

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

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

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

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