



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

⁺ 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.”