



INJECTABLES/MEDICATIONS ADMINISTERED UNDER THE MEDICAL BENEFIT

Authorization Required List

Not Related to Bleeding and Clotting Disorders

CareOregon Advantage and OHP Members

Revised 8/1/17

INSTRUCTIONS FOR USE:

1. **This list contains Injectable Medications covered under the Medical Benefit that REQUIRE AUTHORIZATION.** Always search by J-Code **AND** by Drug Name because J-Codes change. **Note:** See Advantage and OHP columns for pertinent information. Prior Authorization Request forms can be found at <http://www.careoregon.org/Providers/ProviderFormsandPolicies.aspx>

2. All Medicare Advantage **Home Infusion Requests** require review (initiated with DME/Home Infusion Department) regardless of PA designation of drug. Most, but not all, home infusion drugs are covered through Part D (pharmacy).

3. This document should **NOT** be used for: hemophilia/factor/bleeding products OR drugs furnished by a pharmacy (For Medicaid, CareOregon requires buy and bill for drugs administered in office in accordance with OARfde: 410-121-0147 (3)).

4. **VACCINES** are NOT included in this document. A separate document on our website provides information regarding vaccine coverage. Common vaccines discussed in that document includes: Zostavax, Gardasil, Pneumovax, and Prevnar

5. If the drug is **NOT** found on this list **AND** will be Buy and Bill (Supplied and billed under the Medical Benefit by the Provider) then it does NOT require authorization.

EXCEPTION: New drugs to the market not found on this list. Dump Codes C9399, J3590 and J9999 require Prior Authorization for ANY medication being billed under them whether listed below or not.

6. J3490 (unclassified drugs)- Should only be used for drugs without a more specific code. Auth only required IF drug name is on the list below.

****Always use the most active code based on date of service and CMS HCPCS codes**

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J0129	Abatacept	Orencia	Yes SQ- Med D only IV-PA Required	Yes
J0586	Abobotulinumtoxin A	Dysport	Yes	Yes
J0135	Adalimumab	Humira	Yes- Part D only	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J9354	Ado-trastuzumab	Kadcyla	Yes	Yes
J0178	Aflibercept	Eylea	Yes	Yes
J0180	Agalsidase beta	Fabrazyme	Yes	Yes
J3490	Albiglutide	Tanzeum	Yes- Part D only	Yes- Pharmacy Benefit
J0215	Alefacept	Amevive	Yes	Yes
J0202	Alemtuzumab	Lemtrada	Yes	Yes
J0202	Alemtuzumab	Campath	Yes	Yes
J0205	Alglucerase	Ceredase	Yes	Yes
J0221	Alglucosidase alfa	Lumizyme	Yes	Yes
J0220	Alglucosidase alfa	Myozyme	Yes	Yes
J3490	Abaloparatide	Tymlos	Yes- Part D only	Yes- Pharmacy Benefit (non-formulary)
J3490	Alirocumab	Praluent	Yes- Part D only	Yes- Pharmacy Benefit
J0256	Alpha-1 Proteinase Inhibitor	Prolastin	Yes	Yes
J0257	Alpha-1 Proteinase Inhibitor (human)	Glassia	Yes	Yes
J0270	Alprostadil, injection	Caverject, Edex	Not covered	Not covered
J0275	Alprostadil, urethral suppository	Muse	Not covered	Not covered
J3450	Anakinra	Kineret	Yes- Part D only	Yes
J0365	Aprotinin	Trasylol	Yes	Yes
J9019	Asparaginase Erwinia	Erwinaze	Yes	Yes
J0401	Aripiprazole, injection extended release	Abilify Maintena	Yes	Yes- Excluded Bill to DMAP
J1942 C9470*	Aripiprazole, injection extended release	Aristada	Yes	Yes- Excluded Bill to DMAP
J3490, J3590	Asfotase alfa	Strensiq	Yes- Part D only	Yes- Pharmacy Benefit
C9483 J9999	Atezolizumab	Tecentriq	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J7330	Autologous Cultured Chondrocytes	Carticel	Not covered	Not covered
J9999	Avelumab	Bavencio	Yes	Yes
J0485	Belatacept	Nulojix	Yes	Yes
J0490	Belimumab	Benlysta	Yes	Yes
J9032	Belinostat	Beleodaq	Yes	Yes
J9033	Bendamustine	Treanda	Yes	Yes
J9034	Bendamustine	Bendeka	Yes	Yes
J9035	Bevacizumab for CHEMOTHERAPY * bevacizumab for eye use should use J7999 and no authorization is required	Avastin for CHEMOTHERAPY	Yes	Yes
C9490 J3590	Bezlotoxumab	Zinplava	Yes	Yes
J9039	Blinatumomab	Blinicyto	Yes	Yes
J9041	Bortezomib	Velcade	Yes	Yes
J9042	Brentuximab vedotin	Adcetris	Yes	Yes
J0571	Buprenorphine	Subutex	Part D only Pharmacy Dispenses: Pharmacy Benefit with PA. Clinic Dispenses: Excluded	Pharmacy Dispenses= Pharmacy Benefit with PA Clinic Dispenses= Behavioral Health Benefit with PA
J0572	Buprenorphine/Naloxone	Suboxone		
J0573	Buprenorphine/Naloxone	Suboxone		
J0574	Buprenorphine/Naloxone	Suboxone		
J0575	Buprenorphine/Naloxone	Suboxone		
J0570	Buprenorphine Implanta	Probuphine	Not Covered	Yes
J0598	C1 esterase inhibitor	Cinryze	Yes	Yes
J9043	Cabazitaxel	Jevtana	Yes	Yes
J0630	Calcitonin salmon	Miacalcin, Calcimar	Yes- Part D only	No PA Req'd
J0638	Canakinumab	Ilaris	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J7340	Carbidopa/Levodopa	Duopa	Yes	Yes
J9047	Carfilzomib	Kyprolis	Yes	Yes
J7335	Capsaicin patch	Qutenza	Yes	Yes
J0712	Ceftaroline fosamil	Teflaro	Yes	Yes
J0714	Ceftazidime/Avivactam	Avycaz	Yes	Yes
J0717	Certolizumab	Cimzia	Yes- Part D only	Yes
J9055	Cetuximab	Erbix	Yes	Yes
J0775	Collagenase clostridium histolyticum	Xiaflex	Yes	Yes
J0800	Corticotropin	Acthar gel	Yes- Part D only	Yes
J3590	Daclizumab	Zinbryta	Yes- Part D only	Yes- Pharmacy Benefit
J9145 C9476*	Daratumumab	Darzalex	Yes	Yes
J0881	Darbepoetin	Aranesp	Yes	Yes
J0894	Decitabine	Dacogen	Yes	Yes
J3490	Defibrotide	Defitelio	Yes	Yes
J9155	Degarelix	Firmagon	Yes	Yes
J0897	Denosumab	Prolia, Xgeva	Yes	Yes
J9999	Dinutuximab	Unituxin	Yes	Yes
J9171	Docetaxel	Taxotere	Yes	Yes
Q2049	Doxorubicin, liposomal. Imported	Lipodox	Yes	Yes
Q2050	Doxorubicin, liposomal	Doxil	Yes	Yes
J9999	Durvalumab	Imfinzi	Yes	Yes
J1300	Eculizumab	Soliris	Yes	Yes
J1322	Elosulfase alfa	Vimizim	Yes	Yes
J9176 C9477*	Elotuzumab	Empliciti	Yes	Yes
J1324	Enfuvirtide	Fuzeon	Part D only, No auth required.	Yes
J0885	Epoetin alfa (non-ESRD)	Procrit	Yes	Yes
J0888	Epoetin beta (non-ESRD)	NeoRecormon	Yes	Yes
J1325	Epoprostenol	Flolan	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
S0155	Epoprostenol Diluent	Flolan Diluent	Yes	Yes
J9179	Eribulin	Halaven	Yes	Yes
J1438	Etanercept	Enbrel	Yes- Part D only	Yes
J3590 J3490 C9484	Eteplirsen	Exondys 51	Yes	Yes
J7527	Everolimus (oral)	Afinitor, Zortress	Yes	Yes
J590	Evolocumab	Repatha	Yes- Part D only	Yes- Pharmacy Benefit
J3490	Exenatide	Byetta, Bydureon	Yes- Part D only	Yes- Pharmacy Benefit
J1439	Ferric carboxymaltose	Injectafer	Yes	Yes
J7311	Fluocinolone implant	Retisert	Yes	Yes
J7313	Fluocinolone implant	Iluvien	Yes	Yes
J2680	Fluphenazine	NA	No PA Reqd	Yes- Excluded Bill to DMAP
J9395	Fulvestrant	Faslodex	Yes	Yes
J1458	Galsulfase	Naglazyme	Yes	Yes
J1595	Glatiramer Acetate	Copaxone	Yes- Part D only	Pharmacy Benefit
C9293	Glucarpidase	Voraxaze	Yes	Yes
J3590	Golimumab	Simponi	Yes- SQ- Med D only	Yes
J1602	Golimumab, IV	Simponi Aria	Yes	Yes
J9202	Goserelin	Zoladex	Yes	Yes
C9486, J3490	Granisetron (SQ-long acting)	Sustol	Yes	Yes
J2940	Growth Hormone (somatrem)	Various	Yes- Part D only	Yes
J2941	Growth Hormone (somatropin)	Various	Yes- Part D only	Yes
J1630	Haloperidol	Haldol	No PA Reqd	Yes- Excluded Bill to DMAP
J1631	Haloperidol	Haldol	No PA Reqd	Yes- Excluded Bill to DMAP
J1675	Histrelin	Supprelin	Yes- Part D only	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J9226	Histrelin implant	Supprelin LA	Yes	Yes
J9225	Histrelin implant	Vantas	Yes	Yes
J7323	Hyaluronan or Derivative	Euflexxa	Yes	Not covered
J7326	Hyaluronan or Derivative	Gel-One	Yes	Not covered
J7320 Q9980*	Hyaluronan or Derivative	GenVisc 850	Yes	Not covered
J7321	Hyaluronan or Derivative	Hyalgan or Supartz	Yes	Not covered
J7322 C9471*	Hymovis	Hymovis	Yes	Not covered
J7324	Hyaluronan or Derivative	Orthovisc	Yes	Not covered
J7325	Hyaluronan or Derivative	Synvisc, Synvisc-One	Yes	Not covered
J7327	Hyaluronan or Derivative	Monovisc	Yes	Not covered
J7328	Hyaluronan or Derivative	Gel-Syn	Yes	Not covered
Q9985, J3490*	Hydroxyprogesterone caproate	not Makena	Yes	Yes
J1725	Hydroxyprogesterone caproate	Makena	Code not allowed (use Q9986)	Yes
Q9986	Hydroxyprogesterone caproate	Makena	Yes	Yes
J1744	Icatibant	Firazyr	Yes- Part D only	No PA Reqd
Q4074	Iloprost, Inhaled	Ventavis	Yes	Yes
J1786	Imiglucerase	Cerezyme	Yes	Yes
J1566	Immune Globulin lyophilized, IV	Carimune	Yes	Yes
J1460 J1560	Immune Globulin, IM	GamaStan SD	Yes	Yes
J1572	Immune Globulin, IV	Flebogamma	Yes	Yes
J1569	Immune Globulin, IV	Gammagard	Yes	Yes
J1557	Immune Globulin, IV	Gammaplex	Yes	Yes
J1561	Immune Globulin, IV	Gamunex	Yes	Yes
J1559	Immune Globulin, SQ	Hizentra	Yes- Part D only	Yes
J1599	Immune Globulin, IV	Nonlyophilized (NOS)	Yes	Yes
J1568	Immune Globulin, IV	Octagam	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J1459	Immune Globulin, IV,	Privigen	Yes	Yes
J1556	Immune Globulin, IV	Bivigam	Yes	Yes
J1575	Immune Globulin/hyaluronidase	Hyqvia	Yes	Yes
J3490	Immune Globulin, SQ	Cuvitru	Yes	Yes
J0588	Incobotulinumtoxin A	Xeomin	Yes	Yes
J1745	Infliximab	Remicade	Yes	Yes
Q5102	Infliximab- biosimilar	Inflectra	Yes	Yes
J1815	Insulin	Humalog, Lantus, etc	Yes- Part D only	No PA Reqd
J1817	Insulin for administration through pump	Humalog, Novolog, etc	Yes- Part D only	No PA Reqd
J9215	Interferon Alfa N-3	Alferon-N	Yes	Yes
J9213	Interferon Alfa-2a	Roferon A	Yes- Part D only	Yes
J9214	Interferon Alfa-2b	Intron A, Rebetrone Kit	Yes	Yes
J9212	Interferon Alfacon-1	Infergen	Yes- Part D only	Yes
Q3028	Inferferon Beta-1a, SQ use	Rebif, Rebidose	Yes- Part D only	Pharmacy Benefit
Q3027	Inferferon Beta-1a, IM use	Avonex	Yes- Part D only	Pharmacy Benefit
J1830	Interferon Beta-1b	Betaseron	Yes- Part D only	Pharmacy Benefit
J9216	Interferon Gamma-1B	Actimmune	Yes- Part D only	Yes
J7300	Intrauterine Copper Contraceptive		Not Covered±	No PA Reqd
J9228	Ipilimumab	Yervoy	Yes	Yes
J9205 C9474*	Irinotecan liposome	Onivyde	Yes	Yes
J1833	Isavuconazonium	Cresemba (IV)	Yes	Yes
J9207	Ixabepilone	Ixemptra	Yes	Yes
J1931	Laronidase	Aldurazyme	Yes	Yes
J9218	Leuprolide	Lupron	Yes- Part D only	Yes
J9217	Leuprolide depot	Lupron Depot, Eligard	Yes	Yes
J1950	Leuprolide depot suspension	Lupron Depot,	Yes	Yes
J9219	Leuprolide implant	Lupron Implant	Yes	Yes
J0641	Levoleucovorin	Fusilev	Yes	Yes
J7301	Levonorgestrel IUD	Skyla	Not Covered±	No PA Reqd
J7297	Levonorgestrel IUD 52 mg, 3 year	Liletta	Not Covered±	No PA Reqd
J7298	Levonorgestrel IUD 52 mg, 5 year	Mirena	Not Covered±	No PA Reqd

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
Q9984, J3490*	Levonorgestrel IUD	Kyleena IUD	Not Covered±	No PA Reqd
J3490	Liraglutide	Victoza	Yes- Part D only	Yes
J2010	Lincomycin	Lincocin	Not Covered	Yes
J2020	Linezolid	Zyvox	Yes	Yes
C9497	Loxapine, inhaled powder	Adasuve	No PA Reqd	Yes- Excluded Bill to DMAP
J3490	Metreleptin	Myalept	Yes	Yes
J2170	Mecasermin	Increlex, Iplex	Yes- Part D only	Yes
J9245	Melphalan	Alkeran	Yes	Yes
J3590	Melphalan	Evomela	Yes	Yes
J2182 C9473*	Mepolizumab	Nucala	Yes	Yes
J7309	Methyl Aminolevulinate	Levulan, Kerastick, Metvixia	Yes	Yes
J2212	Methylnaltrexone	Relistor	Yes- Part D only	Yes
J3490	Mipomersen	Kynamro	Yes- Part D only	Yes
S1090	Mometasone Furoate Sinus Implant	Propel	Yes	Yes
J2315	Naltrexone Extended-release injection	Vivitrol	Yes	Yes
J2323	Natalizumab	Tysabri	Yes	Yes
J9295 C9475*	Necitumumab	Portrazza	Yes	Yes
J9261	Nelarabine	Arranon	Yes	Yes
J8655	Netupitant-palonesetron oral	Akynzeo	Yes	Yes
J9299	Nivolumab	Opdivo	Yes	Yes
C9489 J3490 J3590	Nusinersen	Spinraza	Yes	Yes
J9301	Obinutuzumab	Gazyva	Yes	Yes
J3590	Ocrelizumab	Ocrevus	Yes	Yes
J7316	Ocriplasmin	Jetrea	Yes	Yes
J2354	Octreotide	Sandostatin	Yes- Part D only	No PA Reqd

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J9302	Ofatumumab	Arzerra	Yes	Yes
J2358	Olanzapine	Zyprexa Relprevv	No PA Reqd	Yes- Excluded Bill to DMAP
J9999 C9485	Olaratumab	Lartruvo	Yes	Yes
J9262	Omacetaxine mepesuccinate	Synribo	Yes	Yes
J2357	Omalizumab	Xolair	Yes	Yes
J0585	Onabotulinumtoxin-A	Botox	Yes	Yes
J9263	Oxaliplatin	Eloxatin	Yes	Yes
J9264	Paclitaxel protein-bound	Abraxane	Yes	Yes
J2426	Paliperidone	Invega Sustenna	Yes	Yes- Excluded Bill to DMAP
90378	Palivizumab 1. For OHSU providers only, submit request to CareOregon and use own supply. 2. For all other providers , submit request to CareOregon and obtain Synagis from our preferred provider. See the request form for details on the preferred provider.	Synagis	Yes	Yes
J9303	Panitumumab	Vectibix	Yes	Yes
J2440	Papaverine	N/A	Yes- Part D only	No PA Reqd
J3490	Parathyroid hormone	Natpara	Yes- Part D only	Yes
J2502	Pasireotide	Signifor LAR	Yes	Yes
J2504	Pegademase bovine	Adagen	Yes	Yes
J2503	Pegaptanib	Macugen	Yes	Yes
J9266	Pegaspargase	Oncaspar	Yes	Yes
J0890	Peginesatide	Omontys	Yes	Yes
J2507	Pegloticase	Krystexxa	Yes	Yes
J3590	Pegvisomant	Somavert	Yes- Part D only	Yes
J3590, S0145	Pegylated Interferon alfa-2a	Pegasys	Yes- Part D only	Yes
J3590, S0148	Pegylated Interferon alfa-2b	Peg-Intron	Yes- Part D only	Yes
J3490	Pegylated Interferon alfa-2b	Sylatron	Yes- Part D only	Yes
J9271	Pembrolizumab	Keytruda	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J9305	Pemetrexed	Alimta	Yes	Yes
J9306	Pertuzumab	Perjeta	Yes	Yes
J2760	Phentolamine	Regitine	Yes- Part D only	No PA Reqd
J2562	Plerixafor	Mozobil	Yes	Yes
J9307	Pralatrexate	Folotyn	Yes	Yes
J3490	Pramlintide	Symlin	Yes- Part D only	Yes
J3490	Polidocanol	Varithena	Yes	Yes
J9308	Ramucirumab	Cyramza	Yes	Yes
J2778	Ranibizumab	Lucentis	Yes	Yes
J2786 C9481*	Reslizumab	Cinqair	Yes	Yes
J2793	Riloncept	Arcalyst	Yes	Yes
J0587	RimabotulinumtoxinB	Myobloc	Yes	Yes
J2794	Risperidone	Risperdal Consta	No PA Reqd	Yes- Excluded Bill to DMAP
J9310	Rituximab	Rituxan	Yes	Yes
J8670 Q9981*	Rolapitant	Varubi	Yes	Yes
J9315	Romidepsin	Istodax	Yes	Yes
J2796	Romiplostim	Nplate	Yes	Yes
J2840 C9478*	Sebelipase alfa	Kanuma	Yes	Yes
J3590	Secukinumab	Cosentyx	Yes- Part D only	Yes
J2860	Siltuximab	Sylvant	Yes	Yes
Q2043	Sipuleucel-T	Provenge	Yes	Yes
J3030	Sumatriptan succinate	Imitrex Injection	Yes- Part D only	No PA Reqd
J3060	Taliglucerase alfa	Elelyso	Yes	Yes
J9325 C9472*	Talimogene laherparepvec	Imlygic	Yes	Yes
J9328	Temozolomide	Temodar	Yes	Yes
J9330	Temsirolimus	Torisel	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star)	OHP Members
J3110	Teriparatide	Forteo	Yes- Part D only	Yes- Pharmacy Benefit (non-formulary)
J1071	Testosterone cypionate	Various	No PA Req'd	Yes
J3121	Testosterone enanthate	Various	No PA Req'd	Yes
J3145	Testosterone undecanoate	Aveed	Yes	Yes
J9340 J9999	Thiotepa	Tepadina (brand)	Yes	Yes
J3243	Tigecycline	Tygasil	Yes	Yes
J3262	Tocilizumab	Actemra	Yes	Yes
J9352 C9480*	Trabectedin	Yondelis	Yes	Yes
J9355	Trastuzumab	Herceptin	Yes	Yes
J3285	Treprostinil	Remodulin	Yes	Yes
J7686	Treprostinil	Tyvaso	Yes	Yes
J3315	Triptorelin	Trelstar	Yes	Yes
J3355	Urofollitropin	Metrodin, Bravelle, Fertinex	Yes- Part D only	Not covered
J3357	Ustekinumab	Stelara SubQ	Yes- Part D only	Yes
Q9989, J3590*, C9487*	Ustekinumab	Stelara IV (Crohns)	Yes	Yes
90396	Varicella zoster immune globulin	Varizig	Yes	Yes
J3380	Vedolizumab	Entyvio	Yes	Yes
J3385	Velaglucernase alfa	Vpriv	Yes	Yes
J9371	Vincristine sulfate liposome	Marqibo	Yes	Yes
J3486	Ziprasidone	Geodon	No PA Req'd	Yes- Excluded Bill to DMAP
J9400	Ziv-aflibercept	Zaltrap	Yes	Yes
C9399	Unclassified Drug or biologic		Yes	Yes
J3590	Unclassified Biologics		Yes	Yes
J9999	Not otherwise classified, Anti-neoplastic Drugs		Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED Advantage OHP Members (Plus/Star)
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* Note that ALL codes are subject to change according to CMS HCPCS Codes quarterly updates. CareOregon requires the active code from the date of service to be provided. When in doubt, please always refer to the generic name listing when checking if PA is required.

± Coverage excluded by Medicare. For member's with dual eligibilty, coverage may be offered under their secondary Medicaid (OHP).