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

Drug Name	Code	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
Efgartigimod alfa-fcab, 2mg and hyaluronidase-qvfc	J9332	Injection, Efgartigimod 2 mg
SPINRAZA® (Nusenserin)	J9334	Injection, Efgartigimod 2 mg and hyaluronidase-qvfc
Intravenous Immune Globulin (IVIG)	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Intravenous Immune Globulin (IVIG)	J1554	Injection, immune globulin (Asceniv), 500 mg
Intravenous Immune Globulin (IVIG)	J1556	Injection, immune globulin (Bivigam), 500 mg
Intravenous Immune Globulin (IVIG)	J1557	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
Intravenous Immune Globulin (IVIG)	J1561	Injection, immune globulin, (Gamunex- C/Gammaked), non-lyophilized (e.g., liquid), 500 mg

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Intravenous Immune Globulin (IVIG)	J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
Intravenous Immune Globulin (IVIG)	J1569	Injection, immune globulin, (Gammagard liquid), intravenous, non-lyophilized, (e.g., liquid), 500 mg
Intravenous Immune Globulin (IVIG)	1572	Injection, immune globulin
Intravenous Immune Globulin (IVIG)	J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Intravenous Immune Globulin (IVIG)	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
Intravenous Immune Globulin (IVIG)	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