



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

⁺ 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."