



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 ⁺	Brineura	Erbix	Imylgic
Abraxane	Briumvi	Evkeeza	Inflextra
Actemra IV	Byooviz	Evomela	Infliximab
Adakveo	Carimune NF	Exdensur	Injectafer
Adcetris	Carvykti ⁺	Eydenzelt	Inlexzo
Adstiladrin ⁺	Casgevy ⁺	Eylea	Itvisma
Adzynma	Cerezyme	Eylea HD	Ivra
Aflibercept	Cimerli	Fabrazyme	Ixempra
Ahzantive	Cimzia	Fasenra	Izervay
Akynzeo	Cinqair	Faslodex	Jelmyto
Aldurazyme	Cinryze	Filfri	Jemperli
Alimta	Cinvanti	Firazyf	Jevtana
Aloxi	Columvi	Flebogamma	Jobevne
Alyglo	Conexence	Fulphila	Jubbonti
Alymsys	Cosentyx	Fulvestrant	Kadcyla
Amtagvi ⁺	Crysvita	Fyarro	Kalbitor
Amvuttra	Cutaquig	Fylnetra	Kanuma
Anktiva	Cuvitru	Gamifant	Kanjinti
Arzerra	Cyramza	Gammagard S/D	Kebilidi ⁺
Aucatzyl ⁺	Danyelza	Gammgard Liquid	Keytruda
Aukelso	Darzalex	Gammgard Liquid ERC	Kimmtrak
Avastin [*]	Darzalex Faspro	Gammaked	Kisunla
Avsola	Datroway	Gammaplex Liquid	Kresladi
Avtozma	Daxxify	Gamunex-C	Krystexxa
Avzivi	Denosumab	Gazyva	Kymriah ⁺
Axtle	Elahere	Givlaari	Kyprolis
Bavencio	Elapraxe	Grafapex	Lamzede
Belrapzo	Elelyso	Granix	Lemtrada
bendamustine	Elevidys [*]	H.P. Acthar	Lenmeldy
Bendeka	Elfabrio	Haegarda	Leqembi
Benlysta IV	Elitek	Halaven	Leqvio
Beovu	Elrexio	Hemgenix ⁺	Leukine
Bequez ⁺	Elzonris	Herceptin	Libtayo
Berinert	Empliciti	Hercessi	Loargys
Besponsa	Emrelis	Hylecta	Loqtorzi
Bildyos	Encelto	Herzuma	Lucentis
Bilpredva	Enhertu	Hizentra	Lumizyme
Bivigam	Enjaymo	HyQvia	Lumoxiti
Bizengri	Enoby	Ilaris	Lunsumio
Bkemv	Entyvio	Ilumya	Lunsumio Velo
Blincyto	Enzeevu	Imaavy	Luxturna ⁺
Bomyntra	Epkinly	Imdelltra	Lyfgenia ⁺
Bosaya	Epoetin alfa	Imfinzi	Lymphir
Botox	Epogen	Imjudo	Lynozytic
Breyanzi ⁺	Epsyqli	Imuldosa	Macugen

⁺ 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.”

Margenza	Pemfexy	Skyrizi IV	Vectibix
Mepsevii	Pemrydi RTU	Skysona ⁺	Vegzelma
Monjuvi	Penpulimab-kcqx	Soliris	Veopoz
Monoferric	Perjeta	Spevigo	Vimizim
Mvasi	Phesgo	Spinraza	Visudyne
Mylotarg	Piasky	Spravato	Vivimusta
Myobloc	Polivy	Starjemza	Vpriv
Naglazyme	Pombiliti	Stelara	Vyepti
Neulasta	Portrazza	Steqeyma	Vyjuvek ⁺
Neupogen	Posfrea	Stimufend	Vyloy
Nexvazyme	Poteligeo	Stoboclo (denosumab-bmwo)	Vyvgart
Niktimvo	Privigen	Sustol	Vyvgart Hytrulo
Nivestym	Procrit	Susvimo	Vyxeos
Nplate	Prolia	Syfovre	Wezlana (ustekinumab-auub)
Nucala	Provenge	Sylvant	Wyost
Nulibry	Pyzchiva	Synagis	Xbryk
Nypozi	Qalsody	Takhzyro	Xembify
Nyvepria	Qivigy	Talvey	Xenpozzyme
Ocrevus	Radicava	Tecartus ⁺	Xgeva
Ocrevus Zunovo	Reblozyl	Tecelra	Xiaflex
Octagam	Releuko	Tecentriq	Xipere
Ogivri	Remicade	Tecentriq Hybreza	Xolair
Omisirge	Renflexis (infliximab-abda)	Tecvayli	Xtrenbo
Omvoh	Retacrit	Tepezza	Yartemlea
Onivyde	Rethymic ⁺	Testopel	Yervoy
Onpattro	Riabni	Tevimbra	Yesafili
Ontruzant	Rituxan IV	Tezspire	Yescarta ⁺
Opdivo	Rituxan Hycela	Tivdak	Yesintek
Opdivo Qvantig	Roctavian ⁺	Tofidence	Yimmugo
Opdualag	Rolvedon	Trazimera	Yondelis
Opuviz	Ruconest	Treanda	Zarxio
Orencia	Ruxience	Tremfya	Zaltrap
Osenvelt (denosumab-bmwo)	Rybrevant	Trodelvy	Zepzelca
Ospomyv	Rybrevant Faspro	Truxima	Zevaskyn
Otulfi	Rylaze	Tyenne	Ziextenzo
Oxlumo	Ryoncil	Tyruko	Ziihera
Paclitaxel Protein-bound	Rystiggo	Tysabri	Zirabev
Padcev	Rytelo	Tzield	Zolgensma ⁺
palonosetron	Ryzneuta	Udenyca	Zusduri
Panzyga	Sarclisa	Ultomiris	Zynlonta
Papzimeos	Saphnelo	Unloxcyt	Zynteglo ⁺
Pavblu	Scenesse	Uplizna	Zynyz
Pedmark	Selarsdi	Ustekinumab	
pemetrexed	Simponi Aria	Vabysmo	

⁺ 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."