

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 ⁺	Byooviz	Eydenzelt	Itvisma	Neulasta
Abraxane	Carimune NF	Eylea	Ivra	Neupogen
Actemra IV	Carvykti ⁺	Eylea HD	Ixemptra	Nexviazyme
Adakveo	Casgevy ⁺	Fabrazyme	Izervay	Niktimvo
Adcetris	Cerezyme	Fasenra	Jelmyto	Nivestym
Adstiladrin ⁺	Cimerli	Faslodex	Jemperli	Nplate
Adzynma	Cimzia	Firazyr	Jevtana	Nucala
Aflibercept	Cinqair	Flebogamma	Jobevne	Nulibry
Ahzantive	Cinryze	Fulphila	Jubbonti	Nypozi
Akynzeo	Cinvanti	Fulvestrant	Kadcyla	Nyvepria
Aldurazyme	Columvi	Fyarro	Kalbitor	Ocrevus
Alimta	Conexence	Fylnetra	Kanuma	Ocrevus Zunovo
Aloxi	Cosentyx	Gamifant	Kanjinti	Octagam
Alyglo	Crysvita	Gammagard S/D	Kebillid ⁺	Ogivri
Alymsys	Cutaquig	Gammgard Liquid	Keytruda	Omisirge
Amtagvi ⁺	Cuvitru	Gammgard Liquid ERC	Kimmtrak	Omvoh
Amvuttra	Cyramza	Gammaked	Kisunla	Onivyde
Anktiva	Danylza	Gammplex Liquid	Krystexxa	Onpattro
Arzerra	Darzalex	Gamunex-C	Kymriah ⁺	Ontruzant
Aucatzyl ⁺	Darzalex Faspro	Gazyva	Kyprolis	Opdivo
Aukelso	Datroway	Givlaari	Lamzede	Opdivo Qvantig
Avastin [*]	Denosumab	Grafapex	Lemtrada	Opdualag
Avsola	Elahere	Granix	Lenmeldy	Opuviz
Avzivi	Elapraxe	H.P. Acthar	Leqembi	Orencia
Bavencio	Elelyso	Haegarda	Leqvio	Osenvelt
Belrapzo	Elevidys [*]	Halaven	Leukine	Ospomyv
bendamustine	Elfabrio	Hemgenix ⁺	Libtayo	Otulf
Bendeka	Elitek	Herceptin	Loqtorzi	Oxlumo
Benlysta IV	Elrexfio	Hercessi	Lucentis	Paclitaxel Protein-bound
Beovu	Elzonris	Hylecta	Lumizyme	Padcev
Beqvez ⁺	Empliciti	Herzuma	Lumoxiti	palonosetron
Berinert	Emrelis	Hizentra	Lunsumio	Panzyga
Besponsa	Encelto	HyQvia	Luxturna ⁺	Papzimeos
Bildyos	Enhertu	Ilaris	Lyfgenia ⁺	Pavblu
Bilpredva	Enjaymo	Ilumya	Lymphir	Pedmark
Bivigam	Enoby	Imaavy	Lynozylfic	pemetrexed
Bizengri	Entyvio	Imdelltra	Macugen	Pemfexy
Bkemv	Enzeevu	Imfinzi	Margenza	Pemrydi RTU
Blincyto	Epkinly	Imjudo	Mepsevii	Penpulimab-kcqx
Bomynta	Epoetin alfa	Imuldosa	Monjuvi	Perjeta
Bosaya	Epogen	Imylgic	Monoferric	Phesgo
Botox	Epsyqli	Inflectra	Mvasi	Piasky
Breyanzi ⁺	Erbixux	Infliximab	Mylotarg	Polivy
Brineura	Evkeeza	Injectafer	Myobloc	Pombiliti
Briumvi	Evomela	Inlexzo	Naglazyme	Portrazza

⁺ 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](https://www.credenceblue.com) by selecting "Provider-Administered Drug Policies."

Posfrea	Ryoncil	Synagis	Ultomiris	Xipere
Poteligeo	Rystiggo	Takhzyro	Unloxcyt	Xolair
Privigen	Rytelo	Talvey	Uplizna	Xtrenbo
Procrit	Ryzneuta	Tecartus ⁺	Ustekinumab	Yervoy
Prolia	Sarclisa	Tecelra	Vabysmo	Yesafilli
Provenge	Saphnelo	Tecentriq	Vectibix	Yescarta ⁺
Pyzchiva	Scenesse	Tecentriq Hybreza	Vegzelma	Yesintek
Qalsody	Selarsdi	Tecvayli	Veopoz	Yimmugo
Qivigy	Simponi Aria	Tepezza	Vimizim	Yondelis
Radicava	Skyrizi IV	Testopel	Visudyne	Zarxio
Reblozyl	Skysona ⁺	Tevimbra	Vivimusta	Zaltrap
Releuko	Soliris	Tezspire	Vpriv	Zepzelca
Remicade	Spevigo	Tivdak	Vyepti	Zevaskyn
Renflexis	Spinraza	Tofidence	Vyjuvek ⁺	Ziextenzo
Retacrit	Spravato	Trazimera	Vyloy	Ziihera
Rethymic ⁺	Starjemza	Treanda	Vyvgart	Zirabev
Riabni	Stelara	Tremfya	Vyvgart Hytrulo	Zolgensma ⁺
Rituxan IV	Steqeyma	Trodelvy	Vyxeos	Zusduri
Rituxan Hycela	Stimufend	Trogarzo	Wezlana	Zynlonta
Roctavian ⁺	Stoboclo	Truxima	Wyost	Zynteglo ⁺
Rolvedon	Sublocade	Tyenne	Xbryk	Zynyz
Ruconest	Sustol	Tyruko	Xembify	
Ruxience	Susvimo	Tysabri	Xenpozyme	
Rybrevant	Syfovre	Tzield	Xgeva	
Rylaze	Sylvant	Udenyca	Xiaflex	

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