



AUTHORIZATION LIST – INJECTABLE DRUGS ADMINISTERED UNDER THE MEDICAL BENEFIT
Not Related to Bleeding and Clotting Disorders
CareOregon Advantage and OHP Members
Revised 12/20/11

INSTRUCTIONS:

1. Authorization for an injectable drug furnished by a non-pharmacy provider is ONLY required IF the drug is listed below. If it is NOT listed, then the drug does NOT require an authorization. Exception: New drugs to the market not on this list may require prior authorization.
2. For Advantage Members, injectable drugs that are classified as “self administered” by CMS, must be obtained from a pharmacy and billed under Part D, indicated below as part D only. Prior authorization is still required. The form can be found at: <http://www.careoregon.org/Res/Documents/Providers/Prior Auth Formulary Exception Request Form.pdf>
3. Special provisions apply to drug treatment for bleeding and clotting disorders. See the “Authorization Guidelines – Injectable Drugs for Bleeding and Clotting Disorders” for authorization information and detail at: <http://www.careoregon.org/Res/Documents/Providers/AuthGuidelines Injectable%20Drugs BandC 12-16-2011.pdf>

OF NOTE: On average, we are able to process authorization requests within five (5) business days. However, Medicare and the Oregon Health Plan allow up to 14 calendar days to process authorization decisions.

HCPC	GENERIC NAME	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus/Star) Members	OHP (Plus/Standard) Members
J0129	Abatacept	Orencia	✓	✓
J0586	AbobotulinumtoxinA	Dysport	✓	✓
J0135	Adalimumab	Humira	✓ Part D only	✓
J0180	Agalsidase beta	Fabrazyme	✓	✓
J0215	Alefacept	Amevive	✓ Part D only	✓
J9010	Alemtuzumab	Campath	✓	✓

HCPC	GENERIC NAME	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
J0205	Alglucerase	Ceredase	✓	✓
J0220	Alglucosidase alfa	Myozyme	✓	✓
J0221	Alglucosidase alfa	Lumizyme	✓	✓
J0256	Alpha-1 Proteinase Inhibitor	Prolastin	✓	✓
J0257	Alpha-1 Proteinase Inhibitor (human)	Glassia	✓	✓
J0270	Alprostadil	Caverject, Muse, Edex	Not covered	Not covered
J0275	Alprostadil	Caverject, Muse, Edex	Not covered	Not covered
J0365	Aprotinin	Trasylol	✓	✓
J0598	C1 esterase inhibitor	Cinryze	✓	✓
C9286	Belatacept	Nulojix	✓	✓
J0490	Belimumab	Benlysta	✓	✓
J9033	Bendamustine	Treanda	✓	✓
J9035	Bevacizumab	Avastin	✓	✓
J9041	Bortezomib	Velcade	✓	✓
C9287	Brentuximab vedotin	Adcetris	✓	✓
J9043	Cabazitaxel	Jevtana	✓	✓
J9045	Carboplatin	Paraplatin	✓	✓
J0638	Canakinumab	Ilaris	✓	✓
J7335	Capsaicin patch	Qutenza	✓	✓
J0712	Ceftaroline fosamil	Teflaro	✓	✓
J0718	Certolizumab	Cimzia	✓ Part D only	✓
J9055	Erbitux	Cetuximab	✓	✓
J0775	Collagenase clostridium histolyticum	Xiaflex	✓	✓
J0800	Corticotropin	Acthar gel	✓	✓

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J0881	Darbepoetin alfa	Aranesp	✓	✓
J0894	Decitabine	Dacogen	✓	✓
J0897	Denosumab	Prolia	✓	✓
J22597	Desmopressin acetate	DDAVP	✓ Part D only	✓
J9171	Docetaxel	Taxotere	✓	✓
J9001	Doxorubicin liposomal	Doxil	✓	✓
J1300	Eculizumab	Soliris	✓	✓
J1324	Enfuvirtide	Fuzeon	Part D only, No auth required.	✓
J0885	Epoetin alfa (non-ESRD)	Procrit	✓	✓
J1325	Epoprostenol	Flolan	✓	✓
S0155	Epoprostenol	Flolan	✓	✓
J9179	Eribulin	Halaven	✓	✓
J1438	Etanercept	Enbrel	✓ Part D only	✓
J8561	Everolimus (oral)	Afinitor, Zortress	✓	✓
J9185	Fludarabine	Fludara	✓	✓
J7311	Fluocinolone implant	Retisert	✓	✓
J9395	Fulvestrant	Faslodex	✓	✓
J1458	Galsulfase	Naglazyme	✓	✓
J9201	Gemcitabine	Gemzar	✓	✓
J9202	Goserelin	Zoladex	✓	✓
J2941	Growth Hormone	Protropin	✓ Part D only	✓
J2940	Growth Hormone	Somatropin	✓ Part D only	✓
J1675	Histrelin	Supprelin LA	✓ Part D only	✓
J9225	Histrelin implant	Vantas	✓	✓

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J9226	Histrelin implant	Supprelin LA	✓	✓
J7321	Hyaluronan or Derivative	Hyalgan or Supartz	✓	Not Covered
J7323	Hyaluronan or Derivative	Euflexxa	✓	Not Covered
J7324	Hyaluronan or Derivative	Orthovisc	✓	Not Covered
J7325	Hyaluronan or Derivative	Synvisc, Synvisc-One	✓	Not Covered
J7326	Hyaluronan or derivative	Gel-One	✓	Not Covered
J1725	Hydroxyprogesterone caproate	Makena	✓	✓
Q4074	Iloprost, Inhaled	Ventavis	✓	✓
J0588	Incobotulinumtoxin A	Xeomin	✓	✓
J1745	Infliximab	Remicade	✓	✓
J9212	Interferon Alfacon-1	Infergen	✓ Part D only	✓
J9213	Interferon Alfa-2a	Roferon A	✓ Part D only	✓
J9214	Interferon Alfa-2b	Intron A, Rebetrone Kit	✓	✓
J9215	Interferon Alfa N-3	Alferon-N	✓	✓
J9216	Interferon Gamma-1B	Actimmune	✓ Part D only	✓
J1786	Imiglucerase	Cerezyme	✓	✓
J1459	Immune Globulin, IV,	Privigen	✓	✓
J1460	Immune Globulin, IM	GamaStan SD	✓	✓
J1559	Immune Globulin, IV	Hizentra	✓	✓
J1561	Immune Globulin, IV	Gamunex	✓	✓
J1562	Immune Globulin	Vivaglobin	✓ Part D only	✓
J1568	Immune Globulin, IV	Octagam	✓	✓
J1566	Immune Globulin lyophilized, IV	Carimune	✓	✓
J1569	Immune Globulin, IV	Gammagard	✓	✓
J1572	Immune Globulin, IV	Flebogamma	✓	✓

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J1557	Immune Globulin, IV	Gammaplex	✓	✓
J1599	Immune Globulin, IV	Nonlyophilized (NOS)	✓	✓
J9228	Ipilimumab	Yervoy	✓	✓
J9206	Irinotecan	Camptosar	✓	✓
J1931	Laronidase	Aldurazyme	✓	✓
J1950	Leuprolide depot suspension	Lupron Depot,	✓	✓
J9217	Leuprolide depot	Lupron Depot, Eligard	✓	✓
J9218	Leuprolide	Lupron	✓ Part D only	✓
J9219	Leuprolide implant	Lupron Implant	✓	✓
J0641	Levoleucovorin	Fusilev	✓	✓
J2020	Linezolid	Zyvox	✓	✓
J2170	Mecasermin	Increlex, Iplex	✓ Part D only	✓
J7309	Methyl Aminolevulinate	Levulan, Kerastick, Metvixia	✓	✓
J9245	Melphalan	Alkeran	✓	✓
J2315	Naltrexone Extended-release injection	Vivitrol	✓	✓
J2323	Natalizumab	Tysabri	✓	✓
J9261	Nelarabine	Arranon	✓	✓
J9302	Ofatumumab	Arzerra	✓	✓
J2357	Omalizumab	Xolair	✓	✓
J0585	Onabotulinumtoxin-A	Botox	✓	✓
J9263	Oxaliplatin	Eloxatin	✓	✓
J9264	Paclitaxel protein-bound	Abraxane	✓	✓

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J9265	Paclitaxel	Taxol	✓	✓
J2426	Paliperidone	Invega Sustenna	✓	✓
90378	<p>Palivizumab</p> <ol style="list-style-type: none"> For OHSU providers only, submit request to CareOregon and use own supply. For all other providers, submit request to CareOregon and obtain Synagis from CVS/Caremark, our preferred provider. <p>Synagis Request Form: http://www.careoregon.org/Res/Documents/Providers/CO_Synagis_MRF.pdf .</p> <p>Synagis authorization criteria: http://www.careoregon.org/Res/Documents/Members/OHP_PA_Guidelines10-19-2011.pdf</p>	Synagis	✓	✓
J9303	Panitumumab	Vectibix	✓	✓
J2504	Pegademase bovine	Adagen	✓	✓
J9266	Pegaspargase	Oncaspar	✓	✓
J2507	Pegloticase	Krystexxa	✓	✓
S0145	Pegylated Interferon	Pegasys, Peg-Intron	✓ Part D only	✓
S0148	Pegylated Interferon	Pegasys, Peg-Intron	✓ Part D only	✓

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J9305	Pemetrexed	Alimta	✓	✓
J2562	Plerixafor	Mozobil	✓	✓
J9307	Pralatrexate	Folotyn	✓	✓
J2778	Ranibizumab	Lucentis	✓	✓
J2793	Riloncept	Arcalyst	✓	✓
J0587	RimabotulinumtoxinB	Myobloc	✓	✓
J9310	Rituximab	Rituxan	✓	✓
J9315	Romidepsin	Istodax	✓	✓
J2796	Romiplostim	Nplate	✓	✓
Q2043	Sipuleucel-T	Provenge	✓	✓
J2940	Somatrem	Protropin	✓ Part D only	✓
J2941	Somatropin	Various	✓ Part D only	✓
J9328	Temozolomide	Temodar	✓	✓
J3110	Teriparatide	Forteo	✓ Part D only	✓
J9330	Temsirolimus	Torisel	✓	✓
J1080	Testosterone	Various	✓ Part D only	✓
J1070	Testosterone	Various	✓ Part D only	✓
J3120	Testosterone	Various	✓ Part D only	✓
J3130	Testosterone	Various	✓ Part D only	✓
J3140	Testosterone	Various	✓ Part D only	✓
J3150	Testosterone	Various	✓ Part D only	✓
J3243	Tigecycline	Tygacil	✓	✓
J3262	Tocilizumab	Actemra	✓	✓
J9355	Trastuzumab	Herceptin	✓	✓

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J3285	Treprostinil	Remodulin	✓	✓
J7686	Treprostinil	Tyvaso	✓	✓
J3315	Triptorelin	Trelstar	✓	✓
J3357	Ustekinumab	Stelara	✓	✓
J3385	Velaglucernase alfa	Vpriv	✓	✓
90736	Zoster Vaccine live	Zostavax	✓ Part D only	✓