



Provider-Administered Precertification Drug List

The following drugs will be subject to the Provider-Administered Drug Review Program. Precertification for these provider-administered drugs is required when administered in a provider’s office, outpatient facility, or home health setting. Treatments indicated as Gene Therapy/Cellular Immunotherapy (+) require precertification when administered in any place of treatment.

Abecma ⁺	Cuvitru	Halaven	Myobloc	Rituxan IV	Tysabri
Abraxane	Cyramza	Hemgenix ⁺	Naglazyme	Rituxan Hycela	Tzield
Actemra IV	Danyelza	Herceptin	Neulasta	Roctavian ⁺	Udenyca
Adakveo	Darzalex	Hylecta	Neupogen	Rolvedon	Ultomiris
Adcetris	Darzalex Faspro	Herzuma	Nexviazyme	Ruconest	Uplizna
Adstiladrin ⁺	Dextenza	Hizentra	Nivestym	Ruxience	Vabysmo
Adzynma	Elahere	HyQvia	Nplate	Rybrevant	Vectibix
Akynzeo	Elaprase	Ilumya	Nucala	Rystiggo	Vegzelma
Aldurazyme	Elelyso	Imfinzi	Nulibry	Ryzneuta	Veopoz
Alimta	Elfabrio	Imjudo	Nyvepria	Sarclisa	Vimizim
Aloxi	Elitek	Imylgic	Ocrevus	Saphnelo	Visudyne
Alymsys	Elrexfio	Inflectra	Octagam	Scenesse	Vivimusta
Amvuttra	Elzonris	Injectafer	Ogiviri	Simponi Aria	Vivitrol
Arzerra	Empliciti	Ixempra	Omboh	Skyrizi IV	Vpriv
Asceniv	Enhertu	Izervay	Onivyde	Skysona ⁺	Vyepti
Avastin [*]	Enjaymo	Jelmyto	Onpattro	Soliris	Vyjuvek ⁺
Avsola	Entyvio	Jemperli	Ontruzant	Spevigo	Vyvgart
Bavencio	Epkinly	Jevtana	Opdivo	Spinraza	Vyvgart Hytrulo
Belrapzo	Epoetin alfa	Kadcyla	Opdualag	Spravato	Vyxeos
bendamustine	Epogen	Kalbitor	Orencia	Stelara	Xembify
Bendeka	Erbitux	Kanuma	Orthovisc	Stimufend	Xenpozyme
Benlysta IV	Evkeeza	Kanjinti	Oxlumo	Sublocade	Xiaflex
Beovu	Evolmela	Keytruda	Padcev	Sustol	Xipere
Berinert	Eylea	Kimtrak	palonosetron	Susvimo	Xolair
Besponsa	Eylea HD	Krystexxa	Panzyga	Syfovre	Yervoy
Bivigam	Fabrazyme	Kymriah ⁺	Pedmark	Sylvant	Yescarta ⁺
Blenrep	Fasenra	Kyprolis	pemetrexed	Synagis	Yondelis
Blincyto	Faslodex	Lamzede	Pemfexy	Synvisc	Zarxio
Briumvi	Firazyr	Lemtrada	Perjeta	Synvisc-One	Zaltrap
Botox	Flebogamma	Leqvio	Phesgo	Takhyzro	Zepzelca
Breyanzi ⁺	Fulphila	Leukine	Polivy	Talvey	Ziextenzo
Brineura	Fulvestrant	Libtayo	Pombiliti	Tecentriq	Zirabev
Byooviz	Fyarro	Lucentis	Portrazza	Tecartus ⁺	Zolgensma ⁺
Carimune NF	Fylnetra	Lumizyme	Poteligeo	Tecvayli	Zynlonta
Carvykti ⁺	Gamifant	Lumoxiti	Privigen	Tepezza	Zynteglo ⁺
Casgevy ⁺	Gammagard S/D	Lunsumio	Procrit	Testopel	Zynyz
Cerezyme	Gammgard Liquid	Luxturna ⁺	Provenge	Tezspire	
Cimerli	Gammaked	Lyfgenia ⁺	Radicava	Tivdak	
Cimzia	Gammplex Liquid	Macugen	Reblozyl	Tofidence	
Cinqair	Gamunex-C	Margenza	Releuko	Trazimera	
Cinryze	Gazyva	Mepsevii	Remicade	Treanda	
Cinvanti	Givlaari	Monjuvi	Renflexis	Trodelyv	
Columvi	Granix	Monoferric	Retacrit	Trogarzo	
Crysvita	H.P. Acthar	Mvasi	Rethymic ⁺	Truxima	
Cutaquig	Haegarda	Mylotarg	Riabni	Tyruko	

⁺ Indicates Gene Therapy/Cellular Immunotherapy Product

^{*}PA required for oncology indications only

Product names are the property of their respective owners. This list is updated monthly and is subject to change without notice.

Online policies can be found at AlabamaBlue.com/Pharmacy by selecting “Provider-Administered Drug Policies.”