela	J9311	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Rituximab-abbs	Truxima	Q5115	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Rituximab-arrx	Riabni	Q5123	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Rituximab-pvvr	Ruxience	Q5119	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Romidepsin (lyophilized)	Istodax	J9319	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Romidepsin (non-lyophilized)		J9318	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ropeginterferon alfa-2b-njft	Besremi	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Ropeginterferon alfa-2b-njft	Besremi	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Sacituzumab govitecan-hziy	Trodelyv	J9317	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Sargramostim	Leukine	J2820	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Siltuximab	Sylvant	J2860	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Sipuleucel-T	Provenge	Q2043	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y	
Sirolimus protein-bound particles for injectable suspension (albumin bound)	Fyarro	J9331	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Sodium Thiosulfate Injection	Pedmark	J0208	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Sodium Thiosulfate injection (hope)		J0209	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Streptozocin	Zanosar	J9320	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tafasitamab-cxix	Monjuvi	J9349	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tagraxofusp-erzs	Elzonris	J9269	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Talimogene Laherparepvec	Imlygic	J9325	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y	
Talquetamab-tgvs	Talvey	J3055	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tarlatamab-dlle	Imdelltra	J9026	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tbo-filgrastim	Granix	J1447	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tebentafusp-tebn	Kimmtrak	J9274	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Teclistamab-cqyv	Tecvayli	J9380	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Temozolomide - inj	Temodar	J9328	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Temsirolimus	Torisel	J9330	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Thiotepa	Tepylute	J3490	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Thiotepa	Tepylute	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Thiotepa	Thioplex	J9340	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Thiotepa	Tepylute	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Thiotepa	Tepylute	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tislelizumab-jsgr	Tevimbra	J9329	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tisotumab vedotin-fftv	Tivdak	J9273	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Tocilizumab	Actemra	J3262	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tocilizumab	Actemra	J3262	Medical Oncology - CHEMO	Primary	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tocilizumab-aazg	Tyenne	Q5135	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tocilizumab-aazg	Tyenne	Q5135	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tocilizumab-bavi	Tofidence	Q5133	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Tocilizumab-bavi	Tofidence	Q5133	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Topotecan - inj	Hycamtin	J9351	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Toripalimab-tpzi	Loqtorzi	J3263	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Trabectedin	Yondelis	J9352	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Trastuzumab	Herceptin	J9355	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Trastuzumab and hyaluronidase-oyks	Herceptin Hylecta	J9356	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Trastuzumab-anns	Kanjinti	Q5117	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Trastuzumab-dkst	Ogivri	Q5114	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Trastuzumab-dttb	Ontruzant	Q5112	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	

Effective Date: 04/01/25

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	HPP (Health Partners Plans) - Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments
Trastuzumab-pkrb	Herzuma	Q5113	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Trastuzumab-qyyp	Trazimera	Q5116	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Trastuzumab-strf	Hercessi	Q5146	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	
Tremelimumab-actl	Imjudo	J9347	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Trilaciclib	Cosela	J1448	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	
Triptorelin Pamoate	Trelstar	J3315	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	
Valrubicin	Valstar	J9357	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Vinblastine Sulfate	Velban	J9360	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Vincristine Sulfate	Oncovin, Vincasar PFS	J9370	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Vinorelbine Tartrate	Navelbine	J9390	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Zanidatamab-hrii	Zihera	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Zanidatamab-hrii	Zihera	C9302	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	NOC Code: C9302 will replaced NOC Code: C9399, effective: 04/01/25
Zenocutuzumab-zboo	Bizengri	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Zenocutuzumab-zboo	Bizengri	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New primary chemotherapy drug, effective: 01/08/25
Ziv-Aflibercept	Zaltrap	J9400	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Zolbetuximab-clzb	Vyloy	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	
Zolbetuximab-clzb	Vyloy	C9303	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	NOC Code: C9303 will replaced NOC Code: C9399, effective: 04/01/25
Zoledronic Acid	Zoledronic Acid	J3489	Medical Oncology - SPORT	Supportive	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y	