



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, review and consider the Jefferson Health Plans policy bulletins located on the Health Partners Plans/Jefferson Health Plans Provider webpage Provider Policy Bulletins Library.

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Code	Description	Reviewer
J0174	Injection, lecanemab-irmb, 1 mg (LEQEMBI)	PreCert Dept
J0175	Injection, donanemab-azbt, 2 mg (KISUNLA)	PreCert Dept
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (XIAFLEX)	PreCert Dept
J0791	Injection, crizanlizumab-tmca, 5 mg (ADAKVEO)	PreCert Dept
J1299	Injection, eculizumab, 2 mg (SOLIRIS)	PreCert Dept
J1303	Injection, ravulizumab-cwz, 10 mg (ULTOMIRIS)	PreCert Dept
J1427	Injection, viltolarsen, 10 mg (VILTEPSO)	PreCert Dept
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg (IVIG)	PreCert Dept

Code	Description	Reviewer
J1554	Injection, immune globulin (Asceniv), 500 mg	PreCert Dept
J1556	Injection, immune globulin (Bivigam), 500 mg	PreCert Dept
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	PreCert Dept
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	PreCert Dept
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	PreCert Dept
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	PreCert Dept
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	PreCert Dept
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	PreCert Dept
J1747	Injection, spesolimab-sbzo, 1 mg (SPEVIGO)	PreCert Dept
J2267	Injection, mirikizumab-mrkz, 1 mg (OMVOH)	PreCert Dept
J2326	Injection, nusinersen, 0.1 mg (SPINRAZA)	PreCert Dept
J2350	Injection, ocrelizumab, 1 mg (OCREVUS)	PreCert Dept
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg (SANDOSTATIN LAR)	PreCert Dept

Code	Description	Reviewer
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg (SANDOSTATIN)	PreCert Dept
J3241	Injection, tepochtumab-trbw, 10 mg (TEPEZZA)	PreCert Dept
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes (ZOLGENSMA)	PreCert Dept
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose (ADSTILADRIN)	PreCert Dept
J9332	Injection, Efgartigimod alfa-fcab, 2mg (VYVGART)	PreCert Dept
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (VYVGART)	PreCert Dept
Q5151	Injection, eculizumab-aagh (Epsilonli), biosimilar, 2 mg	PreCert Dept
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	PreCert Dept