



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.

Table with 6 columns of drug names including Abecma+, Abraxane, Actemra IV, Adakveo, Adcetris, Adstiladrin+, Adzynma, Akynzeo, Aldurazyme, Alimta, Aloxi, Alyglo, Alymsys, Amtagvi+, Amvuttra, Anktiva, Arzerra, Asceniv, Avastin\*, Avsola, Bavencio, Belrapzo, bendamustine, Bendeka, Benlysta IV, Beovu, Beqvez+, Berinert, Besponsa, Bivigam, Blenrep, Blincyto, Briumvi, Botox, Breyanzi+, Brineura, Byooviz, Carimune NF, Carvykti+, Casgevy+, Cerezyme, Cimerli, Cimzia, Cinqair, Cinryze, Cinvanti, Columvi, Cosentyx, Crysvita, Cutaquig, Cuvitru, Cyramza, Danyelza, Darzalex, Darzalex Faspro, Elahere, Elaprase, Elelyso, Eleafabrio, Elitek, Elrexio, Elzonris, Empliciti, Enhertu, Enjaymo, Entyvio, Epkinly, Epoetin alfa, Epogen, Erbitux, Evkeeza, Evomela, Eylea, Eylea HD, Fabrazyme, Fasenra, Faslodex, Firazyr, Flebogamma, Fulphila, Fulvestrant, Fyarro, Flyntra, Gamifant, Gammagard S/D, Gammgard Liquid, Gammaked, Gammplex Liquid, Gamunex-C, Gazyva, Givlaari, Granix, H.P. Acthar, Haegarda, Halaven, Hemgenix+, Herceptin, Hylecta, Herzuma, Hizentra, HyQvia, Ilaris, Ilumya, Imfinzi, Imjudo, Imylgic, Inflectra, Infliximab, Injectafer, Ixempra, Izervay, Jelmyto, Jemperli, Jevtana, Kadcyra, Kalbitor, Kanuma, Kanjinti, Keytruda, Kimmtrak, Krystexxa, Kymriah+, Kyprolis, Lamzede, Lemtrada, Lenmeldy, Leqembi, Leqvio, Leukine, Libtayo, Lucentis, Lumizyme, Lumoxiti, Lunsumio, Luxturna+, Lyfgenia+, Macugen, Margenza, Mepsevii, Monjuvi, Monoferric, Mvasi, Mylotarg, Myobloc, Naglazyme, Neulasta, Neupogen, Nexvazyme, Nivestym, Nplate, Nucala, Nulibry, Nyvepria, Ocrevus, Octagam, Ogivri, Omvoh, Onivyde, Onpattro, Ontruzant, Opdivo, Opdualag, Orencia, Orthovisc, Oxlumio, Padcev, palonosetron, Panzyrna, Pedmark, pemetrexed, Pemfexy, Perjeta, Phesgo, Polivy, Pombiliti, Portrazza, Poteligeo, Privigen, Procrit, Provenge, Radicava, Reblozyl, Releuko, Remicade, Renflexis, Retacrit, Rethymic+, Riabni, Rituxan IV, Rituxan Hycela, Roctavian+, Rolvedon, Ruconest, Ruxience, Rybrevant, Rystiggo, Rytelo, Ryzneuta, Sarclisa, Saphnelo, Scenesse, Simponi Aria, Skyrizi IV, Skysona+, Soliris, Spevigo, Spinraza, Spravato, Stelara, Stimufend, Sublocade, Sustol, Susvimo, Syfovre, Sylvant, Synagis, Synvisc, Synvisc-One, Takhzyro, Talvey, Tecentriq, Tecartus+, Tecvayli, Tepezza, Testopel, Tezspire, Tivdak, Tofidence, Trazimera, Treanda, Trodelvy, Trogarzo, Truxima, Tyenne, Tyruko, Tysabri, Tziel, Udenyca, Ultomiris, Uplizna, Vabysmo, Vectibix, Vegzelma, Veopoz, Vimizim, Visudyne, Vivimusta, Vivitrol, Vpriv, Vyepiti, Vyjuvek+, Vyvgart, Vyvgart Hytrulo, Vyxeos, Xembify, Xenpozyme, Xiaflex, Xipere, Xolair, Yervoy, Yescarta+, Yondelis, Zarxio, Zaltrap, Zepzelca, Ziextenzo, Zirabev, Zolgensma+, Zynlonta, Zynteglo+, Zynyz

+ 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 [FL-Policies.ExploreMyPlan.com](https://www.flpolicies.com) by selecting "Provider-Administered Drug Policies."