



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.papdl.com/content/dam/ffs-medicaid/pa/pdl/penn-statewide-pdl-012026-v6.pdf>

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
5-Fluorouracil- Injection	5FU, Adrucil	J9190	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		20
5-Fluorouracil- Injection	5FU, Favlyxa	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New 505b2 drug for 5FU, Adrucil, effective: 07/01/26	20
Ado-Trastuzumab Emtansine	Kadcyla	J9354	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		600
Afamitresgene autoleucel	Tecelra	Q2057	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	1
Aldesleukin	Proleukin, Interleukin-2	J9015	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1
Amivantamab and hyaluronidase-lpuj	Rybrevant Faspro	J9062	Medical Oncology - CHEMO	Primary	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New subcutaneous primary chemotherapy for Rybrevant, effective: 7/1/26 New permanent code: J9062 will replace NOC Codes: C9399 and J9999, effective: 07/01/26	1
Amivantamab-vmjw	Rybrevant	J9061	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1050
Anakinra	Kineret	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
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
Aprepitant (aponvie)	Aponvie	J8502	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y	Y	Y		4
Arsenic Trioxide	Trisenox	J9017	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		30
Asparaginase erwinia chrysanthemi (recombinant)-rywn	Rylaze	J9021	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Atezolizumab	Tecentriq	J9022	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		168
Atezolizumab and Hyaluronidase-tqjs	Tecentriq Hybreza	J9024	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		375
Avelumab	Bavencio	J9023	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		140
Axicabtagene ciloleucel	Yescarta	Q2041	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	14
Azacitidine	Vidaza	J9025	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
BCG	TheraCys, Tice	J9030	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		50
Belantamab mafodotin-blmf	Blenrep	J9053	Medical Oncology - CHEMO	Primary	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New permanent HCPC Code: J9053 will replace NOC Codes: C9399 and J9999, effective: 07/01/26	2

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Belinostat	Beleodaq	J9032	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Bendamustine (Vivimusta)	Vivimusta	J9056	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		360
Bendamustine HCL	Belrapzo	J9036	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		360
Bendamustine HCL	Bendeka	J9034	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		360
Bendamustine HCL	Treanda	J9033	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Bevacizumab	Avastin	J9035	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		230
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
Bevacizumab-adcd	Vegzelma	Q5129	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		230
Bevacizumab-adcd	Vegzelma	Q5129	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Vegzelma to treat Radiation Induced Necrosis of the CNS	230
Bevacizumab-awwb	Mvasi	Q5107	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		230
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
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
Bevacizumab-bvzr	Zirabev	Q5118	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		230
Bevacizumab-maly	Alymsys	Q5126	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		230
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
Bevacizumab-nwgd	Jobevne	Q5160	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Bevacizumab-nwgd	Jobevne	Q5160	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Alymsys to treat Radiation Induced Necrosis of the CNS	#N/A
Bevacizumab-tnjn	Avzivi	C9399	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Bevacizumab-tnjn	Avzivi	C9399	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.	#N/A
Bevacizumab-tnjn	Avzivi	J9999	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Bevacizumab-tnjn	Avzivi	J9999	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	Supportive use of Avzivi to treat Radiation Induced Necrosis of the CNS.	#N/A
Bleomycin	Blenoxane	J9040	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		4
Blinatumomab	Blinicyto	J9039	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		210
Bortezomib	Velcade	J9041	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		35
Bortezomib (boruzu)	Boruzu	J9054	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		70
Bortezomib (hospira)	Bortezomib (hospira)	J9049	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		35
Bortezomib (maia)	Bortezomib (maia)	J9051	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		35
Brentuximab Vedotin	Adcetris	J9042	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		200
Brexucabtagene autoleucl	Tecartus	Q2053	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	1
Burosumab-twza	Crysvisa	J0584	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		90
Cabazitaxel	Jevtana	J9043	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Calaspargase pegol-mknl	Asparlas	J9118	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		750
Carboplatin	Paraplatin	J9045	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		22

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Carboplatin (avixa)	Kyxata	J9278	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1000
Carfilzomib	Kyprolis	J9047	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		210
Carmustine	BiCNU, BCNU	J9050	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		6
Carmustine (accord)	Carmustine (accord)	J9052	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		6
Cemiplimab-rwlc	Libtayo	J9119	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		350
Cetuximab	Erbitux	J9055	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Ciltacabtagene autoleucel	Carvykti	Q2056	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	25
Cisplatin	Platinol	J9060	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		24
Cladribine	Leustatin	J9065	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Clofarabine	Clolar	J9027	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Cosibelimab-ipdl	Unloxcyt	J9275	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		600
Cyclophosphamide - inj (auromedic)	Cyclophosphamide - inj (auromedic)	J9071	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cyclophosphamide - inj (avixa)	Frindovyx	J9072	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cyclophosphamide - inj (baxter)	Cyclophosphamide - inj (baxter)	J9076	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cyclophosphamide - inj (dr. reddy's/ingenus)	Cyclophosphamide - inj (dr. reddy's/ingenus)	J9073	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cyclophosphamide - inj (sandoz)	Cyclophosphamide - inj (sandoz)	J9074	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cyclophosphamide Inj, not otherwise specified	Cyclophosphamide Inj, not otherwise specified	J9075	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Cytarabine	Ara-C	J9100	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Dacarbazine	DTIC-Dome	J9130	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		24
Dactinomycin	Cosmegen, Actinomycin	J9120	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		5
Daratumumab	Darzalex	J9145	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		240
Daratumumab and hyaluronidase-fihj	Darzalex Faspro	J9144	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		180
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
Datopotamab deruxtecan-dlnk	Datroway	J9011	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		600
Daunorubicin	Cerubidine	J9150	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		12
Decitabine	Dacogen	J0894	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Decitabine (sun pharma)	Decitabine (sun pharma)	J0893	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Degarelix	Firmagon	J9155	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		240
Denileukin Diftitox-cxdl	Lymphir	J9161	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Denosumab	Xgeva	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
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
Denosumab-adet	Ponlinsi	C9399	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Denosumab-adet	Ponlinsi	J3490	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP-Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Denosumab-adet	Ponlimsi	J3590	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Denosumab-adet	Ponlimsi	J9999	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Denosumab-bbdz	Wyost	Q5136	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor.	120
Denosumab-bbdz	Wyost, Jubbonti	Q5136	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		120
Denosumab-bmwo	Osenvelt	Q5157	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor.	120
Denosumab-bmwo	Osenvelt, Stoboclo	Q5157	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		120
Denosumab-bnht	Bomynta	Q5158	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor.	120
Denosumab-bnht	Bomynta, Conexence	Q5158	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		120
Denosumab-desu	Jubereq	Q5166	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor. New permanent code: Q5166 will replace NOC Codes: C9399 and J3590, effective: 07/01/26	#N/A
Denosumab-desu	Jubereq, Osvyrti	Q5166	Medical Oncology - SPORT	Supportive	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New permanent code: Q5166 will replace NOC Codes: C9399 and J3590, effective: 07/01/26	#N/A
Denosumab-dssb	Xbryk	Q5159	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y	Primary chemotherapy drug for the use of Wyost, to treat Giant Cell Tumor.	120
Denosumab-dssb	Xbryk, Ospomyv	Q5159	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		120
Denosumab-kyqq	Aukelso	Q5161	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Denosumab-kyqq	Aukelso, Bosaya	Q5161	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Denosumab-mobz	Oziltus	Q5165	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New denosumab biosimilar, effective: 01/15/26 New permanent HCPC Code: Q5165 will replace NOC Codes: C9399 and J3590, effective: 07/01/26	#N/A
Denosumab-mobz	Oziltus, Boncresa	Q5165	Medical Oncology - SPORT	Supportive	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New denosumab biosimilar, effective: 01/15/26 New permanent HCPC Code: Q5165 will replace NOC Codes: C9399 and J3590, effective: 07/01/26	#N/A
Denosumab-nxxp	Bilprevda	Q5162	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Denosumab-nxxp	Bilprevda, Bilydos	Q5162	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Denosumab-qbde	Xtrenbo	Q5167	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New denosumab biosimilar, effective: 09/26/25 New permanent HCPC Code: Q5167 will replace NOC Codes: C9399 and J3590, effective: 07/1/26	#N/A

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP-Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Denosumab-qbde	Xtrenbo, Enoby	Q5167	Medical Oncology - SPORT	Supportive	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New denosumab biosimilar, effective: 09/26/25 New permanent HCPC Code: Q5167 will replace NOC Codes: C9399 and J3590, effective: 07/1/26	#N/A
Dinutuximab	Unituxin	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Dinutuximab	Unituxin	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Docetaxel	Taxotere	J9171	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Docetaxel (beizray)	Beizray	J9174	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		320
Docetaxel (docivyx)	Docivyx	J9172	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Docetaxel (hospira)	Hospira	J9232	Medical Oncology - CHEMO	Primary	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New HCPCS Doxetaxel (Hospira) (a 5052b drug) effective 7/1/26.	200
Dostarlimab-gxly	Jemperli	J9272	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Doxorubicin HCL	Adriamycin	J9000	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		20
Doxorubicin HCL (liposomal)	Doxil, Doxorubicin HCL (Liposomal) not otherwise specified	Q2050	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		14
Durvalumab	Imfinzi	J9173	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Efbemalenograstim alfa-vuxw	Ryzneuta	J9361	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		40
Eflapegrastim-xnst	Rolvedon	J1449	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		132
Elotuzumab	Empliciti	J9176	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		3000
Elranatamab-bcmm	Elrexio	J1323	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		76
Enfortumab vedotin-ejfv	Padcev	J9177	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		520
Epcoritamab-bysp	Epkinly	J9321	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Epirubicin	Ellence	J9178	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
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
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
Eribulin mesylate	Halaven	J9179	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		50
Etoposide - inj	Avopef	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	505b2 drug for Etoposide; effective 7/1/26	#N/A
Etoposide - inj	Toposar, VePesid, Etopophos	J9181	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Fam-trastuzumab deruxtecan-nxki	Enhertu	J9358	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1000
Filgrastim	Neupogen	J1442	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		1500
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
Filgrastim-ayow	Releuko	Q5125	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		1800

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Filgrastim-laha	Filkri	C9399	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Filgrastim-laha	Filkri	J9999	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
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
Filgrastim-txid	Nypozi	Q5148	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		1500
Floxuridine	FUDR	J9200	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		5
Fludarabine Phosphate	Fludara, Oforta	J9185	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		2
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
Fosaprepitant (focinvez)	Focinvez	J1434	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		150
Fosaprepitant (teva)	Fosaprepitant (teva)	J1456	Medical Oncology - SPORT	Supportive - Antiemetic	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y		150
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
Fulvestrant	Faslodex	J9395	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		20
Fulvestrant (fresenius kabi)	Fulvestrant (fresenius kabi)	J9394	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		20
Gemcitabine	Gemzar	J9201	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		20
Gemcitabine (avyxa)	Avgems	J9184	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		17
Gemcitabine Hydrochloride (accord)	Gemcitabine Hydrochloride (accord)	J9196	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		17
Gemcitabine Intravesical	Inlexzo	J9183	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Gemtuzumab Ozogamicin	Mylotarg	J9203	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		180
Glofitamab-gxbm	Columvi	J9286	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		12
Goserelin acetate implant	Zoladex	J9202	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y	Y	Y		3
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
Idarubicin HCL - inj	Idamycin	J9211	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		6
Idecabtagene Vicleucel	Abecma	Q2055	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	10
Ifosfamide	Ifex, Mitoxana	J9208	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		15
Imetelstat	Rytelo	J0870	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1081
Inotuzumab Ozogamicin	Besponsa	J9229	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		27
Ipilimumab	Yervoy	J9228	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1100
Irinotecan	Camptosar	J9206	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		42
Irinotecan Liposome	Onivyde	J9205	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		215
Isatuximab-irfc	Sarclisa	J9227	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Ixabepilone	Ixemptra	J9207	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		90
Lanreotide (Cipla) - J1932		J1932	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Lanreotide (J1930)	Somatuline Depot	J1930	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Leucovorin - inj	Leucovorin Calcium	J0640	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		24
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
Leuprolide Acetate (J1954: 7.5mg)	Lutrate Depot	J1954	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y	Y	Y		3
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
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
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
Leuprolide Mesylate	Camcevi ETM	J9003	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y	Y	Y		1
Levoleucovorin	Fusilev	J0641	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1200
Levoleucovorin	Khapzory	J0642	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1200
Lifileucel	Amtagvi	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)		#N/A
Lifileucel	Amtagvi	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)		#N/A
Linvoseltamab-gcpt	Lynozytic	J9601	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Liposome-encapsulated combination of Daunorubicin and Cytarabine	Vyxeos	J9153	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		132
Lisocabtagene maraleucel	Breyanzi	Q2054	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	12
Loncastuximab tesirine-lpyl	Zynlonta	J9359	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		400
Lurbinectedin	Zepzelca	J9223	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Luspatercept-aamt	Reblozyl	J0896	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1100
Margetuximab-cmkb	Margenza	J9353	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		450
Melphalan (apotex)	Ivra	J9249	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		48
Melphalan (hepzato)	Hepzato	J9248	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		250
Melphalan HCL - inj	Evomela	J9246	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Melphalan HCL - NOS inj	Alkeran	J9245	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		9
Methotrexate (accord)	Methotrexate (accord)	J9255	Medical Oncology - CHEMO	Primary	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y		60
Methotrexate Sodium, 50mg	Folex	J9260	Medical Oncology - CHEMO	Primary	INJECTABLE	N: This is a preferred drug for Medicaid and does not require prior authorization.	Y	Y		400
Mirvetuximab Soravtansine-gynx	Elahere	J9063	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		900
Mitomycin	Jelmyto	J9281	Medical Oncology - CHEMO	Primary	PYELOCALYCEAL	Y	Y	Y	Medicare Part B	80
Mitomycin	Mutamycin	J9280	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		12
Mitomycin (intravesical solution)	Zusduri	J9282	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP-Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Mitoxantrone HCL	Novantrone	J9293	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		8
Mogamulizumab-kpkc	Poteligeo	J9204	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		160
Mosunetuzumab-axgb	Lunsumio	J9350	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Nadofaragen Firadenovec-vncg	Adstiladrin	J9029	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y		1
Naxitamab-gqgk	Danyelza	J9348	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		160
Necitumumab	Portrazza	J9295	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		800
Nelarabine	Arranon	J9261	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		80
Nivolumab	Opdivo	J9299	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		480
Nivolumab and Relatlimab-rmbw	Opdualag	J9298	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		160
Nivolumab and Hyaluronidase-nvhy	Opdivo Qvantig	J9289	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		600
Nogapendekin alfa inbakicept-pmln	Anktiva	J9028	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		400
Obecabtagene Autoleucel	Aucatzyl	Q2058	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)		1
Obinutuzumab	Gazyva	J9301	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Octreotide, depot	Sandostatin LAR	J2353	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Octreotide, depot	Sandostatin LAR	J2353	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		60
Octreotide, non-depot	Sandostatin	J2354	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Octreotide, non-depot	Sandostatin	J2354	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		60
Ofatumumab	Arzerra	J9302	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		200
Oxaliplatin	Eloxatin	J9263	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		700
Paclitaxel	Nov-Onxol, Taxol	J9267	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		750
Paclitaxel (albumin-bound)	Abraxane	J9264	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		800
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
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
Panitumumab	Vectibix	J9303	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		90
Pegaspargase	Oncaspar	J9266	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		2
Pegfilgrastim, 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
Pegfilgrastim-apgf	Nyvepria	Q5122	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		12
Pegfilgrastim-bmez	Ziextenzo	Q5120	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		12
Pegfilgrastim-cbqv	Udenyca	Q5111	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		12
Pegfilgrastim-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: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Pegfilgrastim-jmdb	Fulphila	Q5108	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		12
Pegfilgrastim-pbbk	Fylnetra	Q5130	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		12
Pegfilgrastim-pccg	Ennumo	C9399	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	New biosimilar drug, effective 6/5/26.	#N/A
Pegfilgrastim-pccg	Ennumo	J3490	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	New biosimilar drug, effective 6/5/26.	#N/A
Pegfilgrastim-pccg	Ennumo	J3590	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	New biosimilar drug, effective 6/5/26.	#N/A
Pegfilgrastim-pccg	Ennumo	J9999	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y	New biosimilar drug, effective 6/5/26.	#N/A
Pegfilgrastim-unne	Armlupeg	Q5169	Medical Oncology - SPORT	Supportive	INJECTABLE	Y - 07/01/26	Y - 07/01/26	Y - 07/01/26	New biosimilar drug, effective 7/1/26; replacing NOC Codes J3590, J3490, C9399, J9999	#N/A
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
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
Pembrolizumab	Keytruda	J9271	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		400
Pembrolizumab and Berahyaluronidase alfa-pmph	Keytruda Qlex	J9277	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Pemetrexed	Alimta, Pemetrexed not otherwise specified	J9305	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed	Pemfexy	J9304	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (accord)	Pemetrexed (accord)	J9296	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (avyxa)	Axtle	J9292	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (bluepoint)	Pemetrexed (bluepoint)	J9322	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (pemrydi rtu)	PEMRYDI RTU	J9324	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (pfizer / hospira)	Pemetrexed (pfizer / hospira)	J9294	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (sandoz)	Pemetrexed (sandoz)	J9297	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Pemetrexed (teva)	Pemetrexed (teva)	J9314	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Penpulimab-kcqx		C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Penpulimab-kcqx		J3490	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Penpulimab-kcqx		J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Penpulimab-kcqx		J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Pentostatin	Nipent	J9268	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1
Pertuzumab	Perjeta	J9306	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		840
Pertuzumab / trastuzumab / hyaluronidase-zzxf	Phesgo	J9316	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		180
Pivekimab sunirine-pvzy	Decnupaz	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New Drug, effective 6/5/26.	#N/A
Pivekimab sunirine-pvzy	Decnupaz	J3490	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New Drug, effective 6/5/26.	#N/A
Pivekimab sunirine-pvzy	Decnupaz	J3590	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New Drug, effective 6/5/26.	#N/A
Pivekimab sunirine-pvzy	Decnupaz	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y	New Drug, effective 6/5/26.	#N/A
Polatuzumab vedotin-piiq	Polivy	J9309	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		280
Porfimer Sodium	Photofrin	J9600	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		4

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Pralatrexate	Folotyn	J9307	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		80
Ramucirumab	Cyramza	J9308	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		280
Retifanlimab-dlwr	Zynyz	J9345	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		500
Rituximab	Rituxan	J9312	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		150
Rituximab and Hyaluronidase Human	Rituxan Hycela	J9311	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		160
Rituximab-abbs	Truxima	Q5115	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		150
Rituximab-arrx	Riabni	Q5123	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		150
Rituximab-pvvr	Ruxience	Q5119	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		150
Romidepsin (lyophilized)	Istodax	J9319	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		500
Romidepsin (non-lyophilized)	Romidepsin (non-lyophilized)	J9318	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		475
Ropeginterferon alfa-2b-njft	Besremi	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Ropeginterferon alfa-2b-njft	Besremi	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Sacituzumab govitecan-hziy	Trodelvy	J9317	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		648
Sargramostim	Leukine	J2820	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		15
Siltuximab	Sylvant	J2860	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		170
Sipuleucel-T	Provenge	Q2043	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y		1
Sirolimus protein-bound particles for injectable suspension (albumin bound)	Fyarro	J9331	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Sodium Thiosulfate Injection	Pedmark	J0208	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		500
Sodium Thiosulfate injection (hope)	Sodium Thiosulfate injection (hope)	J0209	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		250
Streptozocin	Zanosar	J9320	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		4
Tafasitamab-cxix	Monjuvi	J9349	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		900
Tagraxofusp-erzs	Elzonris	J9269	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		200
Talimogene Laherparepvec	Imlygic	J9325	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y: Not covered for ACA members	Y		400
Talquetamab-tgvs	Talvey	J3055	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		480
Tarlatamab-dlle	Imdelltra	J9026	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		10
Tbo-filgrastim	Granix	J1447	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		960
Tebentafusp-tebn	Kimtrak	J9274	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		100
Teclistamab-cqyv	Tecvayli	J9380	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		612
Telisotuzumab vedotin-tllv	Emrelis	J9326	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Temozolomide - inj	Temodar	J9328	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		400
Temsirolimus	Torisel	J9330	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		50
Thiotepa	Tepylute	J9341	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Thiotepa Injection, not otherwise specified	Thiotepa Injection, not otherwise specified	J9342	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Tisagenlecleucel	Kymriah	Q2042	Medical Oncology - CHEMO	Primary	INJECTABLE	N (Consult Only)	N (Consult Only)	N (Consult Only)	CAR-T	#N/A
Tislelizumab-jsgr	Tevimbra	J9329	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		200

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Tisotumab vedotin-tftv	Tivdak	J9273	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		200
Tocilizumab	Actemra	J3262	Medical Oncology - CHEMO	Primary	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		800
Tocilizumab	Actemra	J3262	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		800
Tocilizumab-aazg	Tyenne	Q5135	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		1200
Tocilizumab-aazg	Tyenne	Q5135	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a preferred drug for Medicaid and requires prior authorization.	Y	Y		1200
Tocilizumab-anoh	Avtozma	Q5156	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		#N/A
Tocilizumab-anoh	Avtozma	Q5156	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		#N/A
Tocilizumab-bavi	Tofidence	Q5133	Medical Oncology - SPORT	Supportive	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		1200
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
Topotecan - inj	Hycamtin	J9351	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Toripalimab-tpzi	Loqtorzi	J3263	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		480
Trabectedin	Evdi	C9399	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Trabectedin	Evdi	J9999	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		#N/A
Trabectedin	Yondelis	J9352	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		40
Trastuzumab	Herceptin	J9355	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		120
Trastuzumab and hyaluronidase-oysk	Herceptin Hylecta	J9356	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		60
Trastuzumab-anns	Kanjinti	Q5117	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Trastuzumab-dkst	Ogivri	Q5114	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Trastuzumab-dttb	Ontruzant	Q5112	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Trastuzumab-pkrb	Herzuma	Q5113	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Trastuzumab-qyyp	Trazimera	Q5116	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Trastuzumab-strf	Hercessi	Q5146	Medical Oncology - CHEMO	Primary - Biosimilar	INJECTABLE	Y	Y	Y		120
Tremelimumab-actl	Imjudo	J9347	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		300
Trilaciclib	Cosela	J1448	Medical Oncology - SPORT	Supportive	INJECTABLE	Y	Y	Y		900
Triptorelin Pamoate	Trelstar	J3315	Medical Oncology - CHEMO	Primary - LHRH	INJECTABLE	Y: This is a non-preferred drug for Medicaid and requires prior authorization.	Y	Y		6
Valrubicin	Valstar	J9357	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		4
Vinblastine Sulfate	Velban	J9360	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		40
Vincristine Sulfate	Oncovin, Vincasar PFS	J9370	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		4
Vinorelbine Tartrate	Navelbine	J9390	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		36
Zanidatamab-hrii	Ziihera	J9276	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1500
Zenocutuzumab-zbco	Bizengri	J9382	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		750

Effective Date: 07/01/2026

Description	Alt Descriptions	Primary	Program	Drug Class	Administration Technique	Jefferson Health Plans & HPP- Medicaid	Jefferson Health Plans ACA	Jefferson Health Plans Medicare	Drug Comments	Current MUE
Ziv-Aflibercept	Zaltrap	J9400	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		500
Zolbetuximab-clzb	Vyloy	J1326	Medical Oncology - CHEMO	Primary	INJECTABLE	Y	Y	Y		1200
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