

Adventist Health System
Employee Health Plan

2020 Medical Drug Authorization List

Updated: May 1, 2020

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

For the **Adventist Health System Employee Health Plan** certain injectable drugs for infusion (i.e. Remicade, IV immune globulin) and self-injectables (i.e. Stelara, Forteo) must be obtained through Adventist Health System's prescription benefit plan. In addition, intrauterine devices (IUD's) and etonogestrel implant (Nexplanon) must be obtained through the prescription benefit plan. These medications must be obtained from Adventist Health System's pharmacy, Rx Plus Pharmacy.

Providers can contact Rx Plus Pharmacy at 866-943-4535 if needed with specific inquiries about medications. Rx Plus Pharmacy can assist with the procedure for obtaining any necessary authorizations through the prescription benefit and medication shipment.

Rx Plus Pharmacy utilizes FedEx SameDay® City service to deliver packages to physicians' offices across Florida in their service area. This is a local same-day courier service. Medications are packed in a cooler box with ice packs prior to pick up by FedEx. Pickup and delivery is done within the same business day. Pickup and delivery can be done in as little as two (2) hours. FedEx SameDay tracks the vehicle out for delivery at all times, and provides services such as email delivery confirmation. Electronic signatures are captured to ensure confirmation of delivery. Packages are delivered by uniformed FedEx couriers. Please refer to their website <http://local.fedex.com/sameday/orlando/>.

The following medications must be obtained from Rx Plus Pharmacy.

2020 Rx Plus Pharmacy Drug List

	Ampyra
J7183	Alphanate (Antihemophilic factor VIII/von Willebrand factor complex (human), inj, per factor VIII i.u)
J7187	Alphanate (Antihemophilic factor VIII/von Willebrand factor complex (human), inj, per factor VIII i.u)
J7198	Autoplex T, Feiba VBH AICC (Anti-inhibitor, per IU)
J7197	Thrombate III, Atnativ (Antithrombin III (human, per IU))
J0256	Aralast
J0257	Aralast
J0596	Berinert
J0597	Berinert
J0598	Berinert
J0585	Botox; Myobloc (Botulinum Toxin Type A, per unit)
J8510	Busulfex, Myleran (Busulfan: oral, 2 mg)
J8521	Xeloda (Capecitabine, oral, 500 mg)
J8520	Xeloda (Capecitabine, oral, 150 mg)
J0596	Cinryze

2020 Rx Plus Pharmacy Drug List

J0597	Cinryze
J0598	Cinryze
J8530	Cytosan (Cyclophosphamide, oral 25 mg)
J0897	Prolia (Denosumab)
J3489	Reclast
J0886	Procrit, Epogen (Epoetin alfa, 100 units (for ESRD on dialysis)inj)
J0885	Epoetin alpha (non-ESRD)
J7307	Implanon (Etonogestrel (contraceptive) implant system, including implant and supplies)
J1830	Extavia
J7189	Novoseven (Factor 7a)
J7193	AlphaNine SD, Mononine (Factor IX (antihemophilic factor, purified, nonrecombinant) per IU)
J7195	Benefix (Factor IX (antihemophilic factor, recombinant) per IU)
J7200	Benefix (Factor IX (antihemophilic factor, recombinant) per IU)
J7201	Benefix (Factor IX (antihemophilic factor, recombinant) per IU)
J7202	Benefix (Factor IX (antihemophilic factor, recombinant) per IU)
J7194	Konyne-80, Profilnine SD, Proplex T, Proplex T, Bebulin VH, factor IX+complex, Profilnine SD. (Factor IX complex, per IU)
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
J7190	Koate-DVI, Monarc-M, Monoclate-P (Factor VIII (antihemophilic factor, human)per IU)
J7191	Factor VIII (antihemophilic factor, porcine)per IU
J7182	Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic, Factor human Method M Monoclonal Purified, Refacto (Factor VIII (antihemophilic factor, recombinant) per IU)
J7185	Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic, Factor human Method M Monoclonal Purified, Refacto (Factor VIII (antihemophilic factor, recombinant) per IU)
J7188	Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic, Factor human Method M Monoclonal Purified, Refacto (Factor VIII (antihemophilic factor, recombinant) per IU)
J7192	Recombinate, Kogenate FS, Helixate FX, Advate rAHF-PFM, Antihemophilic, Factor human Method M Monoclonal Purified, Refacto (Factor VIII (antihemophilic factor, recombinant) per IU)
J8565	Iressa (Gefitinib, oral, 250 mg)
J1595	Copaxone (Glatiramer Acetate)
J7198	Hemophilia clotting factor, not otherwise classified
J7199	Hemophilia clotting factor, not otherwise classified
J9226	Supprelin LA (Histrelin implant 50 mg)
J7323	Euflexxa (Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose)
J7321	Hyalgan, Supartz (Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose)
J7327	Hyalgan, Supartz (Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose)
J7324	Orthovisc (Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose)
J7322	Synvisc (Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose)

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J7325	Synvisc (Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose)
	Gleevec (Imatinib)
J1745	Remicade (Infliximab, inj, 10mg)
J9212	Infergen (Interferon alfacon-1, recombinant, inj, 1 mcg)
J1825	Avonex, Rebif (Interferon Beta1a, 11 mcg for intramuscular, inj)
J1826	Avonex, Rebif (Interferon Beta1a, 11 mcg for intramuscular, inj)
J1830	Avonex, Rebif (Interferon Beta1a, 11 mcg for subcutaneous, inj)
J9214	Intron A, Rebetron Kit (Interferon, alfa-2a, recombinant, inj, 1 million units)
J9216	Actimmune (Interferon, gamma-1b, inj, 3 million units)
J7300	Paragard T380A (Intrauterine copper contraceptive)
	Kineret
	Letairis
J9219	Lupron Implant (Leuprolide Acetate implant, 65 mg)
J1918	Lupron (Leuprolide Acetate, per 1 mg)
J7306	Norplant II (Levonorgestrel (contraceptive) implant system, including implants and supplies)
J7297	Mirena (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg)
J7298	Mirena (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg)
J7302	Mirena (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg)
J2503	Macugen
J8600	Alkeran (Melphalan, oral, 2 mg)
J9213	Pegasys (Pegylated Interferon)
J8999	Prescription drug, oral, chemotherapeutic, NOS
	Ribavirin
J2941	Humatrope, Genotropin Nutropin, Biotropin, Genotropin, Genotropin Miniquick, Norditropin, Nutropin, Nutropin AQ, Saizen, Saizen Somatropin RDNA Origin, Serostim, Serostim RDNA Origin, Zorbtive (Somatropin, inj, 1 mg)
J0330	Imitrex (Sumatriptan Succinate, inj, 6 mg)
J7321	Supartz
J8700	Temodar (Temozolomide, oral 5 mg)
J3110	Forteo (Teriparatide, inj, 10 mcg)
J3121	Delatestryl (Testosterone Enanthate, inj, up to 100mg or 200 mg)
J0900	Delatestryl (Testosterone Enanthate, inj, up to 100mg or 200mg)
J3150	Testosterone Propionate, up to 100 mg
J1060	Testosterone Suspension, inj, up to 50 mg
J1070	Testosterone Suspension, inj, up to 50 mg

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J1071	Testosterone Cypionate, 1mg
J1080	Testosterone Suspension, inj, up to 50 mg
J2941	Tev-Tropin
	Thalidomide
J3262	Actemra (Tocilizumab)
J8705	Hycamtin (Topotecan, oral, 0.25 mg)
	Tracleer
J2323	Tysabri
J3590	Unclassified Biologics
J3357	Stelara (Ustekinumab)
J3396	Visudyne (Verteporfin, inj, 0.1 mg)
J9219	Viadure (leuprolide acetate implant)
J7183	Humate-P (von Willebrand factor complex inj, per IU vWF-RC0)
J7187	Wilgate
	Zytiga
J1559	Hizentra (immune globulin)
J1459	Privigen (immune globulin)
J1555	Cuvitru (immune globulin)
J1556	Bivigam (immune globulin)
J1557	Gammaplex (Immune globulin)
J1561	Gamunex-C/Gammaked (immune globulin)
J1566	Immune Globulin not otherwise specified
J1568	Octagam (immune globulin)
J1569	Gammagard (immune globulin)
J1572	Flebogamma (immune globulin)
J1575	Hyqvia (immune globulin/hyaluronidase)
J1599	Immune globulin not otherwise specified

When Rx Plus Pharmacy **cannot** supply the medications needed, the medications listed below require prior authorization by AdventHealth Advantage Plans. If approved, these will be paid under the medical benefit when the billed on a medical claim form.

2020 Medical Drug Auth List

Code	Medication Name
Drugs	
90378	SYNAGIS (palivizumab - rsv - igm)
A9542	Indium In - 111 ibritumomab tiuxetan
A9543	Yttrium Y - 90 ibritumomab tiuxetan (ZEVALIN Y - 90)
A9572	OCTREOSCAN (indium In - 111 pentetretotide, diagnostic, per study dose, up to 6 millicuries)
C9041	ANDEXXA (coagulation factor Xa)
C9042	BELRAPZO (bendamustine)
C9044	LIBTAYO (cemiplimab-rwlc)
C9045	LUMOXITI (moxetumomab pasudotox-tdfk)
C9049	ELZONRIS (tagraxofusp)
C9050	GAMIFANT (emapalumab)
C9052	ULTOMIRIS (ravulizumab)
C9054	XENLETA (lefamulin)
C9055	ZULRESSO (brexanolone)
C9140	Injection, factor viii (antihemophilic factor, recombinant) (afstyla)
C9141	JIVI (antihemophilic factor viii)
C9399	Unclassified Biologics
C9483	Injection, atezolizumab, 10 mg
C9484	EXONDYS 51 (eteplirsen)
C9485	LATRUVO (olaratumab)
C9487	STELARA (ustekinumab)
C9489	SPINRAZA (injection, nusinersen)
C9490	ZINPLAVA (injection, bezlotoxumab)
G2082	SPRAVATO (esketamine)
G2083	SPRAVATO (esketamine)
J0121	NUZYRA (omadacycline)
J0129	ORENCIA (abatacept)
J0178	EYLEA (AFLIBERCEPT INJECTION) No auth required if member has macular degeneration or retinal edema and has tried Avastin within prior 12 months.
J0179	BEOVU (brolucizumab-dbll)
J0202	LEMTRADA (alemtuzumab)
J0207	ETHYOL (amifostine)

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Code	Medication Name
J0220	MYOZYME (alglucosidase alfa)
J0221	LUMIZYME (alglucosidas alfa)
J0222	ONPATTRO (patisiran)
J0256	ARALAST (alpha 1 - proteinase inhibitor, human)
J0256	ZEMIRA (alpha 1 - proteinase inhibitor, human)
J0256	PROLASTIN (alpha 1 - proteinase inhibitor, human)
J0257	GLASSIA [alpha proteinase inhibitor (human)]
J0270	EDEX (alprostadil)
J0275	MUSE (alprostadil)
J0291	ZEMDRI (plazomicin)
J0364	APOKYN (apomorphine)
J0485	NULOJIX (belatacept injection)
J0490	BENLYSTA (belimumab)
J0517	FASENRA (benralizumab)
J0565	ZINPLAVA (bezlotoxumab)
J0567	BRINEURA (cerliponase alfa)
J0570	Buprenorphine implant
J0584	CRYSVITA (burosumab-twza)
J0585	BOTOX (botulinum toxin Type A)
J0586	DYSPORT (abobotulinumtoxinA)
J0587	MYOBLOC (botulinum toxin type B)
J0588	XEOMIN (incobotulinumtoxin A)
J0593	TAKHZYRO (lanadelumab-flyo)
J0596	RUCONEST (c1 esterase inhibitor (recombinant))
J0597	BERINERT (C1 esterase inhibitor (human))
J0598	CINRYZE (C - 1 inhibitor)
J0599	HAEGARDA (C1 esterase inhibitor)
J0604	SENSIPAR (cinacalcet hydrochlorid)
J0606	PARSABIV (etelcalcetide)
J0641	FUSILEV (levoleucovorin)
J0642	KHAPZORY (levoleucovorin)
J0695	ZERBAXA (ceftolozane 50 mg and tazobactam 25 mg)
J0714	AVYCAZ (ceftazidime and avibactam)

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Code	Medication Name
J0717	CIMZIA (certolizumab)
J0725	NOVAREL (gonadotropin)
J0800	ACTHAR GEL (corticotropin injection)
J0875	DALVANCE (dalbavancin)
J0881	ARANESP (darbepoetin alfa)
J0882	ARANESP (darbepoetin alfa)
J0885	PROCRIT (non-esrd use), EPOGEN (non-esrd use) (epoetin alfa)
J0894	DECITABINE (Injection, decitabine)
J1096	DEXTENZA (dexamethasone, lacrimal ophthalmic insert)
J1097	OMIDRIA (phenylephrine ketorolac ophthalmic solution)
J1230	DOLOPHINE (methadone injection)
J1267	DORIBAX (doripenem)
J1290	KALBITOR (ecallantide)
J1300	SOLIRIS (eculizumab)
J1301	RADICAVA (edaravone)
J1303	ULTOMIRIS (ravulizumab-cwvz)
J1322	VIMIZIM (elosulfase alfa)
J1325	FLOLAN (epoprostenol sodium)
J1428	EXONDYS (eteplirsen)
J1436	DIDRONEL (etidronate disodium)
J1442	NEUPOGEN (filgrastim)
J1444	TRIFERIC (ferric pyrophosphate citrate)
J1454	AKYNZEO (fosnetupitant/palonosetron)
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1595	COPAXONE (glatiramer)
J1599	Injection, immune globulin, intravenous, non - lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	SIMPONI (golimumab)
J1627	SUSTOL (granisetron)
J1628	TREMFYA (guselkumab)
J1675	SUPPRELIN (histrelin acetate)
J1726	MAKENA (hydroxyprogesterone caproate)
J1729	Hydroxyprogesterone caproate
J1745	REMICADE (infliximab)

2020 Medical Drug Auth List

Code	Medication Name
J1746	TROGARZO (ibalizumab-viyk)
J1786	CEREZYME (imuglucerase)
J1826	AVONEX (interferon Beta - 1A)
J1833	CRESEMBA (isavuconazonium)
J1930	SOMATULINE (lanreotide)
J2182	NUCALA (Injection, mepolizumab)
J2186	VABOMERE (meropenem/vaborbactam)
J2212	RELISTOR (methylnaltrexone)
J2320	DECA - DURABOLIN (nandrolone decanoate)
J2323	TYSABRI (natalizumab)
J2325	NATRECOR (nesiritide)
J2326	SPINRAZA (nusinersen)
J2350	OCREVUS (ocrelizumab)
J2355	NEUMEGA (oprelvekin)
J2357	XOLAIR (omalizumab)
J2407	ORBACTIV (oritavancin)
J2440	Papaverine hydrochloride
J2502	SIGNIFOR (pasireotide diaspertate)
J2507	KRYSTEXXA (pegloticase)
J2562	MOZOBIL (injection plerixafor)
J2760	REGITINE (phentolamine mesylate)
J2778	LUCENTIS (ranibizumab) No auth required if member has macular degeneration or retinal edema and has tried Avastin within prior 12 months.
J2786	Injection, reslizumab, 1 mg
J2787	PHOTREXA (riboflavin 5-phosphate)
J2793	ARCALYST (rilonacept)
J2796	NPLATE (romiplostim)
J2797	VARUBI (rolapitant)
J2798	PERSERIS (risperidone)
J2820	LEUKINE (sargramostim)
J2840	Injection, sebelipase alfa
J2860	SYLVANT (siltuximab)
J2941	Somatropin brands (OMNITROPE, ZORBIVE, SEROSTIM, SAIZENPREP, SAIZEN, GENOTROPIN, NUTROPIN, HUMATROPE, NORDITROPIN, ZOMACTON)

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Code	Medication Name
J3031	AJOVY (fremanezumab-vfrm)
J3060	ELELYSO (taliglucerase alfa)
J3090	SIVEXTRO (tedizolid)
J3095	VIBATIV (telavancin)
J3111	EVENITY (romosozumab-aqqg)
J3145	AVEED (Testosterone undecanoate)
J3245	ILUMYA (tildrakizumab)
J3262	ACTEMRA (tocilizumab injection)
J3304	ZILRETTA (triamcinolone ER, preservative free, microsphere)
J3316	TRELSTAR (triptorelin)
J3357	STELARA (ustekinumab)
J3358	STELARA (ustekinumab)
J3380	ENTYVIO (vedolizumab)
J3385	VPRIV (velaglucerase alfa)
J3397	MEPSEVII (vestronidase alfa-vjbc)
J3398	LUXTURNA (voretigene neparvavec)
J3520	DISOTATE (edetate disodium)
J3520	ENDRATE (edetate disodium)
J3520	MERITATE (edetate disodium)
J3520	CHEALAMIDE (edetate disodium)
J3591	Unclassified drug for ESRD or dialysis
J7170	HEMLIBRA (emicizumab-kxwh)
J7175	Injection, factor x, (human)
J7178	RiaSTAP (human fibrinogen concentrate)
J7179	Injection, von willebrand factor (recombinant), (vonvendi)
J7180	Factor XIII antihemophilic factor, human
J7181	Injection, factor xiii a - subunit, (recombinant), per iu
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
J7183	Wilate Von Willebrand factor complex (human)
J7185	Factor VIII antihemophilic factor, recombinant (Xyntha)
J7186	ALPHANATE / Von Willebrand factor complex human
J7186	Wilate Von Willebrand factor complex (human)
J7187	Wilate Von Willebrand factor complex (human)

2020 Medical Drug Auth List

Code	Medication Name
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
J7189	Factor VIIa antihemophilic factor, recombinant
J7190	Factor VIII antihemophilic factor, human
J7191	Factor VIII antihemophilic factor, porcine
J7192	Factor VIII antihemophilic factor, recombinant, NOS
J7193	Factor IX antihemophilic factor, non - recombinant
J7194	Factor IX complex
J7195	Factor IX antihemophilic factor, recombinant
J7197	Antithrombin III, human
J7198	Anti Inhibitor
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
J7201	Injection, factor ix, fc fusion protein (recombinant), per iu
J7202	Injection, factor ix, albumin fusion protein, (recombinant)
J7203	REBINYN (factor ix glycopegylated, recombinant)
J7205	Injection, factor viii fc fusion (recombinant), per iu
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated
J7208	JIVI (antihemophilic factor, recombinant, pegylated-aucl)
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq)
J7210	AFSTYLA (antihemophilic factor (recombinant) single chain)
J7211	KOVALTRY (antihemophilic factor VIII (recombinant))
J7310	VITRASERT (ganciclovir)
J7311	RETISERT (fluocinolone acetonide intravitreal insert)
J7312	OZURDEX (dexamethasone intravitreal implant)
J7314	YUTIQ (fluocinolone acetonide intravitreal implant)
J7316	JETREA (ocriplasmin)
J7318	DUROLANE (hyaluronic acid)
J7321	VISCO-3, SUPARTZ, HYALGAN (hyaluronate sodium)
J7329	TRIVISC (hyaluronate sodium)
J7331	SYNOJOYNT (hyaluronan)
J7332	TRILURON (hyaluronan)
J7345	AMELUZ (aminolevulinic acid hydrochloride)
J7401	SINUVA, PROPEL (mometasone furoate sinus implant)
J7503	ENVARUSUS XR (tacrolimus)

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Code	Medication Name
J7527	ZORTRESS (everolimus)
J7527	AFINITOR (everolimus, oral)
J7677	YUPELRI (revedfenacin)
J7686	TYVASO (treprostinil inhalation soln)
J8655	AKYNZEO (netupitant and palonosetron)
J9022	TECENTRIQ (atezolizumab)
J9023	BAVENCIO (avelumab)
J9025	VIDAZA (azacitidine)
J9033	TREANDA (bendamustine)
J9034	Injection, bendamustine hcl (bendeka)
J9036	BELRAPZO (bendamustine)
J9039	BLINCYTO (blinatumomab)
J9041	VELCADE (bortezomib)
J9043	JEVTANA (cabazitaxel)
J9044	Bortezomib, not otherwise specified
J9047	KYPROLIS (carfilzomib)
J9055	ERBITUX (cetuximab)
J9057	ALIQOPA (copanlisib)
J9098	DEPOCYT (cytarabine liposomal)
J9118	Calaspargase pegol-mknl
J9119	LIBTAYO (cemiplimab-rwlc)
J9145	Injection, daratumumab
J9153	VYXEOS (daunorubicin/cytarabine liposome)
J9173	IMFINZI (durvalumab)
J9176	Injection, elotuzumab
J9199	INFUGEM (gemcitabine hydrochloride)
J9202	ZOLADEX (goserelin acetate implant, per 3.6 mg)
J9203	MYLOTARG (gemtuzumab ozogamicin)
J9204	POTELIGEO (mogamulizumab-kpkc)
J9205	Injection, irinotecan liposome
J9207	IXEMPRA (ixabepilone)
J9210	GAMIFANT (emapalumab-lzsg)
J9216	ACTIMMUNE (interferon gamma 1 - b)

2020 Medical Drug Auth List

Code	Medication Name
J9218	Leuprolide acetate
J9225	VANTAS (histrelin implant)
J9226	SUPPRELIN (histrelin implant)
J9228	YERVOY (ipilimumab)
J9229	Besponsa (inotuzumab ozogamicin)
J9262	SYNRIBO (omacetaxine mepesuccinate)
J9269	ELZONRIS (tagraxofusp-erzs)
J9271	KEYTRUDA (pembrolizumab)
J9285	LARTRUVO (olaratumab)
J9293	NOVANTRONE (mitoxantrone)
J9295	Injection, necitumumab
J9299	OPDIVO (nivolumab)
J9300	MYLOTARG (gemtuzumab ozogamicin)
J9301	GAZYVA (obinutuzumab)
J9302	ARZERRA (Ofatumumab)
J9303	VECTIBIX (panitumumab)
J9306	PERJETA (pertuzumab)
J9307	FOLOTYN (pralatrexate)
J9308	CYRAMZA (ramucirumab)
J9309	Polatuzumab vedotin-piiq
J9310	RITUXAN (only requires auth when being used for RA)
J9311	RITUXAN HYCELA (rituximab/hyaluronidase)
J9312	RITUXAN (only requires auth when being used for RA)
J9313	LUMOXITI (moxetumomab pasudotox-tdfk)
J9315	ISTODAX (romidepsin)
J9320	ZANOSAR (streptozocin)
J9325	Injection, talimogene laherparepvec
J9330	TORISEL (temsorolimus)
J9352	Injection, trabectedin, 0.1 mg
J9356	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase)
Q0138	FERAHEME (ferumoxytol)
Q0139	FERAHEME (ferumoxytol)
Q2026	RADIESSE

2020 Medical Drug Auth List

Code	Medication Name
Q2028	SCULPTRA
Q2040	KYMRIAH (tisagenlecleucel)
Q2041	YESCARTA (axicabtagene ciloleucel)
Q2042	KYMRIAH (tisagenlecleucel)
Q2043	PROVENGE (sipuleucel T)
Q2049	LIPODOX (doxorubicin hydrochloride)
Q2050	DOXIL (doxorubicin hydrochloride)
Q3027	AVONEX (injection, interferon beta 1 - a)
Q3027	AVONEX (interferon Beta - 1A)
Q3028	REBIF (Injection, interferon beta - 1A)
Q3028	AVONEX (interferon Beta - 1A)
Q4081	PROCRIT (esrd use), EPOGEN (esrd use) (epoetin alfa)
Q5103	INFLECTRA (infliximab-dyyb)
Q5108	FULPHILA (pegfilgrastim-jmdb)
Q5109	IXIFI (infliximab-qbtx)
Q5110	NIVESTYM (filgrastim-aafi)
Q9985	MAKENA (hydroxyprogesterone caproate, NOS)
Q9986	MAKENA (hydroxyprogesterone caproate)
Q9989	STELARA (ustekinumab IV Inj, 1 mg)
S0189	TESTOPEL (testosterone pellets)
Compounded Drugs	
J7999	Compounded Drug, not otherwise classified
Intravenous Immune Globulins	
J0638	ILARIS (canakinunab)
J1439	INJECTAFER (injection, ferric carboxymaltose)
J1447	GRANIX (tbo - filgrastim)
J1459	Injection, immune globulin (privigen), intravenous, non - lyophilized (e.g., liquid), 500 mg
J1555	CUVITRU (immune globulin)
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (gammalex), intravenous, non - lyophilized (e.g., liquid), 500 mg
J1559	HIZENTRA (immune globulin)
J1561	Injection, immune globulin, (gamunex - c/gammaked), non - lyophilized (e.g., liquid), 500 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg

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Code	Medication Name
J1568	Injection, immune globulin, (octagam), intravenous, non - lyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), non - lyophilized, (e.g., liquid), 500 mg
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non - lyophilized (e.g., liquid), 500 mg
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1655	INNOHEP (tinzaparin sodium)
J2170	INCRELEX (mecasermin)
J2791	RHOPHYLAC (Rho(D) immune globulin)
J7313	ILUVIEN (fluocinolone acetonide, intravitreal implant)
J9179	HALAVEN (eribulin mesylate)
J9351	HYCAMTIN (topotecan)
Orphan Drugs	
All drugs reported as "orphan drugs" require prior authorization.	
A9542, A9543, J0180, J0205, J0220, J0256, J0365, J0894, J1300, J1325, J1458, J1675, J1743, J2355, J2724, J2783, J3285, J3590, J7187, J7189-J7195, J7310, J7311, J9015, J9017, J9025, J9027, J9041, J9225, J9226, J9261, J9300, J9600, J1930	
Unclassified Biologics	
All drugs reported as "unclassified biologics" require prior authorization.	
J3590	Unclassified biologics
Unclassified Drugs	
All drugs reported as "unclassified drugs" require prior authorization.	
J3490	Unclassified drugs
J8999	Oral chemotherapeutic drug
J9999	Not otherwise classified, antineoplastic drugs
Viscosupplements	
J7320	Hyaluronan or derivative, genvisc 850, for intra - articular injection
J7322	Hyaluronan or derivative, hymovis, for intra - articular injection
J7324	ORTHOVISC (hyaluronan)
J7325	SYNVISC (hyaluronan)
J7326	GEL - ONE (hyaluronan)
J7327	MONOVISC (hyaluronan)
J7328	GEL - SYN (hyaluronan)
eviCore Medical Oncology Drugs	
J9190	5FU, Adrucil
J9354	Kadcyla

J9015	Proleukin, Interleukin-2
J9017	Trisenox
J9019	Erwinaze
J9022	Tecentriq
J9023	Bavencio
J9025	Vidaza
J9030	TheraCys, Tice
J9032	Beleodaq
J9033	Treanda
J9036	Belrapzo
J9034	Bendeka
J9035	Avastin
J9040	Blenoxane
J9039	Blincyto
J9044	Bortezomib (not otherwise specified)
J9041	Velcade
J9042	Adcetris
J9043	Jevtana
J9118	Asparlas
J9045	Paraplatin
J9047	Kyprolis
J9050	BiCNU, BCNU
J9119	Libtayo
J9055	Erbix
J9060	Platinol
J9065	Leustatin
J9027	Clolar
J9057	Aliqopa
J9070	Cytosan, Endoxan-Asta
J9100	Ara-C
J9098	DepoCyt
J9130	DTIC-Dome
J9120	Cosmegen, Actinomycin
J9145	Darzalex
J9150	Cerubidine
J0894	Dacogen
J9155	Firmagon
C9399	Unituxin
J9999	Unituxin
J9171	Taxotere
J9000	Adriamycin
Q2050	Doxil, Doxorubicin HCL (Liposomal) not otherwise specified
J9173	Imfinzi
J9176	Empliciti

C9399	Padcev
J9999	Padcev
J9178	Ellence
J9179	Halaven
J9181	Toposar, VePesid, Etopophos
C9399	Enhertu
J9999	Enhertu
J9200	FUDR
J9185	Fludara, Oforta
J9395	Faslodex
J9201	Gemzar
J9199	Infugem
J9203	Mylotarg
J9202	Zoladex
J9211	Idamycin
J9208	Ifex, Mitoxana
J9229	Besponsa
J9228	Yervoy
J9206	Camptosar
J9205	Onivyde
C9399	Sarclisa
J3490	Sarclisa
J3590	Sarclisa
J9999	Sarclisa
J9207	Ixempra
J1930	Somatuline Depot
J0640	Leucovorin
J0641	Fusilev
J0642	Khazory
J9153	Vyxeos
J9230	Mustragen
J9245	Alkeran
J9250	Folex, Methotrexate
J9260	Folex, Methotrexate
J9280	Mutamycin
J9293	Novantrone
J9204	Poteligeo
J9313	Lumoxiti
J9295	Portrazza
J9261	Arranon
J9299	Opdivo
J9301	Gazyva
J2353	Sandostatin
J2354	Sandostatin

J9302	Arzerra
J9285	Lartruvo
J9262	Synribo
J9263	Eloxatin
J9267	Nov-Onxol, Taxol
J9264	Abraxane
J9303	Vectibix
J9266	Oncaspar
S0145	Pegasys
J3590	Pegasys
J3590	PegIntron
S0148	PegIntron
C9399	Sylatron
J9999	Sylatron
J9271	Keytruda
J9305	Alimta
J9268	Nipent
J9306	Perjeta
J9309	Polivy
J9600	Photofrin
J9307	Folotyn
J9308	Cyramza
J9312	Rituxan
J9311	Rituxan Hycela
J9315	Istodax
J2860	Sylvant
Q2043	Provenge
J9320	Zanosar
J9269	Elzonris
J9325	Imlygic
J9328	Temodar
J9330	Torisel
Q2017	Vumon
J9340	Thioplex
J9351	Hycamtin
J9352	Yondelis
J9355	Herceptin
J9356	Herceptin Hylecta
Q5112	Ontruzant
Q5113	Herzuma
J9357	Valstar
J9360	Velban
J9370	Oncovin, Vincasar PFS
J9371	Marqibo

J9390	Navelbine
J9400	Zaltrap
J0881	Aranesp
J1442	Neupogen
Q5110	Nivestym
J9209	Mesnex
J2430	Aredia
J2505	Neulasta
C9399	Ziextenzo
C9058	Ziextenzo
Q5108	Fulphila
J2820	Leukine
J1447	Granix
J3489	Zometa
J0185	Cinvanti
J1453	Emend
J1454	Akynzeo
J1627	Sustol
J2469	Aloxi
J8520	Xeloda (capecitabine oral) 150mg
J8521	Xeloda (capecitabine oral) 500mg
J8560	Toposar (etoposide oral)
J8700	Temodar (temozolomide oral)

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