

Injectables Billed to the Medical Benefit for CareOregon Advantage Members



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Department: Medical Management

Unit: Pharmacy

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Applies to: CareOregon Advantage (Medicare)

PURPOSE

This policy describes coverage restrictions on specific injectable drugs billed to the medical benefit (i.e. an HCFA claim and not a pharmacy prescription). This policy applies to CareOregon members with Oregon Health Plan (OHP).

Prior authorization is not required for injectable drugs billed to the medical benefit that are not specifically listed in this policy. A possible exception to this policy is drugs that were recently approved by the FDA.

DEFINITIONS

Billed to the medical benefit: Provider administers drug in office, facility or member's home and submits an HCFA claim form.

Billed to the pharmacy benefit: Provider issues a prescription to the member, who fills it at a pharmacy. For coverage information, refer to the CareOregon Formulary and/or CareOregon Advantage Formulary.

Health Care Financing Administration (HCFA): Previous name of **The Centers for Medicare and Medicaid Services (CMS)**, a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program and health insurance portability standards.

HCPCS: Healthcare Common Procedure Coding System

Self-administered drugs: Information from the manufacturer, scientific literature or CMS indicates that self-administration by a patient or administration by a caregiver is safe and acceptable.

Urgent Services: Services that are considered medically appropriate IF delaying drug administration would cause an adverse additional outcome, additional days in the hospital or needless suffering

POLICY

Injectable Drugs Covered Only When Billed By CDRC at Oregon Health and Science University (OHSU)

For non-CDRC claims, prior authorization for non-urgent services must be obtained before the drug is administered. Failure to obtain prior authorization may result in a coverage denial.

HCPC(s)	Generic Name	Brand Name(s)*
J7190, J7192, J7191	Antihemophilic factor	Factor VIII- Various
J7198	Anti-inhibitor coagulant complex	Autoplex T, Feiba VH Immuno
J0365	Aprotinin	Trasylol
J7189	Factor VIIa	Novoseven,
J7193, J7194, J7195	Factor IX	Benefix, Konyne 80, Mononine, Profilinine SD, Bebulin VH Immuno, Alphanine
J7186	Antihemophilic factor VIII/von Willebrand factor complex	Alphanate
J7187	von Willebrand factor complex	Humate-P
Q4096	von Willebrand factor complex, human, ristocetin cofactor (NOS)	

*Brand names are provided for reference only and are not all-inclusive.

Injectable Drugs That Require Prior Authorization When Billed To the Medical Benefit

The provider must request prior authorization for non-urgent services before a drug is administered. Failure to obtain prior authorization may result in a coverage denial.

HCPC(s)	Generic Name	Brand Name(s)^
J0129	Abatacept	Orencia
J0135*	Adalimumab	Humira
J0215*	Alefacept	Amevive
J0256	Alpha-1 Proteinase Inhibitor	Prolastin
J0270, J0275*	Alprostadil	Caverject, Muse, Edex
J3590*	Anakinra	Kineret
J0585	Botulinum Toxin Type A	Botox
J0587	Botulinum Toxin Type B	Myobloc
J0895	Deferoxamine	
J1300	Eculizumab	Soliris
S0162*	Efalizumab	Raptiva
J1325, S0155	Epoprostenol	Flolan
J1438*	Etanercept	Enbrel
J9202	Goserelin	Zoladex
J2940, J2941*	Growth hormone	Various
Q4083, J7321	Hyaluronan or Derivative	Hyalgan or Supartz
Q4084, J7322	Hyaluronan or Derivative	Synvisc
Q4085, J7323	Hyaluronan or Derivative	Euflexxa
Q4086, J7324	Hyaluronan or Derivative	Orthovisc
Q4080	Iloprost, Inhaled	Ventavis
J1745	Infliximab	Remicade
J9212*	Interferon Alfacon-1	Infergen
J9213*	Interferon Alfa-2a	Roferon A
J9214*	Interferon Alfa-2b	Intron A
J9214*	Interferon / Ribavirin	Rebetron Kit
J9215*	Interferon Alfa N-3	Alferon-N
J9216*	Interferon Gamma-1b	Actimmune
J1459, J1460-560, J1561, J1566, J1567, J1572, Q4097	Immune Globulin, IV and IM	Various
J2020	Linezolid	Zyvox
J2170*	Mecasermin	Increlex, Iplex
J2323	Natalizumab	Tysabri
J2357	Omalizumab	Xolair
90378	Palivizumab	Synagis
S0145-6*	Pegylated Inteferon	Pegasys, Peg-Intron
C9245	Romiplostim	Nplate
J2940*	Somatrem	Protropin
J2941*	Somatropin	Various

J3110*	Teriparatide	Forteo
J1080, J1070, J3120-50*	Testosterone	Various
J3243	Tigecycline	Tygacil
J3285	Treprostinil	Remodulin
J3315	Triptorelin	Trelstar
90736	Zoster vaccine live	Zostavax

*Drug is classified as a self-administered injectable and, with few exceptions, is covered under the pharmacy benefit only.

^Brand names are provided for reference only and are not all-inclusive.

† PharmaCare is the exclusive Synagis provider for CareOregon members. Download and complete the CareOregon Medication Request Form for Synagis (palivizumab) at http://www.careoregon.org/provider/documents/CO_Synagis_MRF-Rx-ed.pdf and fax to 1-866-616-6016. For more information, refer to the Policy at http://www.careoregon.org/provider/documents/070918-Synagis_RSV_Prophylaxis.pdf

PROCEDURE

To obtain prior authorization:

Responsibility	Actions
Provider	<ol style="list-style-type: none"> Print a Prior Authorization Request Form for injectables billed to the medical benefit. <ul style="list-style-type: none"> <u>CareOregon/Oregon Health Plan</u> www.careoregon.org/provider/documents/061001-Injectable_PA_Form_CO.pdf <u>CareOregon Advantage/Medicare</u> www.careoregon.org/provider/documents/061001-Injectable_PA_Form_COA.pdf Complete the form and fax it to 503-416-1428. Include all pertinent diagnosis codes, duration of treatment and supporting documentation such as medical records.

OTHER POLICIES AND PROCEDURES

[CareOregon/Oregon Health Plan Formulary](http://www.careoregon.org/member/pharmacymbr.html)
www.careoregon.org/member/pharmacymbr.html

CareOregon Advantage/Medicare Formulary
www.careoregon.org/medicare/formulary.html