BlueCross BlueShield of Vermont
VERMONT BLUE Rx

SPECIALTY DRUG LIST

Effective Date: 07/01/2026

Revised Date: 07/15/2026

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ALZHEIMER'S DISEASE	KISUNLA	SOLN	DONANEMAB-AZBT IV SOLN 350 MG/20ML (17.5 MG/ML)	Excluded
ALZHEIMER'S DISEASE	LEQEMBI	SOLN	LECANEMAB-IRMB IV SOLN 200 MG/2ML (100 MG/ML)	Excluded
ALZHEIMER'S DISEASE	LEQEMBI	SOLN	LECANEMAB-IRMB IV SOLN 500 MG/5ML (100 MG/ML)	Excluded
AMMONIA DETOXICANTS	GLYCEROL PHE	LIQD	GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML	Excluded
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	Covered
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	Covered
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	Covered
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	Covered
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	Covered
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 2000 UNIT/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 3000 UNIT/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 4000 UNIT/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 10000 UNIT/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 20000 UNIT/ML	Covered
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 40000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	Covered
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	Covered
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 2000 UNIT/ML	Excluded
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 3000 UNIT/ML	Excluded
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 4000 UNIT/ML	Excluded
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 10000 UNIT/ML	Excluded
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 20000 UNIT/ML	Excluded
ANTI-GOUT AGENT	KRYSTEXXA	SOLN	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)	Excluded
ANTI-GOUT AGENT	KRYSTEXXA	SOLN	PEGLOTICASE INJ 8 MG/50ML (FOR IV INFUSION)	Excluded
ANTIHYPERLIPIDEMIC	TRYNGOLZA	SOAJ	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 50 MG/0.8ML (BASE EQ)	Covered
ANTIHYPERLIPIDEMIC	TRYNGOLZA	SOAJ	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 80 MG/0.8ML (BASE EQ)	Covered
ANTI-INFECTIVE	PREVYMIS	TABS	LETERMOVIR TAB 240 MG	Covered

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ANTI-INFECTIVE	PREVYMIS	TABS	LETERMOVIR TAB 480 MG	Covered
ANTI-INFECTIVE	PREVYMIS	SOLN	LETERMOVIR IV SOLN 240 MG/12ML	Covered
ANTI-INFECTIVE	PREVYMIS	SOLN	LETERMOVIR IV SOLN 480 MG/24ML	Covered
ANTI-INFECTIVE	PREVYMIS	PACK	LETERMOVIR PELLET PACK 20 MG	Covered
ANTI-INFECTIVE	PREVYMIS	PACK	LETERMOVIR PELLET PACK 120 MG	Covered
ASTHMA	XOLAIR	SOLR	OMALIZUMAB FOR INJ 150 MG	Covered
ASTHMA	XOLAIR	SOAJ	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML	Covered
ASTHMA	XOLAIR	SOAJ	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Covered
ASTHMA	XOLAIR	SOAJ	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Covered
ASTHMA	XOLAIR	SOSY	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Covered
ASTHMA	XOLAIR	SOSY	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Covered
ASTHMA	XOLAIR	SOSY	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Covered
ASTHMA	FASENRA PEN	SOAJ	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	Covered
ASTHMA	FASENRA	SOSY	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 10 MG/0.5ML	Covered
ASTHMA	FASENRA	SOSY	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ML	Covered
ASTHMA	NUCALA	SOLR	MEPOLIZUMAB FOR INJ 100 MG	Covered
ASTHMA	NUCALA	SOAJ	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Covered
ASTHMA	NUCALA	SOSY	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	Covered
ASTHMA	NUCALA	SOSY	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	Covered
ASTHMA	CINQAIR	SOLN	RESLIZUMAB IV INFUSION SOLN 100 MG/10ML (10 MG/ML)	Covered
ASTHMA	TEZSPIRE	SOAJ	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	Covered
ASTHMA	TEZSPIRE	SOSY	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN PREF SYR 210 MG/1.91ML	Covered
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 100 MG	Covered
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 200 MG	Covered
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 300 MG	Covered
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 2.5 MG	Covered
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 5 MG	Covered
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 10 MG	Covered
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 15 MG	Covered
CARDIOVASCULAR	VYNDAMAX	CAPS	TAFAMIDIS CAP 61 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	TASIMELTEON	CAPS	TASIMELTEON CAPSULE 20 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 6 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 9 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 12 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 6 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 12 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 18 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 24 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 30 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 36 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 42 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 48 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TEPK	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZIN	TABS	TETRABENAZINE TAB 12.5 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZIN	TABS	TETRABENAZINE TAB 25 MG	Covered

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CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CAPS	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CAPS	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CAPS	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CPSP	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CPSP	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CPSP	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	CPPK	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	VIGABATRIN	TABS	VIGABATRIN TAB 500 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	VIGABATRIN	PACK	VIGABATRIN POWD PACK 500 MG	Covered
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA ORS	SUSP	EDARAVONE ORAL SUSP 105 MG/5ML	Covered
CENTRAL NERVOUS SYSTEM AGENTS	EDARAVONE	SOLN	EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	UPLIZNA	SOLN	INEBILIZUMAB-CDON IV SOLN 100 MG/10ML (10 MG/ML)	Covered
CENTRAL NERVOUS SYSTEM AGENTS	ENSPRYNG	SOSY	SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG/ML	Covered
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ	CAPS	TASIMELTEON CAPSULE 20 MG	Excluded
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ LQ	SUSP	TASIMELTEON ORAL SUSP 4 MG/ML	Excluded
CHEMOTHERAPY PROTECTANT	KHAPZORY	SOLR	LEVOLEUCOVORIN FOR IV SOLN 175 MG	Covered
CHEMOTHERAPY PROTECTANT	LEVOLEUCOVOR	SOLN	LEVOLEUCOVORIN CALCIUM IV SOLN PF 175 MG/17.5ML (BASE EQUIV)	Covered
CHEMOTHERAPY PROTECTANT	LEVOLEUCOVOR	SOLN	LEVOLEUCOVORIN CALCIUM IV SOLN PF 250 MG/25ML (BASE EQUIV)	Covered
CHEMOTHERAPY PROTECTANT	LEVOLEUCOVOR	SOLR	LEVOLEUCOVORIN CALCIUM FOR IV INJ 50 MG (BASE EQUIV)	Covered
CHEMOTHERAPY PROTECTANT	ELITEK	SOLR	RASBURICASE FOR IV SOLN 1.5 MG	Covered
CHEMOTHERAPY PROTECTANT	ELITEK	SOLR	RASBURICASE FOR IV SOLN 7.5 MG	Covered
CYSTIC FIBROSIS	TOBI PODHALR	CAPS	TOBRAMYCIN INHAL CAP 28 MG	Covered
CYSTIC FIBROSIS	TOBRAMYCIN	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Covered
CYSTIC FIBROSIS	TOBRAMYCIN	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Covered
CYSTIC FIBROSIS	KALYDECO	TABS	IVACAFTOR TAB 150 MG	Covered
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 5.8 MG	Covered
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 13.4 MG	Covered
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 25 MG	Covered
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 50 MG	Covered
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 75 MG	Covered
CYSTIC FIBROSIS	PULMOZYME	SOLN	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	Covered
CYSTIC FIBROSIS	ORKAMBI	TABS	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	Covered
CYSTIC FIBROSIS	ORKAMBI	TABS	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	Covered
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	Covered
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	Covered
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	Covered
CYSTIC FIBROSIS	SYMDEKO	TBPK	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	Covered
CYSTIC FIBROSIS	SYMDEKO	TBPK	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	Covered
CYSTIC FIBROSIS	TRIKAFTA	THPK	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	Covered
CYSTIC FIBROSIS	TRIKAFTA	THPK	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	Covered
CYSTIC FIBROSIS	TRIKAFTA	TBPK	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	Covered
CYSTIC FIBROSIS	TRIKAFTA	TBPK	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK	Covered
CYSTIC FIBROSIS	ALYFTREK	TABS	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 4-20-50 MG	Covered
CYSTIC FIBROSIS	ALYFTREK	TABS	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 10-50-125 MG	Covered
CYSTIC FIBROSIS	TOBI	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Excluded

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CYSTIC FIBROSIS	KITABIS PAK	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Excluded
CYSTIC FIBROSIS	BETHKIS	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Excluded
DERMATOLOGIC	LEQSELVI	TABS	DEURUXOLITINIB PHOSPHATE TAB 8 MG (BASE EQUIV)	Covered
DERMATOLOGIC	LITFULO	CAPS	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	Covered
ENDOCRINE	FIRMAGON	SOLR	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	Covered
ENDOCRINE	FIRMAGON	SOLR	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)	Covered
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 7.5 MG	Covered
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 11.25 MG	Covered
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 15 MG	Covered
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 11.25 MG	Covered
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 30 MG	Covered
ENDOCRINE	EGRIFTA SV	SOLR	TESAMORELIN ACETATE FOR INJ 2 MG (BASE EQUIV)	Covered
ENDOCRINE	EGRIFTA WR	KIT	TESAMORELIN ACETATE FOR SUBCUTANEOUS SOLN KIT 11.6 MG	Covered
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 60 MG/0.2ML	Covered
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 90 MG/0.3ML	Covered
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML	Covered
ENDOCRINE	LANREOTIDE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML	Covered
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Covered
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Covered
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Covered
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Covered
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Covered
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Covered
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	Covered
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	Covered
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	Covered
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	Covered
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	Covered
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	Covered
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	Covered
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN TAB 15 MG	Covered
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN TAB 30 MG	Covered
ENDOCRINE	TOLVAPTAN	TBPK	TOLVAPTAN TAB THERAPY PACK 15 MG	Covered
ENDOCRINE	TOLVAPTAN	TBPK	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	Covered
ENDOCRINE	TOLVAPTAN	TBPK	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	Covered
ENDOCRINE	TOLVAPTAN	TBPK	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	Covered
ENDOCRINE	TOLVAPTAN	TBPK	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	Covered
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN (HYPONATREMIA) TAB 15 MG	Covered
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN (HYPONATREMIA) TAB 30 MG	Covered
ENDOCRINE	BETAINE ANHY	POWD	*BETAINE POWDER FOR ORAL SOLUTION***	Covered
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 2.5 MG/0.5ML (BASE EQUIV)	Covered
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 5 MG/ML (BASE EQUIV)	Covered
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 10 MG/2ML (BASE EQUIV)	Covered
ENDOCRINE	TIOPRONIN	TABS	TIOPRONIN TAB 100 MG	Covered
ENDOCRINE	TIOPRONIN	TBEC	TIOPRONIN TAB DELAYED RELEASE 100 MG	Covered

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ENDOCRINE	TIOPRONIN	TBEC	TIOPRONIN TAB DELAYED RELEASE 300 MG	Covered
ENDOCRINE	TRIENTINE	CAPS	TRIENTINE HCL CAP 250 MG	Covered
ENDOCRINE	TRIENTINE	CAPS	TRIENTINE HCL CAP 500 MG	Covered
ENDOCRINE	PENICILLAMIN	CAPS	PENICILLAMINE CAP 250 MG	Covered
ENDOCRINE	PENICILLAMIN	TABS	PENICILLAMINE TAB 250 MG	Covered
ENDOCRINE	DEPEN TITRA	TABS	PENICILLAMINE TAB 250 MG	Covered
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Excluded
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Excluded
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Excluded
ENDOCRINE	OCTREOTIDE	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	Excluded
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	Excluded
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	Excluded
ENDOCRINE	OCTREOTIDE	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	Excluded
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	Excluded
ENDOCRINE	OCTREOTIDE	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	Excluded
ENDOCRINE	BYNFEZIA PEN	SOPN	OCTREOTIDE ACETATE SOLN PEN-INJECTOR 2500 MCG/ML (2.8 ML)	Excluded
ENDOCRINE	JYNARQUE	TABS	TOLVAPTAN TAB 15 MG	Excluded
ENDOCRINE	JYNARQUE	TABS	TOLVAPTAN TAB 30 MG	Excluded
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 15 MG	Excluded
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	Excluded
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	Excluded
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	Excluded
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	Excluded
ENDOCRINE	SAMSCA	TABS	TOLVAPTAN (HYPONATREMIA) TAB 15 MG	Excluded
ENDOCRINE	SAMSCA	TABS	TOLVAPTAN (HYPONATREMIA) TAB 30 MG	Excluded
ENDOCRINE	THYROGEN	SOLR	THYROTROPIN ALFA FOR INJ 0.9 MG	Excluded
ENDOCRINE	SYPRINE	CAPS	TRIENTINE HCL CAP 250 MG	Excluded
ENDOCRINE	CUPRIMINE	CAPS	PENICILLAMINE CAP 250 MG	Excluded
ENZYME THERAPY	SODIUM PHENY	TABS	SODIUM PHENYLBUTYRATE TAB 500 MG	Covered
ENZYME THERAPY	PHENYLBUTYRA	POWD	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	Covered
ENZYME THERAPY	CARGLUMIC	TBSO	CARGLUMIC ACID SOLUBLE TAB 200 MG	Covered
ENZYME THERAPY	GLASSIA	SOLN	ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/50ML	Covered
ENZYME THERAPY	GLASSIA	SOLN	ALPHA1-PROTEINASE INHIBITOR (HUMAN) IV SOLN 4 GM/200ML	Covered
ENZYME THERAPY	GLASSIA	SOLN	ALPHA1-PROTEINASE INHIBITOR (HUMAN) IV SOLN 5 GM/250ML	Covered
ENZYME THERAPY	ZEMAIRA	SOLR	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG	Covered
ENZYME THERAPY	ARALAST NP	SOLR	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG	Covered
ENZYME THERAPY	ZEMAIRA	SOLR	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 4000 MG	Covered
ENZYME THERAPY	ZEMAIRA	SOLR	ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 5000 MG	Covered
ENZYME THERAPY	CERDELGA	CAPS	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	Covered
ENZYME THERAPY	BUPHENYL	TABS	SODIUM PHENYLBUTYRATE TAB 500 MG	Excluded
ENZYME THERAPY	BUPHENYL	POWD	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	Excluded
GASTROINTESTINAL AGENTS	IQIRVO	TABS	ELAFIBRANOR TAB 80 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG	Covered

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GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG	Covered
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	Covered
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	NGENLA	SOPN	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)	Covered
GROWTH HORMONE DEFICIENCY	NGENLA	SOPN	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML)	Covered
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOLR	SOMATROPIN FOR INJ 5.8 MG	Covered
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOCT	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOCT	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	Covered
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG	Covered
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG	Covered
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG	Covered
GROWTH HORMONE DEFICIENCY	ZOMACTON	SOLR	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	Excluded
GROWTH HORMONE DEFICIENCY	ZOMACTON	SOLR	SOMATROPIN FOR INJ 10 MG	Excluded
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 6 MG (18 UNIT)	Excluded
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 12 MG (36 UNIT)	Excluded
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 24 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	CART	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 5 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	CART	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 12 MG (36 UNIT)	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.2 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.4 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.6 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.8 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.2 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.4 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.6 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.8 MG	Excluded
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 2 MG	Excluded
HEMATOLOGICAL AGENTS	REBLOZYL	SOLR	LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 25 MG	Covered
HEMATOLOGICAL AGENTS	REBLOZYL	SOLR	LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 75 MG	Covered
HEMATOLOGICAL AGENTS	DOPTELET	TABS	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	Covered

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HEMATOLOGICAL AGENTS	DOPTELET SPR	CPSP	AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ALVAIZ	TABS	ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ALVAIZ	TABS	ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ALVAIZ	TABS	ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ALVAIZ	TABS	ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	TABS	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	TABS	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	TABS	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	TABS	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Covered
HEMATOLOGICAL AGENTS	ELTROMBOPAG	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Covered
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 125 MCG	Covered
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 250 MCG	Covered
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 500 MCG	Covered
HEMATOLOGICAL AGENTS	PLERIXAFOR	SOLN	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Covered
HEMATOLOGICAL AGENTS	ADAKVEO	SOLN	CRIZANLIZUMAB-TMCA IV SOLN 100 MG/10ML	Covered
HEMATOLOGICAL AGENTS	RIASTAP	SOLR	FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-1300 MG)	Covered
HEMATOLOGICAL AGENTS	FIBRYGA	SOLR	FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-1300 MG)	Covered
HEMATOLOGICAL AGENTS	FIBRYGA	SOLR	FIBRINOGEN CONCENTRATE (HUMAN) FOR IV SOLN 2 GM	Covered
HEMATOLOGICAL AGENTS	BKEMV	SOLN	ECULIZUMAB-AEEB IV SOLN 300 MG/30ML (10 MG/ML)(FOR INFUSION)	Covered
HEMATOLOGICAL AGENTS	EPYSQLI	SOLN	ECULIZUMAB-AAGH IV SOLN 300 MG/30ML (10 MG/ML)(FOR INFUSION)	Covered
HEMATOLOGICAL AGENTS	ULTOMIRIS	SOLN	RAVULIZUMAB-CWVZ IV SOLN 300 MG/3ML (100 MG/ML)	Covered
HEMATOLOGICAL AGENTS	ULTOMIRIS	SOLN	RAVULIZUMAB-CWVZ IV SOLN 1100 MG/11ML (100 MG/ML)	Covered
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	Excluded
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	Excluded
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	Excluded
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	Excluded
HEMATOLOGICAL AGENTS	PROMACTA	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Excluded
HEMATOLOGICAL AGENTS	PROMACTA	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Excluded
HEMATOLOGICAL AGENTS	MOZOBIL	SOLN	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Excluded
HEMATOLOGICAL AGENTS	FESILTY	SOLR	FIBRINOGEN, HUMAN-CHMT FOR IV SOLN 1 GM	Excluded
HEMATOLOGICAL AGENTS	PANHEMATIN	SOLR	HEMIN FOR INJ 350 MG	Excluded
HEMATOLOGICAL AGENTS	THROMBAT III	SOLR	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT	Excluded
HEMATOLOGICAL AGENTS	SOLIRIS	SOLN	ECULIZUMAB IV SOLN 300 MG/30ML (10 MG/ML) (FOR INFUSION)	Excluded
HEMATOLOGICAL AGENTS	YARTEMLEA	SOLN	NARSOPLIMAB-WUUG IV SOLN 370 MG/2ML (185 MG/ML)	Excluded
HEMOPHILIA - INFUSED	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	HEMOFIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	HEMOFIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	HEMOFIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	KOATE-DVI	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	HEMOFIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	Covered
HEMOPHILIA - INFUSED	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	Covered
HEMOPHILIA - INFUSED	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	Covered

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HEMOPHILIA - INFUSED	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	Covered
HEMOPHILIA - INFUSED	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	Covered
HEMOPHILIA - INFUSED	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT	Covered
HEMOPHILIA - INFUSED	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	Covered
HEMOPHILIA - INFUSED	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 750 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1500 UNIT	Covered

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HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 5000 UNIT	Covered
HEMOPHILIA - INFUSED	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 6000 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ALTUVIIIO	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	Covered
HEMOPHILIA - INFUSED	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	Covered
HEMOPHILIA - INFUSED	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	Covered
HEMOPHILIA - INFUSED	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	Covered
HEMOPHILIA - INFUSED	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	Covered

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
HEMOPHILIA - INFUSED	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	WILATE	KIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	Covered
HEMOPHILIA - INFUSED	WILATE	KIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	Covered
HEMOPHILIA - INFUSED	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	Covered
HEMOPHILIA - INFUSED	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	Covered
HEMOPHILIA - INFUSED	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	Covered
HEMOPHILIA - INFUSED	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	Covered
HEMOPHILIA - INFUSED	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	Covered
HEMOPHILIA - INFUSED	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	Covered
HEMOPHILIA - INFUSED	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	Covered
HEMOPHILIA - INFUSED	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	Covered
HEMOPHILIA - INFUSED	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	Covered
HEMOPHILIA - INFUSED	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	Covered
HEMOPHILIA - INFUSED	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	Covered
HEMOPHILIA - INFUSED	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	Covered
HEMOPHILIA - INFUSED	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	Covered
HEMOPHILIA - INFUSED	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	Covered
HEMOPHILIA - INFUSED	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 500 UNT	Covered
HEMOPHILIA - INFUSED	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 1000 UNT	Covered
HEMOPHILIA - INFUSED	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 2000 UNT	Covered

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HEMOPHILIA - INFUSED	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 3000 UNT	Covered
HEMOPHILIA - INFUSED	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 1000 UNIT	Covered
HEMOPHILIA - INFUSED	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 1500 UNIT	Covered
HEMOPHILIA - INFUSED	COAGADEX	SOLR	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	Covered
HEMOPHILIA - INFUSED	COAGADEX	SOLR	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	Covered
HEMOPHILIA - INFUSED	TRETTEN	SOLR	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	Covered
HEMOPHILIA - INFUSED	CORIFACT	KIT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	Covered
HEMOPHILIA - INFUSED	VONVENDI	SOLR	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	Covered
HEMOPHILIA - INFUSED	VONVENDI	SOLR	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	Covered
HEMOPHILIA - INFUSED	SEVENFACT	SOLR	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 1 MG (1000 MCG)	Excluded
HEMOPHILIA - INFUSED	SEVENFACT	SOLR	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 2 MG (2000 MCG)	Excluded
HEMOPHILIA - INFUSED	SEVENFACT	SOLR	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 5 MG (5000 MCG)	Excluded
HEMOPHILIA - INJECTABLE	ALHEMO	SOPN	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 60MG/1.5ML (40 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	ALHEMO	SOPN	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 150MG/1.5ML (100 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	ALHEMO	SOPN	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 300MG/3ML (100 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	Covered
HEMOPHILIA - INJECTABLE	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)	Covered
HEMOPHILIA - INJECTABLE	HYMPAVZI	SOAJ	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 75 MG/0.5ML	Covered
HEMOPHILIA - INJECTABLE	HYMPAVZI	SOAJ	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML	Covered
HEPATITIS C	PEGASYS	SOLN	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	Covered
HEPATITIS C	PEGASYS	SOSY	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML	Covered
HEPATITIS C	RIBAVIRIN	CAPS	RIBAVIRIN CAP 200 MG	Covered
HEPATITIS C	RIBAVIRIN	TABS	RIBAVIRIN TAB 200 MG	Covered
HEPATITIS C	SOVALDI	TABS	SOFOSBUVIR TAB 200 MG	Covered
HEPATITIS C	SOVALDI	TABS	SOFOSBUVIR TAB 400 MG	Covered
HEPATITIS C	SOVALDI	PACK	SOFOSBUVIR PELLET PACK 150 MG	Covered
HEPATITIS C	SOVALDI	PACK	SOFOSBUVIR PELLET PACK 200 MG	Covered
HEPATITIS C	MAVYRET	TABS	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	Covered
HEPATITIS C	MAVYRET	PACK	GLECAPREVIR-PIBRENTASVIR PELLET PACK 50-20 MG	Covered
HEPATITIS C	HARVONI	TABS	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	Covered
HEPATITIS C	HARVONI	TABS	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Covered
HEPATITIS C	HARVONI	PACK	LEDIPASVIR-SOFOSBUVIR PELLET PACK 33.75-150 MG	Covered
HEPATITIS C	HARVONI	PACK	LEDIPASVIR-SOFOSBUVIR PELLET PACK 45-200 MG	Covered
HEPATITIS C	EPCLUSA	TABS	SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	Covered
HEPATITIS C	EPCLUSA	TABS	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Covered
HEPATITIS C	EPCLUSA	PACK	SOFOSBUVIR-VELPATASVIR PELLET PACK 150-37.5 MG	Covered
HEPATITIS C	EPCLUSA	PACK	SOFOSBUVIR-VELPATASVIR PELLET PACK 200-50 MG	Covered
HEPATITIS C	VOSEVI	TABS	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	Covered
HEPATITIS C	LEDIP-SOFOSB	TABS	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Excluded
HEPATITIS C	SOFOS/VELPAT	TABS	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Excluded

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HEREDITARY ANGIOEDEMA	HAEGARDA	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Covered
HEREDITARY ANGIOEDEMA	HAEGARDA	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Covered
HEREDITARY ANGIOEDEMA	BERINERT	KIT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT	Covered
HEREDITARY ANGIOEDEMA	ICATIBANT	SOSY	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Covered
HEREDITARY ANGIOEDEMA	ANDEMBRY	SOAJ	GARADACIMAB-GXII SOLN AUTO-INJECTOR 200 MG/1.2ML	Covered
HEREDITARY ANGIOEDEMA	TAKHZYRO	SOSY	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	Covered
HEREDITARY ANGIOEDEMA	TAKHZYRO	SOSY	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	Covered
HEREDITARY ANGIOEDEMA	CINRYZE	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ 500 UNIT	Excluded
HEREDITARY ANGIOEDEMA	EKTERLY	TABS	SEBETRALSTAT TAB 300 MG	Excluded
IMMUNE GLOBULIN	GAMASTAN	SOLN	IMMUNE GLOBULIN (HUMAN) IM SOLN	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 1 GM/20ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	Covered
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	Covered
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	Covered
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 2 GM/20ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	BIVIGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	BIVIGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 30 GM/300ML	Covered
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 40 GM/400ML	Covered
IMMUNE GLOBULIN	GAMMAGARD SD	SOLR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	Covered
IMMUNE GLOBULIN	GAMMAGARD SD	SOLR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	Covered
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML	Covered
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML	Covered
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML	Covered
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML	Covered
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 8 GM/40ML	Covered
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10 GM/50ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10 GM/50ML	Covered

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IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 1 GM/5ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 2 GM/10ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 4 GM/20ML	Covered
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOL PREF SYR 10 GM/50ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	Covered
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 30 GM/300ML	Covered
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 40 GM/400ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 1 GM/6ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 1.65 GM/10ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 2 GM/12ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 3.3 GM/20ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 4 GM/24ML	Covered
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 8 GM/48ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 1 GM/10ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 2.5 GM/25ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 5 GM/50ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 10 GM/100ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 20 GM/200ML	Covered
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 30 GM/300ML	Covered
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 1 GM/5ML	Covered
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 2 GM/10ML	Covered
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 4 GM/20ML	Covered
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 10 GM/50ML	Covered
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 2.5 GM/25ML-HYALURON INJ 200 UNT/1.25 ML KIT	Covered
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 5 GM/50ML-HYALURON INJ 400 UNT/2.5 ML KIT	Covered
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 10 GM/100ML-HYALURON INJ 800 UNT/5 ML KIT	Covered
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 20 GM/200ML-HYALURON INJ 1600 UNT/10 ML KIT	Covered
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 30 GM/300ML-HYALURON INJ 2400 UNT/15 ML KIT	Covered
IMMUNE GLOBULIN	CYTOGAM	SOLN	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN) IV SOLN 50 MG/ML	Excluded
IMMUNE GLOBULIN	GAMMGD ERC	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	Excluded
IMMUNE GLOBULIN	GAMMGD ERC	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	Excluded
IMMUNE GLOBULIN	YIMMUGO	SOLN	IMMUNE GLOBULIN (HUMAN)-DIRA IV SOLN 5 GM/50ML	Excluded

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IMMUNE GLOBULIN	YIMMUGO	SOLN	IMMUNE GLOBULIN (HUMAN)-DIRA IV SOLN 10 GM/100ML	Excluded
IMMUNE GLOBULIN	YIMMUGO	SOLN	IMMUNE GLOBULIN (HUMAN)-DIRA IV SOLN 20 GM/200ML	Excluded
IMMUNE GLOBULIN	ASCENIV	SOLN	IMMUNE GLOBULIN (HUMAN)-SLRA IV SOLN 5 GM/50ML	Excluded
IMMUNE GLOBULIN	ALYGLO	SOLN	IMMUNE GLOBULIN (HUMAN)-STWK IV SOLN 5 GM/50ML	Excluded
IMMUNE GLOBULIN	ALYGLO	SOLN	IMMUNE GLOBULIN (HUMAN)-STWK IV SOLN 10 GM/100ML	Excluded
IMMUNE GLOBULIN	ALYGLO	SOLN	IMMUNE GLOBULIN (HUMAN)-STWK IV SOLN 20 GM/200ML	Excluded
IMMUNE GLOBULIN	QIVIGY	SOLN	IMMUNE GLOBULIN (HUMAN)-KTHM IV SOLN 5 GM/50ML	Excluded
IMMUNE GLOBULIN	QIVIGY	SOLN	IMMUNE GLOBULIN (HUMAN)-KTHM IV SOLN 10 GM/100ML	Excluded
IMMUNOLOGICAL AGENTS	ACTIMMUNE	SOLN	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	Covered
IMMUNOLOGICAL AGENTS	ILARIS	SOLN	CANAKINUMAB SUBCUTANEOUS INJ 150 MG/ML	Covered
IMMUNOLOGICAL AGENTS	RHAPSIDO	TABS	REMIBRUTINIB TAB 25 MG	Covered
IMMUNOLOGICAL AGENTS	BENLYSTA	SOLR	BELIMUMAB FOR IV SOLN 120 MG	Covered
IMMUNOLOGICAL AGENTS	BENLYSTA	SOLR	BELIMUMAB FOR IV SOLN 400 MG	Covered
IMMUNOLOGICAL AGENTS	BENLYSTA	SOAJ	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Covered
IMMUNOLOGICAL AGENTS	BENLYSTA	SOSY	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Covered
IMMUNOLOGICAL AGENTS	SAPHNELO	SOLN	ANIFROLUMAB-FNIA IV SOLN 300 MG/2ML	Covered
IMMUNOLOGICAL AGENTS	SAPHNELO PEN	SOAJ	ANIFROLUMAB-FNIA SOLN AUTO-INJECTOR 120 MG/0.8ML	Excluded
IMMUNOLOGICAL AGENTS	SAPHNELO	SOSY	ANIFROLUMAB-FNIA SOLN PREFILLED SYRINGE 120 MG/0.8ML	Excluded
INFERTILITY	NOVAREL	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT	Covered
INFERTILITY	CHOR GONADOT	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	Covered
INFERTILITY	PREGNYL	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	Covered
INFERTILITY	OVIDREL	SOSY	CHORIOGONADOTROPIN ALFA SOLN PREFILLED SYR 250 MCG/0.5ML	Covered
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	Covered
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	Covered
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	Covered
INFERTILITY	MENOPUR	SOLR	MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	Covered
INFERTILITY	CETRORELIX	KIT	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	Covered
INFERTILITY	GANIRELIX AC	SOSY	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	Covered
INFERTILITY	FYREMADEL	SOSY	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	Covered
INFERTILITY	GONAL-F	SOLR	FOLLITROPIN ALFA FOR INJ 450 UNIT	Excluded
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.48ML	Excluded
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.72ML	Excluded
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.44ML	Excluded
INFERTILITY	CETROTIDE	KIT	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	Excluded
INFLAMMATORY CONDITIONS	CORTROPHIN	GEL	CORTICOTROPIN INJ GEL 80 UNIT/ML	Covered
INFLAMMATORY CONDITIONS	ACTHAR	GEL	CORTICOTROPIN INJ GEL 80 UNIT/ML	Covered
INFLAMMATORY CONDITIONS	ACTHAR	PEN	CORTICOTROPIN SUBCUTANEOUS GEL PEN-INJECTOR 40 UNIT/0.5ML	Covered
INFLAMMATORY CONDITIONS	ACTHAR	PEN	CORTICOTROPIN SUBCUTANEOUS GEL PEN-INJECTOR 80 UNIT/ML	Covered
INFLAMMATORY CONDITIONS	CORTROPHIN	PRSY	CORTICOTROPIN SUBCUTANEOUS GEL PREFILLED SYR 40 UNIT/0.5ML	Covered
INFLAMMATORY CONDITIONS	CORTROPHIN	PRSY	CORTICOTROPIN SUBCUTANEOUS GEL PREFILLED SYRINGE 80 UNIT/ML	Covered
INFLAMMATORY CONDITIONS	ENTYVIO	SOLR	VEDOLIZUMAB FOR IV SOLUTION 300 MG	Covered
INFLAMMATORY CONDITIONS	ENTYVIO PEN	SOAJ	VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOLN	GUSELKUMAB IV SOLN 200 MG/20ML (10 MG/ML)	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOAJ	GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOSY	GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML	Covered

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INFLAMMATORY CONDITIONS	OMVOH	SOLN	MIRIKIZUMAB-MRKZ IV SOLN 300 MG/15ML (20 MG/ML)	Covered
INFLAMMATORY CONDITIONS	OMVOH	SOAJ	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/2ML	Covered
INFLAMMATORY CONDITIONS	OMVOH	SOAJ	MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML	Covered
INFLAMMATORY CONDITIONS	OMVOH	SOSY	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 200 MG/2ML	Covered
INFLAMMATORY CONDITIONS	OMVOH	SOSY	MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML	Covered
INFLAMMATORY CONDITIONS	SKYRIZI	SOLN	RISANKIZUMAB-RZAA IV SOLN 600 MG/10ML (60 MG/ML)	Covered
INFLAMMATORY CONDITIONS	SKYRIZI	SOCT	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	Covered
INFLAMMATORY CONDITIONS	SKYRIZI	SOCT	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	Covered
INFLAMMATORY CONDITIONS	YESINTEK	SOLN	USTEKINUMAB-KFCE IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Covered
INFLAMMATORY CONDITIONS	VELSIPITY	TABS	ETRASIMOD ARGININE TAB 2 MG	Covered
INFLAMMATORY CONDITIONS	CIMZIA	KIT	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	Covered
INFLAMMATORY CONDITIONS	CIMZIA PREFL	PSKT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Covered
INFLAMMATORY CONDITIONS	CIMZIA START	PSKT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Covered
INFLAMMATORY CONDITIONS	CIMZIA	PSKT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Covered
INFLAMMATORY CONDITIONS	AVSOLA	SOLR	INFLIXIMAB-AXXQ FOR IV INJ 100 MG	Covered
INFLAMMATORY CONDITIONS	INFLECTRA	SOLR	INFLIXIMAB-DYYB FOR IV INJ 100 MG	Covered
INFLAMMATORY CONDITIONS	RIDAURA	CAPS	AURANOFIN CAP 3 MG	Covered
INFLAMMATORY CONDITIONS	AURANOFIN	CAPS	AURANOFIN CAP 3 MG	Covered
INFLAMMATORY CONDITIONS	SIMLANDI 1PN	AJKT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Covered
INFLAMMATORY CONDITIONS	SIMLANDI 2PN	AJKT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Covered
INFLAMMATORY CONDITIONS	SIMLANDI 1PN	AJKT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 80 MG/0.8ML	Covered
INFLAMMATORY CONDITIONS	SIMLANDI	PSKT	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 20 MG/0.2ML	Covered
INFLAMMATORY CONDITIONS	SIMLANDI	PSKT	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 40 MG/0.4ML	Covered
INFLAMMATORY CONDITIONS	SIMPONI ARIA	SOLN	GOLIMUMAB IV SOLN 50 MG/4ML	Covered
INFLAMMATORY CONDITIONS	SIMPONI	SOAJ	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	SIMPONI	SOAJ	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	SIMPONI	SOSY	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	SIMPONI	SOSY	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	ENBREL	SOLN	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	ENBREL SRCLK	SOAJ	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Covered
INFLAMMATORY CONDITIONS	ENBREL MINI	SOCT	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Covered
INFLAMMATORY CONDITIONS	ENBREL	SOSY	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	ENBREL	SOSY	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	Covered
INFLAMMATORY CONDITIONS	ORENCIA	SOLR	ABATACEPT FOR IV SOLN 250 MG	Covered
INFLAMMATORY CONDITIONS	ORENCIA CLCK	SOAJ	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	Covered
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	Covered
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	Covered
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	Covered
INFLAMMATORY CONDITIONS	KEVZARA	SOAJ	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML	Covered
INFLAMMATORY CONDITIONS	KEVZARA	SOAJ	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Covered
INFLAMMATORY CONDITIONS	KEVZARA	SOSY	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Covered
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 80 MG/4ML	Covered
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 200 MG/10ML	Covered
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 400 MG/20ML	Covered
INFLAMMATORY CONDITIONS	ACTEMRA	SOAJ	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	Covered

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INFLAMMATORY CONDITIONS	ACTEMRA	SOSY	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	Covered
INFLAMMATORY CONDITIONS	AVTOZMA	SOLN	TOCILIZUMAB-ANOH IV INJ 80 MG/4ML	Covered
INFLAMMATORY CONDITIONS	AVTOZMA	SOLN	TOCILIZUMAB-ANOH IV INJ 200 MG/10ML	Covered
INFLAMMATORY CONDITIONS	AVTOZMA	SOLN	TOCILIZUMAB-ANOH IV INJ 400 MG/20ML	Covered
INFLAMMATORY CONDITIONS	AVTOZMA	SOAJ	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Covered
INFLAMMATORY CONDITIONS	AVTOZMA	SOSY	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	Covered
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 1 MG	Covered
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 2 MG	Covered
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 4 MG	Covered
INFLAMMATORY CONDITIONS	TOFACITINIB	TABS	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	XELJANZ	TABS	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	TOFACITINIB	TABS	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	XELJANZ	TABS	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	TOFACITINIB	SOLN	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	XELJANZ	SOLN	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	TOFACITINIB	TB24	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	XELJANZ XR	TB24	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	XELJANZ XR	TB24	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	TOFACITINIB	TB24	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Covered
INFLAMMATORY CONDITIONS	RINVOQ LQ	SOLN	UPADACITINIB ORAL SOLN 1 MG/ML	Covered
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 15 MG	Covered
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 30 MG	Covered
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 45 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA	TABS	APREMILAST TAB 20 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA	TABS	APREMILAST TAB 30 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA XR	TB24	APREMILAST TAB ER 24HR 75 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA	TBPK	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA	TBPK	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Covered
INFLAMMATORY CONDITIONS	OTEZLA/XR	TBPK	APREMILAST TAB START PACK 10 MG & 20 MG & 30 MG & (ER) 75 MG	Covered
INFLAMMATORY CONDITIONS	BIMZELX	SOAJ	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	Covered
INFLAMMATORY CONDITIONS	BIMZELX	SOAJ	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML	Covered
INFLAMMATORY CONDITIONS	BIMZELX	SOSY	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	Covered
INFLAMMATORY CONDITIONS	BIMZELX	SOSY	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML	Covered
INFLAMMATORY CONDITIONS	SILIQ	SOSY	BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1.5ML	Covered
INFLAMMATORY CONDITIONS	SOTYKTU	TABS	DEUCRAVACITINIB TAB 6 MG	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOPN	GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOAJ	GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	TREMFYA	SOSY	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	ICOTYDE	TABS	ICOTROKINRA HCL TAB 200 MG	Covered
INFLAMMATORY CONDITIONS	TALTZ	SOAJ	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML	Covered
INFLAMMATORY CONDITIONS	TALTZ	SOSY	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 20 MG/0.25ML	Covered
INFLAMMATORY CONDITIONS	TALTZ	SOSY	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 40 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	TALTZ	SOSY	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML	Covered
INFLAMMATORY CONDITIONS	SKYRIZI PEN	SOAJ	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	Covered
INFLAMMATORY CONDITIONS	SKYRIZI	SOSY	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 55 MG/0.37ML	Covered

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INFLAMMATORY CONDITIONS	SKYRIZI	SOSY	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	Covered
INFLAMMATORY CONDITIONS	ILUMYA	SOSY	TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 MG/ML	Covered
INFLAMMATORY CONDITIONS	YESINTEK	SOLN	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	YESINTEK	SOSY	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Covered
INFLAMMATORY CONDITIONS	YESINTEK	SOSY	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML	Covered
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 50 MG	Covered
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 100 MG	Covered
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 200 MG	Covered
INFLAMMATORY CONDITIONS	DUPIXENT	SOAJ	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML	Covered
INFLAMMATORY CONDITIONS	DUPIXENT	SOAJ	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Covered
INFLAMMATORY CONDITIONS	DUPIXENT	SOSY	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Covered
INFLAMMATORY CONDITIONS	DUPIXENT	SOSY	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Covered
INFLAMMATORY CONDITIONS	EBGLYSS	SOAJ	LEBRIKIZUMAB-LBKZ SUBCUTANEOUS SOLN AUTO-INJECT 250 MG/2ML	Covered
INFLAMMATORY CONDITIONS	EBGLYSS	SOSY	LEBRIKIZUMAB-LBKZ SOLUTION PREFILLED SYRINGE 250 MG/2ML	Covered
INFLAMMATORY CONDITIONS	ADBRY	SOAJ	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Covered
INFLAMMATORY CONDITIONS	ADBRY	SOSY	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	Covered
INFLAMMATORY CONDITIONS	NEMLUVIO	AUIJ	NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG	Covered
INFLAMMATORY CONDITIONS	STELARA	SOLN	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)	Excluded
INFLAMMATORY CONDITIONS	USTEKINUMAB	SOLN	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)	Excluded
INFLAMMATORY CONDITIONS	SELARSDI	SOLN	USTEKINUMAB-AEKN IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	WEZLANA	SOLN	USTEKINUMAB-AUUB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-TTWE	SOLN	USTEKINUMAB-TTWE IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	PYZCHIVA	SOLN	USTEKINUMAB-TTWE IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	STEQEYMA	SOLN	USTEKINUMAB-STBA IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	OTULFI	SOLN	USTEKINUMAB-AAUZ IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	IMULDOSA	SOLN	USTEKINUMAB-SRLF IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	STARJEMZA	SOLN	USTEKINUMAB-HMNY IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INF)	Excluded
INFLAMMATORY CONDITIONS	INFLIXIMAB	SOLR	INFLIXIMAB FOR IV INJ 100 MG	Excluded
INFLAMMATORY CONDITIONS	REMICADE	SOLR	INFLIXIMAB FOR IV INJ 100 MG	Excluded
INFLAMMATORY CONDITIONS	RENFLEXIS	SOLR	INFLIXIMAB-ABDA FOR IV INJ 100 MG	Excluded
INFLAMMATORY CONDITIONS	ZYMFENTRA	AJKT	INFLIXIMAB-DYYB SOLN AUTO-INJECTOR KIT 120 MG/ML	Excluded
INFLAMMATORY CONDITIONS	ZYMFENTRA	PSKT	INFLIXIMAB-DYYB SOLN PREFILLED SYRINGE KIT 120 MG/ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA PEN	AJKT	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA PEN	AJKT	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA PEN	AJKT	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA PEN	AJKT	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-AACF	AJKT	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-AACF	PSKT	ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	YUFLYMA 1PEN	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	YUFLYMA 2PEN	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-AATY	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
INFLAMMATORY CONDITIONS	ADALIMU-AATY	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	YUFLYMA 1PEN	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	YUFLYMA	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-AATY	PSKT	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-AATY	PSKT	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	YUFLYMA 2SYR	PSKT	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ SENS	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ CD/	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ-PLAQ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ-PED	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HYRIMOZ-PED	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYR 80 MG/0.8ML & 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	AJKT	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	AJKT	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	AJKT	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	AJKT	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-ADBM	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ABRILADA 1PN	AJKT	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ABRILADA 2PN	AJKT	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ABRILADA	PSKT	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 20 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ABRILADA	PSKT	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	YUSIMRY	SOAJ	ADALIMUMAB-AQVH SOLN AUTO-INJECTOR 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOAJ	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOAJ	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOAJ	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HADLIMA PUSH	SOAJ	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML	Excluded

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
INFLAMMATORY CONDITIONS	ADALIMU-BWWD	SOAJ	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HADLIMA PUSH	SOAJ	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HADLIMA	SOSY	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-BWWD	SOSY	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	HADLIMA	SOSY	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HULIO	AJKT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	AJKT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	HULIO	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-RYVK	AJKT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-RYVK	AJKT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 80 MG/0.8ML	Excluded
INFLAMMATORY CONDITIONS	ADALIMU-RYVK	PSKT	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 40 MG/0.4ML	Excluded
INFLAMMATORY CONDITIONS	TOFIDENCE	SOLN	TOCILIZUMAB-BAVI IV INJ 80 MG/4ML	Excluded
INFLAMMATORY CONDITIONS	TOFIDENCE	SOLN	TOCILIZUMAB-BAVI IV INJ 200 MG/10ML	Excluded
INFLAMMATORY CONDITIONS	TOFIDENCE	SOLN	TOCILIZUMAB-BAVI IV INJ 400 MG/20ML	Excluded
INFLAMMATORY CONDITIONS	TYENNE	SOLN	TOCILIZUMAB-AAZG IV INJ 80 MG/4ML	Excluded
INFLAMMATORY CONDITIONS	TYENNE	SOLN	TOCILIZUMAB-AAZG IV INJ 200 MG/10ML	Excluded
INFLAMMATORY CONDITIONS	TYENNE	SOLN	TOCILIZUMAB-AAZG IV INJ 400 MG/20ML	Excluded
INFLAMMATORY CONDITIONS	TYENNE	SOAJ	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Excluded
INFLAMMATORY CONDITIONS	TYENNE	SOSY	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX	SOLN	SECUKINUMAB IV SOLN 125 MG/5ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX PEN	SOAJ	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX PEN	SOAJ	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	Excluded
INFLAMMATORY CONDITIONS	COSENTYX UNO	SOAJ	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Excluded
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	Excluded
INFLAMMATORY CONDITIONS	USTEKINUMAB	SOLN	USTEKINUMAB INJ 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STELARA	SOLN	USTEKINUMAB INJ 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STELARA	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKINUMAB	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKINUMAB	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	STELARA	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	SELARSDI	SOLN	USTEKINUMAB-AEKN SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-AEKN	SOSY	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	SELARSDI	SOSY	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	SELARSDI	SOSY	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-AEKN	SOSY	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	WEZLANA	SOLN	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	WEZLANA	SOSY	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	WEZLANA	SOSY	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	PYZCHIVA	SOLN	USTEKINUMAB-TTWE SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-TTWE	SOLN	USTEKINUMAB-TTWE SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	PYZCHIVA	SOAJ	USTEKINUMAB-TTWE SOLN AUTO-INJECTOR 45 MG/0.5ML	Excluded

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
INFLAMMATORY CONDITIONS	PYZCHIVA	SOAJ	USTEKINUMAB-TTWE SOLN AUTO-INJECTOR 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	PYZCHIVA	SOSY	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-TTWE	SOSY	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-TTWE	SOSY	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	PYZCHIVA	SOSY	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	STEQEYMA	SOLN	USTEKINUMAB-STBA SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STEQEYMA	SOSY	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STEQEYMA	SOSY	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	OTULFI	SOLN	USTEKINUMAB-AAUZ SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-AAUZ	SOSY	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	OTULFI	SOSY	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	OTULFI	SOSY	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	USTEKIN-AAUZ	SOSY	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	IMULDOSA	SOSY	USTEKINUMAB-SRLF SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	IMULDOSA	SOSY	USTEKINUMAB-SRLF SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
INFLAMMATORY CONDITIONS	STARJEMZA	SOLN	USTEKINUMAB-HMNY SUBCUTANEOUS SOLN 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STARJEMZA	SOSY	USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 45 MG/0.5ML	Excluded
INFLAMMATORY CONDITIONS	STARJEMZA	SOSY	USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 90 MG/ML	Excluded
METABOLIC BONE DISEASE	ZOLEDRONIC	CONC	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML	Covered
METABOLIC BONE DISEASE	ZOLEDRONIC	SOLN	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	Covered
METABOLIC BONE DISEASE	ZOLEDRONIC	SOLN	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	Covered
METABOLIC BONE DISEASE	RECLAST	SOLN	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	Excluded
MOOD DISORDER DRUGS	SPRAVATO	SOPK	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK)	Covered
MOOD DISORDER DRUGS	SPRAVATO	SOPK	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK)	Covered
MULTIPLE SCLEROSIS	GLATIRAMER	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Covered
MULTIPLE SCLEROSIS	GLATOPA	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Covered
MULTIPLE SCLEROSIS	GLATIRAMER	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Covered
MULTIPLE SCLEROSIS	GLATOPA	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Covered
MULTIPLE SCLEROSIS	CLADRIBINE	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Covered
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Covered
MULTIPLE SCLEROSIS	AVONEX PEN	AJKT	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	Covered
MULTIPLE SCLEROSIS	AVONEX PREFL	PSKT	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	Covered
MULTIPLE SCLEROSIS	BETASERON	KIT	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Covered

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
MULTIPLE SCLEROSIS	TERIFLUNOMID	TABS	TERIFLUNOMIDE TAB 7 MG	Covered
MULTIPLE SCLEROSIS	TERIFLUNOMID	TABS	TERIFLUNOMIDE TAB 14 MG	Covered
MULTIPLE SCLEROSIS	LEMTRADA	SOLN	ALEMTUZUMAB IV INJ 12 MG/1.2ML (10 MG/ML)	Covered
MULTIPLE SCLEROSIS	TYSABRI	CONC	NATALIZUMAB FOR IV INJ CONC 300 MG/15ML	Covered
MULTIPLE SCLEROSIS	TYRUKO	CONC	NATALIZUMAB-SZTN FOR IV INJ CONC 300 MG/15ML	Covered
MULTIPLE SCLEROSIS	OCREVUS	SOLN	OCRELIZUMAB SOLN FOR IV INFUSION 300 MG/10ML	Covered
MULTIPLE SCLEROSIS	KESIMPTA	SOAJ	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	Covered
MULTIPLE SCLEROSIS	BRIUMVI	SOLN	UBLITUXIMAB-XIIY SOLN FOR IV INFUSION 150 MG/6ML	Covered
MULTIPLE SCLEROSIS	DIMETHYL FUM	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Covered
MULTIPLE SCLEROSIS	DIMETHYL FUM	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Covered
MULTIPLE SCLEROSIS	DIMETHYL FUM	CDPK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Covered
MULTIPLE SCLEROSIS	VUMERITY	CPDR	DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE 231 MG	Covered
MULTIPLE SCLEROSIS	BAFIERTAM	CPDR	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	Covered
MULTIPLE SCLEROSIS	DALFAMPRIDIN	TB12	DALFAMPRIDINE TAB ER 12HR 10 MG	Covered
MULTIPLE SCLEROSIS	GILENYA	CAPS	FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)	Covered
MULTIPLE SCLEROSIS	FINGOLIMOD	CAPS	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Covered
MULTIPLE SCLEROSIS	ZEPOSIA	CAPS	OZANIMOD HCL CAP 0.92 MG	Covered
MULTIPLE SCLEROSIS	ZEPOSIA 7DAY	CPPK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	Covered
MULTIPLE SCLEROSIS	ZEPOSIA	CPPK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	Covered
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	Covered
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	Covered
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	Covered
MULTIPLE SCLEROSIS	MAYZENT	TBPK	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	Covered
MULTIPLE SCLEROSIS	MAYZENT	TBPK	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	Covered
MULTIPLE SCLEROSIS	OCREVUS	SOLN	OCRELIZUMAB-HYALURONIDASE-OCSQ INJ 920-23000 MG-UNIT/23ML	Covered
MULTIPLE SCLEROSIS	COPAXONE	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Excluded
MULTIPLE SCLEROSIS	COPAXONE	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Excluded
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	REBIF	SOSY	INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	REBIF	SOSY	INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	REBIF TITRTN	SOSY	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	PLEGRIDY	SOAJ	PEGINTERFERON BETA-1A SOLN AUTO-INJECTOR 125 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	PLEGRIDY PEN	SOAJ	PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK	Excluded
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	Excluded
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	Excluded
MULTIPLE SCLEROSIS	AUBAGIO	TABS	TERIFLUNOMIDE TAB 7 MG	Excluded
MULTIPLE SCLEROSIS	AUBAGIO	TABS	TERIFLUNOMIDE TAB 14 MG	Excluded
MULTIPLE SCLEROSIS	TECFIDERA	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Excluded
MULTIPLE SCLEROSIS	TECFIDERA	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Excluded
MULTIPLE SCLEROSIS	TECFIDERA	CDPK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Excluded
MULTIPLE SCLEROSIS	AMPYRA	TB12	DALFAMPRIDINE TAB ER 12HR 10 MG	Excluded
MULTIPLE SCLEROSIS	GILENYA	CAPS	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Excluded

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
MULTIPLE SCLEROSIS	PONVORY	TABS	PONESIMOD TAB 20 MG	Excluded
MULTIPLE SCLEROSIS	PONVORY	TBPK	PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 &10 MG	Excluded
MUSCULOSKELETAL AGENTS	VYVGART	SOLN	EFGARTIGIMOD ALFA-FCAB IV SOLN 400 MG/20ML	Covered
MUSCULOSKELETAL AGENTS	RYSTIGGO	SOLN	ROZANOLIXIZUMAB-NOLI SUBCUTANEOUS SOLN 280 MG/2ML	Covered
MUSCULOSKELETAL AGENTS	RYSTIGGO	SOLN	ROZANOLIXIZUMAB-NOLI SUBCUTANEOUS SOLN 420 MG/3ML	Covered
MUSCULOSKELETAL AGENTS	RYSTIGGO	SOLN	ROZANOLIXIZUMAB-NOLI SUBCUTANEOUS SOLN 560 MG/4ML	Covered
MUSCULOSKELETAL AGENTS	RYSTIGGO	SOLN	ROZANOLIXIZUMAB-NOLI SUBCUTANEOUS SOLN 840 MG/6ML	Covered
MUSCULOSKELETAL AGENTS	VYVGART	SOLN	EFGARTIGIMOD ALF-HYALURONIDASE-QVFC SOL 180-2000 MG-UNIT/ML	Covered
MUSCULOSKELETAL AGENTS	VYVGART	SOSY	EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML	Covered
MUSCULOSKELETAL AGENTS	IMAAVY	SOLN	NIPOCALIMAB-AAHU IV SOLN 300 MG/1.62ML (185 MG/ML)	Excluded
MUSCULOSKELETAL AGENTS	IMAAVY	SOLN	NIPOCALIMAB-AAHU IV SOLN 1200 MG/6.5ML (185 MG/ML)	Excluded
MUSCULOSKELETAL DISORDERS	DICHLORPHENA	TABS	DICHLORPHENAMIDE TAB 50 MG	Covered
NEUTROPENIA	NIVESTYM	SOLN	FILGRASTIM-AAFI INJ 300 MCG/ML	Covered
NEUTROPENIA	NIVESTYM	SOLN	FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	Covered
NEUTROPENIA	NIVESTYM	SOSY	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Covered
NEUTROPENIA	NIVESTYM	SOSY	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Covered
NEUTROPENIA	ZARXIO	SOSY	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Covered
NEUTROPENIA	ZARXIO	SOSY	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Covered
NEUTROPENIA	NEULASTA	SOLN	PEGFILGRASTIM INJ 4 MG/0.4ML	Covered
NEUTROPENIA	NEULASTA	SOSY	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	Covered
NEUTROPENIA	NEULASTA	SOSY	PEGFILGRASTIM SOLN PREFILL SYR/INFUSION DEV 6 MG/0.6ML	Covered
NEUTROPENIA	UDENYCA	SOAJ	PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML	Covered
NEUTROPENIA	UDENYCA	SOSY	PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML	Covered
NEUTROPENIA	UDENYCA ONBO	SOSY	PEGFILGRASTIM-CBQV SOLN PREFILL SYR/INFUSION DEV 6 MG/0.6ML	Covered
NEUTROPENIA	LEUKINE	SOLR	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	Covered
NEUTROPENIA	RYZNEUTA	SOSY	EFBEMALENOGRASTIM ALFA-VUXW SOLN PREFILLED SYRINGE 20 MG/ML	Excluded
NEUTROPENIA	ROLVEDON	SOSY	EFLAPEGRASTIM-XNST SOLN PREFILLED SYRINGE 13.2 MG/0.6ML	Excluded
NEUTROPENIA	NEUPOGEN	SOLN	FILGRASTIM INJ 300 MCG/ML	Excluded
NEUTROPENIA	NEUPOGEN	SOLN	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	Excluded
NEUTROPENIA	NEUPOGEN	SOSY	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Excluded
NEUTROPENIA	NEUPOGEN	SOSY	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	Excluded
NEUTROPENIA	GRANIX	SOLN	TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML	Excluded
NEUTROPENIA	GRANIX	SOSY	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Excluded
NEUTROPENIA	GRANIX	SOSY	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Excluded
NEUTROPENIA	NYVEPRIA	SOSY	PEGFILGRASTIM-APGF SOLN PREFILLED SYRINGE 6 MG/0.6ML	Excluded
NEUTROPENIA	ZIEXTENZO	SOSY	PEGFILGRASTIM-BMEZ SOLN PREFILLED SYRINGE 6 MG/0.6ML	Excluded
NEUTROPENIA	FULPHILA	SOSY	PEGFILGRASTIM-JMDB SOLN PREFILLED SYRINGE 6 MG/0.6ML	Excluded
NEUTROPENIA	FYLNETRA	SOSY	PEGFILGRASTIM-PBBK SOLN PREFILLED SYRINGE 6 MG/0.6ML	Excluded
NEUTROPENIA	ARMLUPEG	SOSY	PEGFILGRASTIM-UNNE SOLN PREFILLED SYRINGE 6 MG/0.6ML	Excluded
ONCOLOGY - INJECTABLE	BENDEKA	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	Covered
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLR	BENDAMUSTINE HCL FOR IV SOLN 25 MG	Covered
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLR	BENDAMUSTINE HCL FOR IV SOLN 100 MG	Covered
ONCOLOGY - INJECTABLE	BUSULFEX	SOLN	BUSULFAN INJ 6 MG/ML	Covered
ONCOLOGY - INJECTABLE	BUSULFAN	SOLN	BUSULFAN INJ 6 MG/ML	Covered
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 50 MG/5ML	Covered

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ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 150 MG/15ML	Covered
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 450 MG/45ML	Covered
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 600 MG/60ML	Covered
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 50 MG/50ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 100 MG/100ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 200 MG/200ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CISPLATIN	SOLR	CISPLATIN IV FOR INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 50 MG/10ML	Covered
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 100 MG/20ML	Covered
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 200 MG/40ML	Covered
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLR	OXALIPLATIN FOR IV INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLR	OXALIPLATIN FOR IV INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	THIOTEPA	SOLR	THIOTEPA FOR INJ 15 MG	Covered
ONCOLOGY - INJECTABLE	THIOTEPA	SOLR	THIOTEPA FOR INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/5ML (100 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1000 MG/10ML (100 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 2000 MG/20ML (100 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/2.5ML (200 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1 GM/5ML (200 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 2 GM/10ML (200 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/ML	Covered
ONCOLOGY - INJECTABLE	FRINDOVYX	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/ML	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1 GM/2ML (500 MG/ML)	Covered
ONCOLOGY - INJECTABLE	FRINDOVYX	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1 GM/2ML (500 MG/ML)	Covered
ONCOLOGY - INJECTABLE	FRINDOVYX	SOLN	CYCLOPHOSPHAMIDE IV SOLN 2 GM/4ML (500 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 2 GM/4ML (500 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 500 MG	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 1 GM	Covered
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 2 GM	Covered
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLN	IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLN	IFOSFAMIDE IV INJ 3 GM/60ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLR	IFOSFAMIDE FOR INJ 1 GM	Covered
ONCOLOGY - INJECTABLE	IFEX	SOLR	IFOSFAMIDE FOR INJ 1 GM	Covered
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLR	IFOSFAMIDE FOR INJ 3 GM	Covered
ONCOLOGY - INJECTABLE	IFEX	SOLR	IFOSFAMIDE FOR INJ 3 GM	Covered
ONCOLOGY - INJECTABLE	MELPHALAN	SOLR	MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	EVOMELA	SOLR	MELPHALAN HCL FOR INJ 50 MG (PROPYLENE GLYCOL (PG) FREE)	Covered
ONCOLOGY - INJECTABLE	CARMUSTINE	SOLR	CARMUSTINE FOR INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	TEMODAR	SOLR	TEMOZOLOMIDE FOR IV SOLN 100 MG	Covered
ONCOLOGY - INJECTABLE	YONDELIS	SOLR	TRABECTEDIN FOR INJ 1 MG	Covered
ONCOLOGY - INJECTABLE	PERJETA	SOLN	PERTUZUMAB SOLN FOR IV INFUSION 420 MG/14ML (30 MG/ML)	Covered
ONCOLOGY - INJECTABLE	HERCEPTIN	SOLR	TRASTUZUMAB FOR IV SOLN 150 MG	Covered
ONCOLOGY - INJECTABLE	KANJINTI	SOLR	TRASTUZUMAB-ANNS FOR IV SOLN 150 MG	Covered
ONCOLOGY - INJECTABLE	KANJINTI	SOLR	TRASTUZUMAB-ANNS FOR IV SOLN 420 MG	Covered
ONCOLOGY - INJECTABLE	TRAZIMERA	SOLR	TRASTUZUMAB-QYYP FOR IV SOLN 150 MG	Covered

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - INJECTABLE	TRAZIMERA	SOLR	TRASTUZUMAB-QYYP FOR IV SOLN 420 MG	Covered
ONCOLOGY - INJECTABLE	BLEOMYCIN	SOLR	BLEOMYCIN SULFATE FOR INJ 15 UNIT	Covered
ONCOLOGY - INJECTABLE	BLEOMYCIN	SOLR	BLEOMYCIN SULFATE FOR INJ 30 UNIT	Covered
ONCOLOGY - INJECTABLE	DACTINOMYCIN	SOLR	DACTINOMYCIN FOR INJ 0.5 MG	Covered
ONCOLOGY - INJECTABLE	DAUNORUBICIN	SOLN	DAUNORUBICIN HCL IV SOLN 20 MG/4ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	DAUNORUBICIN	SOLN	DAUNORUBICIN HCL IV SOLN 50 MG/10ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	Covered
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLR	DOXORUBICIN HCL FOR INJ 10 MG	Covered
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLR	DOXORUBICIN HCL FOR INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	ADRIAMYCIN	SOLR	DOXORUBICIN HCL FOR INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	DOXIL	SUSP	DOXORUBICIN HCL LIPOSOMAL SUSP (FOR IV INFUSION) 2 MG/ML	Covered
ONCOLOGY - INJECTABLE	DOXORUBICIN	SUSP	DOXORUBICIN HCL LIPOSOMAL SUSP (FOR IV INFUSION) 2 MG/ML	Covered
ONCOLOGY - INJECTABLE	ELLENCE	SOLN	EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ELLENCE	SOLN	EPIRUBICIN HCL IV SOLN 200 MG/100ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 5 MG	Covered
ONCOLOGY - INJECTABLE	MUTAMYCIN	SOLR	MITOMYCIN FOR IV SOLN 5 MG	Covered
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 20 MG	Covered
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 40 MG	Covered
ONCOLOGY - INJECTABLE	MUTAMYCIN	SOLR	MITOMYCIN FOR IV SOLN 40 MG	Covered
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 20 MG/10ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 25 MG/12.5ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 30 MG/15ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	VALSTAR	SOLN	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	Covered
ONCOLOGY - INJECTABLE	VALRUBICIN	SOLN	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	Covered
ONCOLOGY - INJECTABLE	VIDAZA	SUSR	AZACITIDINE FOR INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	AZACITIDINE	SUSR	AZACITIDINE FOR INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	CLADRIBINE	SOLN	CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CLOFARABINE	SOLN	CLOFARABINE IV SOLN 1 MG/ML	Covered
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ 20 MG/ML	Covered
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ PF 20 MG/ML	Covered
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ PF 100 MG/ML	Covered
ONCOLOGY - INJECTABLE	DECITABINE	SOLR	DECITABINE FOR INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	FLOXURIDINE	SOLR	FLOXURIDINE FOR INJ 0.5 GM	Covered
ONCOLOGY - INJECTABLE	FLUDARABINE	SOLN	FLUDARABINE PHOSPHATE INJ 25 MG/ML	Covered
ONCOLOGY - INJECTABLE	FLUDARABINE	SOLR	FLUDARABINE PHOSPHATE FOR INJ 50 MG	Covered
ONCOLOGY - INJECTABLE	FAVLYXA	SOLN	FLUOROURACIL IV SOLN 2.5 GM/100ML (25 MG/ML)	Covered
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 500 MG/10ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)	Covered

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ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 200 MG	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 1 GM	Covered
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 2 GM	Covered
ONCOLOGY - INJECTABLE	NELARABINE	SOLN	NELARABINE IV SOLN 5 MG/ML	Covered
ONCOLOGY - INJECTABLE	ARRANON	SOLN	NELARABINE IV SOLN 5 MG/ML	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 100 MG/4ML	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 500 MG/20ML	Covered
ONCOLOGY - INJECTABLE	PEMFEXY	SOLN	PEMETREXED IV SOLN 500 MG/20ML	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 1 GM/40ML	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 100 MG/4ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMRYDI RTU	SOLN	PEMETREXED DISODIUM IV SOLN 100 MG/10ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 500 MG/20ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMRYDI RTU	SOLN	PEMETREXED DISODIUM IV SOLN 500 MG/50ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 1 GM/40ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 750 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 1000 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	FOLOTYN	SOLN	PRALATREXATE IV INJ 20 MG/ML	Covered
ONCOLOGY - INJECTABLE	PRALATREXATE	SOLN	PRALATREXATE IV INJ 20 MG/ML	Covered
ONCOLOGY - INJECTABLE	PRALATREXATE	SOLN	PRALATREXATE IV INJ 40 MG/2ML	Covered
ONCOLOGY - INJECTABLE	FOLOTYN	SOLN	PRALATREXATE IV INJ 40 MG/2ML	Covered
ONCOLOGY - INJECTABLE	ZALTRAP	SOLN	ZIV-AFLIBERCEPT IV SOLN 100 MG/4ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	ZALTRAP	SOLN	ZIV-AFLIBERCEPT IV SOLN 200 MG/8ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	AVASTIN	SOLN	BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	AVASTIN	SOLN	BEVACIZUMAB IV SOLN 400 MG/16ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	MVASI	SOLN	BEVACIZUMAB-AWWB IV SOLN 100 MG/4ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	MVASI	SOLN	BEVACIZUMAB-AWWB IV SOLN 400 MG/16ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	ZIRABEV	SOLN	BEVACIZUMAB-BVZR IV SOLN 100 MG/4ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	ZIRABEV	SOLN	BEVACIZUMAB-BVZR IV SOLN 400 MG/16ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	CYRAMZA	SOLN	RAMUCIRUMAB IV SOLN 100 MG/10ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	CYRAMZA	SOLN	RAMUCIRUMAB IV SOLN 500 MG/50ML (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	GAZYVA	SOLN	OBINUTUZUMAB SOLN FOR IV INFUSION 1000 MG/40ML (25 MG/ML)	Covered
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB IV SOLN 100 MG/10ML	Covered
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB IV SOLN 500 MG/50ML	Covered
ONCOLOGY - INJECTABLE	RUXIENCE	SOLN	RITUXIMAB-PVVR IV SOLN 100 MG/10ML (10 MG/ML)	Covered
ONCOLOGY - INJECTABLE	RUXIENCE	SOLN	RITUXIMAB-PVVR IV SOLN 500 MG/50ML (10 MG/ML)	Covered
ONCOLOGY - INJECTABLE	BLINCYTO	SOLR	BLINATUMOMAB FOR IV INFUSION 35 MCG	Covered
ONCOLOGY - INJECTABLE	COLUMVI	SOLN	GLOFITAMAB-GXBM IV SOLN 2.5 MG/2.5ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	COLUMVI	SOLN	GLOFITAMAB-GXBM IV SOLN 10 MG/10ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	LUNSUMIO	SOLN	MOSUNETUZUMAB-AXGB IV SOLN 1 MG/ML	Covered

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - INJECTABLE	LUNSUMIO	SOLN	MOSUNETUZUMAB-AXGB IV SOLN 30 MG/30ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	BESPONSA	SOLR	INOTUZUMAB OZOGAMICIN FOR IV SOLN 0.9 MG	Covered
ONCOLOGY - INJECTABLE	ADCETRIS	SOLR	BRENTUXIMAB VEDOTIN FOR IV SOLN 50 MG	Covered
ONCOLOGY - INJECTABLE	MYLOTARG	SOLR	GEMTUZUMAB OZOGAMICIN FOR IV SOLN 4.5 MG	Covered
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 100 MG/5ML	Covered
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 400 MG/20ML	Covered
ONCOLOGY - INJECTABLE	POLIVY	SOLR	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 30 MG	Covered
ONCOLOGY - INJECTABLE	POLIVY	SOLR	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 140 MG	Covered
ONCOLOGY - INJECTABLE	KADCYLA	SOLR	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG	Covered
ONCOLOGY - INJECTABLE	KADCYLA	SOLR	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG	Covered
ONCOLOGY - INJECTABLE	ENHERTU	SOLR	FAM-TRASTUZUMAB DERUXTECAN-NXKI FOR IV SOLN 100 MG	Covered
ONCOLOGY - INJECTABLE	YERVOY	SOLN	IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10ML (5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	YERVOY	SOLN	IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40ML (5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IMJUDO	SOLN	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 25 MG/1.25ML	Covered
ONCOLOGY - INJECTABLE	IMJUDO	SOLN	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 300 MG/15ML	Covered
ONCOLOGY - INJECTABLE	PADCEV	SOLR	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 20 MG	Covered
ONCOLOGY - INJECTABLE	PADCEV	SOLR	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 30 MG	Covered
ONCOLOGY - INJECTABLE	LIBTAYO	SOLN	CEMIPLIMAB-RWLC IV SOLN 350 MG/7ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	JEMPERLI	SOLN	DOSTARLIMAB-GXLY IV SOLN 500 MG/10ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 40 MG/4ML	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 100 MG/10ML	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 120 MG/12ML	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 240 MG/24ML	Covered
ONCOLOGY - INJECTABLE	KEYTRUDA	SOLN	PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ZYNYZ	SOLN	RETIFANLIMAB-DLWR IV SOLN 500 MG/20ML (25 MG/ML)	Covered
ONCOLOGY - INJECTABLE	LOQTORZI	SOLN	TORIPALIMAB-TPZI IV SOLN 240 MG/6ML (40 MG/ML)	Covered
ONCOLOGY - INJECTABLE	TECENTRIQ	SOLN	ATEZOLIZUMAB IV SOLN 840 MG/14ML	Covered
ONCOLOGY - INJECTABLE	TECENTRIQ	SOLN	ATEZOLIZUMAB IV SOLN 1200 MG/20ML	Covered
ONCOLOGY - INJECTABLE	IMFINZI	SOLN	DURVALUMAB SOLN FOR IV INFUSION 120 MG/2.4ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IMFINZI	SOLN	DURVALUMAB SOLN FOR IV INFUSION 500 MG/10ML (50 MG/ML)	Covered
ONCOLOGY - INJECTABLE	EMPLICITI	SOLR	ELOTUZUMAB FOR IV SOLN 300 MG	Covered
ONCOLOGY - INJECTABLE	EMPLICITI	SOLR	ELOTUZUMAB FOR IV SOLN 400 MG	Covered
ONCOLOGY - INJECTABLE	TIVDAK	SOLR	TISOTUMAB VEDOTIN-TFTV FOR IV SOLUTION 40 MG	Covered
ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-VMJW IV SOLN 350 MG/7ML	Covered
ONCOLOGY - INJECTABLE	ERBITUX	SOLN	CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ERBITUX	SOLN	CETUXIMAB IV SOLN 200 MG/100ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	VECTIBIX	SOLN	PANITUMUMAB IV SOLN 100 MG/5ML	Covered
ONCOLOGY - INJECTABLE	VECTIBIX	SOLN	PANITUMUMAB IV SOLN 400 MG/20ML	Covered
ONCOLOGY - INJECTABLE	FULVESTRANT	SOSY	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	Covered
ONCOLOGY - INJECTABLE	CLIGAVYX	SOSY	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	Covered
ONCOLOGY - INJECTABLE	ZOLADEX	IMPL	GOSERELIN ACETATE IMPLANT 3.6 MG	Covered
ONCOLOGY - INJECTABLE	ZOLADEX	IMPL	GOSERELIN ACETATE IMPLANT 10.8 MG	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG	Covered
ONCOLOGY - INJECTABLE	LEUPROLIDE	KIT	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG	Covered

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ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG	Covered
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG	Covered
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	Covered
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT 45 MG	Covered
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	Covered
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG	Covered
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	Covered
ONCOLOGY - INJECTABLE	JEVTANA	SOLN	CABAZITAXEL INJ 60 MG/1.5ML (FOR IV INFUSION)	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 20 MG/ML	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 160 MG/8ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 80 MG/8ML	Covered
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 160 MG/16ML	Covered
ONCOLOGY - INJECTABLE	ERIBULIN	SOLN	ERIBULIN MESYLATE INJ 1 MG/2ML (0.5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	HALAVEN	SOLN	ERIBULIN MESYLATE INJ 1 MG/2ML (0.5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 500 MG/25ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	AVOPEF	SOLN	ETOPOSIDE INJ 500 MG/25ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 1 GM/50ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ETOPOPHOS	SOLR	ETOPOSIDE PHOSPHATE IV FOR INJ 100 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - INJECTABLE	IXEMPRA KIT	SOLR	IXABEPILONE FOR IV INFUSION 15 MG	Covered
ONCOLOGY - INJECTABLE	IXEMPRA KIT	SOLR	IXABEPILONE FOR IV INFUSION 45 MG	Covered
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 30 MG/5ML (6 MG/ML)	Covered
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 100 MG/16.7ML (6 MG/ML)	Covered
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 150 MG/25ML (6 MG/ML)	Covered
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 300 MG/50ML (6 MG/ML)	Covered
ONCOLOGY - INJECTABLE	PACLITAXEL	SUSR	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	Covered
ONCOLOGY - INJECTABLE	ABRAXANE	SUSR	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	Covered
ONCOLOGY - INJECTABLE	VINCRISTINE	SOLN	VINCRISTINE SULFATE IV SOLN 1 MG/ML	Covered
ONCOLOGY - INJECTABLE	VINBLASTINE	SOLN	VINBLASTINE SULFATE INJ 1 MG/ML	Covered
ONCOLOGY - INJECTABLE	VINORELBINE	SOLN	VINORELBINE TARTRATE INJ 10 MG/ML (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	VINORELBINE	SOLN	VINORELBINE TARTRATE INJ 50 MG/5ML (10 MG/ML) (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	ROMIDEPSIN	SOLN	ROMIDEPSIN IV SOLN 27.5 MG/5.5ML (5 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ROMIDEPSIN	SOLR	ROMIDEPSIN FOR IV INJ 10 MG	Covered
ONCOLOGY - INJECTABLE	ISTODAX	SOLR	ROMIDEPSIN FOR IV INJ 10 MG	Covered
ONCOLOGY - INJECTABLE	TEMSIROLIMUS	SOLN	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	Covered
ONCOLOGY - INJECTABLE	TORISEL	SOLN	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	Covered
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 1 MG	Covered
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 2.5 MG	Covered
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 3.5 MG	Covered

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ONCOLOGY - INJECTABLE	VELCADE	SOLR	BORTEZOMIB FOR INJ 3.5 MG	Covered
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 10 MG	Covered
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 30 MG	Covered
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 60 MG	Covered
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 500 MG/25ML (20 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ONIVYDE	SUSP	IRINOTECAN HCL LIPOSOME IV SUSP 43 MG/10ML (4.3 MG/ML)	Covered
ONCOLOGY - INJECTABLE	TOPOTECAN	SOLN	TOPOTECAN HCL INJ 4 MG/4ML (BASE EQUIV) (FOR INFUSION)	Covered
ONCOLOGY - INJECTABLE	TOPOTECAN	SOLR	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	HYCAMTIN	SOLR	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)	Covered
ONCOLOGY - INJECTABLE	DATROWAY	SOLR	DATOPOTAMAB DERUXTECAN-DLNK FOR IV SOLN 100 MG	Covered
ONCOLOGY - INJECTABLE	ARSENIC TRIO	SOLN	ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)	Covered
ONCOLOGY - INJECTABLE	ARSENIC TRIO	SOLN	ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	TRISENOX	SOLN	ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)	Covered
ONCOLOGY - INJECTABLE	TICE BCG	SUSR	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	Covered
ONCOLOGY - INJECTABLE	DACARBAZINE	SOLR	DACARBAZINE FOR INJ 100 MG	Covered
ONCOLOGY - INJECTABLE	DACARBAZINE	SOLR	DACARBAZINE FOR INJ 200 MG	Covered
ONCOLOGY - INJECTABLE	NIPENT	SOLR	PENTOSTATIN FOR INJ 10 MG	Covered
ONCOLOGY - INJECTABLE	PROLEUKIN	SOLR	ALDESLEUKIN FOR IV SOLN 22000000 UNIT	Covered
ONCOLOGY - INJECTABLE	DEXRAZOXANE	SOLR	DEXRAZOXANE HCL FOR INJ 250 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - INJECTABLE	DEXRAZOXANE	SOLR	DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - INJECTABLE	DEXRAZOX HCL	SOLR	DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - INJECTABLE	MESNA	SOLN	MESNA INJ 100 MG/ML	Covered
ONCOLOGY - INJECTABLE	MESNEX	SOLN	MESNA INJ 100 MG/ML	Covered
ONCOLOGY - INJECTABLE	TECENTRIQ	SOLN	ATEZOLIZUMAB-HYALURONIDASE-TQJS INJ 1875-30000 MG-UNIT/15ML	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB-HYALURONIDASE-NVHY INJ 300-5000 MG-UNIT/2.5ML	Covered
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB-HYALURONIDASE-NVHY INJ 600-10000 MG-UNIT/5ML	Covered
ONCOLOGY - INJECTABLE	KEYTRUDA	SOLN	PEMBROLIZUMAB-BERAHYALURON-PMPH INJ 395-4800 MG-UNIT/2.4ML	Covered
ONCOLOGY - INJECTABLE	KEYTRUDA	SOLN	PEMBROLIZUMAB-BERAHYALURON-PMPH INJ 790-9600 MG-UNIT/4.8ML	Covered
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB-HYALURONIDASE HUMAN INJ 1400-23400 MG-UNIT/11.7ML	Covered
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB-HYALURONIDASE HUMAN INJ 1600-26800 MG-UNIT/13.4ML	Covered
ONCOLOGY - INJECTABLE	HERCEP HYLEC	SOLN	TRASTUZUMAB-HYALURONIDASE-OYSK INJ 600-10000 MG-UNIT/5ML	Covered
ONCOLOGY - INJECTABLE	PHESGO	SOLN	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 60 MG-60 MG-2000 UNT/ML	Covered
ONCOLOGY - INJECTABLE	PHESGO	SOLN	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 80 MG-40 MG-2000 UNT/ML	Covered
ONCOLOGY - INJECTABLE	OPDUALAG	SOLN	NIVOLUMAB-RELATLIMAB-RMBW 240-80 MG/20ML	Covered
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	Covered
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 6 MG/ML	Covered
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	Covered
ONCOLOGY - INJECTABLE	OSENVELT	SOLN	DENOSUMAB-BMWO INJ 120 MG/1.7ML	Covered
ONCOLOGY - INJECTABLE	BILPREVDA	SOLN	DENOSUMAB-NXXP INJ 120 MG/1.7ML	Covered

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ONCOLOGY - INJECTABLE	XTRENBO	SOLN	DENOSUMAB-QBDE INJ 120 MG/1.7ML	Covered
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACET (6 MONTH) FOR IM INJ PEDIATRIC KIT 45 MG	Covered
ONCOLOGY - INJECTABLE	SYLVANT	SOLR	SILTUXIMAB FOR IV INFUSION 100 MG	Covered
ONCOLOGY - INJECTABLE	SYLVANT	SOLR	SILTUXIMAB FOR IV INFUSION 400 MG	Covered
ONCOLOGY - INJECTABLE	VIVIMUSTA	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	BELRAPZO	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	TREANDA	SOLR	BENDAMUSTINE HCL FOR IV SOLN 25 MG	Excluded
ONCOLOGY - INJECTABLE	TREANDA	SOLR	BENDAMUSTINE HCL FOR IV SOLN 100 MG	Excluded
ONCOLOGY - INJECTABLE	KYXATA	SOLN	CARBOPLATIN IV SOLN 80 MG/8ML	Excluded
ONCOLOGY - INJECTABLE	KYXATA	SOLN	CARBOPLATIN IV SOLN 500 MG/50ML	Excluded
ONCOLOGY - INJECTABLE	TEPADINA	SOLR	THIOTEPA FOR INJ 15 MG	Excluded
ONCOLOGY - INJECTABLE	TEPADINA	SOLR	THIOTEPA FOR INJ 100 MG	Excluded
ONCOLOGY - INJECTABLE	TEPADINA	SOLR	THIOTEPA & SODIUM CHLORIDE 0.9% FOR IV SOLN 200 MG/200ML	Excluded
ONCOLOGY - INJECTABLE	EVDI	SOLN	TRABECTEDIN IV SOLN 1 MG/20ML	Excluded
ONCOLOGY - INJECTABLE	OGIVRI	SOLR	TRASTUZUMAB-DKST FOR IV SOLN 150 MG	Excluded
ONCOLOGY - INJECTABLE	OGIVRI	SOLR	TRASTUZUMAB-DKST FOR IV SOLN 420 MG	Excluded
ONCOLOGY - INJECTABLE	ONTRUZANT	SOLR	TRASTUZUMAB-DTTB FOR IV SOLN 150 MG	Excluded
ONCOLOGY - INJECTABLE	ONTRUZANT	SOLR	TRASTUZUMAB-DTTB FOR IV SOLN 420 MG	Excluded
ONCOLOGY - INJECTABLE	HERCESSI	SOLR	TRASTUZUMAB-STRF FOR IV SOLN 150 MG	Excluded
ONCOLOGY - INJECTABLE	HERCESSI	SOLR	TRASTUZUMAB-STRF FOR IV SOLN 420 MG	Excluded
ONCOLOGY - INJECTABLE	HERZUMA	SOLR	TRASTUZUMAB-PKRB FOR IV SOLN 150 MG	Excluded
ONCOLOGY - INJECTABLE	HERZUMA	SOLR	TRASTUZUMAB-PKRB FOR IV SOLN 420 MG	Excluded
ONCOLOGY - INJECTABLE	MITOMYCIN	SOSY	MITOMYCIN SOLN FOR INTRAVESICAL INSTILLATION 20 MG/40ML	Excluded
ONCOLOGY - INJECTABLE	FAVLYXA	SOLN	FLUOROURACIL IV SOLN 250 MG/10ML (25 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	JOBEVNE	SOLN	BEVACIZUMAB-NWGD IV SOLN 100 MG/4ML (FOR INFUSION)	Excluded
ONCOLOGY - INJECTABLE	JOBEVNE	SOLN	BEVACIZUMAB-NWGD IV SOLN 400 MG/16ML (FOR INFUSION)	Excluded
ONCOLOGY - INJECTABLE	TRUXIMA	SOLN	RITUXIMAB-ABBS IV SOLN 100 MG/10ML (10 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	TRUXIMA	SOLN	RITUXIMAB-ABBS IV SOLN 500 MG/50ML (10 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	RIABNI	SOLN	RITUXIMAB-ARRX IV SOLN 100 MG/10ML (10 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	RIABNI	SOLN	RITUXIMAB-ARRX IV SOLN 500 MG/50ML (10 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	LUNSUMIO VEL	SOLN	MOSUNETUZUMAB-AXGB SUBCUTANEOUS SOLN 5 MG/0.5ML	Excluded
ONCOLOGY - INJECTABLE	LUNSUMIO VEL	SOLN	MOSUNETUZUMAB-AXGB SUBCUTANEOUS SOLN 45 MG/ML	Excluded
ONCOLOGY - INJECTABLE	DECNUPAZ	SOLR	PIVEKIMAB SUNIRINE-PVZY FOR IV SOLN 2 MG	Excluded
ONCOLOGY - INJECTABLE	FASLODEX	SOSY	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	Excluded
ONCOLOGY - INJECTABLE	VABRINTY	KIT	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	Excluded
ONCOLOGY - INJECTABLE	LUTRATE DEPO	INJ	LEUPROLIDE ACETATE (3 MONTH) FOR INJ 22.5 MG	Excluded
ONCOLOGY - INJECTABLE	VABRINTY	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	Excluded
ONCOLOGY - INJECTABLE	VABRINTY	KIT	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	Excluded
ONCOLOGY - INJECTABLE	VABRINTY	KIT	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	Excluded
ONCOLOGY - INJECTABLE	AVOPEF	SOLN	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)	Excluded
ONCOLOGY - INJECTABLE	LYMPHIR	SOLR	DENILEUKIN DIFTITOX-CXDL FOR IV SOLN 300 MCG	Excluded
ONCOLOGY - INJECTABLE	ELZONRIS	SOLN	TAGRAXOFUSP-ERZS IV SOLN 1000 MCG/ML	Excluded
ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-HYALURONIDASE-LPUJ INJ 1600-20000 MG-UNIT/10ML	Excluded
ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-HYALURONIDASE-LPUJ INJ 2240-28000 MG-UNIT/14ML	Excluded

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ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-HYALURONIDASE-LPUJ INJ 2400-30000 MG-UNIT/15ML	Excluded
ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-HYALURONIDASE-LPUJ INJ 3520-44000 MG-UNIT/22ML	Excluded
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB-HYALURONIDASE-FIHJ INJ 1800-30000 MG-UNIT/15ML	Excluded
ONCOLOGY - INJECTABLE	XGEVA	SOLN	DENOSUMAB INJ 120 MG/1.7ML	Excluded
ONCOLOGY - INJECTABLE	WYOST	SOLN	DENOSUMAB-BBDZ INJ 120 MG/1.7ML	Excluded
ONCOLOGY - INJECTABLE	BOMYNTRA	SOLN	DENOSUMAB-BNHT INJ 120 MG/1.7ML	Excluded
ONCOLOGY - INJECTABLE	BOMYNTRA	SOSY	DENOSUMAB-BNHT INJ SOLN PREFILLED SYRINGE 120 MG/1.7ML	Excluded
ONCOLOGY - INJECTABLE	JUBEREQ	SOLN	DENOSUMAB-DESU INJ 120 MG/1.7ML	Excluded
ONCOLOGY - INJECTABLE	AUKELSO	SOLN	DENOSUMAB-KYQQ INJ 120 MG/1.7ML	Excluded
ONCOLOGY - ORAL	LEUKERAN	TABS	CHLORAMBUCIL TAB 2 MG	Covered
ONCOLOGY - ORAL	LOMUSTINE	CAPS	LOMUSTINE CAP 10 MG	Covered
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 10 MG	Covered
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 40 MG	Covered
ONCOLOGY - ORAL	LOMUSTINE	CAPS	LOMUSTINE CAP 40 MG	Covered
ONCOLOGY - ORAL	LOMUSTINE	CAPS	LOMUSTINE CAP 100 MG	Covered
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 100 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 5 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 20 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 100 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 140 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 180 MG	Covered
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 250 MG	Covered
ONCOLOGY - ORAL	ONUREG	TABS	AZACITIDINE TAB 200 MG	Covered
ONCOLOGY - ORAL	ONUREG	TABS	AZACITIDINE TAB 300 MG	Covered
ONCOLOGY - ORAL	CAPECITABINE	TABS	CAPECITABINE TAB 150 MG	Covered
ONCOLOGY - ORAL	CAPECITABINE	TABS	CAPECITABINE TAB 500 MG	Covered
ONCOLOGY - ORAL	TABLOID	TABS	THIOGUANINE TAB 40 MG	Covered
ONCOLOGY - ORAL	INLYTA	TABS	AXITINIB TAB 1 MG	Covered
ONCOLOGY - ORAL	INLYTA	TABS	AXITINIB TAB 5 MG	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Covered
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	GEFITINIB	TABS	GEFITINIB TAB 250 MG	Covered
ONCOLOGY - ORAL	TAGRISSO	TABS	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	TAGRISSO	TABS	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	DAURISMO	TABS	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	DAURISMO	TABS	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	Covered

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ONCOLOGY - ORAL	ODOMZO	CAPS	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ERIVEDGE	CAPS	VISMODEGIB CAP 150 MG	Covered
ONCOLOGY - ORAL	ERLEADA	TABS	APALUTAMIDE TAB 60 MG	Covered
ONCOLOGY - ORAL	ERLEADA	TABS	APALUTAMIDE TAB 240 MG	Covered
ONCOLOGY - ORAL	NUBEQA	TABS	DAROLUTAMIDE TAB 300 MG	Covered
ONCOLOGY - ORAL	XTANDI	CAPS	ENZALUTAMIDE CAP 40 MG	Covered
ONCOLOGY - ORAL	XTANDI	TABS	ENZALUTAMIDE TAB 40 MG	Covered
ONCOLOGY - ORAL	XTANDI	TABS	ENZALUTAMIDE TAB 80 MG	Covered
ONCOLOGY - ORAL	NILUTAMIDE	TABS	NILUTAMIDE TAB 150 MG	Covered
ONCOLOGY - ORAL	ABIRATERONE	TABS	ABIRATERONE ACETATE TAB 250 MG	Covered
ONCOLOGY - ORAL	ABIRTEGA	TABS	ABIRATERONE ACETATE TAB 250 MG	Covered
ONCOLOGY - ORAL	ABIRATERONE	TABS	ABIRATERONE ACETATE TAB 500 MG	Covered
ONCOLOGY - ORAL	ABIRATERONE	TABS	ABIRATERONE ACETATE MICRONIZED TAB 125 MG	Covered
ONCOLOGY - ORAL	POMALIDOMIDE	CAPS	POMALIDOMIDE CAP 1 MG	Covered
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 1 MG	Covered
ONCOLOGY - ORAL	POMALIDOMIDE	CAPS	POMALIDOMIDE CAP 2 MG	Covered
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 2 MG	Covered
ONCOLOGY - ORAL	POMALIDOMIDE	CAPS	POMALIDOMIDE CAP 3 MG	Covered
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 3 MG	Covered
ONCOLOGY - ORAL	POMALIDOMIDE	CAPS	POMALIDOMIDE CAP 4 MG	Covered
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 4 MG	Covered
ONCOLOGY - ORAL	ETOPOSIDE	CAPS	ETOPOSIDE CAP 50 MG	Covered
ONCOLOGY - ORAL	ALECENSA	CAPS	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ZYKADIA	TABS	CERITINIB TAB 150 MG	Covered
ONCOLOGY - ORAL	LORBRENA	TABS	LORLATINIB TAB 25 MG	Covered
ONCOLOGY - ORAL	LORBRENA	TABS	LORLATINIB TAB 100 MG	Covered
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 50 MG	Covered
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 100 MG	Covered
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 150 MG	Covered
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 200 MG	Covered
ONCOLOGY - ORAL	IBRANCE	CAPS	PALBOCICLIB CAP 125 MG	Covered
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 75 MG	Covered
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 100 MG	Covered
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 125 MG	Covered
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Covered
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Covered
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Covered
ONCOLOGY - ORAL	ZOLINZA	CAPS	VORINOSTAT CAP 100 MG	Covered
ONCOLOGY - ORAL	BOSULIF	CAPS	BOSUTINIB CAP 50 MG	Covered
ONCOLOGY - ORAL	BOSULIF	CAPS	BOSUTINIB CAP 100 MG	Covered
ONCOLOGY - ORAL	BOSUTINIB	TABS	BOSUTINIB TAB 100 MG	Covered
ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 100 MG	Covered
ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 400 MG	Covered
ONCOLOGY - ORAL	BOSUTINIB	TABS	BOSUTINIB TAB 400 MG	Covered
ONCOLOGY - ORAL	BOSUTINIB	TABS	BOSUTINIB TAB 500 MG	Covered

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ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 500 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 20 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 50 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 70 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 80 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 100 MG	Covered
ONCOLOGY - ORAL	DASATINIB	TABS	DASATINIB TAB 140 MG	Covered
ONCOLOGY - ORAL	IMATINIB MES	TABS	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	IMATINIB MES	TABS	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	CAVHANZA	TBDP	NILOTINIB TAB DISINT 60 MG	Covered
ONCOLOGY - ORAL	CAVHANZA	TBDP	NILOTINIB TAB DISINT 80 MG	Covered
ONCOLOGY - ORAL	NILOTINB HCL	CAPS	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	NILOTINB HCL	CAPS	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	NILOTINB HCL	CAPS	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	TAFINLAR	CAPS	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	TAFINLAR	CAPS	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	TAFINLAR	TBSO	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	BRAFTOVI	CAPS	ENCORAFENIB CAP 75 MG	Covered
ONCOLOGY - ORAL	ZELBORAF	TABS	VEMURAFENIB TAB 240 MG	Covered
ONCOLOGY - ORAL	IMBRUVICA	CAPS	IBRUTINIB CAP 70 MG	Covered
ONCOLOGY - ORAL	IMBRUVICA	CAPS	IBRUTINIB CAP 140 MG	Covered
ONCOLOGY - ORAL	IMBRUVICA	TABS	IBRUTINIB TAB 420 MG	Covered
ONCOLOGY - ORAL	IMBRUVICA	SUSP	IBRUTINIB ORAL SUSP 70 MG/ML	Covered
ONCOLOGY - ORAL	LUMAKRAS	TABS	SOTORASIB TAB 120 MG	Covered
ONCOLOGY - ORAL	LUMAKRAS	TABS	SOTORASIB TAB 240 MG	Covered
ONCOLOGY - ORAL	LUMAKRAS	TABS	SOTORASIB TAB 320 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 2.5 MG	Covered
ONCOLOGY - ORAL	TORPENZ	TABS	EVEROLIMUS TAB 2.5 MG	Covered
ONCOLOGY - ORAL	YULITHIRA	TABS	EVEROLIMUS TAB 2.5 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 5 MG	Covered
ONCOLOGY - ORAL	YULITHIRA	TABS	EVEROLIMUS TAB 5 MG	Covered
ONCOLOGY - ORAL	TORPENZ	TABS	EVEROLIMUS TAB 5 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 7.5 MG	Covered
ONCOLOGY - ORAL	TORPENZ	TABS	EVEROLIMUS TAB 7.5 MG	Covered
ONCOLOGY - ORAL	YULITHIRA	TABS	EVEROLIMUS TAB 7.5 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 10 MG	Covered
ONCOLOGY - ORAL	TORPENZ	TABS	EVEROLIMUS TAB 10 MG	Covered
ONCOLOGY - ORAL	YULITHIRA	TABS	EVEROLIMUS TAB 10 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Covered
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Covered
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	Covered

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	Covered
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	Covered
ONCOLOGY - ORAL	LAPATINIB	TABS	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	RYDAPT	CAPS	MIDOSTAURIN CAP 25 MG	Covered
ONCOLOGY - ORAL	NERLYNX	TABS	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	PAZOPANIB	TABS	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	PAZOPANIB	TABS	PAZOPANIB HCL TAB 400 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	STIVARGA	TABS	REGORAFENIB TAB 40 MG	Covered
ONCOLOGY - ORAL	SORAFENIB	TABS	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	MEKTOVI	TABS	BINIMETINIB TAB 15 MG	Covered
ONCOLOGY - ORAL	COTELLIC	TABS	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	MEKINIST	TABS	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	MEKINIST	TABS	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	MEKINIST	SOLR	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	Covered
ONCOLOGY - ORAL	TABRECTA	TABS	CAPMATINIB HCL TAB 150 MG	Covered
ONCOLOGY - ORAL	TABRECTA	TABS	CAPMATINIB HCL TAB 200 MG	Covered
ONCOLOGY - ORAL	ROZLYTREK	CAPS	ENTRECTINIB CAP 100 MG	Covered
ONCOLOGY - ORAL	ROZLYTREK	CAPS	ENTRECTINIB CAP 200 MG	Covered
ONCOLOGY - ORAL	ROZLYTREK	PACK	ENTRECTINIB PELLET PACK 50 MG	Covered
ONCOLOGY - ORAL	IDHIFA	TABS	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	IDHIFA	TABS	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	LYNPARZA	TABS	OLAPARIB TAB 100 MG	Covered
ONCOLOGY - ORAL	LYNPARZA	TABS	OLAPARIB TAB 150 MG	Covered
ONCOLOGY - ORAL	RETEVMO	TABS	SELPERCATINIB TAB 40 MG	Covered
ONCOLOGY - ORAL	RETEVMO	TABS	SELPERCATINIB TAB 80 MG	Covered
ONCOLOGY - ORAL	RETEVMO	TABS	SELPERCATINIB TAB 120 MG	Covered
ONCOLOGY - ORAL	RETEVMO	TABS	SELPERCATINIB TAB 160 MG	Covered
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	INREBIC	CAPS	FEDRATINIB HCL CAP 100 MG	Covered
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI XR	TB24	RUXOLITINIB PHOSPHATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI XR	TB24	RUXOLITINIB PHOSPHATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Covered

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ONCOLOGY - ORAL	JAKAFI XR	TB24	RUXOLITINIB PHOSPHATE TAB ER 24HR 33 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI XR	TB24	RUXOLITINIB PHOSPHATE TAB ER 24HR 44 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	JAKAFI XR	TB24	RUXOLITINIB PHOSPHATE TAB ER 24HR 55 MG (BASE EQUIVALENT)	Covered
ONCOLOGY - ORAL	COPIKTRA	CAPS	DUVELISIB CAP 15 MG	Covered
ONCOLOGY - ORAL	COPIKTRA	CAPS	DUVELISIB CAP 25 MG	Covered
ONCOLOGY - ORAL	ZYDELIG	TABS	IDELALISIB TAB 100 MG	Covered
ONCOLOGY - ORAL	ZYDELIG	TABS	IDELALISIB TAB 150 MG	Covered
ONCOLOGY - ORAL	ITOVEBI	TABS	INAVOLISIB TAB 3 MG	Covered
ONCOLOGY - ORAL	ITOVEBI	TABS	INAVOLISIB TAB 9 MG	Covered
ONCOLOGY - ORAL	HYCAMTIN	CAPS	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	HYCAMTIN	CAPS	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Covered
ONCOLOGY - ORAL	TRETINOIN	CAPS	TRETINOIN CAP 10 MG	Covered
ONCOLOGY - ORAL	BEXAROTENE	CAPS	BEXAROTENE CAP 75 MG	Covered
ONCOLOGY - ORAL	MESNEX	TABS	MESNA TAB 400 MG	Covered
ONCOLOGY - ORAL	MESNA	TABS	MESNA TAB 400 MG	Covered
ONCOLOGY - ORAL	LONSURF	TABS	TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG	Covered
ONCOLOGY - ORAL	LONSURF	TABS	TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG	Covered
ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 50 MG	Covered
ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 100 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAPS 2.5 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAPS 2.5 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 5 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 5 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 10 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 10 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 15 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 15 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 20 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 20 MG	Covered
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 25 MG	Covered
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 25 MG	Covered
ONCOLOGY - ORAL	IRESSA	TABS	GEFITINIB TAB 250 MG	Excluded
ONCOLOGY - ORAL	ZYTIGA	TABS	ABIRATERONE ACETATE TAB 250 MG	Excluded
ONCOLOGY - ORAL	ZYTIGA	TABS	ABIRATERONE ACETATE TAB 500 MG	Excluded
ONCOLOGY - ORAL	YONSA	TABS	ABIRATERONE ACETATE MICRONIZED TAB 125 MG	Excluded
ONCOLOGY - ORAL	XALKORI	CAPS	CRIZOTINIB CAP 200 MG	Excluded
ONCOLOGY - ORAL	XALKORI	CAPS	CRIZOTINIB CAP 250 MG	Excluded
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 20 MG	Excluded
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 50 MG	Excluded
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 150 MG	Excluded
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 20 MG	Excluded
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 50 MG	Excluded
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 70 MG	Excluded
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 80 MG	Excluded
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 100 MG	Excluded

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ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 140 MG	Excluded
ONCOLOGY - ORAL	GLEEVEC	TABS	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	GLEEVEC	TABS	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	NILOTINB TAR	CAPS	NILOTINIB D-TARTRATE CAP 50 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	NILOTINB TAR	CAPS	NILOTINIB D-TARTRATE CAP 150 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	NILOTINB TAR	CAPS	NILOTINIB D-TARTRATE CAP 200 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	IMBRUVICA	TABS	IBRUTINIB TAB 140 MG	Excluded
ONCOLOGY - ORAL	IMBRUVICA	TABS	IBRUTINIB TAB 280 MG	Excluded
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 2.5 MG	Excluded
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 5 MG	Excluded
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 7.5 MG	Excluded
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 10 MG	Excluded
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Excluded
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Excluded
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Excluded
ONCOLOGY - ORAL	TYKERB	TABS	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Excluded
ONCOLOGY - ORAL	VOTRIENT	TABS	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	Excluded
ONCOLOGY - ORAL	NEXAVAR	TABS	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	Excluded
ONCOLOGY - ORAL	TARGRETIN	CAPS	BEXAROTENE CAP 75 MG	Excluded
ONCOLOGY - ORAL	INQOVI	TABS	DECITABINE-CEDAZURIDINE TAB 35-100 MG	Excluded
ONCOLOGY - TOPICAL	BEXAROTENE	GEL	BEXAROTENE GEL 1%	Covered
ONCOLOGY - TOPICAL	TARGRETIN	GEL	BEXAROTENE GEL 1%	Excluded
OPHTHALMIC AGENTS	SYFOVRE	SOLN	PEGCETACOPLAN INTRAVITREAL SOLN 15 MG/0.1ML (150 MG/ML)	Covered
OPHTHALMIC AGENTS	IZERVAY	SOLN	AVACINCAPTAD PEGOL INTRAVITREAL SOLN 2 MG/0.1ML (20 MG/ML)	Covered
OPHTHALMIC AGENTS	VABYSMO	SOLN	FARICIMAB-SVOA INTRAVITREAL INJ 6 MG/0.05ML (120 MG/ML)	Covered
OPHTHALMIC AGENTS	VABYSMO	SOSY	FARICIMAB-SVOA INTRAVITREAL SOLN PREF SYR 6 MG/0.05ML	Covered
OPHTHALMIC AGENTS	EYLEA	SOLN	AFLIBERCEPT INTRAVITREAL INJ 2 MG/0.05ML (40 MG/ML)	Covered
OPHTHALMIC AGENTS	EYLEA HD	SOLN	AFLIBERCEPT INTRAVITREAL INJ 8 MG/0.07ML (114.3 MG/ML)	Covered
OPHTHALMIC AGENTS	EYLEA	SOSY	AFLIBERCEPT INTRAVITREAL SOLN PREF SYR 2 MG/0.05ML	Covered

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OPHTHALMIC AGENTS	SUSVIMO	SOLN	RANIBIZUMAB INTRAVITREAL (IMPLANT 1ST FILL) INJ 10 MG/0.1ML	Covered
OPHTHALMIC AGENTS	SUSVIMO	SOLN	RANIBIZUMAB INTRAVITREAL (IMPLANT REFILL) INJ 10 MG/0.1ML	Covered
OPHTHALMIC AGENTS	NUFYMCO	SOLN	RANIBIZUMAB-LEYK INTRAVITREAL INJ 0.3 MG/0.05ML (6 MG/ML)	Covered
OPHTHALMIC AGENTS	NUFYMCO	SOLN	RANIBIZUMAB-LEYK INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	Covered
OPHTHALMIC AGENTS	VISUDYNE	SOLR	VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)	Covered
OPHTHALMIC AGENTS	OZURDEX	IMPL	DEXAMETHASONE INTRAVITREAL IMPLANT 0.7 MG	Excluded
OPHTHALMIC AGENTS	YUTIQ	IMPL	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.18 MG	Excluded
OPHTHALMIC AGENTS	ILUVIEN	IMPL	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.19 MG	Excluded
OPHTHALMIC AGENTS	PAVBLU	SOLN	AFLIBERCEPT-AYYH INTRAVITREAL INJ 2 MG/0.05ML (40 MG/ML)	Excluded
OPHTHALMIC AGENTS	PAVBLU	SOSY	AFLIBERCEPT-AYYH INTRAVITREAL SOLN PREF SYR 2 MG/0.05ML	Excluded
OPHTHALMIC AGENTS	BEOVU	SOSY	BROLUCIZUMAB-DBLL INTRAVITREAL SOLN PREF SYRINGE 6 MG/0.05ML	Excluded
OPHTHALMIC AGENTS	LUCENTIS	SOSY	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.3 MG/0.05ML	Excluded
OPHTHALMIC AGENTS	LUCENTIS	SOSY	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.5 MG/0.05ML	Excluded
OPHTHALMIC AGENTS	BYOOVIZ	SOLN	RANIBIZUMAB-NUNA INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	Excluded
OPHTHALMIC AGENTS	SUSVIMO	IMPL	*OCULAR IMPLANT - INTRAVITREAL RESERVOIR**	Excluded
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 64 MG/0.18ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 96 MG/0.27ML	Covered
OPIOID ANTAGONISTS	SUBLOCADE	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 100 MG/0.5ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 128 MG/0.36ML	Covered
OPIOID ANTAGONISTS	SUBLOCADE	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 300 MG/1.5ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 8 MG/0.16ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 16 MG/0.32ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 24 MG/0.48ML	Covered
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 32 MG/0.64ML	Covered
OSTEOPOROSIS	TYMLOS	SOPN	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	Covered
OSTEOPOROSIS	TERIPARATIDE	SOPN	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Covered
OSTEOPOROSIS	BONSITY	SOPN	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Covered
OSTEOPOROSIS	STOBOCLO	SOSY	DENOSUMAB-BMWO INJ SOLN PREFILLED SYRINGE 60 MG/ML	Covered
OSTEOPOROSIS	BILDYOS	SOSY	DENOSUMAB-NXXP INJ SOLN PREFILLED SYRINGE 60 MG/ML	Covered
OSTEOPOROSIS	ENOBY	SOSY	DENOSUMAB-QBDE INJ SOLN PREFILLED SYRINGE 60 MG/ML	Covered
OSTEOPOROSIS	EVENITY	SOSY	ROMOSOZUMAB-AQQG INJ SOLN PREFILLED SYRINGE 105 MG/1.17ML	Covered
OSTEOPOROSIS	FORTEO	SOPN	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Excluded
OSTEOPOROSIS	PROLIA	SOSY	DENOSUMAB INJ SOLN PREFILLED SYRINGE 60 MG/ML	Excluded
OSTEOPOROSIS	JUBBONTI	SOSY	DENOSUMAB-BBDZ INJ SOLN PREFILLED SYRINGE 60 MG/ML	Excluded
OSTEOPOROSIS	CONEXXENCE	SOSY	DENOSUMAB-BNHT INJ SOLN PREFILLED SYRINGE 60 MG/ML	Excluded
OSTEOPOROSIS	OSVYRTI	SOSY	DENOSUMAB-DESU INJ SOLN PREFILLED SYRINGE 60 MG/ML	Excluded
OSTEOPOROSIS	BOSAYA	SOSY	DENOSUMAB-KYQQ INJ SOLN PREFILLED SYRINGE 60 MG/ML	Excluded
PARKINSON'S DISEASE	APOMORPHINE	SOCT	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	Covered
PARKINSON'S DISEASE	APOKYN	SOCT	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	Excluded
PULMONARY FIBROSIS	PIRFENIDONE	CAPS	PIRFENIDONE CAP 267 MG	Covered
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 267 MG	Covered
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 534 MG	Covered
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 801 MG	Covered
PULMONARY FIBROSIS	NINTEDANIB	CAPS	NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	Covered
PULMONARY FIBROSIS	OFEV	CAPS	NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	Covered

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PULMONARY FIBROSIS	NINTEDANIB	CAPS	NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	Covered
PULMONARY FIBROSIS	OFEV	CAPS	NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	Covered
PULMONARY FIBROSIS	ESBRIET	TABS	PIRFENIDONE TAB 267 MG	Excluded
PULMONARY FIBROSIS	ESBRIET	TABS	PIRFENIDONE TAB 801 MG	Excluded
PULMONARY FIBROSIS	JASCAYD	TABS	NERANDOMILAST TAB 9 MG	Excluded
PULMONARY FIBROSIS	JASCAYD	TABS	NERANDOMILAST TAB 18 MG	Excluded
PULMONARY HYPERTENSION	SILDENAFIL	TABS	SILDENAFIL CITRATE TAB 20 MG	Covered
PULMONARY HYPERTENSION	SILDENAFIL	SUSR	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Covered
PULMONARY HYPERTENSION	SILDENAFIL	SOLN	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT)	Covered
PULMONARY HYPERTENSION	TADALAFIL	TABS	TADALAFIL TAB 20 MG (PAH)	Covered
PULMONARY HYPERTENSION	ALYQ	TABS	TADALAFIL TAB 20 MG (PAH)	Covered
PULMONARY HYPERTENSION	AMBRISENTAN	TABS	AMBRISENTAN TAB 5 MG	Covered
PULMONARY HYPERTENSION	AMBRISENTAN	TABS	AMBRISENTAN TAB 10 MG	Covered
PULMONARY HYPERTENSION	BOSENTAN	TABS	BOSENTAN TAB 62.5 MG	Covered
PULMONARY HYPERTENSION	BOSENTAN	TABS	BOSENTAN TAB 125 MG	Covered
PULMONARY HYPERTENSION	BOSENTAN	TBSO	BOSENTAN TAB FOR ORAL SUSP 32 MG	Covered
PULMONARY HYPERTENSION	MACITENTAN	TABS	MACITENTAN TAB 10 MG	Covered
PULMONARY HYPERTENSION	REVATIO	TABS	SILDENAFIL CITRATE TAB 20 MG	Excluded
PULMONARY HYPERTENSION	REVATIO	SOLN	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT)	Excluded
PULMONARY HYPERTENSION	ADCIRCA	TABS	TADALAFIL TAB 20 MG (PAH)	Excluded
PULMONARY HYPERTENSION	TADLIQ	SUSP	TADALAFIL ORAL SUSP 20 MG/5ML (PAH)	Excluded
PULMONARY HYPERTENSION	LETAIRIS	TABS	AMBRISENTAN TAB 5 MG	Excluded
PULMONARY HYPERTENSION	LETAIRIS	TABS	AMBRISENTAN TAB 10 MG	Excluded
PULMONARY HYPERTENSION	TRACLEER	TABS	BOSENTAN TAB 62.5 MG	Excluded
PULMONARY HYPERTENSION	TRACLEER	TABS	BOSENTAN TAB 125 MG	Excluded
PULMONARY HYPERTENSION	TRACLEER	TBSO	BOSENTAN TAB FOR ORAL SUSP 32 MG	Excluded
SUBSTANCE ABUSE TREATMENT	VIVITROL	SUSR	NALTREXONE FOR IM EXTENDED RELEASE SUSP 380 MG	Covered