INJECTABLE AND ONCOLOGY MEDICATIONS ADMINISTERED BY PROVIDER

Authorization Required List

Not Related to Bleeding and Clotting Disorders

CareOregon Advantage and OHP Members
Revised 10/01/2026

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 to determine the appropriate benefit in addition to any authorization requirements.

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 informatriion 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		
			Medicare Advantage (Plus) Members	Medicaid (OHP) Members	MH/BH ONLY OHP Benefit∇
J0129	Abatacept	Orencia	Yes SQ- Med D only IV-PA Required	Yes	
J0586	Abobotulinumtoxin A	Dysport	Yes- ST req'd	Yes	
J0139	Adalimumab		Yes- Part D only	Yes	
J3590	Adalimumab-atto	Amjevita	Yes- Part D only	Yes	
Q5144	Adalimumab-aacf	Idacio	Yes- Part D only	Yes	
J3590	Adalimumab-bwwd	Hadlima	Yes- Part D only	Yes	
Q5145	Adalimumab-afzb	Abrilada	Yes- Part D only	Yes	
Q5140	Adalimumab-fkjp	Hulio	Yes- Part D only	Yes	
J3590	Adalimumab-adaz	Hyrimoz	Yes- Part D only	Yes	
J3590	Adalimumab-aqvh	Yusimry	Yes- Part D only	Yes	
Q5141	Adalimumab-aaty	Yuflyma	Yes- Part D only	Yes	
Q5143	Adalimumab-adbm, biosimilar, 1 mg	Cyltezo	Yes- Part D only	Yes	
Q5142	Adalimumab-ryvk biosimilar, 1 mg	Simlandi	Yes- Part D only	Yes	
J9354	Ado-trastuzumab	Kadcyla	Yes	Yes	
J7353	Anacaulase-bcdb	Nexobrid	Hospital/ED Use only (no PA in these		
Q2057	Afamitresgene autoleucel	Tecelra	Yes	Yes	
J0178	Aflibercept	Eylea	Yes- ST req'd	Yes	
J0177	Aflibercept	Eylea HD	Yes- ST req'd	Yes	
Q5153	Aflibercept-yszy (Opuviz), biosimilar, 1 mg	Opuviz	Yes- ST req'd	Yes	
Q5155	Aflibercept	Yesafili	Yes- ST req'd	Yes	
Q5147	aflibercept-ayyh	Pavblu	Yes- ST req'd	Yes	
Q5149	Aflibercept-abzv, biosimilar, 1 mg	Enzeevu	Yes- ST req'd	Yes	
Q5150	Aflibercept-mrbb, biosimilar, 1 mg	Ahzantive	Yes- ST req'd	Yes	
Q5170	AFLIBERCEPT-BOAV	EYDENZELT	Yes- ST req'd	Yes	
J3490	Abaloparatide	Tymlos	Yes- Part D only	Yes- Pharmacy Benefit (non-formulary)	
J0172	Aducanumab	Aduhelm	Yes	Yes	Not a MH Benefit
J7352	Afamelanotide	Scenesse	Yes	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	Alirocumab	Praluent	Yes- Part D only	Yes- Pharmacy Benefit	
J3590	Allogeneic processed thymus tissue	Rethymic	Yes	HIGH COST CARVE OUT	
J0256	Alpha-1 Proteinase Inhibitor	Prolastin, Zemaira, Aralast	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	
J9062	amivantamab-hyaluronidase	Rybrevant Faspro	Yes	Yes	
J3450	Anakinra	Kineret	Yes- Part D only	Yes	
J0491	Anifrolumab	Saphnelo	Yes	Yes	
J7171	Apadamtase alfa ADAMTS13, recombinant-krhn	Adzynma	Yes	Yes	
J0364	Apomorphine	Onapgo	Yes	Yes	
J0365	Aprotinin	Trasylol	Yes	Yes	
J0391	Artesunate	Artesunate	Hospital/ED Use only (no PA in these		
J9019	Asparaginase Erwinia	Erwinaze	Yes	Yes	
J1943	Aripiprazole, injection	Aristada Initio	Yes	Yes (excluded)- Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J0401	Aripiprazole, injection extended release	Abilify Maintena	Yes		
J1944	Aripiprazole, injection extended release	Aristada	Yes		
J0402	Aripiprazole, (Abilify Asimtufii), 1 mg	Abilify Asimtufii	Yes		
J3391	Atidarsagene autotemcel	Lenmeldy	Yes	HIGH COST CARVE OUT	
J3490, J3590	Asfotase alfa	Strensiq	Yes- Part D only	HIGH COST CARVE OUT	
J9021	Asparaginase Erwinia, recombinant	Rylaze	Yes	Yes	
J9022	Atezolizumab	Tecentriq	Yes	Yes	
J9024	atezolizumab, 5 mg and hyaluronidase-tqjs		Yes	Yes	
J7330	Autologous Cultured Chondrocytes	Carticel	Not covered	Not covered	
J2782	Avacincaptad Pego	Izervay	Yes	Yes	
J0219	Avalglucosidase alfa	Nexviazyme	Yes	Yes	
J9023	Avelumab	Bavencio	Yes	Yes	
J9038	Axatilimab	Niktimvo	Yes- ST req'd	Yes	
Q2041	Axicabtagene ciloleucel	Yescarta	Yes	Yes	
Q0222	Bebtelovimab		Excluded - federally provided drug	Excluded - federally provided drug	
J9037, J9053	Belantamab mafodotin	Blenrep	Yes	Yes	
J0485	Belatacept	Nulojix	Yes	Yes	
J0490	Belimumab	Benlysta IV	Yes	Yes	
J0490	Belimumab	Benlysta SubQ	Yes- Part D only	Yes- Pharmacy Benefit	
J9032	Belinostat	Beleodaq	Yes	Yes	
J9033	Bendamustine	Treanda	Yes	Yes	
J9034	Bendamustine	Bendeka	Yes	Yes	
J9036	Bendamustine	Belrapzo	Yes	Yes	
J9056	Bendamustine HCl (Vivimusta), 1 mg		Yes	Yes	Not a MH Benefit
J9058	Bendamustine HCl (Apotex), 1 mg		Yes	Yes	
J9059	Bendamustine HCl (Baxter), 1 mg		Yes	Yes	
J9066	Bendamustine HCl (Avyxa)		Yes	Yes	
J0517	Benralizumab	Fasenra	Yes	Yes	
J3401	Beremagene Geperpavec-svdt	Vyjuvek	Yes	HIGH COST CARVE OUT	
J3393	Betibeglogene autotemcel	Zynteglo	Yes	HIGH COST CARVE OUT	
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	
Q5160	Bevacizumab-nwgd	Jobevne	Yes	Yes	
J9035	Bevacizumab for CHEMOTHERAPY * bevacizumab for eye use should use J7999 and no authorization is required	Avastin for CHEMOTHERAPY	Yes	Yes	
J0565	Bezlotoxumab	Zinplava	Yes	Yes	
J7351	Bimatoprost, intracameral implant	Durysta	Yes- ST req'd	Yes	
J9039	Blinatumomab	Blincyto	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	
J9049	Bortezomib (Hospira)		Yes	Yes	
J9051	Bortezomib (MAIA), not therapeutically equivalent to J9041		Yes	Yes	
J9054	Bortezomib (Boruzu), 0.1 mg		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	Administered under hospitalization that may require PA
Q2053	Brexucabtagene autoleucel	Tecartus	Yes	Yes	

J3590	Brodalumab	Siliq	Yes- Part D only	Yes- Pharmacy Benefit	
J0179	Brolucizumab-dbll	Beovu	Yes- ST req'd	Yes	Not a MH Benefit
J0570	Buprenorphine Implant	Probuphine	Not Covered	Yes	Yes
Q9991	Buprenorphine ER Injection 100mg	Sublocade	No PA Reqd	No PA Reqd	No PA Reqd For J code or Q code. Treatment Notification Required via Connect
Q9992	Buprenorphine ER Injection 300mg	Sublocade	No PA Reqd		
J0577, J0578	Buprenorphine extended-release (Brixadi), 1 mg	Brixadi	No PA Reqd		
J0571	Buprenorphine	Subutex	Part D only Retail Pharmacy: No PA Med Dispensed at Clinic: Excluded	Retail Pharmacy = No PA	Treatment Notification Required via Connect
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	
J9064	Cabazitaxel (Sandoz), not therapeutically equivalent to		Yes	Yes	
J0739	Cabotegravir	Apretude	No	No - Prism Health is allowed to do request Apretude under the pharmacy benefit.	
J0741	Cabotegravir/Rilpivirine	Cabenuva	Yes	No (Not covered on pharmacy benefit for any clinic)	
J9118	Calaspargase	Asparlas	Yes	Yes	
J0630	Calcitonin salmon	Miacalcin, Calcimar	Yes- Part D only	No PA Reqd	
J0638	Canakinumab	Ilaris	Yes- ST req'd	Yes	
C9047, J3590	Caplacizumab-yhdp	Cablivi	Yes	Yes	
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	HIGH COST CARVE OUT	
Q0240, Q0243, Q0244	Casirivimab and imedvimab		Drug not covered, services use M0243	Drug not covered, services use M0243	
J0699	Cefiderocol	Fetroja	Yes	Yes	
J0714	Ceftazidime/Avivactam	Avycaz	Yes	Yes	
J0681	Ceftobiprole medocaril sodium	Zevtera	Yes	Yes	
J9119	Cemiplimab	Libtayo	Yes	Yes	
J3490	Cenergermin	Oxervate	Yes	Yes	
J0567	Cerliponase alfa (recombinant human)	Brineura	Yes	Yes	
J0717	Certolizumab	Cimzia	Yes	Yes	
J9055	Cetuximab	Erbitux	Yes	Yes	
Q2056	Ciltacabtagene autoleucel	Carvykti	Yes	Yes	
G0138	IV infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat	Pombiliti	Yes	Yes	
J1203	Cipaglucosidase alga-atga	Pombiliti	Yes	Yes	
C9041, J3490	Coagulation factor Xa	Andexxa	Hospital/ED Use only (no PA in these settings)		
J0775	Collagenase clostridium histolyticum	Xiaflex	Yes	Yes	
J7173	Concizumab-mtci	Alhemo	Yes	Yes	
J9057	Copanlisib	Aliqopa	Yes	Yes	
J3490	Copper histidinate	Zycubo	Yes	HIGH COST CARVE OUT	
J0801	Corticotropin	Acthar gel	Yes- Part D only	Yes	
J0802	Corticotropin	Cortrophin Purified Gel	Yes- Part D only	Yes	
J9275	Cosibelimab-ipdl	Unloxcyt	Yes	Yes	
J0791	Crizanlizumab	Adakveo	Yes	Yes	
J1307	Crovalimab-akkz	PiaSky	Yes	Yes	
J0889	Daprodustat	Jesduvroq	Yes	Yes	
J9145	Daratumumab	Darzalex	Yes	Yes	
J9144	Daratumumab- hyaluronidase	Darzalex Faspro	Yes	Yes	
J0881	Darbepoetin	Aranesp	Yes	Yes	
J9011	Datopotamab deruxtecan-dlnk	Datroway	Yes	Yes	
J9153	Daunorubicin (liposomal)-cytarabine	Vyxeos	Yes	Yes	
J0589	DaxibotulinumtoxinA-lanm	Daxxify	Yes- ST req'd	Yes	
J0894	Decitabine	Dacogen	Yes	Yes	

C9313, J9999, J3490, J3590	Pivekimab sunirine-pvzy	Decnupaz	Yes	Yes	Not a MH Benefit
J3490	Defibrotide	Defitelio	Yes	Yes	
J9155	Degarelix	Firmagon	Yes	Yes	
J1413	Delandistrogene moxeparvovec-rok	Elevidys	Yes	HIGH COST CARVE OUT	
J9161	Denileukin diftitox-cxdl	Lymphir	Yes	Yes	
J0897	Denosumab	Prolia, Xgeva	Yes- ST req'd	Yes	
Q5136	Denosumab-bbdz	Jubbonti/Wyost	No PA Reqd	Yes	
Q5157	Denosumab-bmwo	Stoboclo/Osenvelt	No PA Reqd	Yes	
Q5158	Denosumab-bnht	Bomyntra/Conexxence	Yes- ST req'd	Yes	
Q5159	Denosumab-dssb	Ospomyv/Xbryk	Yes- ST req'd	Yes	
Q5161	Denosumab-kyqq, biosimilar, 1 mg	Aukelso/Bosaya	Yes- ST req'd	Yes	
Q5162	Denosumab-nxxp	Bildyos/Bilprevda	Yes- ST req'd	Yes	
Q5165	DENOSUMAB-MOBZ	OZILTUS	Yes- ST req'd	Yes	
Q5166	DENOSUMAB-DESU	OSVYRTI/JUBERE	Yes- ST req'd	Yes	
Q5167	DENOSUMAB-QBDE	ENOBY/XTRENBO	Yes- ST req'd	Yes	
Q5171	DENOSUMAB-MOB	BONCRESA	Yes- ST req'd	Yes	
Q5173	denosumab-adet	Ponlimsi	Yes- ST req'd	Yes	
J0591	Deoxycholic acid	Kybella	Excluded	Excluded	
J2361	DEPEMOKIMAB-ULAA	Exdensur	Yes	Yes	
J1095	Dexamethasone intra-ocular injection	Dexycu	Yes	Yes	
J7312	Dexamethasone Intra-vitreal Implant	Ozurdex	Yes	Yes	
J1096	Dexamethasone, lacrimal ophthalmic insert	Dextenza	Yes- ST req'd	Yes	
J1105	Dexmedetomidine	Igalmi	Part D excluded No PA required	Yes	
J0879	Difelikefalin	Korsuva	Yes	Yes	
J9999	Dinutuximab	Unituxin	Yes	Yes	
J0175	Donanemab-azbt	Kisunla	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 Benefit	
J9173	Durvalumab	Imfinzi	Yes	Yes	
J1299, J1300*	Eculizumab	Soliris	Yes- ST req'd	Yes	
Q5151	eculizumab-aagh, biosimilar	Epysqli	Yes	Yes	
Q5139	Eculizumab-aeeb (bkemv), biosimilar, 10 mg	Voydeya	Yes	Yes	
Q5152	Eculizumab-aeeb (Bkemv), biosimilar, 2 mg	Bkemv	Yes	Yes	
J1301	Edaravone	Radicava	Yes	Yes	
J9361	Efbemalenograstim alfa-vuxw, 0.5 mg	Ryzneuta	Yes	Yes	
J9332	Efgartigimod	Vyvgart	Yes	Yes	
J9334	Efgartigimod	Vyvgart Hytrulo	Yes	Yes	
J3590	Eflapegastrim-xnst	Rolvedon	Yes	Yes	
J3590	Eladocagene exuparvovec-tneq	Kebilidi	Yes	HIGH COST CARVE OUT	
J3490	Elapegademase	Revcovi	Yes	HIGH COST CARVE OUT	
J3387	Elivaldogene autotemcel	Skysona	Yes	HIGH COST CARVE OUT	
J1322	Elosulfase alfa	Vimizim	Yes	HIGH COST CARVE OUT	
J9176	Elotuzumab	Empliciti	Yes	Yes	
J1323	Elranatamab-bcmm	Elrexfio	Yes	Yes	
J9210	Emapalumab	Gamifant	Yes	HIGH COST CARVE OUT	
C9311, C9399,	eplontersen	Wainua	Yes	Yes	
J0458	Aztreonam and avibactam	Emblaveo	Yes	Yes	
J0750	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral	Truvada	Covered for PrEP only under Medicare B.	Pharmacy dispense only, not covered via medical benefit	
J0751	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral	Descovy			
Q2021, Q0516*, Q0517*, Q0518*, Q0519*, Q0520*,	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug				
J0799	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	NA	Yes	Yes	
J9177	Enfortumab	Padcev	Yes	Yes	

J1324	Enfuvirtide	Fuzeon	Part D only, No auth required.	Yes	
J7601	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg	Ohtuvayre	No PA Reqd	Yes	
J9321	Epcoritamab-bysp	Epkinly	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- ST req'd	Yes	
J9179	Eribulin	Halaven	Yes	Yes	
J0013, G2082, G2083, S0013*	Esketamine (Nasal Spray)	Spravato	Yes	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J1438	Etanercept	Enbrel	Yes- Part D only	Yes	
J0606	Etelcalcetide	Parsabiv	Yes	Yes	
J1428	Eteplirsen	Exondys 51	Yes	HIGH COST CARVE OUT	
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring	Nuvaring	Not Covered±	No PA Reqd	
J7307	Etonogestrel	Nexplanon	Not Covered±	No PA Reqd	
J1411	Etranacogene Dezaparvovec-drlb	Hemgenix	Yes	HIGH COST CARVE OUT	
J7527	Everolimus (oral)	Afinitor, Zortress	Yes	Yes	
J1305	Evinacumab	Evkeeza	Yes	Yes	
J3590	Evolocumab	Repatha	Yes- Part D only	Yes- Pharmacy Benefit	
J3392	Exagamglogene autotemcel	Casgevy	Yes	HIGH COST CARVE OUT	
J3490	Exenatide	Byetta, Bydureon	Yes- Part D only	Yes- Pharmacy Benefit	
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	
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	Auryxia	No PA Reqd	Yes	
J1437	Ferric derisomaltose	Monoferric	Yes	Yes	
J1445	Ferric pyrophosphate citrate solution	Triferic AVNU	Yes	Yes	
Q0139	Ferumoxytol (ESRD only)	Feraheme (ESRD only)	Yes	Yes	
J1414	Fidanacogene elaparvovec-dzkt	Beqvez	Yes	Yes	
J7174	Fitusiran	Qfitlia	Yes	Yes	
J7311	Fluocinolone implant	Retisert	Yes	Yes	
J7313	Fluocinolone implant	Iluvien	Yes	Yes	
J7314	Fluocinolone implant	Yutiq	Yes	Yes	Not a MH Benefit
J2680, J2679	Fluphenazine	NA	No PA Reqd	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J7356	Foscarbidopa and foslevodopa	Vyalev	Yes	Yes	
J1809	Fosdenopterin	Nulibry	Yes	Yes	
J0528	Fosfomycin	Cotepa	Yes	Yes	
J3031	Fremanezumab-vfrm	Ajovy	Yes	Yes	
J9395	Fulvestrant	Faslodex	Yes	Yes	
J9393	Fulvestrant (Teva)		Yes	Yes	
J1458	Galsulfase	Naglazyme	Yes	HIGH COST CARVE OUT	
J9198	Gemcitabine (brand Infugem only)	Infugem	Yes	Yes	
J9183	Gemcitabine (brand Inlexzo only)	Inlexzo	Yes	Yes	
J9203	Gemtuzumab ozogamicin	Mylotarg	Yes	Yes	
J0223	Givosiran	Givlaari	Yes	Yes	
J1595	Glatiramer Acetate	Copaxone	Yes- Part D only	Pharmacy Benefit	
J9286	Glofitamab-gxbm	Columvi	Yes	Yes	Not a MH 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	HIGH COST CARVE OUT	
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- ST req'd for IV Yes- Part D only SC	Yes	
J1630	Haloperidol	Haldol	No PA Reqd	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J1631	Haloperidol	Haldol			
J1675	Histrelin	Supprelin	Yes- Part D only	Yes	
J9226	Histrelin implant	Supprelin LA	Yes	Yes	
J9225	Histrelin implant	Vantas	Yes	Yes	
J3490	Hyaluronan or Derivative	Healon, Biolon	**No PA Reqd**	Not covered	
J7318	Hyaluronan or Derivative	Durolane	**No PA Reqd**	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	**No PA Reqd**	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	Synojoynt	Yes- ST req'd	Not covered	
J7325	Hyaluronan or Derivative	Synvisc, Synvisc-One	**No PA Reqd**	Not covered	
J7332	Hyaluronan or Derivative	Triluron	Yes- ST req'd	Not covered	
J7329	Hyaluronan or Derivative	Trivisc	Yes- ST req'd	Not covered	
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	
J1743	Idursulfase	Elaprase	Yes	HIGH COST CARVE OUT	
J1749	Iloprost, Inhaled	Ventavis	Yes	Yes	
J1749	Iloprost	Aurlumyn	Yes	Yes	
J0870	Imetelstat	Rytelo	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	
J1553	Immune Globulin	Yimmugo	Yes	Yes	
J1555	Immune Globulin, SQ	Cuvitru	Yes	Yes	
J1559	Immune Globulin, SQ	Hizentra	Yes- Part D only	Yes	
J1558	Immune Globulin, SQ	Xembify	Yes	Yes	
J1575	Immune Globulin/hyaluronidase	Hyqvia	Yes	Yes	
J1576	Immune Globulin (Panzyga)	Panzyga	Yes	Yes	
J1552	Immune globulin (Alyglo), 500 mg	Alyglo	Yes	Yes	
J1577	IMMUNE GLOBULIN	QIVIGY	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	Not a MH Benefit
J1745	Infliximab	Remicade	Yes- ST req'd	Yes	
Q5104	Infliximab-abda (biosimilar)	Renflexis	Yes- ST req'd	Yes	
Q5121	Infliximab-axxq, (biosimilar)	Avsola	Yes	Yes	
Q5103	Infliximab-dyyb (biosimilar)	Inflectra	Yes	Yes	
Q5109	Infliximab-qbtx (biosimilar)	Ixifi	Yes- ST req'd	Yes	
J1748	Infliximab-dyyb	Zymfentra	Yes- ST req'd	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, Rebetron 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	Paragard	Not Covered±	No PA Reqd	
J7299	Intrauterine copper contraceptive (miudella)	Miudella	Yes	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	
J0593	Lanadelumab-flyo	Takhzyro	Yes	Yes	
J1930	Lanreotide	Somatuline	Yes	Yes	
J1932	Lanreotide	Cipla	Yes	Yes	
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)	Fosrenol chew tabs	No PA Reqd	Yes	
J0608	Lanthanum carbonate, oral, powder, 5 mg (for ESRD on dialysis)	Fosrenol powder packs	No PA Reqd	Yes	
J1931	Laronidase	Aldurazyme	Yes	Yes	
J0174	Lecanemab-irmb	Leqembi	Yes	Yes	
J0691	Lefamulin	Xenleta	Yes	No PA Reqd	
J1961	Lenacapavir	Sunlenca	Yes	Yes	
J0738	Lenacapavir	Yeztugo	No	No	
J0752	Lenacapavir oral tablets	Yeztugo	No	No	
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	
J9003	Leuprolide injectable (Camcevi ETM), 1 mg	Camcevi ETM	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	
J9601	Linvoseltamab-gcpt	Lynozyfic	Yes	Yes	
J0654	Liothyronine	Liothyronine	Yes	Yes	
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)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J0224	Lumasiran	Oxlumo	Yes	HIGH COST CARVE OUT	
J9223	Lurbinectedin	Zepzelca	Yes	Yes	
J0896	Luspatercept	Reblozyl	Yes	Yes	
J3394	Lovotibeglogene autotemcel	Lyfgenia	Yes	HIGH COST CARVE OUT	
J7172	Margetuximab	Margenza	Yes	Yes	
J3590	marnetegragene autotemcel	KRESLADI	Yes	HIGH COST CARVE	
J3590	Marstacimab-hncq	Hympavzi	Yes	Yes	
J2170	Mecasermin	Increlex, Iplex	Yes- Part D only	Yes	
S9432	Medical foods for noninborn errors of metabolism	Dojolvi	Yes	Yes (Non-Scode billing also required)	
J1055	Medroxyprogesterone	Depo-Provera	Not Covered±	No PA Reqd	
J9245	Melphalan	Alkeran	Yes	Yes	
J9246	Melphalan	Evomela	Yes	Yes	
J9248	Melphalan	melphalan (Hepzato)	Yes	Yes	
J9249	Melphalan	melphalan (Apotex)	Yes	Yes	
J9247	Melphalan Flufenamide	Pepaxto	Yes	Yes	
J2182	Mepolizumab	Nucala	Yes	Yes	Not a MH Benefit
J2186	Meropenem/vaborbactam	Vabomere	Yes	Yes	
J8611	Methotrexate (Jylamvo), oral, 2.5 mg	Jylamvo	Yes	Yes	
J8612	Methotrexate (Xatmep), oral, 2.5 mg	Xatmep	Yes	Yes	
J2212	Methylnaltrexone	Relistor	Yes- Part D only	Yes	
J3490	Metreleptin	Myalept	Yes	Yes	
J1202	Miglustat	Opfolda	No	HIGH COST CARVE OUT	
J3490	Mipomersen	Kynamro	Yes- Part D only	Yes	
J2267	Mirikizumab-mrkz	Omvoh	Yes	Yes	
J9063	Mirvetuximab soravtansine-gynx	Elahere	Yes	Yes	
J9281	Mitomycin Gel	Jelmyto	Yes	Yes	
J9282	Mitomycin Solution, intravesical instillation	Zusduri	Yes	Yes	
J9204	Mogamulizumab-kpkc	Poteligeo	Yes	Yes	
S1091	Mometasone Furoate Sinus Implant	Propel	Yes	Yes	
J7402	Mometasone Furoate Sinus Implant	Sinuva	Yes	Yes	

J2277	Motixafortide	Aphexda	Yes	Yes	
J9350	Mosunetuzumab-axgb	Lunsumio	Yes	Yes	
J9313	Moxetumomab	Lumoxiti	Yes	Yes	
J9029	Nadofaragene Firadenovec-vncg	Adstiladrin	Yes	Yes	
J2315	Naltrexone	Vivitrol	No PA Reqd	No PA Reqd	Treatment Notification Required via Connect
J1289	NARSOPLIMAB-WUUG	Yartemlea	Yes	Yes	Not a MH Benefit
J2323	Natalizumab	Tysabri	Yes	Yes	
Q5134	Natalizumab-sztn	Tyruko	Yes	Yes	
J3490, C9399	Navepegritide	Yuviwel	Yes	Yes	
J9348	Naxitamab	Danyelza	Yes	Yes	
J9295	Necitumumab	Portrazza	Yes	Yes	
J9261	Nelarabine	Arranon	Yes	Yes	
J8655	Netupitant-palonesetron oral	Akynzeo	Yes	Yes	
J9256, C9305*	nipocalimab-aahu	Imaavy	Yes	Yes	
J9299	Nivolumab	Opdivo	Yes	Yes	
J9289	Nivolumab, 2 mg and hyaluronidase-nvhy		Yes	Yes	
J9298	Nivolumab/relatlimab-rmbw	Opdualag	Yes	Yes	
J9028	Nogapendekin alfa inbakicept-pmln	Anktiva	Yes	Yes	
J2326	Nusinersen	Spinraza	Yes	Yes	
Q2058	Obecabtagene autoleucel	Aucatzyl	Yes	Yes	
J9301	Obinutuzumab	Gazyva	Yes	Yes	
J2350	Ocrelizumab	Ocrevus	Yes	Yes	
J2351	Ocrelizumab	Ocrevus Zunovo	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¥	Yes (excluded)-Covered by DMAP¥
J2359	olanzapine, 0.5 mg				
J9285	Olaratumab	Lartruvo	Yes	Yes	
J3490, C9101	Oliceridine	Olinvyk	Hospital/ED Use only (no PA in these settings)		
J0218	Olipudase Alfa	Xenpozyme	Yes	HIGH COST CARVE OUT	
J9262	Omacetaxine mepesuccinate	Synribo	Yes	Yes	
J2357	Omalizumab	Xolair	Yes	Yes	
Q5154	omalizumab-igec	Omlyclo	Yes	Yes	
J3406	Omidubicel-onlv	Omisirge	Yes	Yes	
J0585	Onabotulinumtoxin-A	Botox	Yes	Yes	
C9309, J3490, J3590	Onasemnogene abeparvovec-brve	Itvisma	Yes	HIGH COST CARVE OUT	Not a MH Benefit
J3405	Onasemnogene abeparvovec	Zolgensma	Yes	HIGH COST CARVE OUT	
J2406	Oritavancin	Kimyrsa	Yes	Yes	
J3386	Etuvetidigene autotemcel	Waskyra	Yes	HIGH COST CARVE OUT	
J9264	Paclitaxel protein-bound	Abraxane	Yes	Yes	
J9259	Paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg		Yes	Yes	
J2426	Paliperidone	Invega Sustenna	Yes	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J2427	Paliperidone ER	Invega Hafyera or Invega Trinza			
J2428	Paliperidone palmitate extended release	Erzofri	Yes	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
90378	Palivizumab 1. For **OHSU** providers only, submit request to CareOregon 2. For all **other providers**, submit request to CareOregon	Synagis	Yes	Yes	
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	
J9266	Pegaspargase	Oncaspar	Yes	Yes	
J3490	Pegcetacoplan	Empaveli	Yes	Yes	

J2781	Pegcetacoplan intraocular	Syfovre	Yes	Yes	Not a MH Benefit
J0890	Peginesatide	Omontys	Yes	Yes	
J2507	Pegloticase	Krystexxa	Yes	Yes	
J2508	Pegunigalsidase alfa-iwxj	Elfabrio	Yes	Yes	
J3490	Pegvaliase-pqpz	Palynziq	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	
J1818	Pegzilarginase	LOARGYS	Yes	HIGH COST CARVE OUT	
J9999	Penpulimab-kcqx	Penpulimab-kcqx	Yes	Yes	
J9271	Pembrolizumab	Keytruda	Yes	Yes	
J9277	Pembrolizumab-berahyaluronidase alfa-pmph	Keytruda Qlex	Yes	Yes	
J9304	Pemetrexed	Pemfexy	Yes	Yes	
Q0224	pemivibart	Pemgarda	Yes	Yes	
J9306	Pertuzumab	Perjeta	Yes	Yes	
J9316	Pertuzumab, trastuzumab, and hyaluronidase	Phesgo	Yes	Yes	
J2561	Phenobarbital Sodium	Sezaby	Hospital/ED Use only (no PA in these settings)		
J2760	Phentolamine	Regitine	Yes- Part D only	No PA Reqd	
J2998	Plasminogen	Ryplazim	Yes	Yes	
J2562	Plerixafor	Mozobil	Yes	Yes	
J9309	Polatuzumab	Polivy	Yes	Yes	
J3490	Polidocanol	Varithena	Billed under CPT - not billed separately	Billed under CPT - not billed separately	
J9376	Pozelimab	Veopoz	Yes	HIGH COST CARVE OUT	
J3389	Prademagene zamikeracel	Zevaskyn	Yes	HIGH COST CARVE OUT	
J9307	Pralatrexate	Folotyn	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 (Avastin)	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	
Q5168	RANIBIZUMAB-LEYK	NUFYMCO	Yes- ST req'd	Yes	
J1303	Ravulizumab	Ultomiris	Yes- ST req'd	Yes	
J9345	Retifanlimab-dlwr	Zynyz	Yes	Yes	
J0248	Remdesivir	Veklury	Outpatient- Part B Home Infusion- Part D	No PA Reqd €	
J3402	Remestemcel-L-rknd	Ryoncil	Yes	Yes	
J2786	Reslizumab	Cinqair	Yes	Yes	
J7677	Revefenacin inhalation solution, administered through DME	Yupelri	Yes	Yes	
J3403	Revakinagene taroretcel-lwey	Encelto	Yes	Yes	
J0349	Rezafungin, 1 mg	Rezzayo	Yes	Yes	
J2789	Riboflavin 5'-phosphate ophthalmic solution	Epioxa/Epioxa HD	Yes	Yes	
J2793	Rilonacept	Arcalyst	Yes	Yes	
J0587	RimabotulinumtoxinB	Myobloc	Yes- ST req'd	Yes	
J2327	Risankizumab	Skyrizi	Yes	Yes	
J2794	Risperidone	Risperdal Consta	No PA Reqd	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J2798	Risperidone	Perseris	Yes		
J2801	Risperidone	Rykindo	Yes		
J2799	Risperidone, 1 mg	Uzedy	Yes		
J9312	Rituximab	Rituxan	No	Yes	
Q5123	Rituximab-arrx	Riabni	No	Yes	
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, J2802	Romiplostim	Nplate	Yes	Yes	
J3111	Romosozumab	Evenity	Yes	Yes	
J3490	Ropeginterferon alfa-2b-njft	Besremi	Yes	Yes	
J9333	Rozanolixizumab-noli	Rystiggo	Yes	Yes	
J9317	Sacituzumab govitecan-hziy	Trodelvy	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	
J3247	Secukinumab	Cosentyx	Yes- Part D only	Yes	
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system	Annovera	Not Covered±	No PA Reqd	
J3490	Selexipag for injection	Uptravi	Yes	Yes	
J0602	Sevelamer carbonate, oral, powder, 20 mg (for ESRD on dialysis)	Renvela oral powder	No PA Reqd	Yes	
J0603	Sevelamer HCl oral, 20 mg (for ESRD on dialysis)	Renagel	No PA Reqd	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	
J0209	Sodium thiosulfate		Yes	Yes	
J3590	Sotatercept	Winrevair	Yes	Yes	
Q0247	Sotrovimab		Not covered under	Not covered under	
J1747	Spesolimab-sbzo	Spevigo	Yes	Yes	
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	Velphoro	No PA Reqd	Yes	
J3490	Sulbactam/durlobactam	Xacduro	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	HIGH COST CARVE OUT	
J3060	Taliglucerase alfa	Elelyso	Yes	Not covered	
J9325	Talimogene laherparepvec	Imlygic	Yes	Yes	
J3055	Talquetamab-tgvs	Talvey	Yes	Yes	
J9026	Tarlatamab-dlle	Imdeltra	Yes	Yes	
J9274	Tebentafusp-tebn	Kimmtrack	Yes	Yes	
J9380	Teclistamab-cqyv	Tecvayli	Yes	Yes	
J9326, C9306*	Telisotuzumab vedotin-tllv	Emrelis	Yes	Yes	
J9328	Temozolomide	Temodar	Yes	Yes	
J9330	Temsirolimus	Torisel	Yes	Yes	
J9381	Teplizumab-mzwv	Tzield	Yes	Yes	
J3241	Teprotumumab	Tepezza	Yes	Yes	
J3110	Teriparatide	Forteo	Yes- Part D only	Yes- Pharmacy Benefit (non-formulary)	
J3490	Terlipressin	Terlivaz	Hospital/ED Use only (no PA in these		
J9329	Tislelizumab-jsgr	Tevimbra	Yes	Yes	
J3145	Testosterone undecanoate	Aveed	Yes	Yes	
J1072	Testosterone cypionate	Azmiro	Yes	Yes	
J1757	tividenofusp alfa-eknm	Avlayah	Yes	HIGH COST CARVE OUT	
J2356	Tezepelumab-ekko	Tezspire	Yes	Yes	
J9340	Thiotepa	Tepadina (brand)	Yes	Yes	
J9341	Thiotepa (Tepylute), 1 mg	Tepylute	Yes	Yes	
J9342	Thiotepa, not otherwise specified, 1 mg		Yes	Yes	
J3245	Tildrakizumab	Ilumya	Yes	Yes	
Q2042	Tisagenlecleucel	Kymriah	Yes	Yes	Not a MH Benefit
J9273	Tisotumab vedotin	Tivdak	Yes	Yes	
Q0221	Tixagevimab & cilgavimab		Excluded - federally provided drug	Excluded - federally provided drug	
J3262	Tocilizumab	Actemra	Yes	Yes	
Q0234, Q5133*	Tocilizumab-bavi	Tofidence	Yes	Yes	
Q5135	Tocilizumab-aazg	Tyenne	Yes	Yes	
Q5156	tocilizumab-anoh	Avtozma	Yes	Yes	
Q0249	Tocilzumab for hospitalized with COVID19		Covered inpatient only	Bill FFS Medicaid	
J1304	Tofersen, 1 mg	Qalsody	Yes	Yes	
J3263	Toripalimab	Loqtorzi	Yes	Yes	
J9362, J9352*	Trabectedin	Yondelis	Yes	Yes	
C9312	Trabectedin (Apotex)		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	
Q5146	Trastuzumab-strf (Hercessi), biosimilar, 10 mg	Hercessi	Yes	Yes	
J9356	Trastuzumab and Hyaluronidase	Herceptin Hylecta	Yes	Yes	
J7355	Travoprost intracameral implant	iDose TR	Yes- ST req'd	Yes	

J9347	Tremelimumab-actl	Imjudo	Yes	Yes	
J0614	Treosulfan	Grafapex	Yes	Yes	
J3285	Treprostinil	Remodulin	Yes	Yes	
J7686	Treprostinil	Tyvaso	Yes	Yes	
J3299	Triamcinolone acetonide injectable suspension	Xipere	Yes- ST req'd	Yes	
J3304	Triamcinolone ER injection	Zilretta	Yes	Yes	
J1448	Trilaciclib	Cosela	Yes	Yes	
J3315	Triptorelin	Trelstar	Yes	Yes	
J3316	Triptorelin extended release, 3.75 mg	Triptodur	Yes	Yes	
J2329	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	
Q5164	Ustekinumab-hmny (Starjemza)	Starjemza IV	Yes- ST req'd	Yes	
Q5164	Ustekinumab-hmny (Starjemza)	Starjemza SubQ	Yes- Part D only	Yes	
Q5098	Ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Imuldosa	Yes- ST req'd	Yes	
Q5099	Ustekinumab-stba (Steqeyma), biosimilar, 1 mg	Steqeyma	Yes	Yes	
Q5137	Ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	Wezlana	Yes- Part D only	Yes	
Q5138	Ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	Wezlana	Yes- ST req'd	Yes	
Q5100	Ustekinumab-kfce (Yesintek)	Yesintek	Yes	Yes	
Q9996	Ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	Pyzchiva	Yes- Part D only	Yes	
Q9997	Ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Pyzchiva	Yes- ST req'd	Yes	
Q9998	Ustekinumab-aekn (Selarsdi), 1 mg	Selarsdi	Yes- ST req'd	Yes	
Q9999	Ustekinumab-aauz (Otulfi), biosimilar, 1 mg	Otulfi	Yes- ST req'd	Yes	
J0901	Vadadustat, oral, 1 mg (for ESRD on dialysis)	Vafseo	No PA Reqd	Yes	
J1412	Valoctocogene roxaparvovec-rvox	Roctavian	Yes	HIGH COST CARVE OUT	
90396	Varicella zoster immune globulin	Varizig	Yes	Yes	
J3380	Vedolizumab	Entyvio	Yes	Yes	
J3385	Velaglucernase alfa	Vpriv	Yes	Yes	
J0217	Velmanase alfa-tycv	Lamzede	Yes	HIGH COST CARVE OUT	
J3397	Vestronidase alfa-vjbk	Mepsevii	Yes	HIGH COST CARVE OUT	
J1427	Viltolarsen	Viltepso	Yes	HIGH COST CARVE OUT	
J3398	Voretigene neparvovec-rzyl	Luxturna	Yes	HIGH COST CARVE OUT	
J0225	Vutrisiran	Amvuttra	Yes	Yes	
C9311, J3490, J3590	eplontersen	Wainua	Yes	Yes	
J9276	Zanidatamab-hrii	Ziihera	Yes	Yes	
J9382	Zenocutuzumab-zbco	Bizengri	Yes	Yes	
J3486	Ziprasidone	Geodon	No PA Reqd	Yes (excluded)-Covered by DMAP¥	Yes (excluded)-Covered by DMAP¥
J9400	Ziv-aflibercept	Zaltrap	Yes	Yes	
J1326	Zolbetuximab-clzb	Vyloy	Yes	Yes	
J3404	Zopapogene imadenovec-drba	Papzimeos	Yes	HIGH COST CARVE OUT	
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	

* 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

± 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. Please submit PA if unusual circumstance prohibit pharmacy dispensing

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

∇ MH/BH (mental health/behaviorial health) only benefit applies to HSO members with physical health (PH) coverage outside of CareOregon. Only services from MH/BH specific providers for MH/BH conditions are eligible. Treatment notification for services groups for MAT and SUD required thru Connect. This auto-approves a variety of eligible CPTs and HCPCS necessary for accurate claim payment. It is not a prior authorization.

***NEW* High Cost Drug Carve Out (HCDCO) Effective 12/22/2025 -** OHP ONLY

OHP ONLY. Certain high cost therapies are carved out by the State. The list is defined by the State, similar to how the mental health drug carve out works. The listed drug names and corresponding HCPC codes are **not covered by the CCO and are instead to be billed directly to the State (FFS/DMAP).** These drugs are also listed in the auth table above as "high cost carve out". **PBS please notify PIC or Lead when a request for HCDCO drug is received.**

Current HCDCO HCPC Codes: J1426, J3392, J1743, J1413, J9269, J1428, J9210, J1411, J3590/C9399/J3490, J0217, J3398, J3394, J3397, J1458, J1202, J0224, J1427, J1322, J3401, J1429, J0218, J3399, J3393, J1412

Current HCDCO drug list: Amondys-45, Casgevy, Elaprase, Elevidys, Elzonrys, Exondys-51, Gamifant, Hemgenix, Itvisma, Kebilidi, Kresaldi, Lamzede, Lantidra, Lenmeldy, Loargys, Luxturna, Lyfgenia, Mepsevii, Naglazyme, Opfolda, Oxlum, Papzimeos, Rethymic, Revcovi, Roctavian, Skysona, Strensiq, Veopoz, Viltepso, Vimizim, Vyjuvek, Vyondys-53, Xenpozyme, Waskyra, Zevaskyn, Zolgensma, Zycubo, Zynteglo

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

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, J7177, J1412, J9376, J7176

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

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 (bupivicaine, and J3010 (fentanyl).

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), Q5115 Truxima, Q5119 Ruxience, J1454 Akynzeo IV, J9217 Lupron/Eligard (cancer only), Sublocade Q9991/Q9992 and Brixadi J0576 (2/1/24)

Brand vs Generics

Unless otherwise specified by CMS, brand and generic medications share the same HCPCS. For "not therapeutically equivalent" generics, a unique code may be designated by CMS. Correct crosswalking of NDC to the specific HCPCS code will be expected in these situations. Failure to pair correctly could result in claim rejection. Please note, this list is HCPCS code specific. If a HCPCS code is not present for the "not therapeutically equivalent" generic, no PA is required for that product but MAY require PA if the brand is used (if that HCPCS code is present). For example: brand Pemfexy under J9304 requires PA, but none of the "not therapeutically equivalent" generics do (such as J9322 and J9323). Please be sure to accurately check auth requirements by the expected billing HCPCS and NOT only the drug name.

ESRD Phosphate Binders- 2025

HCPCS: J0601 (sevelamer carbonate tabs); J0602 (sevalemer carbonate powder); J0603 (sevelamer HCl tabs); J0605 (Velphoro); J0607 (lanthanum carbonate tabs); J0608 (lanthanum carbonate powder); J0609 (Auryxia); J0615 (calcium acetate); J0901 (Vafseo)

As of 1/1/25, CareOregon Advantage (COA) will no longer cover phosphate binders thru a pharmacy (Part D) for members on dialysis. These products will be required to be provided from the dialysis center and billed thru the medical benefit (Part B). All these products will be coverable by CareOregon Advantage without prior authorization.

For CareOregon Medicaid (OHP), coverage is allowable thru either pharmacy or medical billing. However, the medical benefit will require prior authorization for non-preferred products to mirror the pharmacy benefit formulary as shown above. Calcium acetate (J0615) and sevelamer carbonate tablets (J0601) are the only products covered without PA. Members receiving non-preferred products thru the pharmacy benefit currently will be allowed to remain on those products via medical benefit billing, but prior authorization is required in advanced to match the coverage.