



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

⁺ 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.floridablueshield.com/FL-Policies.ExploreMyPlan.com) by selecting “Provider-Administered Drug Policies.”