

## SPECIALTY DRUG LIST

Effective Date: 04/01/2025

Revised Date: 04/09/2025

| 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                                   |
| ANEMIA              | REBLOZYL  | SOLR        | LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 25 MG          | Covered                                    |
| ANEMIA              | REBLOZYL  | SOLR        | LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 75 MG          | Covered                                    |
| 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-INFECTIVE      | PREVMIS   | TABS        | LETERMOVIR TAB 240 MG                                 | Covered                                    |
| ANTI-INFECTIVE      | PREVMIS   | TABS        | LETERMOVIR TAB 480 MG                                 | Covered                                    |
| ANTI-INFECTIVE      | PREVMIS   | SOLN        | LETERMOVIR IV SOLN 240 MG/12ML                        | Covered                                    |
| ANTI-INFECTIVE      | PREVMIS   | SOLN        | LETERMOVIR IV SOLN 480 MG/24ML                        | Covered                                    |
| ANTI-INFECTIVE      | PREVMIS   | PACK        | LETERMOVIR PELLETT PACK 20 MG                         | Excluded                                   |

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| ANTI-INFECTIVE                | PREVMIS      | PACK        | LETERMOVIR PELLETT PACK 120 MG                               | Excluded                                   |
| 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        | TEZPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML     | Covered                                    |
| ASTHMA                        | TEZSPIRE     | SOSY        | TEZPELUMAB-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                | VYNDAMAX     | CAPS        | TAFAMIDIS CAP 61 MG  | Covered                                    |
| CARDIOVASCULAR                | VYNDAQEL     | CAPS        | TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG                      | Covered                                    |
| CARDIOVASCULAR                | CAMZYOS      | CAPS        | MAVACAMTEN CAP 2.5 MG  | Excluded                                   |
| CARDIOVASCULAR                | CAMZYOS      | CAPS        | MAVACAMTEN CAP 5 MG  | Excluded                                   |
| CARDIOVASCULAR                | CAMZYOS      | CAPS        | MAVACAMTEN CAP 10 MG   | Excluded                                   |
| CARDIOVASCULAR                | CAMZYOS      | CAPS        | MAVACAMTEN CAP 15 MG   | Excluded                                   |
| 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                                    |
| 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                                    |

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| CENTRAL NERVOUS SYSTEM AGENTS | INGREZZA     | CPSP        | VALBENZAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)     | Covered                                    |
| CENTRAL NERVOUS SYSTEM AGENTS | INGREZZA     | CPSP        | VALBENZAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)     | Covered                                    |
| CENTRAL NERVOUS SYSTEM AGENTS | INGREZZA     | CPSP        | VALBENZAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)     | Covered                                    |
| CENTRAL NERVOUS SYSTEM AGENTS | INGREZZA     | CPPK        | VALBENZAZINE 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 | 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 | RADICAVA     | SOLN        | EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)                         | Covered                                    |
| CENTRAL NERVOUS SYSTEM AGENTS | EDARAVONE    | SOLN        | EDARAVONE INJ 60 MG/100ML (0.6 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               | TOBI         | NEBU        | TOBRAMYCIN NEBU SOLN 300 MG/5ML                               | Excluded                                   |
| CYSTIC FIBROSIS               | KITABIS PAK  | NEBU        | TOBRAMYCIN NEBU SOLN 300 MG/5ML                               | Excluded                                   |
| CYSTIC FIBROSIS               | BETHKIS      | NEBU        | TOBRAMYCIN NEBU SOLN 300 MG/4ML                               | Excluded                                   |
| CYSTIC FIBROSIS               | ALYFTREK     | TABS        | VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 4-20-50 MG           | Excluded                                   |
| CYSTIC FIBROSIS               | ALYFTREK     | TABS        | VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 10-50-125 MG         | Excluded                                   |
| DERMATOLOGIC                  | LITFULO      | CAPS        | RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)                  | Covered                                    |

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| DUCHENNE MUSCULAR DYSTROPHY | DEFLAZACORT  | TABS        | DEFLAZACORT TAB 6 MG  | Excluded                                   |
| DUCHENNE MUSCULAR DYSTROPHY | DEFLAZACORT  | TABS        | DEFLAZACORT TAB 18 MG                                       | Excluded                                   |
| DUCHENNE MUSCULAR DYSTROPHY | DEFLAZACORT  | TABS        | DEFLAZACORT TAB 30 MG                                       | Excluded                                   |
| DUCHENNE MUSCULAR DYSTROPHY | DEFLAZACORT  | TABS        | DEFLAZACORT TAB 36 MG                                       | Excluded                                   |
| 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                   | FENSOLVI     | KIT         | LEUPROLIDE ACET (6 MONTH) FOR INJ PEDIATRIC KIT 45 MG       | Covered                                    |
| ENDOCRINE                   | EGRIFTA SV   | SOLR        | TESAMORELIN ACETATE FOR INJ 2 MG (BASE EQUIV)               | 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                   | 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                                    |
| 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                                   |

| DRUG CLASS                | DRUG NAME              | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|---------------------------|------------------------|-------------|--|--|
| 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                 | SANDOSTATIN            | KIT         | OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG                      | Excluded                                   |
| ENDOCRINE                 | OCTREOTIDE             | 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                 | JYNARQUE               | TABS        | TOLVAPTAN TAB 15 MG  | Excluded                                   |
| ENDOCRINE                 | SAMSCA                 | TABS        | TOLVAPTAN TAB 15 MG  | Excluded                                   |
| ENDOCRINE                 | SAMSCA                 | TABS        | TOLVAPTAN TAB 30 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                 | VENExcludedExcludedIVA | TBEC        | TIOPRONIN TAB DELAYED RELEASE 100 MG                         | Excluded                                   |
| ENDOCRINE                 | VENExcludedExcludedIVA | TBEC        | TIOPRONIN TAB DELAYED RELEASE 300 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 PHENYL BUTYRATE TAB 500 MG                            | Covered                                    |
| ENZYME THERAPY            | PHENYL BUTYRA          | POWD        | SODIUM PHENYL BUTYRATE 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            | CERDELGA               | CAPS        | ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)              | Covered                                    |
| ENZYME THERAPY            | BUPHENYL               | TABS        | SODIUM PHENYL BUTYRATE TAB 500 MG                            | Excluded                                   |
| ENZYME THERAPY            | BUPHENYL               | POWD        | SODIUM PHENYL BUTYRATE ORAL POWDER 3 GM/TEASPOONFUL          | Excluded                                   |
| GASTROINTESTINAL AGENTS   | OCALIVA                | TABS        | OBETICHOIC ACID TAB 5 MG                                     | Covered                                    |
| GASTROINTESTINAL AGENTS   | OCALIVA                | TABS        | OBETICHOIC ACID TAB 10 MG                                    | Covered                                    |
| GASTROINTESTINAL AGENTS   | IQIRVO                 | TABS        | ELAFIBRANOR TAB 80 MG  | Covered                                    |
| GENETIC DISORDER          | VIJOICE                | PACK        | ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG                  | Covered                                    |
| GENETIC DISORDER          | VIJOICE                | TBPK        | ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE           | Covered                                    |
| GENETIC DISORDER          | VIJOICE                | TBPK        | ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE          | Covered                                    |
| GENETIC DISORDER          | VIJOICE                | TBPK        | ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS) | 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                                    |

| DRUG CLASS                | DRUG NAME   | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|---------------------------|-------------|-------------|--|--|
| 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 | NUTROPIN AQ | SOPN        | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/2ML                    | Covered                                    |
| GROWTH HORMONE DEFICIENCY | NORDITROPIN | SOPN        | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML                  | Covered                                    |
| GROWTH HORMONE DEFICIENCY | NUTROPIN AQ | SOPN        | SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/2ML                   | 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 | NUTROPIN AQ | SOPN        | SOMATROPIN SOLUTION PEN-INJECTOR 20 MG/2ML                   | Covered                                    |
| GROWTH HORMONE DEFICIENCY | NORDITROPIN | SOPN        | SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML                   | 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 | SOGROYA     | SOPN        | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML            | Excluded                                   |
| GROWTH HORMONE DEFICIENCY | SOGROYA     | SOPN        | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML           | Excluded                                   |
| GROWTH HORMONE DEFICIENCY | SOGROYA     | SOPN        | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML           | Excluded                                   |
| 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      | DOPTELET    | TABS        | AVATROMBOPAG MALEATE TAB 20 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      | PROMACTA    | TABS        | ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)                 | Covered                                    |
| HEMATOLOGICAL AGENTS      | PROMACTA    | TABS        | ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)                   | Covered                                    |
| HEMATOLOGICAL AGENTS      | PROMACTA    | TABS        | ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)                   | Covered                                    |
| HEMATOLOGICAL AGENTS      | PROMACTA    | TABS        | ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)                   | Covered                                    |
| HEMATOLOGICAL AGENTS      | PROMACTA    | PACK        | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)  | Covered                                    |

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|----------------------|--------------|-------------|---|--|
| HEMATOLOGICAL AGENTS | PROMACTA     | 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 | MOZOBIL      | 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 | SOLIRIS      | SOLN        | ECULIZUMAB 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 | PANHEMATIN   | SOLR        | HEMIN FOR INJ 350 MG  | Excluded                                   |
| HEMATOLOGICAL AGENTS | THROMBAT III | SOLR        | ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT                     | Excluded                                   |
| HEMATOLOGICAL AGENTS | BKEMV        | SOLN        | ECULIZUMAB-AEEB IV SOLN 300 MG/30ML (10 MG/ML)(FOR INFUSION)  | Excluded                                   |
| HEMATOLOGICAL AGENTS | EPYSQLI      | SOLN        | ECULIZUMAB-AAGH IV SOLN 300 MG/30ML (10 MG/ML)(FOR INFUSION)  | Excluded                                   |
| HEMOPHILIA - INFUSED | HEMOPIL M    | SOLR        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT                | Covered                                    |
| HEMOPHILIA - INFUSED | KOATE        | SOLR        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT                | Covered                                    |
| HEMOPHILIA - INFUSED | HEMOPIL M    | SOLR        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT                | Covered                                    |
| HEMOPHILIA - INFUSED | KOATE        | SOLR        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT                | Covered                                    |
| HEMOPHILIA - INFUSED | HEMOPIL 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 | HEMOPIL 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                                    |
| 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 | KOGENATE FS  | KIT         | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT    | Covered                                    |
| HEMOPHILIA - INFUSED | KOGENATE FS  | KIT         | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT    | Covered                                    |
| HEMOPHILIA - INFUSED | KOGENATE FS  | KIT         | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT   | Covered                                    |
| HEMOPHILIA - INFUSED | KOGENATE FS  | KIT         | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT   | Covered                                    |
| HEMOPHILIA - INFUSED | KOGENATE FS  | KIT         | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 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                                    |



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|----------------------|--------------|-------------|--|--|
| 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 | KOVALTRY     | SOLR        | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 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 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 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 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-RFVIIIIFC) FOR INJ 250 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 500 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 750 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 1000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 1500 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 2000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 3000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 4000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 5000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ELOCTATE     | SOLR        | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIFC) FOR INJ 6000 UNIT | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | SOLR        | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT   | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | SOLR        | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT   | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | SOLR        | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | SOLR        | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | SOLR        | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT  | Covered                                    |
| HEMOPHILIA - INFUSED | ALTUVIII0    | 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                                    |



| DRUG CLASS           | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|----------------------|--------------|-------------|--|--|
| 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                                    |
| 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                                    |

| DRUG CLASS           | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|----------------------|--------------|-------------|--|--|
| 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 | IXINITY      | SOLR        | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT         | Covered                                    |
| HEMOPHILIA - INFUSED | IXINITY      | SOLR        | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 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 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 | IXINITY      | SOLR        | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT        | Covered                                    |
| HEMOPHILIA - INFUSED | RIXUBIS      | SOLR        | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT        | Covered                                    |
| HEMOPHILIA - INFUSED | IXINITY      | SOLR        | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT        | Covered                                    |
| HEMOPHILIA - INFUSED | RIXUBIS      | 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                                    |
| 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                                   |

| DRUG CLASS              | DRUG NAME    | DOSAGE FORM | GENERIC NAME  | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-------------------------|--------------|-------------|---|--|
| HEMOPHILIA - INFUSED    | SEVENFACT    | SOLR        | COAGULATION FACTOR VIIIA (RECOM)-JNCW FOR INJ 5 MG (5000 MCG) | Excluded                                   |
| 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 | ALHEMO       | SOPN        | CONCIZUMAB-MTCI SOLN PEN-INJECTOR 60MG/1.5ML (40 MG/ML)       | Excluded                                   |
| HEMOPHILIA - INJECTABLE | ALHEMO       | SOPN        | CONCIZUMAB-MTCI SOLN PEN-INJECTOR 150MG/1.5ML (100 MG/ML)     | Excluded                                   |
| HEMOPHILIA - INJECTABLE | ALHEMO       | SOPN        | CONCIZUMAB-MTCI SOLN PEN-INJECTOR 300MG/3ML (100 MG/ML)       | Excluded                                   |
| HEMOPHILIA - INJECTABLE | HYMPAVZI     | SOAJ        | MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML         | Excluded                                   |
| 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 PELLETT PACK 150 MG                                | Covered                                    |
| HEPATITIS C             | SOVALDI      | PACK        | SOFOSBUVIR PELLETT PACK 200 MG                                | Covered                                    |
| HEPATITIS C             | ZEPATIER     | TABS        | ELBASVIR-GRAZOPREXIVIR TAB 50-100 MG                          | Covered                                    |
| HEPATITIS C             | MAVYRET      | TABS        | GLECAPREXIVIR-PIBRENTASVIR TAB 100-40 MG                      | Covered                                    |
| HEPATITIS C             | MAVYRET      | PACK        | GLECAPREXIVIR-PIBRENTASVIR PELLETT 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 PELLETT PACK 33.75-150 MG               | Covered                                    |
| HEPATITIS C             | HARVONI      | PACK        | LEDIPASVIR-SOFOSBUVIR PELLETT 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 PELLETT PACK 150-37.5 MG               | Covered                                    |
| HEPATITIS C             | EPCLUSA      | PACK        | SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG                 | Covered                                    |
| HEPATITIS C             | VOSEVI       | TABS        | SOFOSBUVIR-VELPATASVIR-VOXILAPREXIVIR 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                                   |
| 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   | TAKHZYRO     | SOLN        | LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)                   | 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                                   |
| IMMUNE GLOBULIN         | GAMASTAN     | INJ         | IMMUNE GLOBULIN (HUMAN) IM INJ                                | 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         | FLEBOGAMMA   | SOLN        | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML                    | Covered                                    |

| DRUG CLASS      | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-----------------|--------------|-------------|--|--|
| IMMUNE GLOBULIN | OCTAGAM      | SOLN        | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML                   | 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 10 GM/200ML                  | Covered                                    |
| IMMUNE GLOBULIN | GAMMAPLEX    | SOLN        | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML                  | Covered                                    |
| IMMUNE GLOBULIN | FLEBOGAMMA   | 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 | BIVIGAM      | 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 | 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 | CUVITRU      | SOLN        | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML            | Covered                                    |
| IMMUNE GLOBULIN | HIZENTRA     | SOLN        | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML            | Covered                                    |
| IMMUNE GLOBULIN | HIZENTRA     | SOLN        | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML           | Covered                                    |
| IMMUNE GLOBULIN | CUVITRU      | SOLN        | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML           | Covered                                    |
| IMMUNE GLOBULIN | CUVITRU      | SOLN        | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML           | Covered                                    |
| IMMUNE GLOBULIN | HIZENTRA     | 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                                    |
| 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 | GAMUNEX-C    | SOLN        | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML    | 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 | GAMMAKED     | 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                                    |

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|----------------------|--------------|-------------|--|--|
| IMMUNE GLOBULIN      | GAMUNEX-C    | SOLN        | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML  | Covered                                    |
| IMMUNE GLOBULIN      | GAMMAKED     | 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      | GAMMAGARD    | 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)-HIPPCUTANEOUS INJ 1 GM/6ML           | Covered                                    |
| IMMUNE GLOBULIN      | CUTAQUIG     | SOLN        | IMMUNE GLOBULIN (HUMAN)-HIPPCUTANEOUS INJ 1.65 GM/10ML       | Covered                                    |
| IMMUNE GLOBULIN      | CUTAQUIG     | SOLN        | IMMUNE GLOBULIN (HUMAN)-HIPPCUTANEOUS INJ 2 GM/12ML          | Covered                                    |
| IMMUNE GLOBULIN      | CUTAQUIG     | SOLN        | IMMUNE GLOBULIN (HUMAN)-HIPPCUTANEOUS INJ 3.3 GM/20ML        | Covered                                    |
| IMMUNE GLOBULIN      | CUTAQUIG     | SOLN        | IMMUNE GLOBULIN (HUMAN)-HIPPCUTANEOUS INJ 4 GM/24ML          | Covered                                    |
| IMMUNE GLOBULIN      | CUTAQUIG     | SOLN        | IMMUNE GLOBULIN (HUMAN)-HIPPCUTANEOUS 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      | 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                                   |
| 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 | 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                                    |
| INFERTILITY          | NOVAREL      | SOLR        | CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT                  | Covered                                    |
| INFERTILITY          | PREGNYL      | SOLR        | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT                 | Covered                                    |
| INFERTILITY          | CHOR GONADOT | SOLR        | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT                 | Covered                                    |
| INFERTILITY          | OVIDREL      | SOSY        | CHORIONIC GONADOTROPIN 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                                    |

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|-------------------------|---------------|-------------|--|--|
| 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 RFF   | SOLR        | FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT                | Excluded                                   |
| INFERTILITY             | GONAL-F       | SOLR        | FOLLITROPIN ALFA FOR INJ 450 UNIT                            | Excluded                                   |
| INFERTILITY             | GONAL-F       | SOLR        | FOLLITROPIN ALFA FOR INJ 1050 UNIT                           | Excluded                                   |
| INFERTILITY             | GONAL-F RFF   | SOPN        | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.5ML    | Excluded                                   |
| INFERTILITY             | GONAL-F RFF   | SOPN        | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.75ML   | Excluded                                   |
| INFERTILITY             | GONAL-F RFF   | SOPN        | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.5ML    | 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 CROH  | SOAJ        | GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML                     | Covered                                    |
| INFLAMMATORY CONDITIONS | TREMFYA       | SOSY        | GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML                 | Covered                                    |
| 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 100 MG/ML   | 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 100 MG/ML  | 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 | STELARA       | SOLN        | USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)  | Covered                                    |
| INFLAMMATORY CONDITIONS | WEZLANA       | SOLN        | USTEKINUMAB-AUUB 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 | 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 | ADALIMU-ADBIM | AJKT        | ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.4ML               | Covered                                    |
| INFLAMMATORY CONDITIONS | ADALIMU-ADBIM | AJKT        | ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML               | Covered                                    |
| INFLAMMATORY CONDITIONS | ADALIMU-ADBIM | PSKT        | ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 10 MG/0.2ML           | Covered                                    |
| INFLAMMATORY CONDITIONS | ADALIMU-ADBIM | PSKT        | ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 20 MG/0.4ML           | Covered                                    |
| INFLAMMATORY CONDITIONS | ADALIMU-ADBIM | PSKT        | ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 40 MG/0.4ML           | Covered                                    |



| DRUG CLASS              | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
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| INFLAMMATORY CONDITIONS | ADALIMU-ADBM | PSKT        | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML            | Covered                                    |
| INFLAMMATORY CONDITIONS | AMJEVITA     | SOAJ        | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML               | Covered                                    |
| INFLAMMATORY CONDITIONS | AMJEVITA     | SOAJ        | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML               | Covered                                    |
| INFLAMMATORY CONDITIONS | AMJEVITA     | SOSY        | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML           | Covered                                    |
| INFLAMMATORY CONDITIONS | AMJEVITA     | SOSY        | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML           | 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     | 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 | SIMLANDI     | PSKT        | ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 80 MG/0.8ML            | 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 150 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                                    |
| INFLAMMATORY CONDITIONS | ACTEMRA      | SOSY        | TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 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 | XELJANZ      | TABS        | TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)               | Covered                                    |
| INFLAMMATORY CONDITIONS | XELJANZ      | TABS        | TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)              | Covered                                    |
| INFLAMMATORY CONDITIONS | XELJANZ      | SOLN        | TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (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 | 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                                    |

| DRUG CLASS              | DRUG NAME         | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-------------------------|-------------------|-------------|--|--|
| 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            | 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 | 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           | SOAJ        | GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML                      | Covered                                    |
| INFLAMMATORY CONDITIONS | TREMFYA           | SOSY        | GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML                  | 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 150 MG/ML           | Covered                                    |
| INFLAMMATORY CONDITIONS | ILUMYA            | SOSY        | TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 MG/ML  | Covered                                    |
| INFLAMMATORY CONDITIONS | STELARA           | SOLN        | USTEKINUMAB INJ 45 MG/0.5ML                                  | Covered                                    |
| INFLAMMATORY CONDITIONS | STELARA           | SOSY        | USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML               | Covered                                    |
| INFLAMMATORY CONDITIONS | STELARA           | SOSY        | USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML                  | Covered                                    |
| INFLAMMATORY CONDITIONS | WEZLANA           | SOLN        | USTEKINUMAB-AUUB INJ 45 MG/0.5ML                             | Covered                                    |
| INFLAMMATORY CONDITIONS | WEZLANA           | SOSY        | USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML          | Covered                                    |
| INFLAMMATORY CONDITIONS | WEZLANA           | SOSY        | USTEKINUMAB-AUUB 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 | SELARSDI          | SOLN        | USTEKINUMAB-AEKN 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 | USTEKINUMAB       | 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 | YESINTEK          | SOLN        | USTEKINUMAB-KFCE 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 | INFLIExcludedIMAB | SOLR        | INFLIExcludedIMAB FOR IV INJ 100 MG                          | Excluded                                   |
| INFLAMMATORY CONDITIONS | REMICADE          | SOLR        | INFLIExcludedIMAB FOR IV INJ 100 MG                          | Excluded                                   |

| DRUG CLASS              | DRUG NAME       | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
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| INFLAMMATORY CONDITIONS | RENFLExcludedIS | SOLR        | INFLExcludedIMAB-ABDA FOR IV INJ 100 MG                      | Excluded                                   |
| INFLAMMATORY CONDITIONS | ZYMFENTRA       | AJKT        | INFLExcludedIMAB-DYYB SOLN AUTO-INJECTOR KIT 120 MG/ML       | Excluded                                   |
| INFLAMMATORY CONDITIONS | ZYMFENTRA       | PSKT        | INFLExcludedIMAB-DYYB SOLN PREFILLED SYRINGE KIT 120 MG/ML   | Excluded                                   |
| INFLAMMATORY CONDITIONS | AURANOFIN       | CAPS        | AURANOFIN CAP 3 MG   | 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                                   |
| 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    | 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 | YUFLYMA 2SYR    | 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         | SOAJ        | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.8ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | HYRIMOZ         | SOAJ        | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | HYRIMOZ-CROH    | SOAJ        | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | HYRIMOZ SENS    | 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         | SOSY        | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.8ML           | 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 PSOR    | AJKT        | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML                | Excluded                                   |
| INFLAMMATORY CONDITIONS | CYLTEZO         | AJKT        | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML                | Excluded                                   |
| INFLAMMATORY CONDITIONS | CYLTEZO         | AJKT        | ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML                | Excluded                                   |
| INFLAMMATORY CONDITIONS | CYLTEZO         | PSKT        | ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML            | Excluded                                   |

| DRUG CLASS              | DRUG NAME           | DOSAGE FORM | GENERIC NAME  | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-------------------------|---------------------|-------------|---|--|
| INFLAMMATORY CONDITIONS | CYLTEZO             | 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 | 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/0.8ML              | 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/0.4ML          | 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                                   |
| 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 | HADLIMA             | SOSY        | ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML          | Excluded                                   |
| INFLAMMATORY CONDITIONS | ADALIMU-FKJP        | AJKT        | ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | HULIO               | AJKT        | ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | ADALIMU-FKJP        | PSKT        | ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML           | 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 40 MG/0.8ML           | Excluded                                   |
| INFLAMMATORY CONDITIONS | HULIO               | 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 | SIMLANDI 1PN        | 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 | COSENTYExcluded     | SOLN        | SECUKINUMAB IV SOLN 125 MG/5ML                              | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded PEN | SOAJ        | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML       | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded PEN | SOAJ        | SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)   | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded UNO | SOAJ        | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML      | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded     | SOSY        | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded     | SOSY        | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML   | Excluded                                   |
| INFLAMMATORY CONDITIONS | COSENTYExcluded     | SOSY        | SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)   | 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 | USTEKINUMAB         | SOSY        | USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML         | Excluded                                   |
| INFLAMMATORY CONDITIONS | PYZCHIVA            | SOSY        | USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML         | Excluded                                   |
| INFLAMMATORY CONDITIONS | PYZCHIVA            | SOSY        | USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML            | Excluded                                   |

| DRUG CLASS              | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-------------------------|--------------|-------------|--|--|
| INFLAMMATORY CONDITIONS | USTEKINUMAB  | SOSY        | USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML             | 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 | YESINTEK     | SOLN        | USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML               | Excluded                                   |
| INFLAMMATORY CONDITIONS | YESINTEK     | SOSY        | USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML          | Excluded                                   |
| INFLAMMATORY CONDITIONS | YESINTEK     | SOSY        | USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML             | 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 | NEMLUVIO     | AUIJ        | NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG        | 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      | GLATOPA      | SOSY        | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML           | Covered                                    |
| MULTIPLE SCLEROSIS      | GLATIRAMER   | SOSY        | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML           | Covered                                    |
| MULTIPLE SCLEROSIS      | COPAXONE     | 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      | 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      | MAVENCLAD    | TBPK        | CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)                   | Covered                                    |
| MULTIPLE SCLEROSIS      | MAVENCLAD    | TBPK        | CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)                   | Covered                                    |
| MULTIPLE SCLEROSIS      | MAVENCLAD    | TBPK        | CLADRIBINE TAB THERAPY PACK 10 MG (9 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                                    |
| 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      | 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-XIIV 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                                    |

| DRUG CLASS                | DRUG NAME       | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|---------------------------|-----------------|-------------|--|--|
| 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        | COPAExcludedONE | SOSY        | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 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 6Excluded8.8 MCG/0.2ML & 6Excluded22 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 6Excluded8.8 MCG/0.2ML & 6Excluded22 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                                   |
| 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    | VYVGART         | SOLN        | EFGARTIGIMOD ALF-HYALURONIDASE-QVFC SOL 180-2000 MG-UNIT/ML                | Covered                                    |
| 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        | SOSY        | PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML                            | Covered                                    |
| NEUTROPENIA               | NEULASTA        | PSKT        | PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 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                                    |



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|-----------------------|------------------|-------------|--|--|
| NEUTROPENIA           | ROLVEDON         | SOSY        | EFLAPEGRASTIM-ExcludedNST 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           | GRANIExcluded    | SOLN        | TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML                     | Excluded                                   |
| NEUTROPENIA           | GRANIExcluded    | SOLN        | TBO-FILGRASTIM SUBCUTANEOUS INJ 480 MCG/1.6ML (300 MCG/ML)     | Excluded                                   |
| NEUTROPENIA           | GRANIExcluded    | SOSY        | TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML            | Excluded                                   |
| NEUTROPENIA           | GRANIExcluded    | 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           | ZIEExcludedTENZO | 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                                   |
| 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 | BUSULFAN         | SOLN        | BUSULFAN INJ 6 MG/ML   | Covered                                    |
| ONCOLOGY - INJECTABLE | BUSULFEX         | SOLN        | BUSULFAN INJ 6 MG/ML   | Covered                                    |
| ONCOLOGY - INJECTABLE | CARBOPLATIN      | SOLN        | CARBOPLATIN IV SOLN 50 MG/5ML                                  | Covered                                    |
| 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 | PARAPLATIN       | SOLN        | CARBOPLATIN IV SOLN 1000 MG/100ML                              | 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 | TEPADINA         | SOLR        | THIOTEPA FOR INJ 15 MG   | Covered                                    |
| ONCOLOGY - INJECTABLE | THIOTEPA         | SOLR        | THIOTEPA FOR INJ 100 MG  | Covered                                    |
| ONCOLOGY - INJECTABLE | TEPADINA         | 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 | CYCLOPHOSPH      | SOLN        | CYCLOPHOSPHAMIDE IV SOLN 1 GM/2ML (500 MG/ML)                  | Covered                                    |
| ONCOLOGY - INJECTABLE | CYCLOPHOSPH      | SOLN        | CYCLOPHOSPHAMIDE IV SOLN 2 GM/4ML (500 MG/ML)                  | Covered                                    |

| DRUG CLASS            | DRUG NAME    | DOSAGE FORM | GENERIC NAME   | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-----------------------|--------------|-------------|--|--|
| 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                                    |
| 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 | DOXORUBICIN  | SUSP        | DOXORUBICIN HCL LIPOSOMAL SUSP (FOR IV INFUSION) 2 MG/ML | Covered                                    |
| ONCOLOGY - INJECTABLE | DOXIL        | SUSP        | DOXORUBICIN HCL LIPOSOMAL SUSP (FOR IV INFUSION) 2 MG/ML | Covered                                    |
| ONCOLOGY - INJECTABLE | ELLECE       | SOLN        | EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)              | Covered                                    |
| ONCOLOGY - INJECTABLE | ELLECE       | 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                                    |

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| 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 | VALRUBICIN   | SOLN        | VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML    | Covered                                    |
| ONCOLOGY - INJECTABLE | VALSTAR      | 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 | 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                                    |
| 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  | SOLN        | GEMCITABINE HCL INJ 200 MG/2ML (100 MG/ML) (BASE EQUIV)   | Covered                                    |
| ONCOLOGY - INJECTABLE | GEMCITABINE  | SOLN        | GEMCITABINE HCL INJ 1 GM/10ML (100 MG/ML) (BASE EQUIV)    | Covered                                    |
| ONCOLOGY - INJECTABLE | GEMCITABINE  | SOLN        | GEMCITABINE HCL INJ 1.5 GM/15ML (100 MG/ML) (BASE EQUIV)  | Covered                                    |
| ONCOLOGY - INJECTABLE | GEMCITABINE  | SOLN        | GEMCITABINE HCL INJ 2 GM/20ML (100 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 | ARRANON      | SOLN        | NELARABINE IV SOLN 5 MG/ML                                | Covered                                    |
| ONCOLOGY - INJECTABLE | NELARABINE   | 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 | ALIMTA       | 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 | ALIMTA       | 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                                    |

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|-----------------------|------------|-------------|---|--|
| ONCOLOGY - INJECTABLE | PEMETREXED | SOLR        | PEMETREXED DISODIUM FOR IV SOLN 1000 MG (BASE EQUIV)      | Covered                                    |
| ONCOLOGY - INJECTABLE | PEMETREXED | SOLR        | PEMETREXED DITROMETHAMINE FOR IV SOLN 100 MG (BASE EQUIV) | Covered                                    |
| ONCOLOGY - INJECTABLE | PEMETREXED | SOLR        | PEMETREXED DITROMETHAMINE FOR IV SOLN 500 MG (BASE EQUIV) | Covered                                    |
| ONCOLOGY - INJECTABLE | FOLOTYN    | SOLN        | PRALATREXATE IV INJ 20 MG/ML                              | 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 | ARZERRA    | CONC        | OFATUMUMAB CONC FOR IV INFUSION 100 MG/5ML                | Covered                                    |
| ONCOLOGY - INJECTABLE | ARZERRA    | CONC        | OFATUMUMAB CONC FOR IV INFUSION 1000 MG/50ML              | 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                                    |
| 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 | 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                                    |

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|-----------------------|--------------|-------------|--|--|
| 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 | FASLODEX     | SOSY        | FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML                     | Covered                                    |
| ONCOLOGY - INJECTABLE | FULVESTRANT  | 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                                    |
| ONCOLOGY - INJECTABLE | ELIGARD      | KIT         | LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG           | Covered                                    |
| ONCOLOGY - INJECTABLE | LUTRATE DEPO | INJ         | LEUPROLIDE ACETATE (3 MONTH) FOR INJ 22.5 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                                    |

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|-----------------------|--------------|-------------|--|--|
| 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 | 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 | ISTODAX      | SOLR        | ROMIDEPSIN FOR IV INJ 10 MG                                | Covered                                    |
| ONCOLOGY - INJECTABLE | ROMIDEPSIN   | 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                                    |
| 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      | INJ         | IRINOTECAN HCL LIPOSOME IV INJ 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 | 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                                    |



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|-----------------------|-------------------|-------------|---|--|
| ONCOLOGY - INJECTABLE | PROLEUKIN         | SOLR        | ALDESLEUKIN FOR IV SOLN 22000000 UNIT                         | Covered                                    |
| ONCOLOGY - INJECTABLE | ANKTIVA           | SOLN        | NOGAPENDEKIN ALFA INBAK-PMLN INTRAVESICAL SOLN 400 MCG/0.4ML  | 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 | 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 | 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 | XGEVA             | SOLN        | DENOSUMAB 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 | BELRAPZO          | SOLN        | BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)                | Excluded                                   |
| ONCOLOGY - INJECTABLE | VIVIMUSTA         | 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 | GRAFAPExcluded    | SOLR        | TREOSULFAN FOR INJ 1 GM                                       | Excluded                                   |
| ONCOLOGY - INJECTABLE | GRAFAPExcluded    | SOLR        | TREOSULFAN FOR INJ 5 GM                                       | 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 | PEMETREExcludedED | SOLR        | PEMETREExcludedED DIPOTASSIUM FOR IV SOLN 100 MG (BASE EQUIV) | Excluded                                   |
| ONCOLOGY - INJECTABLE | AExcludedTLE      | SOLR        | PEMETREExcludedED DIPOTASSIUM FOR IV SOLN 100 MG (BASE EQUIV) | Excluded                                   |
| ONCOLOGY - INJECTABLE | PEMETREExcludedED | SOLR        | PEMETREExcludedED DIPOTASSIUM FOR IV SOLN 500 MG (BASE EQUIV) | Excluded                                   |
| ONCOLOGY - INJECTABLE | AExcludedTLE      | SOLR        | PEMETREExcludedED DIPOTASSIUM FOR IV SOLN 500 MG (BASE EQUIV) | Excluded                                   |
| ONCOLOGY - INJECTABLE | TRUExcludedIMA    | SOLN        | RITUExcludedIMAB-ABBS IV SOLN 100 MG/10ML (10 MG/ML)          | Excluded                                   |
| ONCOLOGY - INJECTABLE | TRUExcludedIMA    | SOLN        | RITUExcludedIMAB-ABBS IV SOLN 500 MG/50ML (10 MG/ML)          | Excluded                                   |
| ONCOLOGY - INJECTABLE | RIABNI            | SOLN        | RITUExcludedIMAB-ARRExcluded IV SOLN 100 MG/10ML (10 MG/ML)   | Excluded                                   |
| ONCOLOGY - INJECTABLE | RIABNI            | SOLN        | RITUExcludedIMAB-ARRExcluded IV SOLN 500 MG/50ML (10 MG/ML)   | Excluded                                   |
| ONCOLOGY - INJECTABLE | BIZENGRI          | SOPK        | ZENOCUTUZUMAB-ZBCO IV SOLN PACK 375 MG/18.75ML (750 MG DOSE)  | Excluded                                   |

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|-----------------------|-----------------|-------------|--|--|
| ONCOLOGY - INJECTABLE | ELZONRIS        | SOLN        | TAGRAExcludedOFUSP-ERZS IV SOLN 1000 MCG/ML                  | Excluded                                   |
| ONCOLOGY - INJECTABLE | DARZALEExcluded | SOLN        | DARATUMUMAB-HYALURONIDASE-FIHJ INJ 1800-30000 MG-UNIT/15ML   | Excluded                                   |
| ONCOLOGY - INJECTABLE | OPDIVO          | SOLN        | NIVOLUMAB-HYALURONIDASE-NVHY INJ 600-10000 MG-UNIT/5ML       | Excluded                                   |
| ONCOLOGY - ORAL       | LEUKERAN        | TABS        | CHLORAMBUCIL TAB 2 MG  | Covered                                    |
| ONCOLOGY - ORAL       | GLEOSTINE       | CAPS        | LOMUSTINE CAP 10 MG  | Covered                                    |
| ONCOLOGY - ORAL       | GLEOSTINE       | CAPS        | LOMUSTINE CAP 40 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       | VIZIMPRO        | TABS        | DACOMITINIB TAB 15 MG  | Covered                                    |
| ONCOLOGY - ORAL       | VIZIMPRO        | TABS        | DACOMITINIB TAB 30 MG  | Covered                                    |
| ONCOLOGY - ORAL       | VIZIMPRO        | TABS        | DACOMITINIB TAB 45 MG  | 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       | IRESSA          | TABS        | GEFITINIB TAB 250 MG   | 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                                    |
| 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                                    |

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|-----------------|-------------|-------------|--|--|
| 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 | ABIRATERONE | TABS        | ABIRATERONE ACETATE TAB 500 MG                               | Covered                                    |
| ONCOLOGY - ORAL | POMALYST    | CAPS        | POMALIDOMIDE CAP 1 MG  | Covered                                    |
| ONCOLOGY - ORAL | POMALYST    | CAPS        | POMALIDOMIDE CAP 2 MG  | Covered                                    |
| ONCOLOGY - ORAL | POMALYST    | CAPS        | POMALIDOMIDE CAP 3 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 75 MG  | Covered                                    |
| ONCOLOGY - ORAL | IBRANCE     | CAPS        | PALBOCICLIB CAP 100 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 | BOSULIF     | TABS        | BOSUTINIB TAB 100 MG   | Covered                                    |
| ONCOLOGY - ORAL | BOSULIF     | TABS        | BOSUTINIB TAB 400 MG   | Covered                                    |
| ONCOLOGY - ORAL | BOSULIF     | TABS        | BOSUTINIB TAB 500 MG   | Covered                                    |
| ONCOLOGY - ORAL | SPRYCEL     | TABS        | DASATINIB TAB 20 MG  | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 20 MG  | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 50 MG  | Covered                                    |
| ONCOLOGY - ORAL | SPRYCEL     | TABS        | DASATINIB TAB 50 MG  | Covered                                    |
| ONCOLOGY - ORAL | SPRYCEL     | TABS        | DASATINIB TAB 70 MG  | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 70 MG  | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 80 MG  | Covered                                    |
| ONCOLOGY - ORAL | SPRYCEL     | TABS        | DASATINIB TAB 80 MG  | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 100 MG   | Covered                                    |
| ONCOLOGY - ORAL | SPRYCEL     | TABS        | DASATINIB TAB 100 MG   | Covered                                    |
| ONCOLOGY - ORAL | DASATINIB   | TABS        | DASATINIB TAB 140 MG   | Covered                                    |

| DRUG CLASS      | DRUG NAME    | DOSAGE FORM | GENERIC NAME  | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|-----------------|--------------|-------------|---|--|
| ONCOLOGY - ORAL | SPRYCEL      | 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 | TASIGNA      | CAPS        | NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)                   | Covered                                    |
| ONCOLOGY - ORAL | TASIGNA      | CAPS        | NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)                  | Covered                                    |
| ONCOLOGY - ORAL | TASIGNA      | 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 | JAYPIRCA     | TABS        | PIRTOBRUTINIB TAB 50 MG                                     | Covered                                    |
| ONCOLOGY - ORAL | JAYPIRCA     | TABS        | PIRTOBRUTINIB TAB 100 MG                                    | 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 | EVEROLIMUS   | 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 | EVEROLIMUS   | TABS        | EVEROLIMUS TAB 10 MG  | Covered                                    |
| ONCOLOGY - ORAL | TORPENZ      | 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                                    |
| 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 | STIVARGA     | TABS        | REGORAFENIB TAB 40 MG                                       | Covered                                    |
| ONCOLOGY - ORAL | SORAFENIB    | TABS        | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)             | Covered                                    |
| ONCOLOGY - ORAL | NEXAVAR      | TABS        | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)             | Covered                                    |
| ONCOLOGY - ORAL | SUNITINIB    | CAPS        | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)              | Covered                                    |

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| 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 PELLETT PACK 50 MG                              | Covered                                    |
| ONCOLOGY - ORAL | AUGTYRO      | CAPS        | REPOTRECTINIB CAP 40 MG                                     | Covered                                    |
| ONCOLOGY - ORAL | AUGTYRO      | CAPS        | REPOTRECTINIB CAP 160 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 | PIQRAY 200MG | TBPK        | ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE                | Covered                                    |
| ONCOLOGY - ORAL | PIQRAY 250MG | TBPK        | ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)  | Covered                                    |
| ONCOLOGY - ORAL | PIQRAY 300MG | TBPK        | ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)         | 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 | 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                                    |

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| 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 | ExcludedELODA  | TABS        | CAPECITABINE TAB 150 MG                                | Excluded                                   |
| ONCOLOGY - ORAL | ExcludedELODA  | TABS        | CAPECITABINE TAB 500 MG                                | Excluded                                   |
| ONCOLOGY - ORAL | TARCEVA        | TABS        | ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)             | 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 | ExcludedALKORI | CAPS        | CRIZOTINIB CAP 200 MG                                  | Excluded                                   |
| ONCOLOGY - ORAL | ExcludedALKORI | CAPS        | CRIZOTINIB CAP 250 MG                                  | Excluded                                   |
| ONCOLOGY - ORAL | ExcludedALKORI | CPSP        | CRIZOTINIB CAP SPRINKLE 20 MG                          | Excluded                                   |
| ONCOLOGY - ORAL | ExcludedALKORI | CPSP        | CRIZOTINIB CAP SPRINKLE 50 MG                          | Excluded                                   |
| ONCOLOGY - ORAL | ExcludedALKORI | CPSP        | CRIZOTINIB CAP SPRINKLE 150 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 | IMKELDI        | SOLN        | IMATINIB MESYLATE ORAL SOLN 80 MG/ML (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 | SUTENT         | CAPS        | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)         | Excluded                                   |



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|--------------------|----------------|-------------|--|--|
| 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    | ITOVEBI        | TABS        | INAVOLISIB TAB 3 MG  | Excluded                                   |
| ONCOLOGY - ORAL    | ITOVEBI        | TABS        | INAVOLISIB TAB 9 MG  | Excluded                                   |
| ONCOLOGY - ORAL    | TARGRETIN      | CAPS        | BEExcludedAROTENE 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         | BEExcludedAROTENE 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                                    |
| OPHTHALMIC AGENTS  | VISUDYNE       | SOLR        | VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)                      | Covered                                    |
| OPHTHALMIC AGENTS  | OZURDEExcluded | IMPL        | DEExcludedAMETHASONE 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-NUANA INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)  | 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                                    |

| DRUG CLASS                | DRUG NAME    | DOSAGE FORM | GENERIC NAME  | EXCLUDED ON NATIONAL PERFORMANCE FORMULARY |
|---------------------------|--------------|-------------|---|--|
| OSTEOPOROSIS              | TERIPARATIDE | SOPN        | TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML                  | Covered                                    |
| OSTEOPOROSIS              | TERIPARATIDE | SOPN        | TERIPARATIDE SOLN PEN-INJ 620 MCG/2.48ML                  | Covered                                    |
| OSTEOPOROSIS              | PROLIA       | SOSY        | DENOSUMAB 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                                   |
| 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        | OFEV         | CAPS        | NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)           | Covered                                    |
| PULMONARY FIBROSIS        | OFEV         | CAPS        | NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)           | Covered                                    |
| PULMONARY FIBROSIS        | ESBRIET      | CAPS        | PIRFENIDONE CAP 267 MG                                    | Excluded                                   |
| PULMONARY FIBROSIS        | ESBRIET      | TABS        | PIRFENIDONE TAB 267 MG                                    | Excluded                                   |
| PULMONARY FIBROSIS        | ESBRIET      | TABS        | PIRFENIDONE TAB 801 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    | TRACLEER     | TBSO        | BOSENTAN TAB FOR ORAL SUSP 32 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                                   |
| SUBSTANCE ABUSE TREATMENT | VIVITROL     | SUSR        | NALTREXONE FOR IM EXTENDED RELEASE SUSP 380 MG            | Covered                                    |