



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

* 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."