



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 5 columns of drug names: Abecma+, Abraxane, Actemra IV, Adakveo, Adcetris, Adstiladrin+, Adzynma, Aflibercept, Ahzantive, Akynzeo, Aldurazyme, Alimta, Aloxi, Alyglo, Alymsys, Amtagvi+, Amvuttra, Anktiva, Arzerra, Aucatzyl+, Aukelso, Avastin*, Avsola, Avzivi, Bavencio, Belrapzo, bendamustine, Bendeka, Benlysta IV, Beovu, Beqvez+, Berinert, Besponsa, BILDYOS, Bilpredva, Bivigam, Bizengri, Bkemp, Blincyto, Bomynta, Bosaya, Botox, Breyanzi+, Brineura, Briumvi, Byooviz, Carimune NF, Carvykti+, Casgevy+, Cerezyme, Cimerli, Cimzia, Cinqair, Cinryze, Cinvanti, Columvi, Conexence, Cosentyx, Crysvita, Cutaquig, Cuvitru, Cyramza, Danyelza, Darzalex, Darzalex Faspro, Datroway, Denosumab, Elahere, Elapraser, Elelyso, Elevidys*, Elnfabrio, Elitek, Elrexfio, Elzonris, Empliciti, Emrelis, Encelto, Enhertu, Enjaymo, Enoby, Entyvio, Enzeevu, Epskiny, Epoetin alfa, Epogen, Epsyqli, Erbitux, Evkeeza, Evomela, Eydenzelt, Eylea, Eylea HD, Fabrazyme, Fasentra, Faslodex, Firazyr, Flebogamma, Fulphila, Fulvestrant, Fyarro, Fylnetra, Gamifant, Gammagard S/D, Gammgard Liquid, Gammgard Liquid ERC, Gammaked, Gammplex Liquid, Gamunex-C, Gazyva, Givlaari, Grafapex, Granix, H.P. Acthar, Haegarda, Halaven, Hemgenix+, Herceptin, Hercessi, Hylecta, Herzuma, Hizentra, HyQvia, Ilaris, Ilumya, Imaavy, Imdelltra, Imfinzi, Imjudo, Imuldosa, Imylgic, Inflectra, Infliximab, Injectafer, Inlexzo, Itvisma, Ivra, Ixempra, Izervay, Jelmyto, Jemperli, Jevtana, Jobevne, Jubbonti, Kadcylla, Kalbitor, Kanuma, Kanjinti, Kebilidi+, Keytruda, Kimmtrak, Kisunla, Krystexxa, Kymriah+, Kyprolis, Lamzede, Lemtrada, Lenmeldy, Leqembi, Leqvio, Leukine, Libtayo, Loqtorzi, Lucentis, Lumizyme, Lumoxiti, Lunsumio, Luxturna+, Lyfgenia+, Lymphir, Linozyfic, Macugen, Margenza, Mepsevii, Monjuvi, Monoferric, Mvasi, Mylotarg, Myobloc, Naglazyme, Neulasta, Neupogen, Nexviazyme, Niktimvo, Nivestym, Nplate, Nucala, Nulibry, Nypozi, Nyvepria, Ocrevus, Ocrevus Zunovo, Octagam, Ogivri, Omisirge, Omvoh, Onivyde, Onpattro, Ontruzant, Opdivo, Opdivo Qvantig, Opdualag, Opuviz, Orenicia, Osenvelt, Ospomyv, Otulfi, Oxlumio, Paclitaxel Protein-bound, Padcev, palonosetron, Panzyga, Papzimeos, Pavblu, Pedmark, pemetrexed, Pemfexy, Pemrydi RTU, Penpulimab-kcqx, Perjeta, Phesgo, Piasky, Polivy, Pombiliti, Portrazza

+ Indicates Gene Therapy/Cellular Immunotherapy Product

*For Avastin, 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.”

Posfrea	Ryoncil	Takhzyro	Uplizna	Xtrenbo
Poteligeo	Rystiggo	Talvey	Ustekinumab	Yervoy
Privigen	Rytelo	Tecartus ⁺	Vabysmo	Yesafili
Procrit	Ryzneuta	Tecelra	Vectibix	Yescarta ⁺
Prolia	Sarclisa	Tecentriq	Vegzelma	Yesintek
Provenge	Saphnelo	Tecentriq Hybreza	Veopoz	Yimmugo
Pyzchiva	Scenesse	Tecvayli	Vimizim	Yondelis
Qalsody	Selarsdi	Tepezza	Visudyne	Zarxio
Qivigy	Simponi Aria	Testopel	Vivimusta	Zaltrap
Radicava	Skyrizi IV	Tevimbra	Vpriv	Zepzelca
Reblozyl	Skysona ⁺	Tezspire	Vyepti	Zevaskyn
Releuko	Soliris	Tivdak	Vyjuvek ⁺	Ziextenzo
Remicade	Spevigo	Tofidence	Vyloy	Ziihera
Renflexis	Spinraza	Trazimera	Vyvgart	Zirabev
Retacrit	Spravato	Treanda	Vyvgart Hytrulo	Zolgensma ⁺
Rethymic ⁺	Starjemza	Tremfya	Vyxeos	Zusduri
Riabni	Stelara	Trodelvy	Wezlana	Zynlonta
Rituxan IV	Steqeyma	Truxima	Wyost	Zynteglo ⁺
Rituxan Hycela	Stimufend	Tyenne	Xbryk	Zynyz
Roctavian ⁺	Stoboclo	Tyruko	Xembify	
Rolvedon	Sustol	Tysabri	Xenpozyme	
Ruconest	Susvimo	Tzield	Xgeva	
Ruxience	Syfovre	Udenyca	Xiaflex	
Rybrevant	Sylvant	Ultomiris	Xipere	
Rylaze	Synagis	Unloxcyt	Xolair	

⁺ Indicates Gene Therapy/Cellular Immunotherapy Product

^{*}For Avastin, 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** by selecting "Provider-Administered Drug Policies."