

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