

# Injectable and Oncology Medications Administered by Provider



## Authorization Required List

Not related to bleeding and clotting disorders

For CareOregon Advantage and OHP members

Revised 6/1/2023

### INSTRUCTIONS FOR USE:

- This list contains Injectable Medications billed 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 [careoregon.org/Providers/ProviderFormsandPolicies.aspx](https://careoregon.org/Providers/ProviderFormsandPolicies.aspx)
- 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).
- This document should NOT be used for: hemophilia/factor/bleeding products OR self-administered drugs (For Medicaid, CareOregon requirements for Buy and Bill vs specialty pharmacy dispensing will depend on CCO-specific policies).
- 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, Shingrix, Gardasil, Pneumovax, and Prevnar.
- 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.
- J3490 (unclassified drugs): Should only be used for drugs without a more specific code. Authorization 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.

# Injectable and Oncology Medications Administered by Provider



| HCPC  | Generic Name                       | Brand Names<br>(Provided for reference only<br>and are not all-inclusive) | Authorization Required               |               |
|-------|------------------------------------|---|--------------------------------------|---------------|
|       |                                    |   | Advantage (Plus)<br>Members          | OHP Members   |
| J0129 | Abatacept                          | Orencia   | Yes                                  | Yes           |
| J0586 | Abobotulinumtoxin A                | Dysport   | Yes                                  | Yes           |
| J0135 | Adalimumab                         | Humira  | Yes- Part D only                     | Yes           |
| J3590 | Adalimumab-atto                    | Amjevita  | Yes- Part D only                     | Yes           |
| J9354 | Ado-trastuzumab                    | Kadcyla   | Yes                                  | Yes           |
| J3590 | Anacaulase-bcdb                    | Nexobrid  | Hospital/ED Use only (no PA in these |               |
| J0178 | Aflibercept                        | Eylea   | Yes- ST req'd                        | Yes           |
| J3490 | Abaloparatide                      | Tymlos  | Yes- Part D only                     | Yes- Pharmacy |
| J0172 | Aducanumab                         | Aduhelm   | Yes                                  | Yes           |
| J7352 | Afamelanotide                      | Scenesse  | Yes                                  | Yes           |
| J0180 | Agalsidase beta                    | Fabrazyme   | Yes                                  | Yes           |
| J3490 | Albiglutide                        | Tanzeum   | Yes- Part D only                     | Yes- Pharmacy |
| 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 | Alirocumab                         | Praluent  | Yes- Part D only                     | Yes- Pharmacy |
| J3590 | Allogeneic processed thymus tissue | Rethymic  | Yes                                  | Yes           |

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|        |  |                  |                                      |                      |
|--------|--|------------------|--------------------------------------|----------------------|
| 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          |
| J9061  | amivantamab                              | Rybrevant        | Yes                                  | Yes                  |
| J3450  | Anakinra                                 | Kineret          | Yes- Part D only                     | Yes                  |
| J0491  | Anifrolumab                              | Saphnelo         | Yes                                  | Yes                  |
| J0365  | Aprotinin                                | Trasylol         | Yes                                  | Yes                  |
| J3490  | Artesunate                               | Artesunate       | Hospital/ED Use only (no PA in these |                      |
| J9019  | Asparaginase Erwinia                     | Erwinaze         | Yes                                  | Yes                  |
| J1943  | Aripiprazole, injection                  | Aristada Initio  | Yes                                  | Yes (excluded)-      |
| J0401  | Aripiprazole, injection extended release | Abilify Maintena | Yes                                  | Yes (excluded)-      |
| J1944  | Aripiprazole, injection extended release | Aristada         | Yes                                  | Yes (excluded)-      |
| J3490, | Asfotase alfa                            | Strensiq         | Yes- Part D only                     | Yes- Pharmacy        |
| J9021  | Asparaginase Erwinia, recombinant        | Rylaze           | Yes                                  | Yes                  |
| J9022  | Atezolizumab                             | Tecentriq        | Yes                                  | Yes                  |
| J7330  | Autologous Cultured Chondrocytes         | Carticel         | Not covered                          | Not covered          |
| J0219  | Avalglucosidase alfa                     | Nexviazyme       | Yes                                  | Yes                  |
| J9023  | Avelumab                                 | Bavencio         | Yes                                  | Yes                  |
| Q2041  | Axicabtagene ciloleucel                  | Yescarta         | Yes                                  | Yes                  |
| Q0222  | Bebtelovimab                             |                  | Excluded - federally                 | Excluded - federally |
| J9037  | Belantamab mafodotin                     | Blenrep          | Yes                                  | Yes                  |

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|        |   |                          |                  |               |
|--------|---|--------------------------|------------------|---------------|
| J0485  | Belatacept                              | Nulojix                  | Yes              | Yes           |
| J0490  | Belimumab                               | Benlysta IV              | Yes              | Yes           |
| J0490  | Belimumab                               | Benlysta SubQ            | Yes- Part D only | Yes- Pharmacy |
| J9032  | Belinostat                              | Beleodaq                 | Yes              | Yes           |
| J9033  | Bendamustine                            | Treanda                  | Yes              | Yes           |
| J9034  | Bendamustine                            | Bendeka                  | Yes              | Yes           |
| J9036  | Bendamustine                            | Belrapzo                 | Yes              | Yes           |
| J0517  | Benralizumab                            | Fasenra                  | Yes              | Yes           |
| J3590  | Betibeglogene autotemcel                | Zynteglo                 | Yes              | Yes           |
| Q5126, | Bevacizumab biosimilar for CHEMOTHERAPY | Alymsys                  | Yes              | Yes           |
| Q5107  | Bevacizumab biosimilar for CHEMOTHERAPY | Mvasi for CHEMOTHERAPY   | Yes              | Yes           |
| Q5129  | Bevacizumab biosimilar for CHEMOTHERAPY | Vegzelma                 | Yes              | Yes           |
| Q5118  | Bevacizumab biosimilar for CHEMOTHERAPY | Zirabev for CHEMOTHERAPY | Yes              | Yes           |
| J9035  | Bevacizumab for CHEMOTHERAPY            | Avastin for CHEMOTHERAPY | Yes              | Yes           |
| J0565  | Bezlotoxumab                            | Zinplava                 | Yes              | Yes           |
| J7351  | Bimatoprost, intracameral implant       | Durysta                  | Yes- ST req'd    | Yes           |
| J9039  | Blinatumomab                            | Blinicyto                | Yes              | Yes           |
| J9041  | Bortezomib                              | Velcade                  | Yes              | Yes           |
| J9044  | Bortezomib                              | Bortezomib               | Yes              | Yes           |
| J9046  | Bortezomib (Dr. Reddy's)                |                          | Yes              | Yes           |
| J9048  | Bortezomib (Fresenius Kabi)             |                          | Yes              | Yes           |

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|        |                                  |                     |                    |                    |
|--------|----------------------------------|---------------------|--------------------|--------------------|
| J9049  | Bortezomib (Hospira)             |                     | Yes                | Yes                |
| J9042  | Brentuximab vedotin              | Adcetris            | Yes                | Yes                |
| J1632  | Brexanolone                      | Zulresso            | Administered under | Administered under |
| Q2053  | Brexucabtagene autoleucel        | Tecartus            | Yes                | Yes                |
| J3590  | Brodalumab                       | Siliq               | Yes- Part D only   | Yes- Pharmacy      |
| J0179  | Brolucizumab-dbl                 | Beovu               | Yes- ST req'd      | Yes                |
| J0571  | Buprenorphine                    | Subutex             | Part D only        | Retail Pharmacy =  |
| Q9991  | Buprenorphine ER Injection 100mg | Sublocade           | No PA Req'd        | Yes** (see MAT     |
| Q9992  | Buprenorphine ER Injection 300mg | Sublocade           | No PA Req'd        | Yes** (see MAT     |
| J0570  | Buprenorphine Implant            | Probuphine          | Not Covered        | Yes                |
| J0572  | Buprenorphine/Naloxone           | Suboxone            |                    |                    |
| J0573  | Buprenorphine/Naloxone           | Suboxone            |                    |                    |
| J0574  | Buprenorphine/Naloxone           | Suboxone            |                    |                    |
| J0575  | Buprenorphine/Naloxone           | Suboxone            |                    |                    |
| J0584  | Burosumab-twza                   | Crysvita            | Yes                | Yes                |
| J0598  | C1 esterase inhibitor            | Cinryze IV          | Yes                | Yes                |
| J0599  | C1 esterase inhibitor            | Haegarda SubQ       | Yes- Part D only   | Yes- Pharmacy      |
| J9043  | Cabazitaxel                      | Jevtana             | Yes                | Yes                |
| J0739  | Cabotegravir                     | Apretude            | Yes                | Yes                |
| J0741  | Cabotegravir/Rilpivirine         | Cabenuva            | Yes                | Yes                |
| J9118  | Calaspargase                     | Asparlas            | Yes                | Yes                |
| J0630  | Calcitonin salmon                | Miacalcin, Calcimar | Yes- Part D only   | No PA Req'd        |
| J0638  | Canakinumab                      | Ilaris              | Yes- ST req'd      | Yes                |
| C9047, | Caplacizumab-yhdp                | Cablivi             | Yes                | Yes                |

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|        |                                      |                         |                                      |                   |
|--------|--------------------------------------|-------------------------|--------------------------------------|-------------------|
| J7336  | Capsaicin patch                      | Qutenza                 | Yes- ST req'd                        | Yes               |
| J7340  | Carbidopa/Levodopa                   | Duopa                   | Yes                                  | Yes               |
| J9047  | Carfilzomib                          | Kyprolis                | Yes                                  | Yes               |
| J1426  | Casimersen                           | Amondys 45              | Yes                                  | Yes               |
| Q0240, | Casirivimab and imedvimab            |                         | Drug not covered,                    | Drug not covered, |
| J0699  | Cefiderocol                          | Fetroja                 | Yes                                  | Yes               |
| J0714  | Ceftazidime/Avivactam                | Avycaz                  | Yes                                  | Yes               |
| J9119  | Cemiplimab                           | Libtayo                 | Yes                                  | Yes               |
| J3490  | Cenergermin                          | Oxervate                | Yes                                  | Yes               |
| J0567  | Cerliponase alfa (recombinant human) | Brineura                | Yes                                  | Yes               |
| J0717  | Certolizumab                         | Cimzia                  | Yes- Part D only                     | Yes               |
| J9055  | Cetuximab                            | Erbitux                 | Yes                                  | Yes               |
| Q2056  | Ciltacabtagene autoleucel            | Carvykti                | Yes                                  | Yes               |
| C9041, | Coagulation factor Xa                | Andexxa                 | Hospital/ED Use only (no PA in these |                   |
| J0775  | Collagenase clostridium histolyticum | Xiaflex                 | Yes                                  | Yes               |
| J9057  | Copanlisib                           | Aliqopa                 | Yes                                  | Yes               |
| J0800  | Corticotropin                        | Acthar gel              | Yes- Part D only                     | Yes               |
| J3490  | Corticotropin                        | Cortrophin Purified Gel | Yes- Part D only                     | Yes               |
| J0791  | Crizanlizumab                        | Adakveo                 | Yes                                  | Yes               |
| J9145  | Daratumumab                          | Darzalex                | Yes                                  | Yes               |
| J9144  | Daratumumab- hyaluronidase           | Darzalex Faspro         | Yes                                  | Yes               |
| J0881  | Darbepoetin                          | Aranesp                 | Yes                                  | Yes               |

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|        |   |               |                  |               |
|--------|---|---------------|------------------|---------------|
| J9153  | Daunorubicin (liposomal)-cytarabine       | Vyxeos        | Yes              | Yes           |
| J0894  | Decitabine                                | Dacogen       | Yes              | Yes           |
| J3490  | Defibrotide                               | Defitelio     | Yes              | Yes           |
| J9155  | Degarelix                                 | Firmagon      | Yes              | Yes           |
| J0897  | Denosumab                                 | Prolia, Xgeva | No PA Req'd      | Yes           |
| J0591  | Deoxycholic acid                          | Kybella       | Excluded         | Excluded      |
| J1095  | Dexamethasone intra-ocular injection      | Dexycu        | Yes              | Yes           |
| J7312  | Dexamethasone Intra-vitrear Implant       | Ozurdex       | Yes              | Yes           |
| J1096  | Dexamethasone, lacrimal ophthalmic insert | Dextenza      | Yes- ST req'd    | Yes           |
| J3490  | Dexmedetomidine                           | Igalmi        | Part D excluded  | Yes           |
| J0879  | Difelikefalin                             | Korsuva       | Yes              | Yes           |
| J9999, | Dinutuximab                               | Unituxin      | Yes              | Yes           |
| J9272  | Dostarlimab                               | Jemperli      | Yes              | Yes           |
| Q2050  | Doxorubicin, liposomal                    | Doxil         | Yes              | Yes           |
| Q2049  | Doxorubicin, liposomal. Imported          | Lipodox       | Yes              | Yes           |
| J3590  | Dupilumab                                 | Dupixent      | Yes- Part D only | Yes- Pharmacy |
| J9173  | Durvalumab                                | Imfinzi       | Yes              | Yes           |
| J1300  | Eculizumab                                | Soliris       | Yes- ST req'd    | Yes           |
| J1301  | Edaravone                                 | Radicava      | Yes              | Yes           |
| J9332  | Efgartigimod                              | Vyvgart       | Yes              | Yes           |
| J3590  | Eflapegastrim-xnst                        | Rolvedon      | Yes              | Yes           |

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|        |   |                      |                      |                 |
|--------|---|----------------------|----------------------|-----------------|
| J3490  | Elapegamase   | Revcovi              | Yes                  | Yes             |
| J3590  | Elivaldogene autotemcel                                 | Skysona              | Yes                  | Yes             |
| J1322  | Elosulfase alfa   | Vimizim              | Yes                  | Not covered     |
| J9176  | Elotuzumab  | Empliciti            | Yes                  | Yes             |
| J9210  | Emapalumab  | Gamifant             | Yes                  | Yes             |
| J9177  | Enfortumab  | Padcev               | Yes                  | Yes             |
| J1324  | Enfuvirtide   | Fuzeon               | Part D only, No auth | Yes             |
| J0885  | Epoetin alfa (non-ESRD)                                 | Procrit, Epogen      | Yes                  | Yes             |
| Q5106  | Epoetin alfa, biosimilar (non-ESRD)                     | Retacrit             | Yes                  | Yes             |
| J0888  | Epoetin beta (non-ESRD)                                 | NeoRecormon, Mircera | Yes                  | Yes             |
| J1325  | Epoprostenol  | Flolan               | Yes                  | Yes             |
| S0155  | Epoprostenol Diluent                                    | Flolan Diluent       | Yes                  | Yes             |
| J3032  | Eptinezumab   | Vyepti               | Yes- ST req'd        | Yes             |
| J0122  | Eravacycline  | Xerava               | Yes                  | Yes             |
| J9179  | Eribulin  | Halaven              | Yes                  | Yes             |
| S0013, | Esketamine (Nasal Spray)                                | Spravato             | Yes                  | Yes (excluded)- |
| J1438  | Etanercept  | Enbrel               | Yes- Part D only     | Yes             |
| J0606  | Etelcalcetide   | Parsabiv             | Yes                  | Yes             |
| J1428  | Eteplirsen  | Exondys 51           | Yes                  | Yes             |
| J7295  | Ethinyl estradiol and etonogestrel<br>0.015 mg, 0.12 mg | Nuvaring             | Not Covered±         | No PA Req'd     |
| J7307  | Etonogestrel  | Nexplanon            | Not Covered±         | No PA Req'd     |
| J1411  | Etranacogene Dezaparvovec-drlb                          | Hemgenix             | Yes                  | Yes             |
| J7527  | Everolimus (oral)                                       | Afinitor, Zortress   | Yes                  | Yes             |
| J1305  | Evinacumab  | Evkeeza              | Yes                  | Yes             |



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|        |                                       |                      |                     |                  |
|--------|---------------------------------------|----------------------|---------------------|------------------|
| J3590  | Evolocumab                            | Repatha              | Yes- Part D only    | Yes- Pharmacy    |
| J3490  | Exenatide                             | Byetta, Bydureon     | Yes- Part D only    | Yes- Pharmacy    |
| J9358  | fab-Trastuzumab deruxtecan            | Enhertu              | Yes                 | Yes              |
| J2777  | Faricimab-svoa                        | Vabysmo              | Yes- ST req'd       | Yes              |
| J3590  | Fecal Microbiota, live-jslm           | Rebyota              | Yes                 | Yes              |
| J1439  | Ferric carboxymaltose                 | Injectafer           | Yes                 | Yes              |
| J1437  | Ferric derisomaltose                  | Monoferric           | Yes                 | Yes              |
| J1445  | Ferric pyrophosphate citrate solution | Triferic AVNU        | Yes                 | Yes              |
| Q0139  | Ferumoxitol (ESRD only)               | Feraheme (ESRD only) | Yes                 | Yes              |
| J7311  | Fluocinolone implant                  | Retisert             | Yes                 | Yes              |
| J7313  | Fluocinolone implant                  | Iluvien              | Yes                 | Yes              |
| J7314  | Fluocinolone implant                  | Yutiq                | Yes                 | Yes              |
| J2680  | Fluphenazine                          | NA                   | No PA Req'd         | Yes (excluded)-  |
| C9399, | Fosdenopterin                         | Nulibry              | Yes                 | Yes              |
| J3031  | Fremanezumab-vfrm                     | Ajovy                | Yes                 | Yes              |
| J9395  | Fulvestrant                           | Faslodex             | Yes                 | Yes              |
| J9393  | Fulvestrant (Teva)                    |                      | Yes                 | Yes              |
| J1458  | Galsulfase                            | Naglazyme            | Yes                 | Yes              |
| J9198  | Gemcitabine (brand Infugem only)      | Infugem              | Yes                 | Yes              |
| J9203  | Gemtuzumab ozogamicin                 | Mylotarg             | Yes                 | Yes              |
| J0223  | Givosiran                             | Givlaari             | 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              |

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|       |                              |                      |                    |                  |
|-------|------------------------------|----------------------|--------------------|------------------|
| J1602 | Golimumab, IV                | Simponi Aria         | Yes                | Yes              |
| J1429 | Golodirsen                   | Vyondys 53           | Yes                | Yes              |
| J9202 | Goserelin                    | Zoladex              | Yes                | Yes              |
| J1627 | 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              |
| J1628 | Guselkumab                   | Tremfya              | Yes- Part D only   | Pharmacy Benefit |
| J1630 | Haloperidol                  | Haldol               | No PA Req'd        | Yes (excluded)-  |
| J1631 | Haloperidol                  | Haldol               | No PA Req'd        | Yes (excluded)-  |
| J1675 | Histrelin                    | Supprelin            | Yes- Part D only   | Yes              |
| J9226 | Histrelin implant            | Supprelin LA         | Yes                | Yes              |
| J9225 | Histrelin implant            | Vantas               | Yes                | Yes              |
| J7318 | Hyaluronan or Derivative     | Durolane             | <b>No PA Req'd</b> | Not covered      |
| J7323 | Hyaluronan or Derivative     | Euflexxa             | Yes- ST req'd      | Not covered      |
| J7326 | Hyaluronan or Derivative     | Gel-One              | Yes- ST req'd      | Not covered      |
| J7328 | Hyaluronan or Derivative     | Gel-Syn              | <b>No PA Req'd</b> | Not covered      |
| J7320 | Hyaluronan or Derivative     | GenVisc 850          | Yes- ST req'd      | Not covered      |
| J7321 | Hyaluronan or Derivative     | Hyalgan or Supartz   | Yes- ST req'd      | Not covered      |
| J7327 | Hyaluronan or Derivative     | Monovisc             | Yes- ST req'd      | Not covered      |
| J7324 | Hyaluronan or Derivative     | Orthovisc            | Yes- ST req'd      | Not covered      |
| J7331 | Hyaluronan or Derivative     | Synjoynt             | Yes- ST req'd      | Not covered      |
| J7325 | Hyaluronan or Derivative     | Synvisc, Synvisc-One | <b>No PA Req'd</b> | Not covered      |
| J7332 | Hyaluronan or Derivative     | Triluron             | Yes- ST req'd      | Not covered      |
| J7329 | Hyaluronan or Derivative     | Trivisc              | Yes- ST req'd      | Not covered      |

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|        |                                 |                         |                  |             |
|--------|---------------------------------|-------------------------|------------------|-------------|
| J7333* | Hyaluronan or Derivative        | Visco-3                 | Yes- ST req'd    | Not covered |
| J1726  | Hydroxyprogesterone caproate    | Makena                  | Yes              | Yes         |
| J1729  | Hydroxyprogesterone caproate    | not Makena              | Yes              | Yes         |
| J7322  | Hymovis                         | Hymovis                 | Yes- ST req'd    | Not covered |
| J1746  | Ibalizumab-uiyk                 | Trogarzo                | Yes              | Yes         |
| J1744  | Icatibant                       | Firazyr                 | Yes- Part D only | No PA Reqd  |
| Q2055  | Idecabtagene Vicleucel          | Abecma                  | Yes              | Yes         |
| Q4074  | Iloprost, Inhaled               | Ventavis                | Yes              | Yes         |
| J1786  | Imiglucerase                    | Cerezyme                | Yes              | Yes         |
| J0742  | Imipenem-cilastatin-relebactam  | Recarbrio               | Yes              | Yes         |
| J1554  | Immune Globulin                 | Asceniv                 | Yes- ST req'd    | Yes         |
| J1551  | Immune Globulin                 | Cutaquig                | Yes              | Yes         |
| J1566  | Immune Globulin lyophilized, IV | Carimune, Gammagard S/D | Yes              | Yes         |
| J1460  | Immune Globulin, IM             | GamaStan SD             | Yes              | Yes         |
| J1572  | Immune Globulin, IV             | Flebogamma              | Yes              | Yes         |
| J1569  | Immune Globulin, IV             | Gammagard Liquid        | Yes              | Yes         |
| J1557  | Immune Globulin, IV             | Gammaplex               | Yes              | Yes         |
| J1561  | Immune Globulin, IV             | Gamunex-C, Gammaked     | Yes              | Yes         |
| J1599  | Immune Globulin, IV             | Nonlyophilized (NOS)    | Yes- ST req'd    | Yes         |
| J1568  | Immune Globulin, IV             | Octagam                 | Yes              | Yes         |
| J1556  | Immune Globulin, IV             | Bivigam                 | Yes              | Yes         |
| J1459  | Immune Globulin, IV,            | Privigen                | Yes              | Yes         |
| J1555  | Immune Globulin, SQ             | Cuvitru                 | Yes              | Yes         |
| J1559  | Immune Globulin, SQ             | Hizentra                | Yes- Part D only | Yes         |

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|       |   |                         |                  |                  |
|-------|---|-------------------------|------------------|------------------|
| J1558 | Immune Globulin, SQ                     | Xembify                 | Yes              | Yes              |
| J1575 | Immune Globulin/hyaluronidase           | Hyqvia                  | Yes              | Yes              |
| J1306 | Inclisiran                              | Leqvio                  | Yes- ST req'd    | Yes              |
| J0588 | Incobotulinumtoxin A                    | Xeomin                  | Yes              | Yes              |
| J1823 | Inebilizumab                            | Uplizna                 | Yes- ST req'd    | Yes              |
| Q3027 | Inferferon Beta-1a, IM use              | Avonex                  | Yes- Part D only | Pharmacy Benefit |
| Q3028 | Inferferon Beta-1a, SQ use              | Rebif, Rebidose         | Yes- Part D only | Pharmacy Benefit |
| J1745 | Infliximab                              | Remicade                | Yes              | Yes              |
| Q5104 | Infliximab-abda (biosimilar)            | Renflexis               | Yes              | Yes              |
| Q5121 | Infliximab-axxq, (biosimilar)           | Avsola                  | Yes              | Yes              |
| Q5103 | Infliximab-dyyb (biosimilar)            | Inflectra               | Yes              | Yes              |
| Q5109 | Infliximab-qbtx (biosimilar)            | Ixifi                   | Yes              | Yes              |
| J3490 | Inotersen                               | Tegsedi                 | Yes- Part D only | Pharmacy Benefit |
| J9229 | Inotuzumab                              | Besponsa                | 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              |
| 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              |

# Injectable and Oncology Medications Administered by Provider



|       |                                     |                   |                  |            |
|-------|-------------------------------------|-------------------|------------------|------------|
| J9205 | Irinotecan liposome                 | Onivyde           | Yes              | Yes        |
| J9227 | Isatuximab                          | Sarclisa          | Yes              | Yes        |
| J1833 | Isavuconazonium                     | Cresemba (IV)     | Yes              | Yes        |
| J9207 | Ixabepilone                         | Ixempra           | Yes              | Yes        |
| J3490 | Ketamine (IV)                       | NA (generic only) | Yes              | Yes        |
| J0593 | Lanadelumab-flyo                    | Takhzyro          | Yes              | Yes        |
| J1930 | Lanreotide                          | Somatuline        | Yes              | Yes        |
| J1932 | Lanreotide                          | Cipla             | Yes              | Yes        |
| J1931 | Laronidase                          | Aldurazyme        | Yes              | Yes        |
| J3590 | Lecanemab-irmb                      | Leqembi           | Yes              | Yes        |
| J0691 | Lefamulin                           | Xenleta           | Yes              | Yes        |
| J3490 | Lenacapavir                         | Sunlenca          | Yes              | Yes        |
| J1951 | Leuprolide                          | Fensolvi          | Yes              | Yes        |
| J9218 | Leuprolide                          | Lupron            | Yes- Part D only | Yes        |
| J1954 | Leuprolide acetate depot suspension | Lutrate           | Yes              | Yes        |
| J1950 | Leuprolide depot suspension         | Lupron Depot,     | Yes              | Yes        |
| J9219 | Leuprolide implant                  | Lupron Implant    | Yes              | Yes        |
| J1952 | Leuprolide mesylate                 | Camcevi           | Yes              | Yes        |
| J0641 | Levoleucovorin                      | Fusilev           | Yes              | Yes        |
| J0642 | Levoleucovorin                      | Khapzory          | Yes              | Yes        |
| J7296 | Levonorgestrel IUD                  | Kyleena IUD       | Not Covered±     | No PA Reqd |
| 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 |

# Injectable and Oncology Medications Administered by Provider



|       |  |                              |                  |                 |
|-------|--|------------------------------|------------------|-----------------|
| J3490 | Liraglutide                                      | Victoza                      | Yes- Part D only | Yes             |
| Q2054 | Lisocabtagene maraleucel                         | Breyanzi                     | Yes              | Yes             |
| J9359 | loncastuximab tesirine                           | Zynlonta                     | Yes              | Yes             |
| J2062 | Loxapine, inhaled powder                         | Adasuve                      | No PA Reqd       | Yes (excluded)- |
| J0224 | Lumasiran  | Oxlumo                       | Yes              | Yes             |
| J9223 | Lurbinectedin                                    | Zepzelca                     | Yes              | Yes             |
| J0896 | Luspatercept                                     | Reblozyl                     | Yes              | Yes             |
| J9353 | Margetuximab                                     | Margenza                     | Yes              | Yes             |
| J2170 | Mecasermin                                       | Increlex, Iplex              | Yes- Part D only | Yes             |
| S9432 | Medical foods for noninborn errors of metabolism | Dojolvi                      | Yes              | Yes (Non-Scode) |
| J1055 | Medroxyprogesterone                              | Depo-Provera                 | Not Covered±     | No PA Reqd      |
| J9245 | Melphalan  | Alkeran                      | Yes              | Yes             |
| J9246 | Melphalan  | Evomela                      | Yes              | Yes             |
| J9247 | Melphalan Flufenamide                            | Pepaxto                      | Yes              | Yes             |
| J2182 | Mepolizumab                                      | Nucala                       | Yes              | Yes             |
| J2186 | Meropenem/vaborbactam                            | Vabomere                     | Yes              | Yes             |
| J7309 | Methyl Aminolevulinate                           | Levulan, Kerastick, Metvixia | Yes              | Yes             |
| J2212 | Methylnaltrexone                                 | Relistor                     | Yes- Part D only | Yes             |
| J3490 | Metreleptin                                      | Myalept                      | Yes              | Yes             |
| J3490 | Mipomersen                                       | Kynamro                      | Yes- Part D only | Yes             |
| C9146 | Mirvetuximab soravtansine-gynx                   | Elahere                      | Yes              | Yes             |
| J9281 | Mitomycin Gel                                    | Jelmyto                      | Yes              | Yes             |
| J9204 | Mogamulizumab-kpkc                               | Poteligeo                    | Yes              | Yes             |

# Injectable and Oncology Medications Administered by Provider



|        |                                  |                  |                                      |                 |
|--------|----------------------------------|------------------|--------------------------------------|-----------------|
| S1091  | Mometasone Furoate Sinus Implant | Propel           | Yes                                  | Yes             |
| J7402  | Mometasone Furoate Sinus Implant | Sinuva           | Yes                                  | Yes             |
| J9999  | Mosunetuzumab-axgb               | Lunsumio         | Yes                                  | Yes             |
| J9313  | Moxetumomab                      | Lumoxiti         | Yes                                  | Yes             |
| J9999  | Nadofaragene Firadenovec-vncg    | Adstiladrin      | Yes                                  | Yes             |
| J2323  | Natalizumab                      | Tysabri          | Yes                                  | Yes             |
| J9348  | Naxitamab                        | Danyelza         | Yes                                  | Yes             |
| J9295  | Necitumumab                      | Portrazza        | Yes                                  | Yes             |
| J9261  | Nelarabine                       | Arranon          | Yes                                  | Yes             |
| J8655  | Netupitant-palonesetron oral     | Akynzeo          | Yes                                  | Yes             |
| J9299  | Nivolumab                        | Opdivo           | Yes                                  | Yes             |
| J9298  | Nivolumab/relatlimab-rmbw        | Opdualag         | Yes                                  | Yes             |
| J2326  | Nusinersen                       | Spinraza         | Yes                                  | Yes             |
| J9301  | Obinutuzumab                     | Gazyva           | Yes                                  | Yes             |
| J2350  | Ocrelizumab                      | Ocrevus          | Yes                                  | Yes             |
| J7316  | Ocriplasmin                      | Jetrea           | Yes                                  | Yes             |
| J2354  | Octreotide                       | Sandostatin      | Yes- Part D only                     | No PA Reqd      |
| J9302  | Ofatumumab                       | Arzerra          | Yes                                  | Yes             |
| J2358  | Olanzapine                       | Zyprexa Relprevv | No PA Reqd                           | Yes (excluded)- |
| J9285  | Olaratumab                       | Lartruvo         | Yes                                  | Yes             |
| J3490, | Oliceridine                      | Olinvyk          | Hospital/ED Use only (no PA in these |                 |
| J0218  | Olipudase Alfa                   | Xenpozyme        | Yes                                  | Yes             |
| J9262  | Omacetaxine mepesuccinate        | Synribo          | Yes                                  | Yes             |

# Injectable and Oncology Medications Administered by Provider



|        |   |                 |                  |                 |
|--------|---|-----------------|------------------|-----------------|
| J0121  | Omadacycline  | Nuzyra          | Yes              | Yes             |
| J2357  | Omalizumab  | Xolair          | Yes              | Yes             |
| J0585  | Onabotulinumtoxin-A                                   | Botox           | Yes              | Yes             |
| J3399  | Onasemnogene abeparvovec                              | Zolgensma       | Yes              | Yes             |
| J2406  | Oritavancin   | Kimyrsa         | Yes              | Yes             |
| J9264  | Paclitaxel protein-bound                              | Abraxane        | Yes              | Yes             |
| J2426  | Paliperidone  | Invega Sustenna | Yes              | Yes (excluded)- |
| 90378  | Palivizumab   | Synagis         | Yes              | Yes             |
|        | 1. For <b>OHSU</b> providers only, submit request to  |                 |                  |                 |
|        | 2. For all <b>other providers</b> , submit request to |                 |                  |                 |
| J9303  | Panitumumab   | Vectibix        | Yes              | Yes             |
| J2440  | Papaverine  | N/A             | Yes- Part D only | No PA Req'd     |
| J3490  | Parathyroid hormone                                   | Natpara         | Yes- Part D only | Yes             |
| J2502  | Pasireotide   | Signifor LAR    | Yes              | Yes             |
| J0222  | Patisiran   | Onpattro        | Yes              | Yes             |
| J2504  | Pegademase bovine                                     | Adagen          | Yes              | Yes             |
| J2503  | Pegaptanib  | Macugen         | Yes              | Yes             |
| J9266  | Pegaspargase  | Oncaspar        | Yes              | Yes             |
| J3490, | Pegcetacoplan   | Empaveli        | Yes              | Yes             |
| J0890  | Peginesatide  | Omontys         | Yes              | Yes             |
| J2507  | Pegloticase   | Krystexxa       | Yes              | Yes             |
| J3490  | Pegvaliase-pqpz                                       | Palynziq        | Yes              | Yes             |
| J3590  | Pegvisomant   | Somavert        | Yes- Part D only | Yes             |



# Injectable and Oncology Medications Administered by Provider



|        |  |            |                                      |                    |
|--------|--|------------|--------------------------------------|--------------------|
| J3590, | Pegylated Interferon alfa-2a               | Pegasys    | Yes- Part D only                     | Yes                |
| J3590, | 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                |
| J9305  | Pemetrexed                                 | Alimta     | Yes                                  | Yes                |
| J9304  | Pemetrexed                                 | Pemfexy    | Yes                                  | Yes                |
| J9306  | Pertuzumab                                 | Perjeta    | Yes                                  | Yes                |
| J9316  | Pertuzumab, trastuzumab, and hyaluronidase | Phesgo     | Yes                                  | Yes                |
| J3490  | Phenobarbital Sodium                       | Sezaby     | Hospital/ED Use only (no PA in these |                    |
| J2760  | Phentolamine                               | Regitine   | Yes- Part D only                     | No PA Req'd        |
| J2998  | Plasminogen                                | Ryplazim   | Yes                                  | Yes                |
| J2562  | Plerixafor                                 | Mozobil    | Yes                                  | Yes                |
| J9309  | Polatuzumab                                | Polivy     | Yes                                  | Yes                |
| J3490  | Polidocanol                                | Varithena  | Billed under CPT -                   | Billed under CPT - |
| J9307  | Pralatrexate                               | Folotylin  | Yes                                  | Yes                |
| J3490  | Pramlintide                                | Symlin     | Yes- Part D only                     | Yes                |
| J2770  | Quinupristin/dalfopristin                  | Synercid   | Yes                                  | Yes                |
| J9308  | Ramucirumab                                | Cyramza    | Yes                                  | Yes                |
| J2778  | Ranibizumab                                | Lucentis   | Yes- ST req'd                        | Yes                |
| J2779  | Ranibizumab via intravitreal implant       | Susvimo    | Yes- ST req'd                        | Yes                |
| Q5128  | Ranibizumab-eqrn                           | Cimerli    | Yes- ST req'd                        | Yes                |
| Q5124  | Ranibizumab-nuna                           | Byooviz    | Yes- ST req'd                        | Yes                |
| J1303  | Ravulizumab                                | Ultomiris  | Yes                                  | Yes                |

# Injectable and Oncology Medications Administered by Provider



|       |   |                  |                    |                 |
|-------|---|------------------|--------------------|-----------------|
| J9999 | Retifanlimab-dlwr                                     | Zynyz            | Yes                | Yes             |
| J0248 | Remdesivir  | Veklury          | Outpatient- Part B | No PA Reqd €    |
| J2786 | Reslizumab  | Cinqair          | Yes                | Yes             |
| J7677 | Revefenacin inhalation solution, administered through | Yupelri          | Yes                | Yes             |
| J2793 | Rilonacept  | Arcalyst         | Yes                | Yes             |
| J0587 | RimabotulinumtoxinB                                   | Myobloc          | Yes                | Yes             |
| J2327 | Risankizumab  | Skyrizi          | Yes                | Yes             |
| J2794 | Risperidone   | Risperdal Consta | No PA Reqd         | Yes (excluded)- |
| J2798 | Risperidone   | Perseris         | Yes                | Yes (excluded)- |
| J9311 | Rituximab and hyaluronidase                           | Rituxan Hycela   | Yes                | Yes             |
| J2797 | Rolapitant, injection                                 | Varubi           | Yes                | Yes             |
| J8670 | Rolapitant, oral                                      | Varubi           | Yes                | Yes             |
| J9319 | Romidepsin, lyophilized                               | Istodax          | Yes                | Yes             |
| J9318 | Romidepsin, nonlyophilized                            |                  | Yes                | Yes             |
| J2796 | Romiplostim   | Nplate           | Yes                | Yes             |
| J3111 | Romozosumab   | Evenity          | Yes                | Yes             |
| J3490 | Ropeginterferon alfa-2b-njft                          | Besremi          | Yes                | Yes             |
| J9317 | Sacituzumab govitecan-hziy                            | Trodelyv         | Yes                | Yes             |
| J3590 | Sarilumab   | Kevzara          | Yes- Part D only   | Yes- Pharmacy   |
| J3590 | Satralizumab  | Enspryng         | Yes - Part D only  | Yes             |
| J2840 | Sebelipase alfa                                       | Kanuma           | Yes                | Yes             |
| J3590 | Secukinumab   | Cosentyx         | Yes- Part D only   | Yes             |
| J7294 | Segesterone acetate and ethinyl estradiol 0.15 mg,    | Annovera         | Not Covered±       | No PA Reqd      |

# Injectable and Oncology Medications Administered by Provider



|       |                          |                   |                                      |                   |
|-------|--------------------------|-------------------|--------------------------------------|-------------------|
| J3490 | Selexipag for injection  | Uptravi           | Yes                                  | Yes               |
| J2860 | Siltuximab               | Sylvant           | Yes                                  | Yes               |
| Q2043 | Sipuleucel-T             | Provenge          | Yes                                  | Yes               |
| J9331 | Sirolimus protein-bound  | Fyarro            | Yes                                  | Yes               |
| J0208 | Sodium thiosulfate       | Pedmark           | Yes                                  | Yes               |
| Q0247 | Sotrovimab               |                   | Not covered under                    | Not covered under |
| J1747 | Spesolimab-sbzo          | Spevigo           | Yes                                  | Yes               |
| J3030 | Sumatriptan succinate    | Imitrex Injection | Yes- Part D only                     | No PA Reqd        |
| J1302 | Sutimlimab-jome          | Enjaymo           | Yes                                  | Yes               |
| J9349 | Tafasitamab              | Monjuvi           | Yes                                  | Yes               |
| J9269 | Tagraxofusp-erzs         | Elzonris          | Yes                                  | Yes               |
| J3060 | Taliglucerase alfa       | ElELYso           | Yes                                  | Not covered       |
| J9325 | Talimogene laherparepvec | Imlygic           | Yes                                  | Yes               |
| J9274 | Tebentafusp-tebn         | Kimtrak           | Yes                                  | Yes               |
| C9148 | Teclistamab-cqyv         | Tecvayli          | Yes                                  | Yes               |
| J9328 | Temozolomide             | Temodar           | Yes                                  | Yes               |
| J9330 | Temsirolimus             | Torisel           | Yes                                  | Yes               |
| C9149 | Teplizumab-mzwv          | Tzield            | Yes                                  | Yes               |
| J3241 | Teprotumumab             | Tepezza           | Yes                                  | Yes               |
| J3110 | Teriparatide             | Forteo            | Yes- Part D only                     | Yes- Pharmacy     |
| J3490 | Terlipressin             | Terlivaz          | Hospital/ED Use only (no PA in these |                   |
| J3145 | Testosterone undecanoate | Aveed             | Yes                                  | Yes               |
| J2356 | Tezepelumab-ekko         | Tezspire          | Yes                                  | Yes               |
| J9340 | Thiotepa                 | Tepadina (brand)  | Yes                                  | Yes               |

# Injectable and Oncology Medications Administered by Provider



|       |   |                                 |                      |                      |
|-------|---|---------------------------------|----------------------|----------------------|
| J3245 | Tildrakizumab                                 | Ilumya                          | Yes                  | Yes                  |
| Q2042 | Tisagenlecleucel                              | Kymriah                         | Yes                  | Yes                  |
| J9273 | Tisotumab vedotin                             | Tivdak                          | Yes                  | Yes                  |
| Q0221 | Tixagevimab & cilgavimab                      |                                 | Excluded - federally | Excluded - federally |
| J3262 | Tocilizumab                                   | Actemra                         | Yes                  | Yes                  |
| Q0249 | Tocilizumab for hospitalized with COVID19     |                                 | Covered inpatient    | Bill FFS Medicare    |
| J9352 | Trabectedin                                   | Yondelis                        | Yes                  | Yes                  |
| J9355 | Trastuzumab                                   | Herceptin                       | Yes                  | Yes                  |
| Q5113 | Trastuzumab-pkrb                              | Herzuma                         | Yes                  | Yes                  |
| Q5114 | Trastuzumab-dkst                              | Ogivri (Herceptin biosimilar)   | Yes                  | Yes                  |
| Q5112 | Trastuzumab-dttb                              | Ontruzant                       | Yes                  | Yes                  |
| Q5117 | Trastuzumab-aans                              | Kanjinti (Herceptin biosimilar) | Yes                  | Yes                  |
| Q5116 | Trastuzumab-qyyp                              | Trazimera (Hercepti biosimilar) | Yes                  | Yes                  |
| J9356 | Trastuzumab and Hyaluronidase                 | Herceptin Hylecta               | Yes                  | Yes                  |
| C9147 | Tremelimumab-actl                             | Imjudo                          | Yes                  | Yes                  |
| J3285 | Treprostinil                                  | Remodulin                       | Yes                  | Yes                  |
| J7686 | Treprostinil                                  | Tyvaso                          | Yes                  | Yes                  |
| J3299 | Triamcinolone acetonide injectable suspension | Xipere                          | Yes                  | Yes                  |
| J3304 | Triamcinolone ER injection                    | Zilretta                        | Yes                  | Yes                  |
| J1448 | Trilaciclib                                   | Cosela                          | Yes                  | Yes                  |
| J3315 | Triptorelin                                   | Trelstar                        | Yes                  | Yes                  |

# Injectable and Oncology Medications Administered by Provider



|       |  |                              |                  |                 |
|-------|--|------------------------------|------------------|-----------------|
| J3316 | Triptorelin extended release, 3.75 mg                  | Triptodur                    | Yes              | Yes             |
| J3590 | Ublituximab-xiiy                                       | Briumvi                      | Yes              | Yes             |
| J3355 | Urofollitropin   | Metrodin, Bravelle, Fertinex | Yes- Part D only | Not covered     |
| J3358 | Ustekinumab  | Stelara IV (Crohns)          | Yes              | Yes             |
| J3357 | Ustekinumab  | Stelara SubQ                 | Yes- Part D only | Yes             |
| 90396 | Varicella zoster immune globulin                       | Varizig                      | Yes              | Yes             |
| J3380 | Vedolizumab  | Entyvio                      | Yes              | Yes             |
| J3385 | Velaglucernase alfa                                    | Vpriv                        | Yes              | Yes             |
| J3397 | Vestronidase alfa-vjvk                                 | Mepsevii                     | Yes              | Yes             |
| J1427 | Viltolarsen  | Viltepso                     | Yes              | Yes             |
| J9371 | Vincristine sulfate liposome                           | Marqibo                      | Yes              | Yes             |
| J3398 | Voretigene neparvovec-rzyl                             | Luxturna                     | Yes              | Yes             |
| J0225 | Vutrisiran   | Amvuttra                     | Yes              | Yes             |
| J3486 | Ziprasidone  | Geodon                       | No PA Reqd       | Yes (excluded)- |
| J9400 | Ziv-aflibercept  | Zaltrap                      | Yes              | Yes             |
| C9399 | Unclassified Drug or biologic                          |                              | Yes              | Yes             |
| J3590 | Unclassified Biologics                                 |                              | Yes              | Yes             |
| J3591 | Unclassified Drug or Biologic use for ESRD on dialysis |                              | Yes              | Yes             |
| J9999 | Not otherwise classified, Anti-neoplastic Drugs        |                              | Yes              | Yes             |

# Injectable and Oncology Medications Administered by Provider



\* 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.

\*\* MAT services are covered first 30 days without clinical PA needed. However, ongoing PA may be required including changes to therapy. CareOregon discourages starting without first obtaining a PA, but will honor all medically appropriate claims for MAT in the first 30 days without clinical PA. 30 day window begins with first oral Suboxone dose. IE-transition from long term oral Suboxone to Sublocade will not qualify for auto-coverage of first dose.

± Coverage excluded by Medicare. For members with dual eligibility, coverage may be offered under their secondary Medicaid (OHP).

¥ DMAP covers when drug is billed through a pharmacy. "Buy and bill" not supported thru CCO.

€ Home Infusion services (CPT and Scodes) also no PA when used with this code.

## **Hemophilia/Factor Products- Required thru CDRC Hemophilia Center at OHSU.**

- Authorization required if request is to give outside CDRC.

- See Authorization Policy on Injectable Drugs for Bleeding and Clotting Disorders for details

HCPC Codes include: J7185, J7190, J7191, J7192, J7198, J0365, J7189, J7193, J7194, J7195, J7180, J7205, J7181, J7186, J7187, C9267, J7183, J7200

Example Product Names (not all inclusive): Humate-P, Factor-III, Benefix, Eloctate, Alprolix, Adynovate, Hemlibra, Rebinyn, Esperoct, Fibryga

## **Intrathecal Compounds**

In accordance with LCA A541000, CareOregon and CareOregon Advantage require use of the HCPC J7999 (compound) for intrathecal pain compounds.

## **Recent PA Removals (PA no longer required)**

Q0138 Feraheme in non-ESRD (effective 2/1/23). PA remains for ESRD dialysis for Feraheme under a different code.

J2315 Vivitrol (effective 1/1/2020), J9312 Rituxan, Q5115 Truxima, Ruxience, Q5123 Riabni, J1454 Akynzeo IV, J9217 Lupron/Eligard (cancer only)

# Injectable and Oncology Medications Administered by Provider

