

### 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   | Codes | Description   |
|---|-------|---|
| Adakveo <sup>®</sup> (Crizanlizumab-tcma)               | J0791 | Injection, crizanlizumab-tmca, 5 mg   |
| Aduhelm <sup>™</sup> (aducanumab-avwa)                  | J0172 | Injection, aducanumab-avwa, 2 mg  |
| Eculizumab (Soliris <sup>®</sup> )                      | J1300 | Injection, Eculizumab, 10 mg  |
| Etranacogene dezaparvovec-drlb (Hemgenix <sup>®</sup> ) | J1411 | Etranacogene dezaparvovec-drlb (Hemgenix <sup>®</sup> )   |
| SPINRAZA <sup>®</sup> (Nusenserin)                      | J2326 | Injection, Nusinersen 0.1. mg   |
| 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

| <b>Pharmacy</b>   |       |
|---|-------|
| 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 |
| TOPOTECAN, ORAL, 0.25 MG                     | J8705 |
| XYNTHA INJECTION                             | J7185 |
| ZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER | Q0144 |
| ZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER | Q0144 |