

# Provider-Administered Precertification Drug List

Effective January 1, 2019

PH-3032

The following drugs will be subject to the Provider-Administered Drug Review Program. Currently, precertification for these provider-administered drugs is required when administered in a provider's office or home health setting; however, this precertification does not apply to outpatient facility claims or inpatient hospital claims at this time. Exceptions to this exist at this time: Luxturna, Kymriah and Yescarta require a precertification for any place of treatment.

|              |                   |               |                 |
|--------------|-------------------|---------------|-----------------|
| Abraxane*    | Emend IV*         | Kymriah*      | Rituxan Hycela* |
| Actemra      | Empliciti*        | Kyprolis*     | Ruconest        |
| Adcetris*    | Entyvio           | Lartruvo*     | Simponi ARIA    |
| Akynzeo*     | Erbitux*          | Lemtrada      | Soliris         |
| Aldurazyme   | Euflexxa          | Leukine*      | Spinraza        |
| Alimta*      | Eylea             | Lucentis      | Stelara         |
| Aloxi*       | Fabrazyme         | Lumizyme      | Sublocade       |
| Arzerra*     | Fasenra           | Luxturna      | Sustol*         |
| Avastin*     | Firazyr           | Macugen       | Synagis         |
| Aveed        | Flebogamma*       | Makena        | Synvisc         |
| Bavencio*    | Fulphila*         | Mepsevii      | Synvisc-        |
| Bendeka*     | GamaSTAN S/D*     | Mylotarg*     | One             |
| Benlysta     | Gammagard S/D*    | Myobloc       | Takhzyro        |
| Berinert     | Gammagard Liquid* | Naglazyme     | Tecentriq*      |
| Besponsa*    | Gammaked*         | Neulasta*     | Testopel        |
| Bivigam*     | Gammaplex Liquid* | Neupogen*     | Treanda*        |
| Blinicyto*   | Gamunex-C*        | Nivestym*     | Trogarzo        |
| Botox        | Gazyva*           | Nplate Nucala | Tysabri         |
| Brineura     | Granix*           | Ocrevus       | Varubi IV *     |
| Carimune NF* | H.P. Acthar       | Octagam*      | Vectibix*       |
| Cerezyme     | Haegarda          | Opdivo*       | Vimizim         |
| Cimzia       | Herceptin*        | Orencia       | Visudyne        |
| Cinryze      | Hizentra*         | palonosetron* | Vivitrol        |
| Cinqair      | HyQvia*           | Panzyga       | Vpriv           |
| Cinvanti*    | Ilumya            | Perjeta*      | Xeomin          |
| Crysvita     | Imfinzi*          | Privigen*     | Xiaflex         |
| Cuvitru*     | Inflectra         | Provenge*     | Xolair          |
| Cyramza*     | Kadcyla*          | Radicava      | Yervoy*         |
| Darzalex*    | Kalbitor          | Remicade      | Yescarta*       |
| Dysport      | Kanuma            | Renflexis     | Zaltrap*        |
| Elaprase     | Keytruda*         | Rituxan*      | Zarxio*         |
| Ellyso       | Krystexxa         |               |                 |

\* Included in Oncology Select Program

*Product names are the property of their respective owners.*

Online policies and forms can be found at the website shown on the back of your member identification card. See "Provider-Administered Drug Policies and Forms" under *Resources*.