

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 [®] (Crizanlizumab-tcma)	J0791	Injection, crizanlizumab-tmca, 5 mg
Aduhelm [™] (aducanumab-avwa	J0172	Injection, aducanumab-avwa, 2 mg
Eculizumab (Soliris [®])	J1300	Injection, Eculizumab, 10 mg
SPINRAZA [®] (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 use this link to review the [Formularies | Health Partners Plans](#)