

## INJECTABLE AND INFUSION DRUGS

### FREQUENTLY ASKED QUESTIONS (FAQS) – Created March 17, 2011

**Q.1. How do I know if an injectable or infusion drug requires an authorization?**

**A.1. First** – you need to determine where the drug is going to be dispensed; pharmacy, provider office/outpatient facility, inpatient facility, or in the member’s home.

**Second** – you need to determine the member’s primary insurance coverage; OHP Plus, OHP Standard, Advantage Plus or Star.

**Q.1.a If the injectable drug is going to be dispensed at a pharmacy, what reference do I use?**

**A.1.a** Based on the member’s primary CareOregon insurance (CareOregon Advantage or Oregon Health Plan), refer to the correct Pharmacy formulary and search using either the drug’s generic or brand name. You are unable to search the formulary using a drug code (e.g. J0135). If you see “PA” listed by the drug, then you know that it requires a prior authorization.

Or, you can use the “Authorization Guidelines-Injectable Drugs” list; the “Self Administered Injectable” column identifies those injectable drugs that must be picked up from a pharmacy. You are able to search this list by drug name (generic or brand) as well as by drug code (e.g., J0135).

**What form do I use and who processes the authorization at CareOregon?**

Use the “Injectable Authorization Form” and fax it to the number on the form. The Pharmacy Unit at CareOregon is responsible for processing the authorization request.

**Q.1.b If the drug is going to be dispensed at an office, clinic or an outpatient facility, what reference do I use?**

**A.1.b** Use the “Authorization Guidelines – Injectable Drugs” list and if you see the drug listed, then you will know that it requires an authorization. Also, pay attention to the “Self Administered Injectable” column in the list. If the drug has a check mark in that column, then the drug requires an authorization AND the drug must be obtained from the pharmacy. For some of these drugs, the member’s provider office may actually administer the drug to the member. When that occurs, the member picks up the drug from the pharmacy, takes it to the provider’s office for administration. The provider’s office may bill for the administration fee, but they will not be billing for the cost of the drug.

**What form do I use and who processes the authorization at CareOregon?**

Use the “Injectable Authorization Form” and fax it to the number on the form. The Pharmacy Unit at CareOregon is responsible for processing the authorization request.

**Q.1.c If the member is going to be admitted as an inpatient, what reference do I use?**

**A.1.c** Use the “Authorization Guidelines by Plan” based on the member’s primary insurance; OHP Plus, OHP Standard, or Advantage Plus and Star. What you will see when you look at each document is that all scheduled inpatient hospital admissions, except Cesarean Sections, require an authorization.

**What form do I use and who processes the authorization at CareOregon?**

Use the “Facility Authorization Form” and fax it to the number on the form. The Medical Benefits Assurance Unit at CareOregon is responsible for processing the request.

**Q.1.d If the drug is going to be dispensed and provided in the member’s home, what reference do I use?**

**A.1.d** Use the “Authorization Guidelines by Plan” based on the member’s primary insurance; OHP Plus, OHP Standard, or Advantage Plus and Star. What you will see when you look at the document is that “enteral, parenteral and intravenous therapy (EPIV),” requires an authorization for ALL services.

**What form do I use and who processes the authorization at CareOregon?**

Use the “Authorization Form for DME, Home Health and Home Infusion” Form and fax it to the number on the form. The Medical Benefits Assurance Unit, DME staff at CareOregon is responsible for processing the request.

**Q.2 For injectable drugs needed to treat bleeding and clotting disorders, what do providers need to do to obtain the drugs?**

**A.2** They need to contact the Oregon Hemophilia Treatment Center at 503-416-8716 or 1-800-452-3563 and they will let the provider office know what information is needed in order to process their request, including how they will obtain the drug.