

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	Jubbonti	Plasky	Tezspire
Actemra IV	Denosumab	Kalbitor	Pombiliti	Tofidence
Adakveo	Dextenza	Kanuma	Privigen	Tremfya IV
Adstiladrin ⁺	Dysport	Kebilidi ⁺	Procrit	Truxima ⁺
Adzynma	Elaprase	Kisunla	Prolia	Tyenne
Aflibercept	Elelyso	Krystexxa	Pyzchiva	Tysabri
Ahzantive	Elevidys [*]	Kymriah ⁺	Qivigy	Tzield
Aldurazyme	Encelto	Lamzede	Radicava	Ultomiris
Alyglo	Enjaymo	Lemtrada	Reblozyl	Uplizna
Amtagvi	Enoby	Lenmeldy	Remicade	Ustekinumab
Amvuttra	Entyvio	Leqembi	Renflexis	Vabysmo
Aucatzyl ⁺	Enzeevu	Leqvio	Retacrit	Veopoz
Aukelso	Epogen	Leukine	Rethymic ⁺	Vimizim
Avsola	Epsyqli	Lucentis	Riabni [*]	Vpriv
Benlysta IV	Eydenzelt	Lumizyme	Rituxan IV [*]	Vyepti
Beovu	Eylea	Luxturna ⁺	Roctavian ⁺	Vyjuvek ⁺
Beqvez	Fabrazyme	Lyfgenia ⁺	Ruconest	Vyvgart
Berinert	Fasenra	Macugen	Ruxience [*]	Vyvgart Hytrulo
Bildyos	Flebogamma	Mepsevii	Ryoncil	Wezlana
Bilpredva	Gamifant	Monoferric	Rystiggo	Wyost
Bivigam	Gammagard Liquid	Myobloc	Saphnelo	Xbryk
Bomynta	Gammagard Liquid ERC	Naglazyme	Scenesse	Xembify
Bosaya	Gammagard S/D	Nexviazyme	Selarsdi	Xenpozyme
Botox	Gammaked	Niktimvo	Simponi Aria	Xeomin
Breyanzi ⁺	Gammaplex Liquid	Nplate	Skyrizi IV	Xgeva
Brineura	Gamunex-C	Nucala	Skysona ⁺	Xipere
Briumvi	Givlaari	Ocrevus	Soliris	Xolair
Byooviz	Grafapex	Ocrevus Zunovo	Spevigo	Xtrenbo
Carimune NF	Hemgenix ⁺	Octagam	Spinraza	Yesafili
Carvykti ⁺	Hizentra	OmvoH	Spravato	Yescarta ⁺
Casgevy ⁺	HyQvia	Onpattro	Starjemza	Yesintek
Cerezyme	Ilaris	Opuviz	Stelara IV & SQ	Yimmugo
Cimerli	Ilumya	Orencia IV	Steqeyma	Zevaskyn
Cimzia	Imaavy	Osenvelt	Stoboclo	Zolgensma ⁺
Cinqair	Imuldosa	Ospomyv	Susvimo	Zynteglo ⁺
Cinryze	Inflectra	Otulfi	Syfovre	
Conexence	Infliximab	Oxlumo	Synagis	
Cosentyx	Injectafer	Panzyga	Tecartus ⁺	
Crysvita	Itvisma	Papzimeos	Tecelra	
Cutaquig	Izervay	Pavblu	Tepezza	

⁺ Indicates Gene Therapy/Cellular Immunotherapy Product

^{*} PA required for non-oncology indications only; oncology indications are not managed via PA.

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."