

Blue Cross and Blue Shield of Alabama includes the following drugs in the Blue Advantage Part B Provider-Administered Drug Precertification 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. Patients receiving medication on the precertification drug list prior to the medication's effective date have an authorization in our system through December 31, 2023, for continued claims payment. On January 1, 2024, continued coverage will require valid authorization through Magellan Rx.

| | | | |
|--------------|-----------------|-------------------|--------------------------|
| Abecma | cortrophin gel | Gammagard | Leukine |
| Abraxane | Crysvita | Gammaked | Libtayo |
| Actemra IV | Cutaquig | Gammaplex | Lucentis |
| Adakveo | Cuvitru | Gamunex-C | Lumizyme |
| Adcetris | Cyramza | Gazyva | Lumoxiti |
| Adstiladrin | Danyelza | Gel-One | Lunsumio |
| Aduhelm | Darzalex | Gelsyn-3 | Luxturna+ |
| Akynzeo IV | Darzalex Faspro | Genvisc | Macugen |
| Aldurazyme | Dextenza | Givlaari | Margenza |
| Alimta | Durolane | Granix | Mepsevii |
| Aloxi | Dysport | Hemgenix | Monjuvi |
| Alymsys | Elahere | Herceptin | Monovisc |
| Amondys 45 | Elaprase | Herceptin Hylecta | Mylotarg |
| Amvuttra | Ellyso | Herzuma | Myobloc |
| Arzerra | Elfabrio | Hizentra | Naglazyme |
| Asceniv | Elitek | Hyalgan | Neupogen |
| Avastin* | Elzonris | Hymovis | Nexviazyme |
| Bavencio | Emend | Hyqvia | Nplate |
| Belrapzo | Empliciti | Ilaris | Nucala |
| bendamustine | Enhertu | Ilumya | Nulibry |
| Bendeka | Enjaymo | Imfinzi | Ocrevus |
| Benlysta IV | Entyvio | Imjudo | Octagam |
| Beovu | Epogen | Imlygic | Ogivri |
| Berinert | Erbitux | Inflectra | Onpattro+ |
| Besponsa | Euflexxa | Ixempra | Ontruzant |
| Bivigam | Evkeeza | Jelmyto | Opdivo |
| Blincyto | Evomela | Jemperli | Opdualag |
| bortezomib | Exondys 51 | Kadcyla | Orencia IV |
| Botox | Eylea | Kalbitor | Oxlumo |
| Breyanzi | Fabrazyme | Kanuma | Paclitaxel Protein-Bound |
| Brineura | Fasenra | Keytruda | Padcev |
| Briumvi | Faslodex | Khapzory | Panzyga |
| Byooviz | Flebogamma | Kimmtrak | pemetrexed |
| Carvykti | fosaprepitant | Krystexxa | Pemfexy |
| Cerezyme | Fulphila | Kymriah+ | Perjeta |
| Cimerli | Fulvestrant | Kyprolis | Phesgo |
| Cimzia | Fusilev | Lamzedo | Polivy |
| Cinqair | Fyarro | Lemtrada | Portrazza |
| Cinryze | Fylnetra | Leqembi | Poteligeo |
| Cinvanti | Gamifant | Leqvio | Privigen |

| | | | |
|--------------------|----------------|------------|------------|
| Probuphine | Spinraza | Trogarzo | Xembify |
| Procrit | Spravato | Truxima | Xenpozyme |
| Prolia | Stelara IV | Tysabri | Xeomin |
| Provenge | Stimufend | Tzield | Xgeva |
| Qalsody | Sublocade | Udenyca | Xiaflex |
| Radicava | Supartz | Ultomiris | Xipere |
| Reblozyl | Sustol | Uplizna | Xolair |
| Releuko | Susvimo | Vabysmo | Yervoy |
| Retacrit | Syfovre | Vantas | Yescarta+ |
| Rituxan Hycela | Sylvant | Vectibix | Yondelis |
| Rituxan IV | Synjoynt | Vegzelma | Zaltrap |
| Rolvedon | Tecartus+ | Velcade | Zepzelca |
| Ruconest | Tecentriq | Viltepso | Zoladex |
| Rybrevant | Tecvayli | Vimizim | Zolgensma+ |
| Saphnelo | Tepezza | Visco-3 | Zynlonta |
| Sarclisa | Testopel | Visudyne | Zynteglo |
| Scenesse | Tezspire | Vivimusta | Zynyz |
| Simponi Aria | Tivdak | Vivitrol | |
| Skyrizi IV | Treanda | Vpriv | |
| Skysona | Trelstar Depot | Vyepti | |
| Sodium Hyaluronate | Triluron | Vyondys-53 | |
| Soliris | Trivisc | Vyvgart | |
| Spevigo | Trodelyv | Vyxeos | |

Drug Additions

Effective September 1, 2023:

| | |
|--------------|--------------------------|
| Adstilardrin | Paclitaxel Protein-Bound |
| Alimta | Pemfexy |
| Belrapzo | pemtrexed |
| bendamustine | Qalsody |
| Bendeka | Skysona |
| Briumvi | Syfovre |
| Elahere | Tecvayli |
| Elfabrio | Treanda |
| Hemgenix | Tzield |
| Ilaris | Vegzelma |
| Imjudo | Vivimusta |
| Lamzede | Xenpozyme |
| Leqembi | Zynyz |
| Lunsumio | |

Drug Deletion

Effective September 1, 2023:

Makena

*Precertification required for oncology uses 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/Providers/Policies](https://www.alabamablue.com/Providers/Policies).