



# 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.

**FOR PEEHIP Members Only:** Coverage excludes the provider-administered medications outlined in this drug policy from being accessed through a specialty pharmacy. It must be obtained through buy and bill. Lemtrada, Synagis, and Spravato are exceptions to this policy. Lemtrada will require the use of a specialty pharmacy. Synagis and Spravato may be obtained through buy and bill or specialty pharmacy.

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

<sup>+</sup> 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 [AlabamaBlue.com/Pharmacy](http://AlabamaBlue.com/Pharmacy) by selecting "Provider-Administered Drug Policies."