

J Code	DESCRIPTION	LIPA
J0129	Abatacept 10 mg IV	Yes
J0597	Beriner, 10u	Yes
J0598	Cinryze, 10u	Yes
J0881	Injection, darbepoetin alpha, 1 microgram (non-ESRD use)	Yes
J0882	Injection, darbepoetin alpha, 1 microgram (ESRD on dialysis)	Yes
J0885	Injection, epoetin alfa, 1000 units (non-ESRD use)	Yes
J0886	Injection, epoetin alpha 1000 units (ESRD on dialysis)	Yes
J1440	Filgrastim 300 mcg	Yes
J1441	Filgrastim 480 mcg	Yes
J2505	Pegfilgrastim 6 mg	Yes
J9217	Leuprolide acetate 7.5 mg	Yes
J1950	Leuprolide acetate 3.75 mg	Yes
J1626	Granisetron 100 mcg	Yes
J2469	Palonosetron 25 mcg	Yes
J9035	Bevacizumab 10 mg	Yes
J0585	Botulism toxin type A, 1u	Yes
J0586	Botulism toxin type A, 5u	Yes
J0587	Botulism toxin type B, 100u	Yes
J1566	IVIG lyophilized 500 mg	Yes
J1568	IVIG non-lyophilized 500 mg	Yes
J1599	IVIG non-lyophilized NOS 500 mg	Yes
J1745	Infliximab	Yes
J2430	Pamidronate	Yes
J2597	DDAVP	Yes
J2778	Ranibizumab - 0.1 mg	Yes
J2940	Injection, Somatrem	Yes
J2941	Injection, Somatopin	Yes
J3487	Injection, Zoledronic acid	Yes
J9214	Interferon alpha - 2b	Yes
J7321-J7326	Hyalgan, Supartz, Synvisc, Orthovisc, Euflexxa	Yes
J2357	Omalizumab, 5 mg	Yes
J9305	Pemetrexed 10 mg	Yes
J3490	Unclassified drugs, all	Yes
J7185-J7192	Factor VIII	Yes
J7193-J7195	Factor IX	Yes
J1830	Interferon beta 1b 0.25 mg	Yes
90378	Palivizumab - RSV - Igm 50 mg	Yes
	All Chemotherapy agents	Yes
	All IV Chemotherapy support agents	Yes
	All spinal pump administered agents	Yes

Please Note:

Please call Customer Service at 541-485-2155 if you have a question regarding the authorization of medication not on this list.

This list does **not** encompass self-administered medications.

Q4081 Epoetin Alfa 100 units (ESRD on dialysis) given in dialysis center does not require PA