

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

⁺ 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.mn-policies.exploremyplan.com) by selecting "Provider-Administered Drug Policies."

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

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