

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 ⁺	Cuvitru	Krystexxa	Radicava	Tezspire
Actemra IV	Dextenza	Kymriah ⁺	Reblozyl	Truxima
Adakveo	Dysport	Lamzede	Remicade	Tysabri
Adstiladrin ⁺	Elaprase	Lemtrada	Renflexis	Tzield
Adzynma	Elelyso	Leqvio	Retacrit	Ultomiris
Aldurazyme	Enjaymo	Leukine	Rethymic ⁺	Uplizna
Amtagvi	Entyvio	Lucentis	Riabni	Vabysmo
Amvuttra	Epogen	Lumizyme	Rituxan IV	Veopoz
Asceniv	Eylea	Luxturna ⁺	Roctavian ⁺	Vimizim
Avsola	Fabrazyme	Lyfgenia ⁺	Ruconest	Vpriv
Benlysta IV	Fasenra	Macugen	Ruxience	Vyepti
Beovu	Flebogamma	Mepsevii	Rystiggo	Vyjuvek ⁺
Berinert	Gamifant	Monoferric	Saphnelo	Vyvgart
Bivigam	Gammagard Liquid	Myobloc	Scenesse	Vyvgart Hytrulo
Breyanzi ⁺	Gammagard S/D	Naglazyme	Simponi Aria	Xembify
Botox	Gammaked	Nexvazyme	Skyrizi IV	Xenpozyme
Brineura	Gammaplex Liquid	Nplate	Skysona ⁺	Xeomin
Briumvi	Gamunex-C	Nucala	Soliris	Xipere
Carimune NF	Givlaari	Ocrevus	Spevigo	Xolair
Carvykti ⁺	Hemgenix ⁺	Octagam	Spinraza	Yescarta ⁺
Casgevy ⁺	Hizentra	OmvoH	Spravato	Zolgensma ⁺
Cerezyme	HyQvia	Onpattro	Stelara IV & SQ	Zynteglo ⁺
Cimerli	Ilaris	Orencia IV	Susvimo	
Cimzia	Illumya	Orthovisc	Syfovre	
Cinqair	Inflectra	Oxlumo	Synagis	
Cinryze	Injectafer	Panzyga	Synvisc	
Cosentyx	Izervay	Pombiliti	Synvisc-One	
Crysvita	Kalbitor	Privigen	Tecartus ⁺	
Cutaquig	Kanuma	Procrit	Tepezza	

⁺ 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 [MN-Policies.Exploremyplan.com](https://www.mn-policies.exploremyplan.com) by selecting "Provider-Administered Drug Policies."

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