

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

⁺ 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."

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.