AvMed Prior Authorization Requirement Changes

Effective February 1, 2027, the medical code(s) listed below will require Prior Authorization (PA) and/or Step Therapy (ST) Precertification by AvMed.

This applies to all Commercial products offered in Florida.

Code	Long Description
J1442	INJECTION FILGRASTIM G-CSF 1 MIC
J2820	SARGRAMOSTIM/GM-CSF, 50 MCG, INJECTION
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG
Q5125	INJ, RELEUKO 1 MCG
Q5148	INJ, NYPOSI 1 MCG
J9035	BEVACIZUMAB INJECTION 10 MG
Q5126	INJ ALYMSYS 10 MG
Q5160	INJ, JOBEVNE, 10 MG
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG
J2506	INJ PEGFILGRASTIM EXC BIOSIM 0.5 MG
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG
Q5122	INJ, NYVEPRIA
Q5127	INJ, STIMUFEND, 0.5 MG
Q5130	INJ, FYLNETRA, 0.5 MG
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE
J9312	INJECTION RITUXIMAB 10 MG
J9355	TRASTUZUMAB, 10 MG, INJECTION
J9356	INJ TRA 10 MG & HYALURONIDASE-OYSK
Q5113	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG
Q5117	INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG
Q5146	INJ, HERCESSI, 10 MG