

Injectable Medication Prior Authorization List

Procedure code:	Brand name:	Site of Care (SOC) Applies (Y/N):	Additional Information:
J7331	1% Sodium Hyaluronate		
Q2055	Abecma		
J9264; J9258; J9259; J9999	Abraxane		
J3262	Actemra	Y (Effective 10/01/2017)	
J0801	Acthar HP		
J0791	Adakveo	Y (Effective 10/01/2020)	
J9042	Adcetris		
J9029	Adstiladrin		
J0172	Aduhelm		
J7192	Advate, Kogenate FS, Recombinate		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7207	Adynovate		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7171	Adzynma		
Q5153	aflibercept-yszy		
J7210	Afstyla		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
Q5150	Ahzantive		
J1454	Akynzeo		
J1931	Aldurazyme	Y (Effective 10/01/2017)	
J9305	Alimta		
J9057	Aliqopa		
J2469	Aloxi		
J7186	Alphanate		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7193	AlphaNine SD, Mononine		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7201	Alprolix		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics

J7214	Altuviio		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J1552	Alyglo		
Q5126	Alymsys		
J1426	Amondys 45		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9999	Amtagvi		
J0225	Amvuttra		
J9028	Anktiva		
J2277	Aphexda		
J2468; J9292	Avyxa		
J0256	Aralast NP	Y (Effective 10/01/2020)	
J0881	Aranesp		
J9302	Arzerra		
J1554	Asceniv	Y (Effective 10/01/2020)	
J9118	Asparlas		
Q2058	Aucatzyl		
J3590	Aukelso	Y (Effective 11/01/2025)	
J9035	Avastin		
Q5121	Avsola	Y (Effective 11/01/2019)	
Q5156	Avtozma		
J9999	Avzivi		
J9292	Axtle (pemetrexed dipotassium)		
J9023	Bavencio		
J7194	Bebulin, Profilnine SD		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9032	Beleodaq		
J9036	Belrapzo		
J9059; J9033; J9034; J9058; J9056; J9036	bendamustine		
J9034	Bendeka		
J7195	Benefix		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J0490	Benlysta	Y (Effective 10/01/2017)	
J0179	Beovu		
J0597	Berinert	Y (Effective 10/01/2017)	
J9229	Besponsa		

J1414	Beqvez		
J3590	Bildyos	Y (Effective 11/01/2025)	
J3590	Bilprevda	Y (Effective 11/01/2025)	
J1556	Bivigam	Y (Effective 10/01/2017)	
Q5152	Bkemv		
J9037	Blenrep		
J9039	Blincyto		
Q5158	Bomyntra	Y (Effective 07/01/2025)	
J9054	Boruzu		
J3590	Bosaya		
J0585	Botox		
Q2054	Breyanzi		
J0567	Brineura		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J2329	Briumvi		
J9382	Bizengri		
Q5124	Byooviz		
J9064	Cabazitaxel		
Q2056	Carvykti		
J3392	Casgevy		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1786	Cerezyme	Y (Effective 10/01/2017)	
Q5128	Cimerli		
J0717	Cimzia		
J2786	Cinqair		
J0598	Cinryze	Y (Effective 10/01/2017)	
J7175	Coagadex		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9286	Columvi		
Q5158	Conexence	Y (Effective 07/01/2025)	
J7180	Corifact		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J0802	Cortrophin		
J1448	Cosela		
J3247	Cosentyx IV		
J0584	Crysvita	Y (Effective 10/01/2020)	
J1551	Cutaquig		

J1555	Cuvitru		
J9308	Cyramza		
J9348	Danyelza		
J9145	Darzalex		
J9144	Darzalex Faspro		
J9011	Datroway		
J0589	Daxxify		
J3590	Denosumab-bnht	Y (Effective 07/01/2025)	
J3590	Denosumab-dssb	Y (Effective 07/01/2025)	
J7318	Durolane		This product is not covered by this health plan.
J0586	Dysport		
J9063	Elahere		
J1743	Elaprase		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J3060	ElELYso	Y (Effective 10/01/2017)	
J1413	Elevidys		Effective 1/1/2026, this drug is reviewed
J2508	Elfabrio		
J7205	Eloctate		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J1323	Elrexio		
J9269	Elzonris		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9176	Empliciti		
J9326	Emrelis		
J3403	Encelto		
J9358	Enhertu		
J1302	Enjaymo		
J3590	Enoby	Y (Effective 11/01/2025)	
J3380	Entyvio	Y (Effective 10/01/2017)	
Q5149	Enzeevu		
J3590	Enzeevu		
J9321	Epkinly		
Q5151	Epysqli		
J0885	Epogen/Procrit		

J7204	Esperoct		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9055	Erbitux		
J7323	Euflexxa		This product is not covered by this health plan.
J3111	Evenity		
J1305	Evkeeza	Y (Effective 10/01/2023)	
J1428	Exondys 51		Effective 1/1/2026, this drug is reviewed
J3590	Eydenzelt		
J0178	Eylea		
J0177	Eylea HD		
J0180	Fabrazyme	Y (Effective 10/01/2017)	
J0517	Fasenra		
J7198	FEIBA		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
Q0138; Q0139	Feraheme		
J1572	Flebogamma	Y (Effective 10/01/2017)	
Q5108	Fulphila	Y (Effective 01/01/2021)	
J0641	Fusilev		
Q5130	Fylnetra		
J9210	Gamifant		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1569; J1566	Gammagard	Y (Effective 10/01/2017)	
J1599	Gammagard Liquid ERC	Y (Effective 10/01/2017)	
J1566	Gammagard/Carimune NF	Y (Effective 10/01/2017)	
J1557	Gammaplex	Y (Effective 10/01/2017)	
J1561	Gamunex/Gammaked	Y (Effective 10/01/2017)	
J9301	Gazyva		
J7326	Gel-One		This product is not covered by this health plan.
J7328	Gel-Syn		This product is not covered by this health plan.
J7320	GenVisc 850		This product is not covered by this health plan.
J0223	Givlaari		
J0257	Glassia		
J1447	Granix		
J9179	Halaven		

J1411	Hemgenix		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J7170	Hemlibra		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7199	Hemophilia clot factor, not otherwise classified		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9355	Herceptin		
J9356	Herceptin Hylecta		
Q5146	Hercessi		
Q5113	Herzuma		
J1559	Hizentra		
J7187	Humate-P		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7321	Hyalgan / Supartz		This product is not covered by this health plan.
J7191	Hyate:C		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7322	Hymovis		This product is not covered by this health plan.
J1575	HyQvia		
J7202	Idelvion		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J0638	Ilaris		
J3245	Ilumya		
J9256	Imaavy		
J9026	Imdelltra		
J9173	Imfinzi		
J9347	Imjudo		
J9325	Imlygic		
Q5098	Imuldosa	Y (Effective 07/01/2025)	
Q5103	Inflectra	Y (Effective 10/01/2017)	
J1745	infliximab		
J9198	Infugem		
J1439	Injectafer		

J3590	Itvisma		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1599	IVIG		
J9207	Ixempra		
J7213	Ixinity		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J2782	Izervay		
J9281	Jelmyto		
J9272	Jemperli		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9043	Jevtana		
J7208	Jivi		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
Q5160	Jobevne		
Q5136	Jubbonti		
J9354	Kadcyla		
J1290	Kalbitor		
Q5117	Kanjinti		
J3590	Kebilidi		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J2840	Kanuma	Y (Effective 10/01/2020)	
J9271	Keytruda		
J0642	Khapzory		
J0175	Kisunla		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7190	Koate-DVI, Monoclate-P, Hemofil M		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7211	Kovaltry		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J2507	Krystexxa		
Q2042	Kymriah		
J9047	Kyprolis		

J9999	Kyxata		
J0217	Lamzede		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J0202	Lemtrada		
J3391	Lenmeldy		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J3590	Lantidra		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J0174	Legembi		
J1306	Leqvio		
J2820	Leukine		
J9119	Libtayo		
J3263	Loqtorzi		
J2778	Lucentis		
J0221	Lumizyme	Y (Effective 10/01/2017)	
J9313	Lumoxiti		
J9350	Lunsumio		
J3398	Luxturna		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS)
J9161	Lymphir		
J9999	Lynozylfic		
J3394	Lyfgenia		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9353	Margenza		
J9371	Marqibo		

J3397	Mepsevii		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9349	Monjuvi		
J1437	Monoferic		
J7327	Monovisc		This product is not covered by this health plan.
Q5107	Mvasi		
J9203	Mylotarg		
J0587	Myobloc		
J1458	Naglazyme		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J2506	Neulasta	Y (Effective 01/01/2021)	
J1442	Neupogen		
J0219	Nexvazyme		
J9038	Niktimvo		
Q5110	Nivestym		
J7182	NovoEight		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7189	NovoSeven		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J2802	Nplate		
J2182	Nucala		
J1809	Nulibry		
J7209	Nuwiq		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
Q5148	Nypozi		
Q5122	Nyvepria	Y (Effective 01/01/2021)	
J7188	Obizur		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J2350	Ocrevus		
J2351	Ocrevus Zunovo		Y (Effective 01/01/2025)
J1568	Octagam	Y (Effective 10/01/2017)	
Q5114	Ogivri		
J9205	Onivyde		

J0222	Onpattro	Y (Effective 11/01/2019)	
Q5112	Ontruzant		
J2267	Omvoh		
J9299	Opdivo		
J9289	Opdivo Qvantig		
J9298	Opdualag		
Q5153	Opuviz		
J0129	Orencia	Y (Effective 10/01/2017)	
J7324	Orthovisc		This product is not covered by this health plan.
Q5157	Osenvelt	Y (Effective 07/01/2025)	
Q5159	Ospomyv	Y (Effective 07/01/2025)	
Q9999	Otulf	Y (Effective 07/01/2025)	
J0224	Oxlumo		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9264; J9258	paclitaxel albumin-bound		
J9177	Padcev		
J1576	Panzyga		
Q5147	Pavblu		
J0208	Pedmark		
J9314; J9322; J9323; J9297; J9296; J9294; J9292	pemetrexed		
J9304	Pemfexy		
J9324	Pemrydi rtu		
J9999	Penpulimab		
J9247	Pepaxto		
J9306	Perjeta		
J9316	Phesgo		
J1307	Piasky		
J9309	Polivy		
J1203	Pombiliti		
J9295	Portrazza		
J2468	Posfrea		
J9204	Poteligeo		
J1459	Privigen	Y (Effective 10/01/2017)	
J0256	Prolastin	Y (Effective 10/01/2020)	
J0256	Prolastin-C	Y (Effective 10/01/2020)	

J9015	Proleukin		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J0897	Prolia / Xgeva	Y (Effective 01/01/2021)	
Q2043	Provenge		
Q9996	Pyzchiva SQ	Y (Effective 07/01/2025)	
Q9997	Pyzchiva IV	Y (Effective 07/01/2025)	
J3490	Qalsody		
J1301	Radicava	Y (Effective 06/01/2018)	
J7203	Rebinyn		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J0896	Reblozyl		
Q5125	Releuko		
J1745	Remicade	Y (Effective 10/01/2017)	
Q5104	Renflexis	Y (Effective 10/01/2017)	
J3490	Rethymic Implant		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J3590	Revcovi		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
Q5123	Riabni		
J9312	Rituxan		
J9311	Rituxan Hycela		
C9399	Rivfloza		
J7200	Rixubis		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J1412	Roctavian		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1449	Rolvedon		
J0596	Ruconest		
Q5119	Ruxience		

J9061	Rybrevant		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9021	Rylaze		
J3402	Ryoncil		
J9333	Rystiggo		
J0870	Rytelo		
J9361	Ryzneuta		
J2353	Sandostatin LAR		
J0491	Saphnelo		
J9227	Sarclisa		
Q9998	Selarsdi		
J2502	Signifor LAR		
J1602	Simponi Aria	Y (Effective 10/01/2017)	
J2327	Skyrizi		
J3387	Skysona		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1300	Soliris	Y (Effective 10/01/2017)	
J1930	Somatuline Depot	Y (Effective 10/01/2023)	
J1747	Spevigo		
J2326	Spinraza		
S0013; G2082; G2083; J3490	Spravato		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J3590	Starjemza	Y (Effective 07/01/2025)	
J3357	Stelara	Y (Effective 07/01/2025)	
J3358	Stelara IV	Y (Effective 07/01/2025)	
Q5099	Steqeyma	Y (Effective 07/01/2025)	
Q5127	Stimufend		
Q5157	Stoboclo	Y (Effective 07/01/2025)	
J1627	Sustol		
J2779	Susvimo		
J2781	Syfovre		
J2860	Sylvant		
J7331	Synjoynnt		This product is not covered by this health plan.
J9262	Synribo		
J7325	Synvisc/Synvisc-One		This product is not covered by this health plan.

J3055	Talvey		
Q2053	Tecartus		
Q2057	Tecelra		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9022	Tecentriq		
J9024	Tecentriq Hybreza		
J9380	Tecvayli		
J3241	Tepezza	Y (Effective 10/01/2023)	
J9329	Tevimbra		
J2356	Tezspire		
J9273	Tivdak		
Q5135	tocilizumab-aazg		
J3590	tocilizumab-anoh		
Q5133	Tofidence		
Q5116	Trazimera		
J9033	Treanda		
J1628 (IV only)	Tremfya		
J7181	Tretten		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J7332	Triluron		This product is not covered by this health plan.
J7329	Trivisc		This product is not covered by this health plan.
J9317	Trodelvy		
J1746	Trogarzo	Y (Effective 10/01/2019)	
Q5115	Truxima		
Q5135	Tyenne		
Q5134	Tyruko		
J2323	Tysabri		
J9381	Tzield		
Q5111	Udenyca	Y (Effective 01/01/2021)	
J1303	Ultomiris	Y (Effective 11/01/2019)	
J9275	Unloxcyt		
J1823	Uplizna		
J3357; J3358	Ustekinumab	Y (Effective 07/01/2025)	
Q9999	Ustekinumab-aauz	Y (Effective 07/01/2025)	
Q9998	Ustekinumab-aekn	Y (Effective 07/01/2025)	
Q5138	ustekinumab-auub	Y (Effective 07/01/2025)	
Q5099	Ustekinumab-stba	Y (Effective 07/01/2025)	
Q9996; Q9997	Ustekinumab-ttwe	Y (Effective 07/01/2025)	
J2777	Vabysmo		
J9303	Vectibix		

J9999	Vegzelma		
J9041	Velcade		
J9376	Veopoz		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1427	Viltepso		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon
J1322	Vimizim		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9056	Vivimusta		
J7321	VISCO-3		This product is not covered by this health plan.
J7179	Vonvendi		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J3385	VPRIV	Y (Effective 10/01/2017)	
J3032	Vyepti		
J3401	Vyjuvek		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1326	Vyloy		
J1429	Vyondys 53		Effective 1/1/2026, this drug is reviewed
J9332	Vyvgart		
J9334	Vyvgart Hytrulo		
J9153	Vyxeos liposome		
Q5137 (SQ); Q5138 (IV)	Wezlana	Y (Effective 07/01/2025)	
J7183	Wilate		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J3590	Winrevair		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
Q5136	Wyost		
Q5159	Xbryk	Y (Effective 07/01/2025)	

J1558	Xembify	Y (Effective 10/01/2020)	
J0218	XENPOZYME		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J0588	Xeomin		
J0775	Xiaflex		
J2357	Xolair		
J3590	Xtrenbo	Y (Effective 11/01/2025)	
J7185	Xyntha/Xyntha Solofuse		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9228	Yervoy		
Q5155	Yesafili		
Q2041	Yescarta		
Q5100	Yesintek	Y (Effective 07/01/2025)	
J3590	Yimmugo		
J9352	Yondelis		
J9400	Zaltrap		
J0256	Zemaira	Y (Effective 10/01/2020)	
J9223	Zepzelca		
J3389	Zevaskyn		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
Q5120	Ziextenzo	Y (Effective 01/01/2021)	
J9276	Ziihera		
J3304	Zilretta		
Q5118	Zirabev		
J3399	Zolgensma		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J1632	Zulresso		Medication is reviewed by Moda Health. Do not send request to Prime Therapeutics
J9282	Zusduri		
J9359	Zynlonta		

J3393	Zynteglo		Effective 1/1/2026, this drug is reviewed and covered directly by the Oregon Health Authority (OHA) through the Oregon Health Plan (OHP) Fee-for-Service (FFS) program.
J9345	Zynyz		

Effective 01/01/2026