



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.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/pharmacy-services/Statewide-Preferred-Drug-List-PDL.pdf>

Effective Date: 01/01/25

| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|--|--------------------------|----------|--------------------------|-------------------------|--------------------------|--|----------------------------|---------------------------------|--|------|
| J9190 | 5-Fluorouracil- Injection | 5FU, Adrucil | J9190 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 20 |
| J9354 | Ado-Trastuzumab Emtansine | Kadcyla | J9354 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 600 |
| J9015 | Aldesleukin | Proleukin, Interleukin-2 | J9015 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1 |
| J9061 | Amivantamab-vmjw | Rybrevant | J9061 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1050 |
| J0185 | Aprepitant | Cinvanti | J0185 | Medical Oncology - SPORT | Supportive - Antiemetic | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 130 |
| J9017 | Arsenic Trioxide | Trisenox | J9017 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 30 |
| J9021 | Asparaginase erwinia chrysanthemi (recombinant)-rywn | Rylaze | J9021 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9022 | Atezolizumab | Tecentriq | J9022 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 168 |
| C9399 | Atezolizumab and Hyaluronidase-tqjs | Tecentriq Hybreza | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 10/04/24 | #N/A |
| J3590 | Atezolizumab and Hyaluronidase-tqjs | Tecentriq Hybreza | J3590 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 10/04/24 | #N/A |
| J9999 | Atezolizumab and Hyaluronidase-tqjs | Tecentriq Hybreza | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 10/04/24 | #N/A |
| J3490 | Atezolizumab and Hyaluronidase-tqjs | Tecentriq Hybreza | J3490 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 10/04/24 | #N/A |
| J9023 | Avelumab | Bavencio | J9023 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 140 |
| J9025 | Azacitidine | Vidaza | J9025 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9030 | BCG | TheraCys, Tice | J9030 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 50 |
| J9032 | Belinostat | Beleodaq | J9032 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9036 | Bendamustine HCL | Belrapzo | J9036 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 360 |
| J9034 | Bendamustine HCL | Bendeka | J9034 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 360 |
| J9033 | Bendamustine HCL | Treanda | J9033 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9056 | Bendamustine HCL (vivimusta) | | J9056 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 360 |

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| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|---------------------------------------|------------------|----------|--------------------------|----------------------|--------------------------|--|----------------------------|---------------------------------|---|------|
| J9035 | Bevacizumab | Avastin | J9035 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 230 |
| J9035 | 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 | 230 |
| Q5129 | Bevacizumab-ardcd | Vegzelma | Q5129 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Vegzelma to treat Radiation Induced Necrosis of the CNS | 230 |
| Q5129 | Bevacizumab-ardcd | Vegzelma | Q5129 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 230 |
| Q5107 | Bevacizumab-awwb | Mvasi | Q5107 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 230 |
| Q5107 | 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 | 230 |
| Q5118 | Bevacizumab-bvzr | Zirabev | Q5118 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Zirabev to treat Radiation Induced Necrosis of the CNS | 230 |
| Q5118 | Bevacizumab-bvzr | Zirabev | Q5118 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 230 |
| Q5126 | Bevacizumab-maly | Alymsys | Q5126 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 230 |
| Q5126 | 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 | 230 |
| J3590 | Bevacizumab-trjn | Avzivi | J3590 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | #N/A |
| J3590 | Bevacizumab-trjn | Avzivi | J3590 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS. | #N/A |
| J9999 | Bevacizumab-trjn | Avzivi | J9999 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | #N/A |
| J9999 | Bevacizumab-trjn | Avzivi | J9999 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS. | #N/A |
| J3490 | Bevacizumab-trjn | Avzivi | J3490 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | #N/A |
| J3490 | Bevacizumab-trjn | Avzivi | J3490 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS. | #N/A |
| C9399 | Bevacizumab-trjn | Avzivi | C9399 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | #N/A |
| C9399 | Bevacizumab-trjn | Avzivi | C9399 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS. | #N/A |
| J9040 | Bleomycin | Blenoxane | J9040 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 4 |
| J9039 | Blinatumomab | Blincyto | J9039 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 210 |
| J9041 | Bortezomib | Velcade | J9041 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 35 |
| J9049 | Bortezomib (hospira) | | J9049 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 35 |
| J9051 | Bortezomib (maia) | | J9051 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 35 |
| J9042 | Brentuximab Vedotin | Adcetris | J9042 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 200 |
| J0584 | Burosumab-twza | Crysvita | J0584 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 90 |
| J9043 | Cabazitaxel | Jevtana | J9043 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| J9064 | Cabazitaxel (sandoz) | | J9064 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| J9118 | Calaspargase pegol-mknl | Asparlas | J9118 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 750 |
| J9045 | Carboplatin | Paraplatin | J9045 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 22 |
| J9047 | Carfilzomib | Kyprolis | J9047 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 210 |
| J9050 | Carmustine | BICNU, BCNU | J9050 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 6 |
| J9052 | Carmustine (accord) | | J9052 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 6 |

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|---------|---|--|----------|--------------------------|----------------------|--------------------------|--|----------------------------|---------------------------------|--|------|
| J9119 | Cemiplimab-rwlc | Libtayo | J9119 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 350 |
| J9055 | Cetuximab | Erbixux | J9055 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9060 | Cisplatin | Platinol | J9060 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 24 |
| J9065 | Cladribine | Leustatin | J9065 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J9027 | Clofarabine | Clolar | J9027 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J9071 | Cyclophosphamide - inj (auromedic) | | J9071 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9076 | Cyclophosphamide - inj (baxter) | | J9076 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y: 01/01/25 | Y: 01/01/25 | Y: 01/01/25 | New manufacture code for cyclophosphamide effective: 01/01/25 | #N/A |
| J9072 | Cyclophosphamide - inj (dr. reddy's) | | J9072 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9073 | Cyclophosphamide - inj (ingenus) | | J9073 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9074 | Cyclophosphamide - inj (sandoz) | | J9074 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9075 | Cyclophosphamide Inj, not otherwise specified | | J9075 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1500 |
| J9100 | Cytarabine | Ara-C | J9100 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |
| J9130 | Dacarbazine | DTIC-Dome | J9130 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 24 |
| J9120 | Dactinomycin | Cosmegen, Actinomycin | J9120 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 5 |
| J9145 | Daratumumab | Darzalex | J9145 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 240 |
| J9144 | Daratumumab and hyaluronidase-Infj | Darzalex Faspro | J9144 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 180 |
| J0881 | Darbepoetin alfa | Aranesp | J0881 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 500 |
| J9150 | Daunorubicin | Cerubidine | J9150 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 12 |
| J0894 | Decitabine | Dacogen | J0894 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J0893 | Decitabine (sun pharma) | | J0893 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9155 | Degarelix | Firmagon | J9155 | Medical Oncology - CHEMO | Primary - LHRH | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 240 |
| J9999 | Denileukin Dfittox-cxdl | Lymphir | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| C9399 | Denileukin Dfittox-cxdl | Lymphir | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J0897 | Denosumab | Xgeva, Prolia | J0897 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 120 |
| J0897 | 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. | 120 |
| Q5136 | Denosumab-bbdz | Wyost, Jubbonti | Q5136 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | #N/A |
| Q5136 | 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. | #N/A |
| C9399 | Dinutuximab | Unituxin | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9999 | Dinutuximab | Unituxin | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9171 | Docetaxel | Taxotere | J9171 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9172 | Docetaxel (docivyx) | | J9172 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9272 | Dostarlimab-gly | Jemperli | J9272 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J9000 | Doxorubicin HCL | Adriamycin | J9000 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 20 |
| Q2050 | Doxorubicin HCL (liposomal) | Doxil, Doxorubicin HCL (Liposomal) not otherwise specified | Q2050 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 14 |
| J9173 | Durvalumab | Imfinzi | J9173 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |

Effective Date: 01/01/25

| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|------------------------------------|-----------------------------|----------|--------------------------|-------------------------|--------------------------|--|----------------------------|---------------------------------|---------------|------|
| J9361 | Erbemalenograstim alfa-vuxw | Ryzneuta | J9361 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 40 |
| J1449 | Erlapegrastim-xrst | Rolvedon | J1449 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 132 |
| J9176 | Elotuzumab | Empliciti | J9176 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 3000 |
| J1323 | Eltaninab-bomm | Elrexfio | J1323 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 76 |
| J9177 | Enfortumab vedotin-ejfv | Padcev | J9177 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 520 |
| J9321 | Epcoritamab-bysp | Epkinly | J9321 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9178 | Epirubicin | Ellence | J9178 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J0885 | 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 | | 60 |
| Q5106 | Epoetin alfa-epbx | Retacrit | Q5106 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 60 |
| J9179 | Eribulin mesylate | Halaven | J9179 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 50 |
| J9181 | Etoposide - inj | Toposar, VePesid, Etopophos | J9181 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J9358 | Fam-trastuzumab deruxtecan-nxki | Enhertu | J9358 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 900 |
| J1442 | Filgrastim | Neupogen | J1442 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 1500 |
| Q5110 | Filgrastim-aafi | Nivestym | Q5110 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 1500 |
| Q5125 | Filgrastim-ayow | Releuko | Q5125 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 1800 |
| Q5101 | Filgrastim-sndz | Zarxio | Q5101 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 1500 |
| J9200 | Floxuridine | FUDR | J9200 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 5 |
| J9185 | Fludarabine Phosphate | Fludara, Oforta | J9185 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 2 |
| J1453 | 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 | | 150 |
| J1434 | Fosaprepitant (focirvez) | | J1434 | Medical Oncology - SPORT | Supportive - Antiemetic | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 150 |
| J1456 | Fosaprepitant (leva) | | J1456 | Medical Oncology - SPORT | Supportive - Antiemetic | INJECTABLE | N: This is a preferred drug for Medicaid and does not require prior authorization. | Y | Y | | 150 |
| J1454 | 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 | | 1 |
| J9395 | Fulvestrant | Faslodex | J9395 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 20 |
| J9394 | Fulvestrant (fresenius kabi) | | J9394 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 20 |
| J9201 | Gemcitabine | Gemzar | J9201 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 20 |
| J9196 | Gemcitabine Hydrochloride (accord) | | J9196 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 19 |
| J9203 | Gemtuzumab Ozogamicin | Mylotarg | J9203 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 180 |
| J9286 | Glofitamab-gxhm | Columvi | J9286 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 12 |

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|---------|--|---|----------|--------------------------|-------------------------|--------------------------|--|----------------------------|---------------------------------|--|------|
| J9202 | Goserelin acetate implant | Zoladex | J9202 | Medical Oncology - CHEMO | Primary - LHRH | INJECTABLE | Y | Y | Y | | 3 |
| J1627 | 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 | | 100 |
| J9211 | Idarubicin HCL - inj | Idamycin | J9211 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 6 |
| J9208 | Ifosfamide | Ifex, Mitoxana | J9208 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 15 |
| J0870 | Imetelstat | Rytelo | J0870 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y: 01/01/25 | Y: 01/01/25 | Y: 01/01/25 | Permanent HCPC Code: J0870 will replace NOC Codes: C9399 & J3490 for Rytelo, effective: 01/01/25 | #N/A |
| J9229 | Inotuzumab Ozogamicin | Besponsa | J9229 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 27 |
| J9228 | Iplimumab | Yervoy | J9228 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1100 |
| J9206 | Irinotecan | Camptosar | J9206 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 42 |
| J9205 | Irinotecan Liposome | Onivyde | J9205 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 215 |
| J9227 | Isatuximab-irfc | Sarclisa | J9227 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9207 | Ixabepilone | Ixempra | J9207 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 90 |
| J1932 | Lanreotide (Cipla) (J1932) | | J1932 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |
| J1930 | Lanreotide (J1930) | Somatuline Depot | J1930 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |
| J0640 | Leucovorin - inj | Leucovorin Calcium | J0640 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 24 |
| J1954 | Leuprolide Acetate (cipla) | | J1954 | Medical Oncology - CHEMO | Primary - LHRH | INJECTABLE | Y | Y | Y | | 3 |
| J1950 | 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 | | 12 |
| J9217 | 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 | | 6 |
| J9218 | 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 | | 1 |
| J1952 | 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 | | 42 |
| J0641 | Levoleucovorin | Fusilev | J0641 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1200 |
| J0642 | Levoleucovorin | Khapzory | J0642 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1200 |
| J9153 | Liposome-encapsulated combination of Daunorubicin and Cytarabine | Vyxos | J9153 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 132 |
| J9359 | Loncastuximab tesirine-lyl | Zynlonta | J9359 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 400 |
| J9223 | Lurbinectedin | Zepzelca | J9223 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |
| J0896 | Luspatercept-aamt | Reblozyl | J0896 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1100 |
| J9353 | Margetuximab-cmkb | Margenza | J9353 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 450 |
| J9249 | Melphalan (apotex) | | J9249 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 48 |
| J9248 | Melphalan (hepzo) | | J9248 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 250 |
| J9246 | Melphalan HCL - inj | Evomela | J9246 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J9245 | Melphalan HCL - NOS inj | Alkeran | J9245 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 9 |
| J9255 | Methotrexate (accord) | | J9255 | Medical Oncology - CHEMO | Primary | INJECTABLE | N: This is a preferred drug for Medicaid and does not require prior authorization. | Y | Y | | #N/A |
| J9260 | 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 | | 400 |

Effective Date: 01/01/25

| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|---|------------------|----------|--------------------------|-------------------------|--------------------------|--|--------------------------------|---------------------------------|--|------|
| J9063 | Mirvetuximab Soravtansine-gynx | Elahere | J9063 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 900 |
| J9281 | Mitomycin | Jelmyto | J9281 | Medical Oncology - CHEMO | Primary | PYELOCALYCEAL | Y | Y | Y | Medicare Part B | 80 |
| J9280 | Mitomycin | Mutamycin | J9280 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 12 |
| J9293 | Mitoxantrone HCL | Novantrone | J9293 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 8 |
| J9204 | Mogamulizumab-kpkc | Poteligeo | J9204 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 160 |
| J9350 | Mosunetuzumab-axgb | Lunsumio | J9350 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| J9029 | Nadofaragen Firdenovec-vncg | Adstiladrin | J9029 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y: Not covered for ACA members | Y | | 1 |
| J9348 | Naxitamab-gqgk | Danyelza | J9348 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 160 |
| J9295 | Necitumumab | Portrazza | J9295 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 800 |
| J9261 | Nelarabine | Arranon | J9261 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 80 |
| J9299 | Nivolumab | Opdivo | J9299 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 480 |
| J9298 | Nivolumab and Relatimab-rmbw | Opdualag | J9298 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 160 |
| J9028 | Nogapendekin alfa inbakicept-pmhn | Ankiva | J9028 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y: 01/01/25 | Y: 01/01/25 | Y: 01/01/25 | Permanent HCPC Code: J9028 will replace NOC Codes: C9196 & J9999 for Ankiva, effective: 01/01/25 | #N/A |
| J9301 | Obinutuzumab | Gazyva | J9301 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J2353 | Octreotide, depot | Sandostatin LAR | J2353 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| J2353 | Octreotide, depot | Sandostatin LAR | J2353 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 60 |
| J2354 | Octreotide, non-depot | Sandostatin | J2354 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| J2354 | Octreotide, non-depot | Sandostatin | J2354 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 60 |
| J9302 | Ofatumumab | Arzerra | J9302 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 200 |
| J9263 | Oxaliplatin | Eloxatin | J9263 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 700 |
| J9267 | Paclitaxel | Nov-Onxol, Taxol | J9267 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 750 |
| J9264 | Paclitaxel (albumin-bound) | Abraxane | J9264 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 800 |
| J2469 | 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 | | 60 |
| J2430 | 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 | | 3 |
| J9303 | Panitumumab | Vectbix | J9303 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 90 |
| J9266 | Pegaspargase | Oncaspar | J9266 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 2 |
| J2506 | Pegflgrastim, 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 | | 12 |
| Q5122 | Pegflgrastim-aggf | Nyvepria | Q5122 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |
| Q5120 | Pegflgrastim-bmez | Zlexterzo | Q5120 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |
| Q5111 | Pegflgrastim-cbqv | Udenyca | Q5111 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |
| Q5127 | Pegflgrastim-fpgk | Stimufend | Q5127 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |

Effective Date: 01/01/25

| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|---|--|----------|--------------------------|----------------------|--------------------------|--|----------------------------|---------------------------------|---|------|
| Q5108 | Pegfilgrastim-jmdb | Fulphila | Q5108 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |
| Q5130 | Pegfilgrastim-pbbk | Flynetra | Q5130 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 12 |
| S0145 | 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 | | #N/A |
| J3590 | 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 | | #N/A |
| J9271 | Pembrolizumab | Keytruda | J9271 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 400 |
| J9323 | Pemetrexed | Diltromethamine | J9323 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9305 | Pemetrexed | Alimta, Pemetrexed not otherwise specified | J9305 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9304 | Pemetrexed | Pemfexy | J9304 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9296 | Pemetrexed (accord) | | J9296 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9292 | Pemetrexed (avyxa) | | J9292 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y: 01/01/25 | Y: 01/01/25 | Y: 01/01/25 | New manufacture code: J9292 for Pemetrexed, effective: 01/01/25 | #N/A |
| J9322 | Pemetrexed (bluepoint) | | J9322 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9294 | Pemetrexed (hospira) | | J9294 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9324 | Pemetrexed (pemydi rtu) | | J9324 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9297 | Pemetrexed (sandoz) | | J9297 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9314 | Pemetrexed (teva) | | J9314 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9268 | Pentostatin | Nipent | J9268 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 1 |
| J9306 | Pertuzumab | Perjeta | J9306 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 840 |
| J9316 | Pertuzumab / trastuzumab / hyaluronidase-zzxf | Phesgo | J9316 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 180 |
| J9309 | Polatuzumab vedotin-pliq | Polivy | J9309 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 280 |
| J9600 | Porfimer Sodium | Photofrin | J9600 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 4 |
| J9307 | Pralatrexate | Folotyln | J9307 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 80 |
| J9308 | Ramucirumab | Cyramza | J9308 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 280 |
| J9345 | Retifanlimab-dlwr | Zynyz | J9345 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 500 |
| J9312 | Rituximab | Rituxan | J9312 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 150 |
| J9311 | Rituximab and Hyaluronidase Human | Rituxan Hycela | J9311 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 160 |
| Q5115 | Rituximab-abbs | Truxima | Q5115 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 150 |
| Q5123 | Rituximab-arrx | Riabni | Q5123 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 150 |
| Q5119 | Rituximab-pvvr | Ruxience | Q5119 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 150 |
| J9319 | Romidepsin (lyophilized) | Istodax | J9319 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 500 |
| J9318 | Romidepsin (non-lyophilized) | | J9318 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 475 |
| C9399 | Ropeginterferon alfa-2b-rtft | Besremi | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9999 | Ropeginterferon alfa-2b-rtft | Besremi | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9317 | Sacituzumab govitecan-hziy | Trodelvy | J9317 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 648 |
| J2820 | Sargramostim | Leukine | J2820 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 15 |
| J2860 | Siltuximab | Sylvant | J2860 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 170 |

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| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|---|------------------|----------|--------------------------|----------------------|--------------------------|--|--------------------------------|---------------------------------|---|------|
| Q2043 | Sipuleucel-T | Provenge | Q2043 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y: Not covered for ACA members | Y | | 1 |
| J9331 | Sirolimus protein-bound particles for injectable suspension (albumin bound) | Fyarro | J9331 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J0208 | Sodium Thiosulfate Injection | Pedmark | J0208 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 500 |
| J0209 | Sodium Thiosulfate injection (hope) | | J0209 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 250 |
| J9320 | Streptozocin | Zanosar | J9320 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 4 |
| J9349 | Tafasitamab-cxix | Monjuvi | J9349 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 900 |
| J9269 | Tagraxofusp-erzs | Elzonris | J9269 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 200 |
| J9325 | Talimogene Laherparepvec | Imlygic | J9325 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y: Not covered for ACA members | Y | | 400 |
| J3055 | Talquetamab-tgvs | Talvey | J3055 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 480 |
| J9026 | Tarlatamab-dlle | Imdelltra | J9026 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y:01/01/25 | Y:01/01/25 | Y:01/01/25 | Permanent HCPC Code: J9026 will replace NOC Codes: C9170 and J9999 for Imdelltra, effective: 01/01/25 | #N/A |
| J1447 | Tbo-filagrastim | Granix | J1447 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | 960 |
| J9274 | Tebentafusp-tebn | Kimtrak | J9274 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 100 |
| J9380 | Teclistamab-cqyv | Tecvayfi | J9380 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 612 |
| J9328 | Temozolomide - inj | Temodar | J9328 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 400 |
| J9330 | Temsirolimus | Torisel | J9330 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 50 |
| C9399 | Thiotepa | Tepylute | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J3490 | Thiotepa | Tepylute | J3490 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J3590 | Thiotepa | Tepylute | J3590 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9340 | Thiotepa | Thioplex | J9340 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 30 |
| J9999 | Thiotepa | Tepylute | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9329 | Tislelizumab-jsgr | Tevimbra | J9329 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | #N/A |
| J9273 | Tisotumab vedotin-htfv | Tivdak | J9273 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 200 |
| J3262 | Tocilizumab | Actemra | J3262 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | Supportive pathway for the use of Actemra for CAR-T induced CRS | 800 |
| J3262 | Tocilizumab | Actemra | J3262 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 800 |
| Q5135 | Tocilizumab-aazg | Tyenne | Q5135 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | | #N/A |
| Q5135 | Tocilizumab-aazg | Tyenne | Q5135 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a preferred drug for Medicaid and requires prior authorization. | Y | Y | Supportive pathway for the use of Actemra for CAR-T induced CRS | #N/A |
| Q5133 | 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 | | 1200 |
| Q5133 | Tocilizumab-bavi | Tofidence | Q5133 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | Supportive pathway for the use of Actemra for CAR-T induced CRS | 1200 |
| J9351 | Topotecan - inj | Hycamtin | J9351 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |
| J3263 | Toripalimab-tpzi | Loqtorzi | J3263 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 480 |
| J9352 | Trabectedin | Yondelis | J9352 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 40 |
| J9355 | Trastuzumab | Herceptin | J9355 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 120 |

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| Primary | Description | Alt Descriptions | Primary2 | Program | Drug Class | Administration Technique | HPP (Health Partners Plans) - Medicaid | Jefferson Health Plans ACA | Jefferson Health Plans Medicare | Drug Comments | MUE |
|---------|------------------------------------|-----------------------|----------|--------------------------|----------------------|--------------------------|--|----------------------------|---------------------------------|--|------|
| J9356 | Trastuzumab and hyaluronidase-oyyk | Herceptin Hylecta | J9356 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 60 |
| Q5117 | Trastuzumab-anns | Kanjinti | Q5117 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 120 |
| Q5114 | Trastuzumab-dkst | Ogivri | Q5114 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 120 |
| Q5112 | Trastuzumab-dttb | Ontruzant | Q5112 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 120 |
| Q5113 | Trastuzumab-pkrb | Herzuma | Q5113 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 120 |
| Q5116 | Trastuzumab-qyyp | Trazimera | Q5116 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y | Y | Y | | 120 |
| Q5146 | Trastuzumab-strf | Hercessi | Q5146 | Medical Oncology - CHEMO | Primary - Biosimilar | INJECTABLE | Y: 01/01/25 | Y: 01/01/25 | Y: 01/01/25 | New permanent HCPC Code Q5146 will replace NOC Codes: C9399 & J9999, effective: 01/01/25 | #N/A |
| J9347 | Tremelimumab-actl | Imjudo | J9347 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 300 |
| J1448 | Trilaciclib | Cosela | J1448 | Medical Oncology - SPORT | Supportive | INJECTABLE | Y | Y | Y | | 900 |
| J3315 | Triptorelin Pamoate | Treistar | J3315 | Medical Oncology - CHEMO | Primary - LHRH | INJECTABLE | Y: This is a non-preferred drug for Medicaid and requires prior authorization. | Y | Y | | 6 |
| J9357 | Valrubicin | Valstar | J9357 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 4 |
| J9360 | Vinblastine Sulfate | Velban | J9360 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 40 |
| J9370 | Vincristine Sulfate | Oncovin, Vincasar PFS | J9370 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 4 |
| J9390 | Vinorelbine Tartrate | Navelbine | J9390 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 36 |
| C9399 | Zanidatamab-hrii | Zilihera | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 12/10/24 | #N/A |
| J3490 | Zanidatamab-hrii | Zilihera | J3490 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 12/10/24 | #N/A |
| J9999 | Zanidatamab-hrii | Zilihera | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 12/10/24 | #N/A |
| J3590 | Zanidatamab-hrii | Zilihera | J3590 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug, effective: 12/10/24 | #N/A |
| J9400 | Ziv-Aflibercept | Zaltrap | J9400 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | | 500 |
| C9399 | Zolbetuximab-clzb | Vyloy | C9399 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug effective: 11/05/24 | #N/A |
| J9999 | Zolbetuximab-clzb | Vyloy | J9999 | Medical Oncology - CHEMO | Primary | INJECTABLE | Y | Y | Y | New primary chemotherapy drug effective: 11/05/24 | #N/A |
| J3489 | 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 | | 5 |