



INJECTABLE AND ONCOLOGY MEDICATIONS ADMINISTERED BY PROVIDER

Authorization Required List

Not Related to Bleeding and Clotting Disorders

CareOregon Advantage and OHP Members

Revised 04/01/2021

INSTRUCTIONS FOR USE:

1. **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 <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 self-administered drugs (For Medicaid, CareOregon requirements for buy & bill vs specialty pharmacy dispensing will depend on CCO-specific policies).

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, Shingrix, 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) Members OHP Members
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HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	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
J9354	Ado-trastuzumab	Kadcyla	Yes	Yes
J0178	Aflibercept	Eylea	Yes- ST req'd (Avastin)	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)
J7352	Afamelanotide	Scenesse	Yes	Yes
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

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J0365	Aprotinin	Trasylol	Yes	Yes
J9019	Asparaginase Erwinia	Erwinaze	Yes	Yes
J0401	Aripiprazole, injection extended release	Abilify Maintena	Yes	Yes (excluded)- Covered by DMAP¥
J1944	Aripiprazole, injection extended release	Aristada	Yes	Yes (excluded)- Covered by DMAP¥
J1943	Aripiprazole, injection	Aristada Initio	Yes	Yes (excluded)- Covered by DMAP¥
J3490, J3590	Asfotase alfa	Strensiq	Yes- Part D only	Yes- Pharmacy Benefit
J9022	Atezolizumab	Tecentriq	Yes	Yes
J7330	Autologous Cultured Chondrocytes	Carticel	Not covered	Not covered
J9023	Avelumab	Bavencio	Yes	Yes
Q2041	Axicabtagene ciloleucel	Yescarta	Yes	Yes
Q0239	Bamlanivimab-xxxx		Drug not covered, services use M0239	Drug not covered, services use M0239
J0485	Belatacept	Nulojix	Yes	Yes
J9037, C9069*	Belantamab mafodotin	Blenrep	Yes	Yes
J0490	Belimumab	Benlysta IV	Yes	Yes
		Benlysta SubQ	Yes- Part D only	Yes- Pharmacy Benefit
J9032	Belinostat	Beleodaq	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J9033	Bendamustine	Treanda	Yes	Yes
J9034	Bendamustine	Bendeka	Yes	Yes
J9036	Bendamustine	Belrapzo	Yes	Yes
J0517	Benralizumab	Fasenra	Yes	Yes
J9035	Bevacizumab for CHEMOTHERAPY * bevacizumab for eye use should use J7999 and no authorization is required	Avastin for CHEMOTHERAPY	Yes	Yes
Q5107	Bevacizumab biosimilar for CHEMOTHERAPY	Mvasi for CHEMOTHERAPY	Yes	Yes
Q5118	Bevacizumab biosimilar for CHEMOTHERAPY	Zirabev for CHEMOTHERAPY	Yes	Yes
J0565	Bezlotoxumab	Zinplava	Yes	Yes
J7351	Bimatoprost, intracameral implant	Durysta	Yes	Yes
J9039	Blinatumomab	Blinicyto	Yes	Yes
J9041	Bortezomib	Velcade	Yes	Yes
J9044	Bortezomib	Bortezomib	Yes	Yes
J9042	Brentuximab vedotin	Adcetris	Yes	Yes
J1632	Brexanolone	Zulresso	Administered under hospitalization that may require PA	Administered under hospitalization that may require PA
Q2053, C9073*	Brexucabtagene autoleucel	Tecartus	Yes	Yes
J3590	Brodalumab	Siliq	Yes- Part D only	Yes- Pharmacy Benefit
J0179	Brolucizumab-dbl	Beovu	Yes	Yes
J0571	Buprenorphine	Subutex	Part D only Retail Pharmacy: No PA	Retail Pharmacy = No PA Med Dispensed at
J0572	Buprenorphine/Naloxone	Suboxone		
J0573	Buprenorphine/Naloxone	Suboxone		
J0574	Buprenorphine/Naloxone	Suboxone		

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			Advantage (Plus) Members	OHP Members
J0575	Buprenorphine/Naloxone	Suboxone	Med Dispensed at Clinic: Excluded	Clinic = HSO- refer to County. JCC or CPCCO- no PA required
J0570	Buprenorphine Implant	Probuphine	Not Covered	Yes
Q9991	Buprenorphine ER Injection 100mg	Sublocade	No PA Reqd	Yes** (see MAT note)
Q9992	Buprenorphine ER Injection 300mg	Sublocade	No PA Reqd	Yes** (see MAT note)
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 Benefit
J9043	Cabazitaxel	Jevtana	Yes	Yes
J3490	Cabotegravir/Rilpivirine	Cabenuva	Yes	Yes
J9118	Calaspargase	Asparlas	Yes	Yes
J0630	Calcitonin salmon	Miacalcin, Calcimar	Yes- Part D only	No PA Reqd
J0638	Canakinumab	Ilaris	Yes	Yes
J7340	Carbidopa/Levodopa	Duopa	Yes	Yes
J9047	Carfilzomib	Kyprolis	Yes	Yes
C9047, J3590	Caplacizumab-yhdp	Cablivi	Yes	Yes
J7336	Capsaicin patch	Qutenza	Yes	Yes
Q0243	Casirivimab and imedvimab		Drug not covered, services use M0243	Drug not covered, services use M0243

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			Advantage (Plus) Members	OHP Members
J0693	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
C9041, J3490	Coagulation factor Xa	Andexxa	Hospital/ED Use only (no PA in these settings)	
J0775	Collagenase clostridium histolyticum	Xiaflex	Yes	Yes
J9057	Copanlisib	Aliqopa	Yes	Yes
J0800	Corticotropin	Acthar gel	Yes- Part D only	Yes
J0791	Crizanlizumab	Adakveo	Yes	Yes
J9153	Daunorubicin (liposomal)-cytarabine	Vyxeos	Yes	Yes
J9145	Daratumumab	Darzalex	Yes	Yes
J9144, C9062*	Daratumumab- hyaluronidase	Darzalex Faspro	Yes	Yes
J0881	Darbepoetin	Aranesp	Yes	Yes
J0591	Deoxycholic acid	Kybella	Excluded	Excluded
J7312	Dexamethasone Intra-vitreous Implant	Ozurdex	Yes	Yes
J1096	Dexamethasone, lacrimal ophthalmic insert	Dextenza	Yes	Yes
J1095	Dexamethasone intra-ocular injection	Dexycu	Yes	Yes
J0894	Decitabine	Dacogen	Yes	Yes
J3490	Defibrotide	Defitelio	Yes	Yes
J9155	Degarelix	Firmagon	Yes	Yes
J0897	Denosumab	Prolia, Xgeva	No PA Reqd	Yes
J9999, J3590	Dinutuximab	Unituxin	Yes	Yes
Q2049	Doxorubicin, liposomal. Imported	Lipodox	Yes	Yes

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			Advantage (Plus) Members	OHP Members
Q2050	Doxorubicin, liposomal	Doxil	Yes	Yes
J3590	Dupilumab	Dupixent	Yes- Part D only	Yes- Pharmacy Benefit
J9173	Durvalumab	Imfinzi	Yes	Yes
J1300	Eculizumab	Soliris	Yes	Yes
J1301	Edaravone	Radicava	Yes	Yes
J3490	Elapegedemase	Revcovi	Yes	Yes
J1322	Elosulfase alfa	Vimizim	Yes	Not covered
J9176	Elotuzumab	Empliciti	Yes	Yes
J9210	Emapalumab	Gamifant	Yes	Yes
J0606	Etelcalcetide	Parsabiv	Yes	Yes
J9229	Inotuzumab	Besponsa	Yes	Yes
J1324	Enfuvirtide	Fuzeon	Part D only, No auth required.	Yes
J9177	Enfortumab	Padcev	Yes	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	Yes
J0122	Eravacycline	Xerava	Yes	Yes
J9179	Eribulin	Halaven	Yes	Yes
S0013, J3490, G2082, G2083	Esketamine (Nasal Spray)	Spravato	Yes	Yes (excluded)- Covered by DMAP¥
J1438	Etanercept	Enbrel	Yes- Part D only	Yes
J1428	Eteplirsen	Exondys 51	Yes	Yes

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			Advantage (Plus) Members	OHP Members
J7307	Etonogestrel	Nexplanon	Not Covered±	No PA Reqd
J7527	Everolimus (oral)	Afinitor, Zortress	Yes	Yes
J3590	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
J1437	Ferric derisomaltose	Monoferic	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 Reqd	Yes (excluded)- Covered by DMAP¥
J3031	Fremanezumab-vfrm	Ajovy	Yes	Yes
J9395	Fulvestrant	Faslodex	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
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

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			Advantage (Plus) Members	OHP Members
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)- Covered by DMAP¥
J1631	Haloperidol	Haldol	No PA Req'd	Yes (excluded)- Covered by DMAP¥
J1675	Histrelin	Supprelin	Yes- Part D only	Yes
J9226	Histrelin implant	Supprelin LA	Yes	Yes
J9225	Histrelin implant	Vantas	Yes	Yes
J7323	Hyaluronan or Derivative	Euflexxa	Yes- ST req'd	Not covered
J7326	Hyaluronan or Derivative	Gel-One	Yes- ST req'd	Not covered
J7318	Hyaluronan or Derivative	Durolane	No PA Req'd	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
J7322	Hymovis	Hymovis	Yes- ST req'd	Not covered
J7324	Hyaluronan or Derivative	Orthovisc	Yes- ST req'd	Not covered
J7325	Hyaluronan or Derivative	Synvisc, Synvisc-One	No PA Req'd	Not covered
J7327	Hyaluronan or Derivative	Monovisc	Yes- ST req'd	Not covered
J7328	Hyaluronan or Derivative	Gel-Syn	No PA Req'd	Not covered
J7329	Hyaluronan or Derivative	Trivisc	Yes- ST req'd	Not covered
J7331	Hyaluronan or Derivative	Synjoynt	Yes- ST req'd	Not covered
J7332	Hyaluronan or Derivative	Trilon	Yes- ST req'd	Not covered
J7333*	Hyaluronan or Derivative	Visco-3	Yes- ST req'd	Not covered
J1729	Hydroxyprogesterone caproate	not Makena	Yes	Yes
J1726	Hydroxyprogesterone caproate	Makena	Yes	Yes
J0593	Lanadelumab-flyo	Takhzyro	Yes	Yes
J1746	Ibalizumab-uiyk	Trogarzo	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J1744	Icatibant	Firazyr	Yes- Part D only	No PA Reqd
Q4074	Iloprost, Inhaled	Ventavis	Yes	Yes
J1786	Imiglucerase	Cerezyme	Yes	Yes
J0742	Imipenem-cilastatin-relebactam	Recarbrio	Yes	Yes
J1566	Immune Globulin Iyophilized, IV	Carimune	Yes	Yes
J1460	Immune Globulin, IM	GamaStan SD	Yes	Yes
J1560				
J1572	Immune Globulin, IV	Flebogamma	Yes	Yes
J1569	Immune Globulin, IV	Gammagard	Yes	Yes
J1557	Immune Globulin, IV	Gammplex	Yes	Yes
J1561	Immune Globulin, IV	Gamunex, Gammaked	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
J1459	Immune Globulin, IV,	Privigen	Yes	Yes
J1556	Immune Globulin, IV	Bivigam	Yes	Yes
J1575	Immune Globulin/hyaluronidase	Hyqvia	Yes	Yes
J1555	Immune Globulin, SQ	Cuvitru	Yes	Yes
J3490				
J1554, C9072*	Immune Globulin	Asceniv	Yes	Yes
J1558	Immune Globulin, SQ	Xembify	Yes	Yes
J0588	Incobotulinumtoxin A	Xeomin	Yes	Yes
J1823	Inebilizumab	Uplizna	Yes	Yes
J1745	Infliximab	Remicade	Yes	Yes
Q5103	Infliximab-dyyb (biosimilar)	Inflectra	Yes	Yes
Q5104	Infliximab-abda (biosimilar)	Renflexis	Yes	Yes
Q5109	Infliximab-qbtx (biosimilar)	Ixifi	Yes	Yes
Q5121	Infliximab-axxq, (biosimilar)	Avsola	Yes	Yes
J3490	Inotersen	Tegsedi	Yes- Part D only	Pharmacy Benefit

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			Advantage (Plus) Members	OHP Members
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, Rebetron 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	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
J1931	Laronidase	Aldurazyme	Yes	Yes
J0691	Lefamulin	Xenleta	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
J3490	Leuprolide	Fensolvi	Yes	Yes
J0641	Levoleucovorin	Fusilev	Yes	Yes
J0642	Levoleucovorin	Khapzory	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
J7296	Levonorgestrel IUD	Kyleena IUD	Not Covered±	No PA Reqd

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			Advantage (Plus) Members	OHP Members
J3490	Liraglutide	Victoza	Yes- Part D only	Yes
J3590	Lisocabtagene maraleucel	Breyanzi	Yes	Yes
J2062	Loxapine, inhaled powder	Adasuve	No PA Reqd	Yes (excluded)- Covered by DMAP¥
C9074, J3490	Lumasiran	Oxlumo	Yes	Yes
J9223	Lurbinectedin	Zepzelca	Yes	Yes
J9999	Margetuximab	Margenza	Yes	Yes
J0896	Luspatercept	Reblozyl	Yes	Yes
J3490	Metreleptin	Myalept	Yes	Yes
J2170	Mecasermin	Increlex, Iplex	Yes- Part D only	Yes
J1055	Medroxyprogesterone	Depo-Provera	Not Covered±	No PA Reqd
J9245	Melphalan	Alkeran	Yes	Yes
J9246	Melphalan	Evomela	Yes	Yes
J2182	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
J9204	Mogamulizumab-kpkc	Poteligeo	Yes	Yes
J7401*, S1090*	Mometasone Furoate Sinus Implant	Propel	Yes	Yes
J7402, C9122*	Mometasone Furoate Sinus Implant	Sinuva	Yes	Yes
J9313	Moxetumomab	Lumoxiti	Yes	Yes
J2186	Meropenem/vaborbactam	Vabomere	Yes	Yes
J9281, C9064*	Mitomycin Gel	Jelmyto	Yes	Yes
J2323	Natalizumab	Tysabri	Yes	Yes

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			Advantage (Plus) Members	OHP Members
J9999	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
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)- Covered by DMAP¥
J9285	Olaratumab	Lartruvo	Yes	Yes
J3490 C9399	Oliceridine	Olinvyk	Hospital/ED Use only (no PA in these settings)	
J9262	Omacetaxine mepesuccinate	Synribo	Yes	Yes
J0121	Omadacycline	Nuzyra	Yes	Yes
J2357	Omalizumab	Xolair	Yes	Yes
J0585	Onabotulinumtoxin-A	Botox	Yes	Yes
J3399	Onasemnogene abeparvovec	Zolgensma	Yes	Yes
J9264	Paclitaxel protein-bound	Abraxane	Yes	Yes
J2426	Paliperidone	Invega Sustenna	Yes	Yes (excluded)- Covered by DMAP¥
90378	Palivizumab	Synagis	Yes	Yes

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			Advantage (Plus) Members	OHP Members
	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.			
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
J0222	Patisiran	Onpattro	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
J3490	Pegvaliase-pqpz	Palyntiq	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
J9305	Pemetrexed	Alimta	Yes	Yes
J9304	Pemetrexed	Pemfexy	Yes	Yes
J9306	Pertuzumab	Perjeta	Yes	Yes
J9316	Pertuzumab, trastuzumab, and hyaluronidase	Phesgo	Yes	Yes
J2760	Phentolamine	Regitine	Yes- Part D only	No PA Reqd
J2562	Plerixafor	Mozobil	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J9309	Polatuzumab	Polivy	Yes	Yes
J9307	Pralatrexate	Folotyn	Yes	Yes
J3490	Pramlintide	Symlin	Yes- Part D only	Yes
J3490	Polidocanol	Varithena	Yes	Yes
J2770	Quinupristin/dalfopristin	Synercid	Yes	Yes
J9308	Ramucirumab	Cyramza	Yes	Yes
J2778	Ranibizumab	Lucentis	Yes- ST req'd (Avastin)	Yes
J1303	Ravulizumab	Ultomiris	Yes	Yes
J3490	Remdesivir	Veklury	Hospital/ED Use only (no PA in these	
J2786	Reslizumab	Cinqair	Yes	Yes
J7677	Revefenacin inhalation solution, administered through DME	Yupelri	Yes	Yes
J2793	Riloncept	Arcalyst	Yes	Yes
J0587	RimabotulinumtoxinB	Myobloc	Yes	Yes
J3590	Risankizumab	Skyrizi	Yes	Yes
J2794	Risperidone	Risperdal Consta	No PA Req'd	Yes (excluded)- Covered by DMAP¥
J2798	Risperidone	Perseris	Yes	Yes (excluded)- Covered by DMAP¥
J9311	Rituximab and hyaluronidase	Rituxan Hycela	Yes	Yes
J8670	Rolapitant, oral	Varubi	Yes	Yes
J2797	Rolapitant, injection	Varubi	Yes	Yes
J9315, C9065	Romidepsin	Istodax	Yes	Yes
J2796	Romiplostim	Nplate	Yes	Yes
J3111	Romozosumab	Evenity	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J9317, C9066*	Sacituzumab govitecan-hziy	Trodelyv	Yes	Yes
J3590	Sarilumab	Kevzara	Yes- Part D only (non-formulary)	Yes- Pharmacy Benefit (non-formulary)
J3590	Satralizumab	Enspryng	Yes - Part D only	Yes
J2840	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
J9349, C9070*	Tafasitamab	Monjuvi	Yes	Yes
J9269	Tagraxofusp-erzs	Elzonris	Yes	Yes
J3060	Taliglucerase alfa	Elelyso	Yes	Not covered
J9325	Talimogene laherparepvec	Imlygic	Yes	Yes
J9328	Temozolomide	Temodar	Yes	Yes
J9330	Temsirolimus	Torisel	Yes	Yes
J3241	Teprotumumab	Tepezza	Yes	Yes
J3110	Teriparatide	Forteo	Yes- Part D only	Yes- Pharmacy Benefit (non-formulary)
J3145	Testosterone undecanoate	Aveed	Yes	Yes
J9340 J9999	Thiotepa	Tepadina (brand)	Yes	Yes
J3245	Tildrakizumab	Ilumya	Yes	Yes
Q2042	Tisagenlecleucel	Kymriah	Yes	Yes
J3262	Tocilizumab	Actemra	Yes	Yes
J9352	Trabectedin	Yondelis	Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J9355	Trastuzumab	Herceptin	Yes	Yes
Q5113	Trastuzumab-pkrb	Herzuma	Yes	Yes
Q5112	Trastuzumab-dttb	Ontruzant	Yes	Yes
Q5114	Trastuzumab-dkst	Ogivri (Herceptin biosimilar)	Yes	Yes
Q5116	Trastuzumab-qyyp	Trazimera (Hercepti biosimilar)	Yes	Yes
Q5117	Trastuzumab-aans	Kanjinti (Herceptin biosimilar)	Yes	Yes
J9356	Trastuzumab and Hyaluronidase	Herceptin Hylecta	Yes	Yes
J9358	fab-Trastuzumab deruxtecan	Enhertu	Yes	Yes
J3285	Treprostinil	Remodulin	Yes	Yes
J7686	Treprostinil	Tyvaso	Yes	Yes
J3304	Triamcinolone ER injection	Zilretta	Yes	Yes
J3315	Triptorelin	Trelstar	Yes	Yes
J3316	Injection, triptorelin extended release, 3.75 mg	Triptodur	Yes	Yes
J3355	Urofollitropin	Metrodin, Bravelle, Fertinex	Yes- Part D only	Not covered
J3357	Ustekinumab	Stelara SubQ	Yes- Part D only	Yes
J3358	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
J3397	Vestronidase alfa-vj bk	Mepsevii	Yes	Yes
J1427, C9071*	Viltolarsen	Viltepso	Yes	Yes
J9371	Vincristine sulfate liposome	Marqibo	Yes	Yes
J3398	Voretigene neparvovec-rzyl	Luxturna	Yes	Yes
J3486	Ziprasidone	Geodon	No PA Reqd	Yes (excluded)- Covered by DMAP
J9400	Ziv-aflibercept	Zaltrap	Yes	Yes
C9399	Unclassified Drug or biologic		Yes	Yes
J3590	Unclassified Biologics		Yes	Yes

HCPC	Generic Name	BRAND NAME(S) (Provided for reference only and are not all-inclusive)	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
J3591	Unclassified Drug or Biologic use for ESRD on dialysis		Yes	Yes
J9999	Not otherwise classified, Anti-neoplastic Drugs		Yes	Yes

* 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 member's with dual eligibilty, 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.

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, J7201, J7188, J7209, J7207, J7175, J7202, J7179, C9140, J7182, J7184, J7170, J7203
Example Product Names (not all inclusive): Humate-P, Factor-III, Benefix, Eloctate, Alprolix, Adynovate, Hemlibra, Rebinyn, Esperoct

Intrathecal Compounds
In accordance with LCA A541000, CareOregon and CareOregon Advantage require use of the HCPC J7999 (compound) for intrathecal pain compounds. If not part of a compound, no PA is required on these drugs.
The following codes should NOT be billed if part of an intrathecal compound: J0475 and J0476 (baclofen), J0735 (clonidine), J1170 (hydromorphone), J2274 (morphine intrathecal), C9290 (bupivacaine liposomal), J3490 (bupivacaine, and J3010 (fentanyl).

HCPC	Generic Name	BRAND NAME(S) <small>(Provided for reference only and are not all-inclusive)</small>	AUTHORIZATION REQUIRED	
			Advantage (Plus) Members	OHP Members
Recent PA Removals (PA no longer required)				
J2315 Vivitrol (effective 1/1/2020), J9312 Rituxan, Q5115 Truxima, Ruxience, J1454 Akynzeo IV				