



3601 SW Murray Blvd. Ste. 10
Beaverton, Oregon 97005

Providence OHP & Commercial Plans

Pharmacy Medical Drug Benefit Prior-Authorization List

(Last Update: 11/30/2018)

Drugs administered under the medical benefit (administered by physician/facility) - PA Required	
Code	Drug Name
J9264	ABRAXANE (Paclitaxel Protein Bound)
J3262	ACTEMRA (Tocilizumab)
J0800	ACTHAR GEL (Corticotropin)
J9216	ACTIMMUNE (Interferon-gamma-1b)
J9042	ADCETRIS (Brentuximab vedotin)
J1931	ALDURAZYME (Laronidase)
J9999, C9030	ALIQOPA (Copanlisib di-hcl)
J9245	ALKERAN (Melphalan)
J0256	ARALAST (Alpha1-Proteinase Inhibitor)
J0881, J0882	ARANESP (Darbepoetin)
J2793	ARCALYST (Riloncept)
J9261	ARRANON (Nelarabine)
J9302	ARZERRA (Ofatumumab)
J9035	AVASTIN (Bevacizumab) : FOR CHEMOTHERAPY USE
J3145	AVEED (Testosterone undecanoate)
A9699, C9399	AZEDRA DOSIMETRIC (Iobenguane iodine-131)
A9699, C9399	AZEDRA THERAPEUTIC (Iobenguane iodine-131)
J9023	BAVENCIO (Avelumab)
J9032	BELEODAQ (Belinostat)
J9034	BENDEKA (Bendamustine HCL)
J0490	BENLYSTA (Belimumab)
J0597	BERINERT (C1 Esterase Inhibitor)
J9999, C9028	BESPONSA (Inotuzumab ozogamicin)
J1830	BETASERON (Interferon beta -1b)
J1556	BIVIGAM (Immune globulin IgIV)
J9039	BLINCYTO (Blinatumomab)
J0585, J0587	BOTOX, MYOBLOC [PA through Medical Management]

J3355	BRAVELLE (Urofollitropin) (Infertility)
J3590, C9014	BRINEURA (Cerliponase alfa)
J9010	CAMPATH (Alemtuzumab)
J0698	Cefotaxime: for Lyme Disease
J0696	Ceftriaxone: for Lyme Disease
J0717	CIMZIA (Certolizumab pegol)
J0598	CINRYZE (C1 Esterase inhibitor)
J2786	CINQAIR (Reslizumab)
J1833	CRESEMBA (Isavuconazonium sulfate)
J3590, C9399	CRYSVITA (Burosumab-twza)
J1555	CUVITRU (Immune globulin, gamm(IGG)/glycine/IGA >50mcg/MI)
J9308	CYRAMZA (Ramucinumab)
J0894	DACOGEN (Decitabine)
J9145	DARZALEX (Daratumumab)
J0586	DYSPORT (Abobotulinumtoxin) [PA through Medical Management]
J1743	ELAPRASE (Idursulfase)
J9176	EMPLICITI (Elotuzumab)
B4100 - B4162	Enteral Formula and Medical Foods
J3380	ENTYVIO (Vedolizumab)
J0885, J0886, Q4081	EPOGEN, Procrit (Epoetin Alfa)
J9055	ERBITUX (Cetuximab)
J3490	EVZIO (Naloxone Hcl)
J1428	EXONDYS 51 (Eteplirsen)
J1830	EXTAVIA (Interferon beta -1b)
J0178	EYLEA (Aflibercept)
J3590, C9466	FASENRA (Benralizumab)
J9395	FASLODEX (Fulvestrant)
J1744	FIRAZYR (Icatibant)
J1572	FLEBOGAMMA (Immune globulin)
J1325	FLOLAN (Epoprostenol)
J9307	FOLOTYN (Pralatrexate)
J1566	GAMMA GLOBULIN (IVIG)
J1569	GAMMAGARD (Immune globulin)
J1599	GAMMAKED (Immune globulin)
J1557	GAMMAPLEX (Immune globulin, IV, non-lyophilized)
J1561	GAMUNEX / GAMUNEX-C (IGG)
J0257	GLASSIA (Alpha1-Proteinase Inhibitor)

J3590, C9015	HAEGARDA (C-1 esterase inhibitor (human))
J9179	HALAVEN (Eribulin mesylate)
Q9995	HEMLIBRA (Emicizumab-kxwh)
J9355	HERCEPTIN (Trastuzumab)
J1559	HIZENTRA (Immune globulin SCIg)
J1575	HYQVIA (Immune Globulin, Gamma(IGG) Human/Hyaluronidase, Human)
J0638	ILARIS (Canakinumab/PF)
J9999, C9492	IMFINZI (Durvalumab)
J9325	IMLYGIC (talimogene laherparepvec)
Q5103	INFLECTRA (Infliximab-DYYB)
J9315	ISTODAX (Romidepsin)
J9207	IXEMPRA (Ixabepilone)
J9043	JEVTANA (Cabazitaxel)
J9354	KADCYLA (ADO-Trastuzumab emtansine)
J1290	KALBITOR (Ecallantide)
J2840	KANUMA (Sebelipase Alfa)
J9271	KEYTRUDA (Pembrolizumab)
J2507	KRYSTEXXA (Pegloticase)
Q2040	KYMRIAH (Tisagenlecleucel)
J9047	KYPROLIS (Carfilzomib)
J9285	LARTRUVO (Olaratumab)
J0202	LEMTRADA (Alemtuzumab)
J9217, J9218, J1950	LEUPROLIDE ACETATE (Prior-authorization not required for diagnosis C61 - Prostate Cancer)
J2778	LUCENTIS (Ranibizumab)
J0221	LUMIZYME (Alglucosidase alfa)
J3490	LUPANETA PACK (Leuprolide/Norethindrone Acetate)
A9699, C9031	LUTATHERA (Lutetium lu 177 dotatate)
J3590, C9032	LUXTURNA (Voretigene Neparvovec-RZYL)
J2503	MACUGEN (Pegaptanib sodium)
J9371	MARQIBO (Vincristine sulfate liposome)
S0122	MENOPUR (Menotropins)
J3590, C9399	MEPSEVII (Vestronidase alfa-vjbc)
J0887, J0888	MIRCERA (Methoxy Polyethylene glycol-epoetin beta)
J3590	MYALEPT (Metreleptin)
J0220	MYOZYME (Alglucosidase alfa)
J1458	NAGLAZYME (Galsulfase)

J0725	NOVAREL, OVIDREL,PREGNYL, PROFASI, CHORON 10 (Infertility)
J2796	NPLATE (Romiplostim)
J2182	NUCALA (Mepolizumab)
J2350	OCREVUS (Ocrelizumab)
J1568	OCTAGAM (Immune globulin)
J9205	ONIVYDE (Irinotecan Liposomal)
J3490	ONPATTRO (Patisiran sodium, lipid complex)
J9299	OPDIVO (Nivolumab)
J0129	ORENCIA (Abatacept)
J3590	PALYNZIQ (Pegvaliase-PQPZ)
J2510, J2540	PENICILLIN G (IV): for Lyme Disease
J9306	PERJETA (Pertuzumab)
J9295	PORTRAZZA (Necitumab)
J3590	PRAXBIND (Idarucizumab)
J3490, C9399	PREVYMIS (Letermovir)
J1459	PRIVIGEN (Immune globulin, IV, non-lyophilized)
J0570	PROBUPHINE (Buprenorphine HCL) Implant
J0725	PROFASI (Chorionic Gonadotropin)
J0256	PROLASTIN (Alpha1-Proteinase Inhibitor)
J0897	PROLIA, XGEVA (Denosumab)
Q2043	PROVENGE (Sipuleucel-T/Lactated Ringers)
J3490, C9493	RADICAVA (Edaravone)
Q9994	RELIZORB (Enteral Pump Access.Hydrolysis) Cartridge
J2212	RELISTOR KIT
J1745	REMICADE (Infliximab)
J3285	REMODULIN (Treprostinil)
Q5104	RENFLEXIS (Infliximab-abda)
J3490	REVATIO (Sildenafil citrate)
J9310	RITUXAN (Rituximab)
J9999, C9467	RITUXAN HYCELA (Rituximab/Hyaluronidase, Human Recombinant)
J0596	RUCONEST (C1 Esterase inhibitor, recombinant)
J2354	SANDOSTATIN (Octreotide)
J2353	SANDOSTATIN LAR (Octreotide depot)
J2502	SIGNIFOR LAR (Pasireotide pamoate)
J1602	SIMPONI ARIA (Golimumab)
J1300	SOLIRIS (Eculizumab)

J2326	SPINRAZA (Nusinersen Sodium/PF)
J3357, J3358	STELARA (Ustekinumab)
Q9991, Q9992	SUBLOCADE (Buprenorphine, soler syr)
J9226	SUPPRELIN LA (Histrelin acetate)
J2860	SYLVANT (Siltuximab)
J9262	SYNRIBO (Omacetazine mepesussinate)
J9022	TECENTRIQ (ATEZOLIZUMAB)
J9328	TEMODAR IV (Temozolomide)
J3490	TESTOPEL (Testosterone Pellet)
J9330	TORISEL (Temisirolimus)
B4164 - B5200	Total Parenteral Nutrition (TPN)
J9033	TREANDA (Bendamustine)
J3590, C9029	TREMFYA (Guselkumab)
J3490, C9016	TRIPTODUR (Triprorelin extended release, 3.75mg)
J3590	TROGARZO (Ibalizumab-UIYK)
J2323	TYSABRI (Natalizumab)
J7686	TYVASO (Treprostinil)
J9303	VECTIBIX (Panitumumab)
J9041	VELCADE (Bortezomib)
J1325	VELETRI (Epoprostenol)
Q4074	VENTAVIS (Iloprost)
J9025	VIDAZA (Azacitidine)
J1322	VIMIZIM (Elosulfase alfa)
C9254	VIMPAT IV (Lacosamide)
J9999, C9024	VYXEOS (Daunorubicin/cytarabine liposomal)
J0588	XEOMIN [PA through Medical Management]
A9606	XOFIGO (Radium-223 Dichloride)
J2357	XOLAIR (Omalizumab)
J9228	YERVOY (Ipilimumab)
Q2041	YESCARTA (Axicabtagene ciloleucel)
J9352	YONDELIS (Trabectedin)
J9400	ZALTRAP (Ziv-aflibercept)
J0256	ZEMAIRA(Alpha 1 Proteinase Inhibitor)
J0565	ZINPLAVA(Bezlotoxumab)

The Oregon Region Pharmacy & Therapeutics Committee (ORPTC) will make a reasonable effort to review a new chemical entity or new Food and Drug Administration (FDA) indication within 90 days, and will make a decision on each new chemical entity or new FDA indication within 180 days of its release onto the market or a clinical justification will be provided if this timeframe is not met. In some instances, the ORPTC may require an extended amount of time to allow for the availability of sufficient clinical and safety data. New drugs or newly approved indications within the six Protected Classes will be subject to an expedited ORPTC review. The ORPTC will make a decision within 90 days, rather than the normal 180-day requirement. Prior to ORPTC review, such drugs and indications are subject to policy **ORPTCOPS047.0418**.

New FDA-approved drugs not yet reviewed by ORPTC*

HCPCS Code	Drug Name
J7699	ARIKAYCE (Amikacin sulfate liposomal) with nebulizer accessories
Q5108	FULPHILA (Pegfilgrastim-jmdb)
J3590	ILUMYA (Tildrakizumab-asmn)
J9999	LIBTAYO (Cemiplimab-RWLC)
Q5110	NIVESTYM (Filgrastim-aafi)
J3490	PALONOSETRON HCL (Palonosetron hcl) IV
J3490	PERSERIS (Risperidone)
J9999	POTELIGEO (Mogamulizumab-kpkc)
Q5105, Q5106	RETACRIT (Epoetin alfa-EPBX)
J3590	TAKHZYRO (Lanadelumab-flyo)
J3490	XERAVA (Eravacycline di-hydrochloride)

*This list is updated monthly and may not include all newly approved drugs and indications. If you have any questions, you may call Providence Health Plans Pharmacy Department at 503-574-7400 or 877-216-3644.

