



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*	Elaprase	Injectafer	Opdivo*	Synvisc-One
Abraxane*	Elelyso	Ixempra*	Opdualag*	Takhyzro
Actemra IV	Elitek*	Jelmyto*	Orencia	Tecentriq*
Adakveo	Elzonris*	Jemperli*	Orthovisc	Tecartus*
Adcetris*	Emend IV*	Kadcyla*	Oxlumo	Tepezza
Akynzeo*	Empliciti*	Kalbitor	Padcev*	Testopel
Aldurazyme	Enhertu*	Kanuma	palonosetron*	Tezspire
Alimta*	Enjaymo	Kanjinti*	Panzyga*	Tivdak*
Aloxi*	Entyvio	Keytruda*	Pemfexy*	Trazimera*
Alymsys	Epogen	Kimmtrax*	Perjeta*	Treanda*
Amvuttra	Erbix*	Krystexxa	Phesgo*	Trodelvy*
Arzerra*	Evolmela*	Kymriah**	Polivy*	Trogarzo
Asceniv*	Eylea	Kyprolis*	Portrazza*	Truxima*
Avastin*	Fabrazyme	Lemtrada	Poteligeo*	Tysabri
Avsola	Fasenra	Leukine*	Privigen*	Udenyca*
Bavencio*	Faslodex*	Libtayo*	Procrit	Ultomiris
Belrapzo*	Feraheme	Leqvio	Provenge*	Uplizna
Bendecka*	Firazyr	Lucentis	Radicava	Vabysmo
Benlysta IV	Flebogamma*	Lumizyme	Reblozyl*	Vectibix*
Beovu	Fulphila*	Lumoxiti*	Releuko*	Velcade*
Berinert	Fulvestrant*	Luxturna*	Remicade	Vimizim
Besponsa*	Fyarro*	Macugen	Renflexis	Visudyne
Bivigam*	Fylnetra	Makena	Retacrit	Vivitrol
Blenrep*	Gamifant	Margenza*	Riabni*	Vpriv
Blincyto*	Gammagard S/D*	Mepsevii	Rituxan IV*	Vyepti
bortezomib*	Gammagard Liquid*	Monjuvi*	Rituxan Hycela*	Vyvgart
Botox	Gammaked*	Monoferric	Ruconest	Vyxeos*
Breyanzi*	Gammaplex Liquid*	Mvasi*	Ruxience*	Xembify
Brineura	Gamunex-C*	Mylotarg*	Rybrevant*	Xiaflex
Carimune NF*	Gazyva*	Myobloc	Sarclisa*	Xipere
Carvytki*	Givlaari	Naglazyme	Saphnelo	Xolair
Cerezyme	Granix*	Neulasta*	Scenesse	Yervoy*
Cimzia	H.P. Acthar	Neupogen*	Simponi Aria	Yescarta**
Cinqair	Haegarda	Nexviazyme	Skyrizi IV	Yondelis*
Cinryze	Herceptin*	Nivestym*	Soliris	Zarxio*
Cinvanti*	Herceptin	Nplate*	Spinraza	Zaltrap*
Crysvita	Hylecta*	Nucala	Spravato	Zepzelca*
Cutaquig	Herzuma*	Nulibry	Stelara	Ziextenzo*
Cuvitru	Hizentra	Nyvepria*	Sublocade	Zirabev*
Cyramza*	HyQvia	Ocrevus	Sustol*	Zolgensma*
Danyelza*	Ilumya	Octagam*	Susvimo	Zynlonta*
Darzalex*	Imfinzi*	Ogiviri*	Sylvant*	
Darzalex Faspro*	Imylgic*	Onpattro*	Synagis	
Dextenza	Inflectra	Ontruzant*	Synvisc	

* Included in Oncology Select Program

+ Indicates Gene Therapy/Cellular Immunotherapy Product

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 by selecting “Provider-Administered Drug Policies.”