

Rule H2009-03 Data Filing Checklist- BCBSVT

Due Date: 7/15/2024

1. Attestation of compliance to Part 5 of Rule H2009-03

Documentation submitted: BCBSVT Attestation of Compliance with Part 5 - 2024-07-15.pdf

2. Section 6.3 Network Adequacy Reporting

Documentation submitted: BCBSVT 6.3 Network Adequacy Reporting-2024-07-15.pdf

3. A detailed accreditation report from NCQA that includes VT QHP plans.

Documentation submitted:

- 2024_Certificate_of_Accreditation-BCBSVT_Commercial-Exchange.pdf
- 2024_Certificate_of_Accreditation-TVHP.pdf
- 2024_Interactive Review Tool – Score Summary Report Commercial.pdf
- 2024_Interactive Review Tool – Score Summary Report TVHP.pdf

4. A list of Rx that fall in the “specialty” category that can only be acquired through the specialty vendor as of July 1, 2018.

Documentation submitted: BCBSVT Specialty Drug List-Effective 2024-01-01.pdf

Blue Cross and Blue Shield of Vermont

Rule H-2009-03, Part 6: 6.3 Network Adequacy Reporting

July 15, 2024

A. Practitioner Availability Standards and Methodology

Practitioner availability monitoring is performed for primary care practitioners, high-volume and high-impact specialty care practitioners, and high-volume behavioral health practitioner types.

Blue Cross and Blue Shield of Vermont (Blue Cross) defines primary care practitioners as family practitioners, pediatrics, and internal medicine practitioners. For purposes of this evaluation the specialty of family medicine will also include general practice, naturopaths, nurse practitioners, and geriatrics.

For 2023, we also monitored high-volume and high-impact specialties. We consider obstetrics and gynecology (OB/GYN) a high-volume specialty and oncology a high-impact specialty.

Blue Cross identifies high volume behavioral health practitioner types through analysis of the number of visits. We consider all mental health/substance use disorder (MHSUD) providers to be important, so for 2023 we include analysis of the following practitioner grouping: psychiatrists, psychologists-doctoral, all master-level MHSUD practitioners.

Table 1 lists the standards, measurement method, and measurement frequency for each practitioner type for whom availability is monitored.

Table 1: Standards and Measurement Methods by Practitioner Type

Practitioner Type	Standard	Measurement Method	Measurement Frequency
<p>Primary Care Practitioners: Family and general practitioners (includes Naturopaths and nurse practitioners that agree to hold a patient panel)</p>	<p>At least 90% of our membership is within 30 minutes of two FP or GP, and at least 80% of our membership is within 30 minutes of two FP or GP who are accepting new patients.</p> <p>Number of FP or GP that are accepting new patients equals a ratio of one for every 2,000 or less members</p>	<p>GeoAccess</p> <p>Ratio of FP/GP per members</p>	<p>Annually</p> <p>Annually</p>
<p>Primary Care Practitioners: Internal Medicine</p>	<p>At least 90% of our membership is within 30 minutes of two IM and at least 80% of our membership is within 30 minutes of two IM who are accepting new patients.</p> <p>Number of IM that are accepting new patients equals a ratio of one for every 2,000 or less members</p>	<p>GeoAccess</p> <p>Ratio of IM per members</p>	<p>Annually</p> <p>Annually</p>
<p>Primary Care Practitioners: Pediatrics</p>	<p>At least 90% of our membership is within 30 minutes of two pediatricians, and at least 80% of our membership is within 30 minutes of two pediatricians who are accepting new patients.</p> <p>Number of pediatricians that are accepting new patients equals a ratio of one for every 2,000 or less members</p>	<p>GeoAccess</p> <p>Ratio of pediatricians per member</p>	<p>Annually</p> <p>Annually</p>

Table 1: Standards and Measurement Methods by Practitioner Type

Practitioner Type	Standard	Measurement Method	Measurement Frequency
High volume specialty: Obstetrics and gynecology	<p>At least 90% of our membership is within 60 minutes of at least one network OB/GYN</p> <p>Number of Obstetrics and Gynecology specialists equals a ratio of one every 2,500 or less members.</p>	<p>GeoAccess</p> <p>Ratio of Obstetrics and Gynecology practitioners per member</p>	<p>Annually</p> <p>Annually</p>
High-impact specialty: Oncology	<p>90% of our membership is within 60 minutes of at least one network Oncologist or Oncologist/ Hematologist</p>	<p>GeoAccess</p>	<p>Annually</p>
High-volume behavioral health practitioner: Psychiatrist	<p>90% of our membership with MHSUD benefit is within 30 minutes of at least one psychiatrist</p> <p>Less than 5,000 members with MHSUD benefits for each network psychiatrist</p>	<p>GeoAccess</p> <p>Ratio of psychiatrist per member with MHSUD benefits</p>	<p>Annually</p> <p>Annually</p>
High volume behavioral health practitioner: Psychologist- Doctoral Level	<p>90% of our membership with MHSUD benefit is within 30 minutes of at least one psychologist- doctoral level</p> <p>Less than 1,500 members with MHSUD benefits for each network psychologist- doctoral level</p>	<p>GeoAccess</p> <p>Ratio of psychologist- doctoral level per member with MHSUD benefits</p>	<p>Annually</p> <p>Annually</p>
High volume behavioral health practitioner: All Master Level Mental Health/Substance Use Disorder Practitioners	<p>90% of our membership with MHSUD benefit is within 30 minutes of at least one master level MHSUD practitioner.</p> <p>Less than 1,500 members with MHSUD benefits for each network master level MHSUD practitioner</p>	<p>GeoAccess</p> <p>Ratio of master level MHSUD practitioner per member with MHSUD benefits</p>	<p>Annually</p> <p>Annually</p>

B. Results

Table 2: Measurement Results and Comparison to Goal by Practitioner Type

Practitioner Type	Standard/ Performance Goal	2023 Results	2022 Results	Goal Met? (Yes/No)
Primary Care Practitioners: Family and general practitioners (includes naturopaths and nurse practitioners that agree to hold a patient panel).	At least 90% of our membership is within 30 minutes of two FP or GP, and at least 80% of our membership is within 30 minutes travel time of two network FP or GP who are accepting new patients. Number of FP or GP that are accepting new patients equals a ratio of one for every 2,000 or less members	HMO/POS/PPO/EPO Network: 100% of members have at least 2 FP or GP within 30-minute travel time	HMO/POS/PPO/EPO Network: 100% of members have at least 2 FP or GP within 30-minute travel time	Yes
		1 FP/GP/68 members	1 FP/GP/73 members	Yes
		Exchange Network: 100% of members have at least 2 FP or GP within 30-minute travel time	Exchange Network: 100% of members have at least 2 FP or GP within 30-minute travel time	Yes
		1 FP/GP/29 members	1 FP/GP/28 members	Yes

Table 10: Measurement Results and Comparison to Goal by Practitioner Type

Practitioner Type	Standard/ Performance Goal	2023 Results	2022 Results	Goal Met? (Yes/No)
Primary Care Practitioners: Internal Medicine	<p>At least 90% of our membership is within 30 minutes of two IM and at least 80% of our membership is within 30 minutes travel time of two network IM who are accepting new patients.</p> <p>Number of IM that are accepting new patients equals a ratio of one for every 2,000 or less members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least 2 IM within 30-minute travel time</p> <p>1 IM/259 members</p> <p><u>Exchange Network:</u> 100% of members have at least 2 IM within 30-minute travel time</p> <p>1 IM/121 members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least 2 IM within 30-minute travel time</p> <p>1 IM/381 members</p> <p><u>Exchange Network:</u> 100% of members have at least 2 IM within 30-minute travel time</p> <p>1 IM/158 members</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

Table 10: Measurement Results and Comparison to Goal by Practitioner Type

Practitioner Type	Standard/ Performance Goal	2023 Results	2022 Results	Goal Met? (Yes/No)
Primary Care Practitioners: Pediatrics	<p>At least 90% of our membership is within 30 minutes of two pediatricians, and at least 80% of our membership is within 30 minutes of two pediatricians who are accepting new patients.</p> <p>Number of IM that are accepting new patients equals a ratio of one for every 2,000 or less members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of age-appropriate members have at least 2 pediatricians within 30-minute travel time</p> <p>1 pediatrician/66 age-appropriate members</p> <p><u>Exchange Network:</u> 100% of age-appropriate members have at least 2 pediatricians within 30-minute travel time</p> <p>1 pediatrician/17 age-appropriate members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of age-appropriate members have at least 2 pediatricians within 30-minute travel time</p> <p>1 pediatrician/84 age-appropriate members</p> <p><u>Exchange Network:</u> 100% of age-appropriate members have at least 2 pediatricians within 30-minute travel time</p> <p>1 pediatrician/18 age-appropriate members</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>
Obstetrics and gynecology	<p>At least 90% of our membership is within 60 minutes travel time of at least one network OB/GYN</p> <p>Number of OB/GYN specialists equals a ratio of one every 2,500 or less members.</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one OB/GYN within 60-minute travel time</p> <p>1 OBGYN/447 members</p> <p><u>Exchange Network:</u> 100% of members have at least one OB/GYN within 60-minute travel time</p> <p>1 OBGYN/188 members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one OB/GYN within 60-minute travel time</p> <p>1 OBGYN/446 members</p> <p><u>Exchange Network:</u> 100% of members have at least one OB/GYN within 60-minute travel time</p> <p>1 OBGYN/167 members</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>

Table 10: Measurement Results and Comparison to Goal by Practitioner Type

Practitioner Type	Standard/ Performance Goal	2023 Results	2022 Results	Goal Met? (Yes/No)
Oncology	90% of our membership is within 60 minutes of at least one network Oncologist or Oncologist/Hematologist	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one Oncologist within 60-minute travel time</p> <p><u>Exchange Network:</u> 100% of members have at least one Oncologist within 60-minute travel time</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one Oncologist within 60-minute travel time</p> <p><u>Exchange Network:</u> 100% of members have at least one Oncologist within 60-minute travel time</p>	Yes Yes
High volume behavioral health practitioner: Psychiatrist	<p>90% of our membership with MHSUD benefit is within 30 minutes travel time of at least one psychiatrist</p> <p>Less than 5,000 members with MHSUD benefits for each network psychiatrist</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 99.9% of members have at least one psychiatrist within 30-minute travel time</p> <p>1 psychiatrist/167 members</p> <p><u>Exchange Network:</u> 100% of members have at least one psychiatrist within 30-minute travel time</p> <p>1 psychiatrist/82 members</p>	<p><u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one psychiatrist within 30-minute travel time</p> <p>1 psychiatrist/176 members</p> <p><u>Exchange Network:</u> 100% of members have at least one psychiatrist within 30-minute travel time</p> <p>1 psychiatrist/78 members</p>	Yes Yes Yes

Table 10: Measurement Results and Comparison to Goal by Practitioner Type

Practitioner Type	Standard/ Performance Goal	2023 Results	2022 Results	Goal Met? (Yes/No)
High volume behavioral health practitioner: Psychologist-Doctoral Level	90% of our membership with MHSUD benefit is within 30 minutes of at least one psychologist-doctoral level Less than 1,500 members with MHSUD benefits for each network psychologist-doctoral level	<u>HMO/POS/PPO/EPO Network:</u> 99.9% of members have at least one psychologist within 30-minute travel time	<u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one psychologist within 30-minute travel time	Yes
		1 psychologist/128 members	1 psychologist/126 members	Yes
		<u>Exchange Network:</u> 100% of members have at least one psychologist within 30-minute travel time	<u>Exchange Network:</u> 100% of members have at least one psychologist within 30-minute travel time	Yes
		1 psychologist/63 members	1 psychologist/56 members	Yes
High volume behavioral health practitioner: All Master Level Mental Health/Substance Use Disorder Practitioners	90% of our membership with MHSUD benefit is within 30 minutes of at least one master level MHSUD practitioner. Less than 1,500 members with MHSUD benefits for each network master level MHSUD practitioner	<u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one master level practitioner within 30-minute travel time	<u>HMO/POS/PPO/EPO Network:</u> 100% of members have at least one master level practitioner within 30-minute travel time	Yes
		1 master level practitioner/32 members	1 master level practitioner/32 members	Yes
		<u>Exchange Network:</u> 100% of members have at least one psychologist within 30-minute travel time	<u>Exchange Network:</u> 100% of members have at least one psychologist within 30-minute travel time	Yes
		1 psychologist/16 members	1 psychologist/14 members	Yes

C. Analysis

Performance against Goal

Geographic analysis at the Blue Cross network level demonstrated that all standards were met for PCPs, high-volume specialists, high-impact specialists, and behavioral health practitioner types for both

products. The ratio analysis also demonstrated that all practitioner/member ratio standards were met for both products. Our results have trended this way for several years. The 2022 results are included in table 10 above and illustrate this trend.

Prior to running the Geoaccess reports, we filter out PCPs with closed panels who are accepting existing patients only. In 2023, we had 200 PCPs who were only accepting existing patients and 932 total PCPs, including mid-levels, in the network. That is a rate of approximately 21% with closed panels.

Quantitative Analysis

All eight travel time goals were met for both products with 100 or 99.9 percent compliance. The number of network practitioners as a ratio of members met all performance goals for both products as well. Our results have trended at this performance level consistently for several years.

Qualitative Analysis

The networks are adequate based on the geographic distribution of the network practitioners compared to the standards. Furthermore, the Blue Cross network accepts any willing and qualified practitioner. We do not restrict the number of providers within a network or within a geographic region.



National Committee for Quality Assurance
has awarded

Blue Cross and Blue Shield of Vermont

Commercial HMO/POS/PPO/EPO Combined

an accreditation status of

Accredited

for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.



David Choi, MD

CHAIR, BOARD OF DIRECTORS

Margaret S. J. K.

PRESIDENT

[Signature]

CHAIR, REVIEW OVERSIGHT COMMITTEE

02/09/2024

DATE GRANTED

02/09/2027

EXPIRATION DATE



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SCORE SUMMARY DETAILS

9-7822-EE11-A9BB-6045BD832DB6&SELECTEDEP=RENEWAL%20SURVEY&REPORTTYPE=NONE&SELECTEDUA=COMMERCIAL%20HMO%2FPOS%20COMBINED)

Organization: The Vermont Health Plan
License: 97373

ⓘ A manual browser refresh may be required to view updated scores

License Selector

The Vermont Health Plan (s) - 97373

RESULTS AND SCORES SELECTOR

Results and Scores Selector Detail of Scores at Element Level

VIEW SCORING SUMMARY FOR

Evaluation product Renewal Survey

Units of Assessment Commercial HMO/POS Combined

NCQA STATUS: **Accredited**

[VIEW must-pass results](#)

[VIEW cap element results](#)

ⓘ Warning: Must Pass >= 3 may be subject to denial by ROC

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
	<input type="text"/>	Filter	Filter	<input type="text"/>	<input type="text"/>	Filter	Filter	Filter
Q11A	QI Program Structure	NA	NA	NA	0.00			
Q11B	Annual Work Plan	Met	Met	2.00	2.00			
Q11C	Annual Evaluation	Met	Met	1.00	1.00			
Q11D	QI Committee Responsibilities	Met	Met	1.00	1.00			
Q11E	Promoting Organizational Diversity, Equity and Inclusion	Met	Met	1.00	1.00			
Q12A	Practitioner Contracts	NA	NA	NA	0.00			
Q13A	Identifying Opportunities	Met	Met	1.00	1.00			
Q13B	Acting on Opportunities	Met	Met	1.00	1.00			
Q13C	Measuring Effectiveness	Met	Met	1.00	1.00			
Q13D	Transition to Other Care	Not Met	Met	1.00	1.00			
Q14A	Data Collection	Met	Met	1.00	1.00			
Q14B	Collaborative Activities	Met	Met	1.00	1.00			
Q14C	Measuring Effectiveness	Met	Met	1.00	1.00			
Total Score				137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
QI5A	Delegation Agreement	NA	NA	NA	0.00			
QI5B	Predelegation Evaluation	NA	NA	NA	0.00			
QI5C	Review of QI Program	NA	NA	NA	0.00			
QI5D	Opportunities for Improvement	NA	NA	NA	0.00			
PHM1A	Strategy Description	Met	Met	2.00	2.00			
PHM1B	Informing Members	Met	Met	1.00	1.00		✓	
PHM2A	Data Integration	Met	Met	1.00	1.00			
PHM2B	Population Assessment	Met	Met	1.00	1.00			
PHM2C	Activities and Resources	Met	Met	1.00	1.00			
PHM2D	Segmentation	Met	Met	1.00	1.00			
PHM3A	Practitioner or Provider Support	Met	Met	1.00	1.00			
PHM3B	Value-Based Payment Arrangements	Met	Met	1.00	1.00			
PHM4B	Topics of Self-Management Tools	Met	Met	1.00	1.00			
PHM5A	Access to Case Management	Met	Met	1.00	1.00			
PHM5B	Case Management Systems	Met	Met	1.00	1.00			
PHM5D	Initial Assessment	NA	Met	2.00	2.00			
PHM5E	Case Management—Ongoing Management	NA	Met	2.00	2.00			
PHM6A	Measuring Effectiveness	Met	Met	1.00	1.00			
PHM6B	Improvement and Action	Met	Met	1.00	1.00			
PHM7A	Delegation Agreement	Met	Met	1.00	1.00			
PHM7B	Predelegation Evaluation	Met	Met	1.00	1.00			
PHM7C	Review of PHM Program	Met	Met	1.00	1.00		✓	
PHM7D	Opportunities for Improvement	Incomplete	Met	1.00	1.00		✓	
NET1A	Cultural Needs and Preferences	Met	Met	1.00	1.00			
NET1B	Practitioners Providing Primary Care	Met	Met	1.00	1.00			
NET1C	Practitioners Providing Specialty Care	Met	Met	1.00	1.00			
NET1D	Practitioners Providing Behavioral Healthcare	Met	Met	1.00	1.00			
NET2A	Access to Primary Care	Met	Met	1.00	1.00			
NET2B	Access to Behavioral Healthcare	Met	Met	1.00	1.00			
NET2C	Access to Specialty Care	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
NET3A	Assessment of Member Experience Accessing the Network	Met	Met	2.00	2.00			
NET3B	Opportunities to Improve Access to Nonbehavioral Healthcare Services	Met	Met	2.00	2.00			
NET3C	Opportunities to Improve Access to Behavioral Healthcare Services	Met	Met	2.00	2.00			
NET4A	Notification of Termination	Met	Met	1.00	1.00			
NET4B	Continued Access to Practitioners	Partially Met	Met	1.00	1.00			
NET5A	Physician Directory Data	NA	NA	NA	0.00			
NET5B	Physician Directory Updates	NA	NA	NA	0.00			
NET5C	Assessment of Physician Directory Accuracy	Met	Met	1.00	1.00			
NET5D	Identifying and Acting on Opportunities	Met	Met	1.00	1.00			
NET5E	Searchable Physician Web-Based Directory	Met	Met	1.00	1.00			
NET5F	Hospital Directory Data	NA	NA	NA	0.00			
NET5G	Hospital Directory Updates	NA	NA	NA	0.00			
NET5H	Searchable Hospital Web-Based Directory	Met	Met	1.00	1.00			
NET5I	Usability Testing	Met	Met	1.00	1.00			
NET5J	Availability of Directories	Met	Met	1.00	1.00			
NET6A	Delegation Agreement	Incomplete	NA	NA	0.00			
NET6B	Predelegation Evaluation	Incomplete	NA	NA	0.00			
NET6C	Review of Delegated Activities	Incomplete	NA	NA	0.00			
NET6D	Opportunities for Improvement	Incomplete	NA	NA	0.00			
UM1A	Written Program Description	Met	Met	1.00	1.00			
UM1B	Annual Evaluation	Met	Met	1.00	1.00			
UM2A	UM Criteria	Met	Met	1.00	1.00			
UM2C	Consistency in Applying Criteria	Met	Met	1.00	1.00			
UM3A	Access to Staff	Met	Met	1.00	1.00			
UM4A	Licensed Health Professionals	NA	NA	NA	0.00			
UM4B	Use of Practitioners for UM Decisions	NA	NA	NA	0.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
UM4C	Practitioner Review of Nonbehavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM4D	Practitioner Review of Behavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM4E	Practitioner Review of Pharmacy Denials	NA	Met	1.00	1.00	✓	✓	
UM4F	Use of Board-Certified Consultants	Met	Met	1.00	1.00			
UM5A	Notification of Nonbehavioral Healthcare Decisions	NA	Met	1.00	1.00	✓		
UM5B	Notification of Behavioral Healthcare Decisions	NA	Met	1.00	1.00	✓		
UM5C	Notification of Pharmacy Decisions	NA	Met	1.00	1.00	✓	✓	
UM5D	UM Timeliness Report	Met	Met	1.00	1.00		✓	
UM6A	Relevant Information for Nonbehavioral Healthcare Decisions	NA	Met	1.00	1.00			
UM6B	Relevant Information for Behavioral Healthcare Decisions	NA	Met	1.00	1.00			
UM6C	Relevant Information for Pharmacy Decisions	NA	Met	1.00	1.00		✓	
UM7A	Discussing a Denial With a Nonbehavioral Healthcare Reviewer	NA	Met	1.00	1.00			
UM7B	Written Notification of Nonbehavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM7C	Written Notification of Nonbehavioral Healthcare Appeal Rights/Process	NA	Met	1.00	1.00	✓		
UM7D	Discussing a Behavioral Healthcare Denial With a Reviewer	NA	Met	1.00	1.00			
UM7E	Written Notification of Behavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM7F	Written Notification of Behavioral Healthcare Appeal Rights/Process	NA	Met	1.00	1.00	✓		
UM7G	Discussing a Pharmacy Denial With a Reviewer	NA	Met	1.00	1.00		✓	
UM7H	Written Notification of Pharmacy Denials	NA	Met	1.00	1.00	✓	✓	
UM7I	Written Notification of Pharmacy Appeal Rights/Process	NA	Met	1.00	1.00	✓	✓	
UM8A	Internal Appeals	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
UM9A	Preservice and Postservice Appeals	NA	Met	1.00	1.00			
UM9B	Timeliness of the Appeal Process	NA	Met	1.00	1.00	✓		
UM9C	Appeal Reviewers	NA	Met	1.00	1.00			
UM9D	Notification of Appeal Decision/Rights	NA	Met	1.00	1.00	✓		
UM9E	Final Internal and External Appeal Files	Met	Met	1.00	1.00			
UM9F	Appeals Overturned by the IRO	NA	Met	1.00	1.00			
UM10A	Written Process	Met	Met	1.00	1.00			
UM10B	Description of the Evaluation Process	Met	Met	1.00	1.00			
UM11A	Pharmaceutical Management Procedures	Met	Met	1.00	1.00		✓	
UM11B	Pharmaceutical Restrictions/Preferences	Met	Met	1.00	1.00		✓	
UM11C	Pharmaceutical Patient Safety Issues	Met	Met	1.00	1.00		✓	
UM11D	Reviewing and Updating Procedures	Met	Met	1.00	1.00		✓	
UM11E	Considering Exceptions	Met	Met	1.00	1.00		✓	
UM12A	UM Denial System Controls	Met	Met	1.00	1.00	✓		
UM12B	UM Denial System Controls Oversight	Met	Met	1.00	1.00			
UM12C	UM Appeal System Controls	Met	Met	1.00	1.00	✓		
UM12D	UM Appeal System Controls Oversight	Met	Met	1.00	1.00			
UM13A	Delegation Agreement	Met	Partially Met	0.50	1.00			
UM13B	Predelegation Evaluation	Not Met	Not Met	0.00	1.00			
UM13C	Review of the UM Program	Partially Met	Partially Met	0.50	1.00		✓	
UM13D	Opportunities for Improvement	Incomplete	Met	1.00	1.00		✓	
CR1A	Practitioner Credentialing Guidelines	NA	NA	NA	0.00			
CR1B	Practitioner Rights	NA	NA	NA	0.00			
CR1C	Credentialing System Controls	Met	Met	1.00	1.00	✓		
CR1D	Credentialing System Controls Oversight	Met	Met	1.00	1.00			
CR2A	Credentialing Committee	Met	Met	1.00	1.00			
CR3A	Verification of Credentials	NA	Met	1.00	1.00	✓		
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
CR3B	Sanction Information	NA	Met	1.00	1.00	✓		
CR3C	Credentialing Application	NA	Met	1.00	1.00	✓		
CR4A	Recredentialing Cycle Length	NA	Met	1.00	1.00	✓		
CR5A	Ongoing Monitoring and Interventions	Met	Met	2.00	2.00			
CR7D	Assessing Medical Providers	Met	Met	1.00	1.00			
CR7E	Assessing Behavioral Healthcare Providers	Met	Met	1.00	1.00			
CR8A	Delegation Agreement	Met	Met	1.00	1.00			
CR8B	Predelegation Evaluation	Incomplete	NA	NA	0.00			
CR8C	Review of Delegate's Credentialing Activities	Met	Met	1.00	1.00		✓	
CR8D	Opportunities for Improvement	Met	Met	1.00	1.00			
ME1A	Rights and Responsibilities Statement	Met	NA	NA	0.00			
ME1B	Distribution of Rights Statement	Met	Met	1.00	1.00			
ME2A	Subscriber Information	Met	Met	1.00	1.00			
ME2B	Distribution of Subscriber Information	Met	Met	1.00	1.00			
ME2C	Interpreter Services	Met	Met	1.00	1.00			
ME3A	Materials and Presentations	Met	Met	1.00	1.00			
ME3B	Communicating With Prospective Members	Met	Met	1.00	1.00			
ME3C	Assessing Member Understanding	Met	Met	1.00	1.00			
ME5C	QI Process on Accuracy of Information	Met	Met	1.00	1.00			
ME5D	Pharmacy Benefit Updates	Met	Met	1.00	1.00			
ME6A	Functionality: Website	Met	Met	1.00	1.00			
ME6B	Functionality: Telephone	Met	Met	1.00	1.00			
ME6C	Quality and Accuracy of Information	Met	Met	1.00	1.00			
ME6D	Email Response Evaluation	Met	Met	1.00	1.00			
ME7A	Policies and Procedures for Complaints	Met	Met	1.00	1.00			
ME7B	Policies and Procedures for Appeals	Met	Met	1.00	1.00			
ME7C	Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals	Met	Met	2.00	2.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE OVERALL
		▼	▼			▼	▼	
ME7D	Nonbehavioral Opportunities for Improvement	Met	Met	1.00	1.00			
ME7E	Annual Assessment of Behavioral Healthcare and Services	Met	Met	2.00	2.00			
ME7F	Behavioral Healthcare Opportunities for Improvement	Met	Met	1.00	1.00			
ME8A	Delegation Agreement	Met	Partially Met	0.50	1.00			
ME8B	Predelegation Evaluation	Not Met	Not Met	0.00	1.00			
ME8C	Review of Performance	Partially Met	Partially Met	0.50	1.00			
ME8D	Opportunities for Improvement	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			

SPECIALTY DRUG LIST

Effective Date: 1/1/2024

Revised Date: 1/3/2024

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ALZHEIMER'S DISEASE	ADUHELM	SOLN	ADUCANUMAB-AVWA IV SOLN 170 MG/1.7ML (100 MG/ML)	X
ALZHEIMER'S DISEASE	ADUHELM	SOLN	ADUCANUMAB-AVWA IV SOLN 300 MG/3ML (100 MG/ML)	X
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	
ANEMIA	ARANESP	SOLN	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	
ANEMIA	ARANESP	SOSY	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 2000 UNIT/ML	X
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 3000 UNIT/ML	X
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 4000 UNIT/ML	X
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 10000 UNIT/ML	X
ANEMIA	EPOGEN	SOLN	EPOETIN ALFA INJ 20000 UNIT/ML	X
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 2000 UNIT/ML	
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 3000 UNIT/ML	
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 4000 UNIT/ML	
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 10000 UNIT/ML	
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 20000 UNIT/ML	
ANEMIA	PROCRIT	SOLN	EPOETIN ALFA INJ 40000 UNIT/ML	
ANEMIA	REBLOZYL	SOLR	LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 25 MG	
ANEMIA	REBLOZYL	SOLR	LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 75 MG	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	
ANEMIA	RETACRIT	SOLN	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	
ANTI-GOUT AGENT	KRYSTEXXA	SOLN	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)	
ANTI-INFECTIVE	PREVMIS	TABS	LETERMOVIR TAB 240 MG	
ANTI-INFECTIVE	PREVMIS	TABS	LETERMOVIR TAB 480 MG	
ANTI-INFECTIVE	PREVMIS	SOLN	LETERMOVIR IV SOLN 240 MG/12ML	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ANTI-INFECTIVE	PREVMIS	SOLN	LETERMOVIR IV SOLN 480 MG/24ML	
ASTHMA	CINQAIR	SOLN	RESLIZUMAB IV INFUSION SOLN 100 MG/10ML (10 MG/ML)	
ASTHMA	FASENRA	SOSY	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ML	
ASTHMA	FASENRA PEN	SOAJ	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	
ASTHMA	NUCALA	SOLR	MEPOLIZUMAB FOR INJ 100 MG	
ASTHMA	NUCALA	SOAJ	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	
ASTHMA	NUCALA	SOSY	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	
ASTHMA	NUCALA	SOSY	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	
ASTHMA	TEZSPIRE	SOAJ	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	
ASTHMA	TEZSPIRE	SOSY	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN PREF SYR 210 MG/1.91ML	
ASTHMA	XOLAIR	SOLR	OMALIZUMAB FOR INJ 150 MG	
ASTHMA	XOLAIR	SOSY	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	
ASTHMA	XOLAIR	SOSY	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 2.5 MG	X
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 5 MG	X
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 10 MG	X
CARDIOVASCULAR	CAMZYOS	CAPS	MAVACAMTEN CAP 15 MG	X
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 100 MG	
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 200 MG	
CARDIOVASCULAR	DROXIDOPA	CAPS	DROXIDOPA CAP 300 MG	
CARDIOVASCULAR	VYNDAMAX	CAPS	TAFAMIDIS CAP 61 MG	
CARDIOVASCULAR	VYNDAQEL	CAPS	TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 6 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 9 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	TABS	DEUTETRABENAZINE TAB 12 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO PT	TBPK	DEUTETRABENAZINE TAB TITRATION PACK 6 MG & 9 MG & 12 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 6 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 12 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TB24	DEUTETRABENAZINE TAB ER 24HR 24 MG	
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO XR	TEPK	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	
CENTRAL NERVOUS SYSTEM AGENTS	ENSPRYNG	SOSY	SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG/ML	
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ	CAPS	TASIMELTEON CAPSULE 20 MG	X
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ LQ	SUSP	TASIMELTEON ORAL SUSP 4 MG/ML	X
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA	SOLN	EDARAVONE INJ 30 MG/100ML (0.3 MG/ML)	
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA ORS	SUSP	EDARAVONE ORAL SUSP 105 MG/5ML	
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA ORS	SUSP	EDARAVONE ORAL SUSP 105 MG/5ML	
CENTRAL NERVOUS SYSTEM AGENTS	TASIMELTEON	CAPS	TASIMELTEON CAPSULE 20 MG	
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZIN	TABS	TETRABENAZINE TAB 12.5 MG	
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZIN	TABS	TETRABENAZINE TAB 25 MG	
CHEMOTHERAPY PROTECTANT	ELITEK	SOLR	RASBURICASE FOR IV SOLN 1.5 MG	
CHEMOTHERAPY PROTECTANT	ELITEK	SOLR	RASBURICASE FOR IV SOLN 7.5 MG	
CHEMOTHERAPY PROTECTANT	LEVOLEUCOVOR	SOLN	LEVOLEUCOVORIN CALCIUM IV SOLN PF 175 MG/17.5ML (BASE EQUIV)	
CHEMOTHERAPY PROTECTANT	LEVOLEUCOVOR	SOLN	LEVOLEUCOVORIN CALCIUM IV SOLN PF 250 MG/25ML (BASE EQUIV)	
CYSTIC FIBROSIS	BETHKIS	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/4ML	X

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
CYSTIC FIBROSIS	KALYDECO	TABS	IVACAFTOR TAB 150 MG	
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 5.8 MG	
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 13.4 MG	
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 25 MG	
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 50 MG	
CYSTIC FIBROSIS	KALYDECO	PACK	IVACAFTOR PACKET 75 MG	
CYSTIC FIBROSIS	KITABIS PAK	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	X
CYSTIC FIBROSIS	ORKAMBI	TABS	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	
CYSTIC FIBROSIS	ORKAMBI	TABS	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	
CYSTIC FIBROSIS	ORKAMBI	PACK	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	
CYSTIC FIBROSIS	PULMOZYME	SOLN	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	
CYSTIC FIBROSIS	SYMDEKO	TBPK	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	
CYSTIC FIBROSIS	SYMDEKO	TBPK	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	
CYSTIC FIBROSIS	TOBI	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	X
CYSTIC FIBROSIS	TOBI PODHALR	CAPS	TOBRAMYCIN INHAL CAP 28 MG	
CYSTIC FIBROSIS	TOBRAMYCIN	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/5ML	
CYSTIC FIBROSIS	TOBRAMYCIN	NEBU	TOBRAMYCIN NEBU SOLN 300 MG/4ML	
CYSTIC FIBROSIS	TRIKAFTA	THPK	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	
CYSTIC FIBROSIS	TRIKAFTA	THPK	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	
CYSTIC FIBROSIS	TRIKAFTA	TBPK	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	
CYSTIC FIBROSIS	TRIKAFTA	TBPK	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAFTOR 150 MG TBPK	
DERMATOLOGIC	LITFULO	CAPS	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	
ENDOCRINE	CUPRIMINE	CAPS	PENICILLAMINE CAP 250 MG	X
ENDOCRINE	DEPEN TITRA	TABS	PENICILLAMINE TAB 250 MG	
ENDOCRINE	EGRIFTA SV	SOLR	TESAMORELIN ACETATE FOR INJ 2 MG (BASE EQUIV)	
ENDOCRINE	FIRMAGON	SOLR	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	
ENDOCRINE	FIRMAGON	SOLR	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)	
ENDOCRINE	JYNARQUE	TABS	TOLVAPTAN TAB 15 MG	X
ENDOCRINE	JYNARQUE	TABS	TOLVAPTAN TAB 30 MG	X
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 15 MG	X
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	X
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	X
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	X
ENDOCRINE	JYNARQUE	TBPK	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	X
ENDOCRINE	LANREOTIDE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML	X
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 7.5 MG	
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 11.25 MG	
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 15 MG	
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 11.25 MG	
ENDOCRINE	LUPR DEP-PED	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 30 MG	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOLN	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	
ENDOCRINE	OCTREOTIDE	SOSY	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 2.5 MG/0.5ML (BASE EQUIV)	
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 5 MG/ML (BASE EQUIV)	
ENDOCRINE	PARSABIV	SOLN	ETELCALCETIDE HCL IV SOLUTION 10 MG/2ML (BASE EQUIV)	
ENDOCRINE	PENICILLAMIN	CAPS	PENICILLAMINE CAP 250 MG	X
ENDOCRINE	PENICILLAMIN	TABS	PENICILLAMINE TAB 250 MG	
ENDOCRINE	SAMSCA	TABS	TOLVAPTAN TAB 15 MG	
ENDOCRINE	SAMSCA	TABS	TOLVAPTAN TAB 30 MG	
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	X
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	X
ENDOCRINE	SANDOSTATIN	SOLN	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	X
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG	
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG	
ENDOCRINE	SANDOSTATIN	KIT	OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG	
ENDOCRINE	SAPROPTERIN	TABS	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	
ENDOCRINE	SAPROPTERIN	PACK	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	
ENDOCRINE	SAPROPTERIN	PACK	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 60 MG/0.2ML	
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 90 MG/0.3ML	
ENDOCRINE	SOMATULINE	SOLN	LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML	
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	
ENDOCRINE	SOMAVERT	SOLR	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	
ENDOCRINE	SYPRINE	CAPS	TRIENTINE HCL CAP 250 MG	X
ENDOCRINE	THYROGEN	SOLR	THYROTROPIN ALFA FOR INJ 0.9 MG	X
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN TAB 15 MG	
ENDOCRINE	TOLVAPTAN	TABS	TOLVAPTAN TAB 30 MG	
ENDOCRINE	TRIENTINE	CAPS	TRIENTINE HCL CAP 250 MG	
ENDOCRINE	TRIENTINE	CAPS	TRIENTINE HCL CAP 500 MG	
ENZYME THERAPY	BUPHENYL	TABS	SODIUM PHENYLBUTYRATE TAB 500 MG	X
ENZYME THERAPY	BUPHENYL	POWD	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	X
ENZYME THERAPY	CARGLUMIC	TBSO	CARGLUMIC ACID SOLUBLE TAB 200 MG	
ENZYME THERAPY	CERDELGA	CAPS	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	
ENZYME THERAPY	GLASSIA	SOLN	ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/50ML	
ENZYME THERAPY	MIGLUSTAT	CAPS	MIGLUSTAT CAP 100 MG	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ENZYME THERAPY	PHENYL BUTYRA	POWD	SODIUM PHENYL BUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	
ENZYME THERAPY	SODIUM PHENY	TABS	SODIUM PHENYL BUTYRATE TAB 500 MG	
ENZYME THERAPY	YARGESA	CAPS	MIGLUSTAT CAP 100 MG	
GENETIC DISORDER	VIJOICE	TBPK	ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE	X
GENETIC DISORDER	VIJOICE	TBPK	ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE	X
GENETIC DISORDER	VIJOICE	TBPK	ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	CART	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 5 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	CART	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 12 MG (36 UNIT)	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.2 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.4 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.6 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.8 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.2 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.4 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.6 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.8 MG	X
GROWTH HORMONE DEFICIENCY	GENOTROPIN	PRSY	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 2 MG	X
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 6 MG (18 UNIT)	X
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 12 MG (36 UNIT)	X
GROWTH HORMONE DEFICIENCY	HUMATROPE	CART	SOMATROPIN FOR INJ CARTRIDGE 24 MG	X
GROWTH HORMONE DEFICIENCY	INCRELEX	SOLN	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	
GROWTH HORMONE DEFICIENCY	NGENLA	SOPN	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)	
GROWTH HORMONE DEFICIENCY	NGENLA	SOPN	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML)	
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	
GROWTH HORMONE DEFICIENCY	NORDITROPIN	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/2ML	
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/2ML	
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	SOPN	SOMATROPIN SOLUTION PEN-INJECTOR 20 MG/2ML	
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOLR	SOMATROPIN FOR INJ 5.8 MG	
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOCT	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	
GROWTH HORMONE DEFICIENCY	OMNITROPE	SOCT	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	
GROWTH HORMONE DEFICIENCY	SAIZEN	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR INJ 5 MG	X
GROWTH HORMONE DEFICIENCY	SAIZEN	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG	X
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG	
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG	
GROWTH HORMONE DEFICIENCY	SEROSTIM	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG	

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GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG	
GROWTH HORMONE DEFICIENCY	SKYTROFA	CART	LONAPEGSSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML	X
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML	X
GROWTH HORMONE DEFICIENCY	SOGROYA	SOPN	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML	X
GROWTH HORMONE DEFICIENCY	ZOMACTON	SOLR	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	X
GROWTH HORMONE DEFICIENCY	ZOMACTON	SOLR	SOMATROPIN FOR INJ 10 MG	X
GROWTH HORMONE DEFICIENCY	ZORBTIVE	SOLR	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 8.8 MG	
HEMATOLOGICAL AGENTS	ADAKVEO	SOLN	CRIZANLIZUMAB-TMCA IV SOLN 100 MG/10ML	
HEMATOLOGICAL AGENTS	APHEXDA	SOLR	MOTIXAFORTIDE ACETATE FOR SUBCUTANEOUS INJ 62 MG	X
HEMATOLOGICAL AGENTS	DOPTELET	TABS	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	FIBRYGA	SOLR	FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-1300 MG)	
HEMATOLOGICAL AGENTS	MOZOBIL	SOLN	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 125 MCG	
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 250 MCG	
HEMATOLOGICAL AGENTS	NPLATE	SOLR	ROMIPLOSTIM FOR INJ 500 MCG	
HEMATOLOGICAL AGENTS	PANHEMATIN	SOLR	HEMIN FOR INJ 350 MG	X
HEMATOLOGICAL AGENTS	PLERIXAFOR	SOLN	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	PROMACTA	TABS	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	PROMACTA	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	
HEMATOLOGICAL AGENTS	PROMACTA	PACK	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	
HEMATOLOGICAL AGENTS	RIASTAP	SOLR	FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-1300 MG)	
HEMATOLOGICAL AGENTS	SOLIRIS	SOLN	ECULIZUMAB IV SOLN 300 MG/30ML (10 MG/ML) (FOR INFUSION)	
HEMATOLOGICAL AGENTS	TAVALISSE	TABS	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)	
HEMATOLOGICAL AGENTS	TAVALISSE	TABS	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)	
HEMATOLOGICAL AGENTS	THROMBAT III	SOLR	ANTITHROMBIN III (HUMAN) FOR INJ 500 UNIT	X
HEMATOLOGICAL AGENTS	THROMBAT III	SOLR	ANTITHROMBIN III (HUMAN) FOR INJ 1000 UNIT	X
HEMATOLOGICAL AGENTS	ULTOMIRIS	SOLN	RAVULIZUMAB-CWVZ IV SOLN 300 MG/3ML (100 MG/ML)	
HEMATOLOGICAL AGENTS	ULTOMIRIS	SOLN	RAVULIZUMAB-CWVZ IV SOLN 1100 MG/11ML (100 MG/ML)	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	
HEMOPHILIA	ADVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	

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HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	
HEMOPHILIA	ADYNOVATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	
HEMOPHILIA	AFSTYLA	KIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	
HEMOPHILIA	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	
HEMOPHILIA	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	
HEMOPHILIA	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	
HEMOPHILIA	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	
HEMOPHILIA	ALPHANATE	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	
HEMOPHILIA	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 500 UNIT	
HEMOPHILIA	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 1000 UNIT	
HEMOPHILIA	ALPHANINE SD	SOLR	COAGULATION FACTOR IX FOR INJ 1500 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 250 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 500 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 1000 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 2000 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 3000 UNIT	
HEMOPHILIA	ALPROLIX	SOLR	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 4000 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 750 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	
HEMOPHILIA	ALTUVIII0	SOLR	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	
HEMOPHILIA	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	
HEMOPHILIA	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	
HEMOPHILIA	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	
HEMOPHILIA	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	
HEMOPHILIA	BENEFIX	KIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	
HEMOPHILIA	COAGADEX	SOLR	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	
HEMOPHILIA	COAGADEX	SOLR	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	
HEMOPHILIA	CORIFACT	KIT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 250 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 500 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 750 UNIT	

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HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 1000 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 1500 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 2000 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 3000 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 4000 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 5000 UNIT	
HEMOPHILIA	ELOCTATE	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ 6000 UNIT	
HEMOPHILIA	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 500 UNIT	
HEMOPHILIA	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1000 UNIT	
HEMOPHILIA	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1500 UNIT	
HEMOPHILIA	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 2000 UNIT	
HEMOPHILIA	ESPEROCT	SOLR	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 3000 UNIT	
HEMOPHILIA	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	
HEMOPHILIA	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	
HEMOPHILIA	FEIBA	SOLR	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	
HEMOPHILIA	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	
HEMOPHILIA	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	
HEMOPHILIA	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	
HEMOPHILIA	HEMLIBRA	SOLN	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	
HEMOPHILIA	HEMOPIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	
HEMOPHILIA	HEMOPIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	
HEMOPHILIA	HEMOPIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	
HEMOPHILIA	HEMOPIL M	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	
HEMOPHILIA	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	
HEMOPHILIA	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	
HEMOPHILIA	HUMATE-P	SOLR	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	
HEMOPHILIA	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	
HEMOPHILIA	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	
HEMOPHILIA	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	
HEMOPHILIA	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	
HEMOPHILIA	IDELVION	SOLR	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	
HEMOPHILIA	IXINITY	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	
HEMOPHILIA	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 500 UNIT	
HEMOPHILIA	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1000 UNIT	
HEMOPHILIA	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 2000 UNIT	
HEMOPHILIA	JIVI	SOLR	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 3000 UNIT	
HEMOPHILIA	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	
HEMOPHILIA	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	
HEMOPHILIA	KOATE	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	

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HEMOPHILIA	KOATE-DVI	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	
HEMOPHILIA	KOATE-DVI	SOLR	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	
HEMOPHILIA	KOGENATE FS	KIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT	
HEMOPHILIA	KOGENATE FS	KIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT	
HEMOPHILIA	KOGENATE FS	KIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT	
HEMOPHILIA	KOGENATE FS	KIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT	
HEMOPHILIA	KOGENATE FS	KIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT	
HEMOPHILIA	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	
HEMOPHILIA	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	
HEMOPHILIA	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	
HEMOPHILIA	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	
HEMOPHILIA	KOVALTRY	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	
HEMOPHILIA	NOVOEIGHT	SOLR	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	
HEMOPHILIA	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	
HEMOPHILIA	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	
HEMOPHILIA	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	
HEMOPHILIA	NOVOSEVEN RT	SOLR	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT	
HEMOPHILIA	NUWIQ	SOLR	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT	
HEMOPHILIA	NUWIQ	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT	
HEMOPHILIA	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 500 UNIT	
HEMOPHILIA	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 1000 UNIT	
HEMOPHILIA	PROFILNINE	SOLR	FACTOR IX COMPLEX FOR INJ 1500 UNIT	
HEMOPHILIA	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 500 UNT	
HEMOPHILIA	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 1000 UNT	
HEMOPHILIA	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 2000 UNT	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
HEMOPHILIA	REBINYN	SOLR	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 3000 UNT	
HEMOPHILIA	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	
HEMOPHILIA	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	
HEMOPHILIA	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	
HEMOPHILIA	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	
HEMOPHILIA	RECOMBINATE	SOLR	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	
HEMOPHILIA	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	
HEMOPHILIA	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	
HEMOPHILIA	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	
HEMOPHILIA	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	
HEMOPHILIA	RIXUBIS	SOLR	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	
HEMOPHILIA	SEVENFACT	SOLR	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 1 MG (1000 MCG)	X
HEMOPHILIA	SEVENFACT	SOLR	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 5 MG (5000 MCG)	X
HEMOPHILIA	TRETEN	SOLR	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	
HEMOPHILIA	VONVENDI	SOLR	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	
HEMOPHILIA	VONVENDI	SOLR	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	
HEMOPHILIA	WILATE	KIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	
HEMOPHILIA	WILATE	KIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	
HEMOPHILIA	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	
HEMOPHILIA	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	
HEMOPHILIA	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	
HEMOPHILIA	XYNTHA	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	
HEMOPHILIA	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	
HEMOPHILIA	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	
HEMOPHILIA	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	
HEMOPHILIA	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	
HEMOPHILIA	XYNTHA SOLOF	KIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 3000 UNIT	
HEPATITIS C	EPCLUSA	TABS	SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	
HEPATITIS C	EPCLUSA	TABS	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	
HEPATITIS C	EPCLUSA	PACK	SOFOSBUVIR-VELPATASVIR PELLETT PACK 150-37.5 MG	
HEPATITIS C	EPCLUSA	PACK	SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG	
HEPATITIS C	HARVONI	TABS	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	
HEPATITIS C	HARVONI	TABS	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	
HEPATITIS C	HARVONI	PACK	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG	
HEPATITIS C	HARVONI	PACK	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG	
HEPATITIS C	LEDIP-SOFOSB	TABS	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	X
HEPATITIS C	MAVYRET	TABS	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	
HEPATITIS C	MAVYRET	PACK	GLECAPREVIR-PIBRENTASVIR PELLETT PACK 50-20 MG	
HEPATITIS C	PEGASYS	SOLN	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	
HEPATITIS C	PEGASYS	SOSY	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML	
HEPATITIS C	RIBAVIRIN	CAPS	RIBAVIRIN CAP 200 MG	
HEPATITIS C	RIBAVIRIN	TABS	RIBAVIRIN TAB 200 MG	
HEPATITIS C	SOFOS/VELPAT	TABS	SOFOBUVIR-VELPATASVIR TAB 400-100 MG	X
HEPATITIS C	SOVALDI	TABS	SOFOBUVIR TAB 200 MG	

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HEPATITIS C	SOVALDI	TABS	SOFOSBUVIR TAB 400 MG	
HEPATITIS C	SOVALDI	PACK	SOFOSBUVIR PELLETT PACK 150 MG	
HEPATITIS C	SOVALDI	PACK	SOFOSBUVIR PELLETT PACK 200 MG	
HEPATITIS C	VOSEVI	TABS	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	
HEPATITIS C	ZEPATIER	TABS	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	
HEREDITARY ANGIOEDEMA	BERINERT	KIT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT	
HEREDITARY ANGIOEDEMA	CINRYZE	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ 500 UNIT	X
HEREDITARY ANGIOEDEMA	FIRAZYR	SOSY	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	X
HEREDITARY ANGIOEDEMA	HAEGARDA	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	
HEREDITARY ANGIOEDEMA	HAEGARDA	SOLR	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	
HEREDITARY ANGIOEDEMA	TAKHZYRO	SOLN	LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)	
HEREDITARY ANGIOEDEMA	TAKHZYRO	SOSY	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	
HEREDITARY ANGIOEDEMA	TAKHZYRO	SOSY	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	
IMMUNE GLOBULIN	ASCENIV	SOLN	IMMUNE GLOBULIN (HUMAN)-SLRA IV SOLN 5 GM/50ML	X
IMMUNE GLOBULIN	BIVIGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	
IMMUNE GLOBULIN	BIVIGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 1 GM/6ML	X
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 1.65 GM/10ML	X
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 2 GM/12ML	X
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 3.3 GM/20ML	X
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 4 GM/24ML	X
IMMUNE GLOBULIN	CUTAQUIG	SOLN	IMMUNE GLOBULIN (HUMAN)-HIPP SUBCUTANEOUS INJ 8 GM/48ML	X
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML	
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML	
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML	
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 8 GM/40ML	
IMMUNE GLOBULIN	CUVITRU	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10 GM/50ML	
IMMUNE GLOBULIN	CYTOGAM	INJ	CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN) IV INJ	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 0.5 GM/10ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/50ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	
IMMUNE GLOBULIN	FLEBOGAMMA	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	
IMMUNE GLOBULIN	GAMASTAN	INJ	IMMUNE GLOBULIN (HUMAN) IM INJ	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	
IMMUNE GLOBULIN	GAMMAGARD	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 30 GM/300ML	
IMMUNE GLOBULIN	GAMMAGARD SD	SOLR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM	

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IMMUNE GLOBULIN	GAMMAGARD SD	SOLR	IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM	
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	
IMMUNE GLOBULIN	GAMMAKED	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	
IMMUNE GLOBULIN	GAMMAPLEX	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 1 GM/10ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML	
IMMUNE GLOBULIN	GAMUNEX-C	SOLN	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 40 GM/400ML	
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML	
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML	
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML	
IMMUNE GLOBULIN	HIZENTRA	SOLN	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10 GM/50ML	
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 1 GM/5ML	
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 2 GM/10ML	
IMMUNE GLOBULIN	HIZENTRA	SOSY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 4 GM/20ML	
IMMUNE GLOBULIN	HYPERRHO S/D	SOSY	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 250 UNIT (50 MCG)	
IMMUNE GLOBULIN	HYPERRHO S/D	SOSY	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 1500 UNIT (300MCG)	
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 2.5 GM/25ML-HYALURON INJ 200 UNT/1.25 ML KIT	
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 5 GM/50ML-HYALURON INJ 400 UNT/2.5 ML KIT	
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 10 GM/100ML-HYALURON INJ 800 UNT/5 ML KIT	
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 20 GM/200ML-HYALURON INJ 1600 UNT/10 ML KIT	
IMMUNE GLOBULIN	HYQVIA	KIT	IMMUN GLOB INJ 30 GM/300ML-HYALURON INJ 2400 UNT/15 ML KIT	
IMMUNE GLOBULIN	MICRHOGAM PL	SOSY	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 250 UNIT (50 MCG)	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 1 GM/20ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 1 GM/20ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/50ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 2 GM/20ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	
IMMUNE GLOBULIN	OCTAGAM	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 30 GM/300ML	
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 1 GM/10ML	X
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 2.5 GM/25ML	X

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IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 5 GM/50ML	X
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 10 GM/100ML	X
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 20 GM/200ML	X
IMMUNE GLOBULIN	PANZYGA	SOLN	IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 30 GM/300ML	X
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML	
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML	
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML	
IMMUNE GLOBULIN	PRIVIGEN	SOLN	IMMUNE GLOBULIN (HUMAN) IV SOLN 40 GM/400ML	
IMMUNE GLOBULIN	RHOGAM PLUS	SOSY	RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 1500 UNIT (300MCG)	
IMMUNE GLOBULIN	WINRHO SDF	SOLN	RHO D IMMUNE GLOBULIN (HUMAN) INJ 2500 UNIT/2.2ML	
IMMUNE GLOBULIN	WINRHO SDF	SOLN	RHO D IMMUNE GLOBULIN (HUMAN) INJ 5000 UNIT/4.4ML	
IMMUNE GLOBULIN	WINRHO SDF	SOLN	RHO D IMMUNE GLOBULIN (HUMAN) INJ 1500 UNIT/1.3ML	
IMMUNE GLOBULIN	WINRHO SDF	SOLN	RHO D IMMUNE GLOBULIN (HUMAN) INJ 15000 UNIT/13ML	
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 1 GM/5ML	
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 2 GM/10ML	
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 4 GM/20ML	
IMMUNE GLOBULIN	XEMBIFY	SOLN	IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 10 GM/50ML	
IMMUNOLOGICAL AGENTS	ACTIMMUNE	SOLN	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	
IMMUNOLOGICAL AGENTS	BENLYSTA	SOLR	BELIMUMAB FOR IV SOLN 120 MG	
IMMUNOLOGICAL AGENTS	BENLYSTA	SOLR	BELIMUMAB FOR IV SOLN 400 MG	
IMMUNOLOGICAL AGENTS	BENLYSTA	SOAJ	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	
IMMUNOLOGICAL AGENTS	BENLYSTA	SOSY	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	
IMMUNOLOGICAL AGENTS	ILARIS	SOLN	CANAKINUMAB SUBCUTANEOUS INJ 150 MG/ML	
INFERTILITY	CETRORELIX	KIT	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	
INFERTILITY	CETROTIDE	KIT	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	X
INFERTILITY	CHOR GONADOT	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	
INFERTILITY	FOLLISTIM AQ	SOLN	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	
INFERTILITY	FYREMADEL	SOSY	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	
INFERTILITY	GANIRELIX AC	SOSY	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	
INFERTILITY	GONAL-F	SOLR	FOLLITROPIN ALFA FOR INJ 450 UNIT	X
INFERTILITY	GONAL-F	SOLR	FOLLITROPIN ALFA FOR INJ 1050 UNIT	X
INFERTILITY	GONAL-F RFF	SOLR	FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT	X
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.5ML	X
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.75ML	X
INFERTILITY	GONAL-F RFF	SOPN	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.5ML	X
INFERTILITY	MENOPUR	SOLR	MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	
INFERTILITY	NOVAREL	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT	
INFERTILITY	NOVAREL	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	
INFERTILITY	OVIDREL	INJ	CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML	
INFERTILITY	PREGNYL	SOLR	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	
INFLAMMATORY CONDITIONS	ABRILADA	AJKT	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ABRILADA	PSKT	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 20 MG/0.4ML	X

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INFLAMMATORY CONDITIONS	ABRILADA	PSKT	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 80 MG/4ML	
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 200 MG/10ML	
INFLAMMATORY CONDITIONS	ACTEMRA	SOLN	TOCILIZUMAB IV INJ 400 MG/20ML	
INFLAMMATORY CONDITIONS	ACTEMRA	SOAJ	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	
INFLAMMATORY CONDITIONS	ACTEMRA	SOSY	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	
INFLAMMATORY CONDITIONS	ACTHAR	GEL	CORTICOTROPIN INJ GEL 80 UNIT/ML	
INFLAMMATORY CONDITIONS	ADALIMU-AACF	AJKT	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	ADALIMU-ADAZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	ADALIMU-ADBIM	AJKT	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ADALIMU-ADBIM	PSKT	ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 10 MG/0.2ML	X
INFLAMMATORY CONDITIONS	ADALIMU-ADBIM	PSKT	ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 20 MG/0.4ML	X
INFLAMMATORY CONDITIONS	ADALIMU-ADBIM	PSKT	ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	AJKT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	X
INFLAMMATORY CONDITIONS	ADALIMU-FKJP	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ADBRY	SOSY	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	
INFLAMMATORY CONDITIONS	AMJEVITA	SOAJ	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	X
INFLAMMATORY CONDITIONS	AMJEVITA	SOAJ	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	X
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML	
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	X
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.4ML	
INFLAMMATORY CONDITIONS	AMJEVITA	SOSY	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	X
INFLAMMATORY CONDITIONS	AVSOLA	SOLR	INFLIXIMAB-AXXQ FOR IV INJ 100 MG	
INFLAMMATORY CONDITIONS	BIMZELX	SOAJ	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	X
INFLAMMATORY CONDITIONS	BIMZELX	SOSY	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	X
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 50 MG	
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 100 MG	
INFLAMMATORY CONDITIONS	CIBINQO	TABS	ABROCITINIB TAB 200 MG	
INFLAMMATORY CONDITIONS	CIMZIA	KIT	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	
INFLAMMATORY CONDITIONS	CIMZIA PREFL	PSKT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 2 X 200 MG/ML	
INFLAMMATORY CONDITIONS	CIMZIA START	PSKT	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 6 X 200 MG/ML	
INFLAMMATORY CONDITIONS	CORTROPHIN	GEL	CORTICOTROPIN INJ GEL 80 UNIT/ML	
INFLAMMATORY CONDITIONS	COSENTYX	SOLN	SECUKINUMAB IV SOLN 125 MG/5ML	X
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	X
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	X
INFLAMMATORY CONDITIONS	COSENTYX	SOSY	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	X
INFLAMMATORY CONDITIONS	COSENTYX PEN	SOAJ	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	X
INFLAMMATORY CONDITIONS	COSENTYX PEN	SOAJ	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	X
INFLAMMATORY CONDITIONS	COSENTYX UNO	SOAJ	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	X
INFLAMMATORY CONDITIONS	CYLTEZO	AJKT	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	CYLTEZO	AJKT	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	CYLTEZO	AJKT	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG/0.8ML	

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INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADB M PREFILLED SYRINGE KIT 10 MG/0.2ML	
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADB M PREFILLED SYRINGE KIT 20 MG/0.4ML	
INFLAMMATORY CONDITIONS	CYLTEZO	PSKT	ADALIMUMAB-ADB M PREFILLED SYRINGE KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	DUPIXENT	SOPN	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG/1.14ML	
INFLAMMATORY CONDITIONS	DUPIXENT	SOPN	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2ML	
INFLAMMATORY CONDITIONS	DUPIXENT	SOSY	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	
INFLAMMATORY CONDITIONS	DUPIXENT	SOSY	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	
INFLAMMATORY CONDITIONS	ENBREL	SOLN	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	
INFLAMMATORY CONDITIONS	ENBREL	SOSY	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	
INFLAMMATORY CONDITIONS	ENBREL	SOSY	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	
INFLAMMATORY CONDITIONS	ENBREL MINI	SOCT	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	
INFLAMMATORY CONDITIONS	ENTYVIO	SOLR	VEDOLIZUMAB FOR IV SOLUTION 300 MG	
INFLAMMATORY CONDITIONS	ENTYVIO	SOPN	VEDOLIZUMAB SOLN PEN-INJECTOR 108 MG/0.68ML	X
INFLAMMATORY CONDITIONS	HULIO	AJKT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	HULIO	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	X
INFLAMMATORY CONDITIONS	HULIO	PSKT	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML	
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML	
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HUMIRA PEDIA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEDIA	PSKT	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HUMIRA PEN	PNKT	ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	HYRIMOZ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HYRIMOZ	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	HYRIMOZ SENS	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	X
INFLAMMATORY CONDITIONS	HYRIMOZ-CROH	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HYRIMOZ-PED	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 80 MG/0.8ML	
INFLAMMATORY CONDITIONS	HYRIMOZ-PED	SOSY	ADALIMUMAB-ADAZ SOLN PREFILLED SYR 80 MG/0.8ML & 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	HYRIMOZ-PLAQ	SOAJ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	
INFLAMMATORY CONDITIONS	IDACIO	AJKT	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	IDACIO	PSKT	ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML	X

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INFLAMMATORY CONDITIONS	IDACIO CROHN	AJKT	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	IDACIO PLAQU	AJKT	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	X
INFLAMMATORY CONDITIONS	ILUMYA	SOSY	TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 MG/ML	
INFLAMMATORY CONDITIONS	INFLECTRA	SOLR	INFLIXIMAB-DYYB FOR IV INJ 100 MG	
INFLAMMATORY CONDITIONS	INFLIXIMAB	SOLR	INFLIXIMAB FOR IV INJ 100 MG	X
INFLAMMATORY CONDITIONS	KEVZARA	SOAJ	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML	
INFLAMMATORY CONDITIONS	KEVZARA	SOAJ	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	
INFLAMMATORY CONDITIONS	KEVZARA	SOSY	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/1.14ML	
INFLAMMATORY CONDITIONS	KEVZARA	SOSY	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 1 MG	
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 2 MG	
INFLAMMATORY CONDITIONS	OLUMIANT	TABS	BARICITINIB TAB 4 MG	
INFLAMMATORY CONDITIONS	OMVOH	SOLN	MIRIKIZUMAB-MRKZ IV SOLN 300 MG/15ML (20 MG/ML)	X
INFLAMMATORY CONDITIONS	OMVOH	SOAJ	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	X
INFLAMMATORY CONDITIONS	ORENCIA	SOLR	ABATACEPT FOR IV SOLN 250 MG	
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	
INFLAMMATORY CONDITIONS	ORENCIA	SOSY	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	
INFLAMMATORY CONDITIONS	ORENCIA CLCK	SOAJ	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	
INFLAMMATORY CONDITIONS	OTEZLA	TABS	APREMILAST TAB 30 MG	
INFLAMMATORY CONDITIONS	OTEZLA	TBPK	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	
INFLAMMATORY CONDITIONS	REMICADE	SOLR	INFLIXIMAB FOR IV INJ 100 MG	X
INFLAMMATORY CONDITIONS	RENFLEXIS	SOLR	INFLIXIMAB-ABDA FOR IV INJ 100 MG	X
INFLAMMATORY CONDITIONS	RIDAURA	CAPS	AURANOFIN CAP 3 MG	
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 15 MG	
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 30 MG	
INFLAMMATORY CONDITIONS	RINVOQ	TB24	UPADACITINIB TAB ER 24HR 45 MG	
INFLAMMATORY CONDITIONS	SILIQ	SOSY	BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1.5ML	
INFLAMMATORY CONDITIONS	SIMPONI	SOAJ	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	
INFLAMMATORY CONDITIONS	SIMPONI	SOAJ	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	
INFLAMMATORY CONDITIONS	SIMPONI	SOSY	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	
INFLAMMATORY CONDITIONS	SIMPONI	SOSY	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	
INFLAMMATORY CONDITIONS	SIMPONI ARIA	SOLN	GOLIMUMAB IV SOLN 50 MG/4ML	
INFLAMMATORY CONDITIONS	SKYRIZI	SOLN	RISANKIZUMAB-RZAA IV SOLN 600 MG/10ML (60 MG/ML)	
INFLAMMATORY CONDITIONS	SKYRIZI	SOCT	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	
INFLAMMATORY CONDITIONS	SKYRIZI	SOCT	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	
INFLAMMATORY CONDITIONS	SKYRIZI	SOSY	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	
INFLAMMATORY CONDITIONS	SKYRIZI PEN	SOAJ	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	
INFLAMMATORY CONDITIONS	SOTYKTU	TABS	DEUCRAVACITINIB TAB 6 MG	X
INFLAMMATORY CONDITIONS	STELARA	SOLN	USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION)	
INFLAMMATORY CONDITIONS	STELARA	SOLN	USTEKINUMAB INJ 45 MG/0.5ML	
INFLAMMATORY CONDITIONS	STELARA	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	
INFLAMMATORY CONDITIONS	STELARA	SOSY	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	
INFLAMMATORY CONDITIONS	TALTZ	SOAJ	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML	

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INFLAMMATORY CONDITIONS	TALTZ	SOSY	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML	
INFLAMMATORY CONDITIONS	TREMFYA	SOPN	GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML	
INFLAMMATORY CONDITIONS	TREMFYA	SOSY	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	
INFLAMMATORY CONDITIONS	VELSIPITY	TABS	ETRASIMOD ARGININE TAB 2 MG	X
INFLAMMATORY CONDITIONS	XELJANZ	TABS	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	
INFLAMMATORY CONDITIONS	XELJANZ	TABS	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	
INFLAMMATORY CONDITIONS	XELJANZ	SOLN	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	
INFLAMMATORY CONDITIONS	XELJANZ XR	TB24	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	
INFLAMMATORY CONDITIONS	XELJANZ XR	TB24	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	
INFLAMMATORY CONDITIONS	YUFLYMA	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	X
INFLAMMATORY CONDITIONS	YUFLYMA 1PEN	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	X
INFLAMMATORY CONDITIONS	YUFLYMA 2PEN	AJKT	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	X
INFLAMMATORY CONDITIONS	YUFLYMA 2SYR	PSKT	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	X
INFLAMMATORY CONDITIONS	YUSIMRY	SOPN	ADALIMUMAB-AQVH SOLN PEN-INJECTOR 40 MG/0.8ML	X
METABOLIC BONE DISEASE	RECLAST	SOLN	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	
METABOLIC BONE DISEASE	ZOLEDRONIC	CONC	ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML	
METABOLIC BONE DISEASE	ZOLEDRONIC	SOLN	ZOLEDRONIC ACID IV SOLN 4 MG/100ML	
METABOLIC BONE DISEASE	ZOLEDRONIC	SOLN	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	
MULTIPLE SCLEROSIS	AMPYRA	TB12	DALFAMPRIDINE TAB ER 12HR 10 MG	X
MULTIPLE SCLEROSIS	AUBAGIO	TABS	TERIFLUNOMIDE TAB 7 MG	X
MULTIPLE SCLEROSIS	AUBAGIO	TABS	TERIFLUNOMIDE TAB 14 MG	X
MULTIPLE SCLEROSIS	AVONEX PEN	AJKT	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	
MULTIPLE SCLEROSIS	AVONEX PREFL	PSKT	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	
MULTIPLE SCLEROSIS	BAFIERTAM	CPDR	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	
MULTIPLE SCLEROSIS	BETASERON	KIT	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	
MULTIPLE SCLEROSIS	BRIUMVI	SOLN	UBLITUXIMAB-XIY SOLN FOR IV INFUSION 150 MG/6ML	
MULTIPLE SCLEROSIS	COPAXONE	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	X
MULTIPLE SCLEROSIS	COPAXONE	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	
MULTIPLE SCLEROSIS	DALFAMPRIDIN	TB12	DALFAMPRIDINE TAB ER 12HR 10 MG	
MULTIPLE SCLEROSIS	DIMETHYL FUM	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	
MULTIPLE SCLEROSIS	DIMETHYL FUM	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	
MULTIPLE SCLEROSIS	DIMETHYL FUM	CDPK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	
MULTIPLE SCLEROSIS	EXTAVIA	KIT	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	X
MULTIPLE SCLEROSIS	FINGOLIMOD	CAPS	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	
MULTIPLE SCLEROSIS	GILENYA	CAPS	FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)	
MULTIPLE SCLEROSIS	GILENYA	CAPS	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	X
MULTIPLE SCLEROSIS	GLATIRAMER	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	
MULTIPLE SCLEROSIS	GLATIRAMER	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	
MULTIPLE SCLEROSIS	GLATOPIA	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	
MULTIPLE SCLEROSIS	GLATOPIA	SOSY	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	
MULTIPLE SCLEROSIS	KESIMPTA	SOAJ	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	
MULTIPLE SCLEROSIS	LEMTRADA	SOLN	ALEMTUZUMAB IV INJ 12 MG/1.2ML (10 MG/ML)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	

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MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	
MULTIPLE SCLEROSIS	MAVENCLAD	TBPK	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	
MULTIPLE SCLEROSIS	MAYZENT	TABS	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	
MULTIPLE SCLEROSIS	MAYZENT	TBPK	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	
MULTIPLE SCLEROSIS	MAYZENT	TBPK	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	
MULTIPLE SCLEROSIS	OCREVUS	SOLN	OCRELIZUMAB SOLN FOR IV INFUSION 300 MG/10ML	
MULTIPLE SCLEROSIS	PLEGRIDY	SOPN	PEGINTERFERON BETA-1A SOLN PEN-INJECTOR 125 MCG/0.5ML	X
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	X
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	X
MULTIPLE SCLEROSIS	PLEGRIDY	SOSY	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	X
MULTIPLE SCLEROSIS	PLEGRIDY PEN	SOPN	PEGINTERFERON BETA-1A SOLN PEN-INJ 63 & 94 MCG/0.5ML PACK	X
MULTIPLE SCLEROSIS	PONVORY	TABS	PONESIMOD TAB 20 MG	X
MULTIPLE SCLEROSIS	PONVORY	TBPK	PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 &10 MG	X
MULTIPLE SCLEROSIS	REBIF	SOSY	INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML	X
MULTIPLE SCLEROSIS	REBIF	SOSY	INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML	X
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML	X
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML	X
MULTIPLE SCLEROSIS	REBIF REBIDO	SOAJ	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	X
MULTIPLE SCLEROSIS	REBIF TITRTN	SOSY	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	X
MULTIPLE SCLEROSIS	TECFIDERA	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	X
MULTIPLE SCLEROSIS	TECFIDERA	CPDR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	X
MULTIPLE SCLEROSIS	TECFIDERA	CDPK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	X
MULTIPLE SCLEROSIS	TERIFLUNOMID	TABS	TERIFLUNOMIDE TAB 7 MG	
MULTIPLE SCLEROSIS	TERIFLUNOMID	TABS	TERIFLUNOMIDE TAB 14 MG	
MULTIPLE SCLEROSIS	TYSABRI	CONC	NATALIZUMAB FOR IV INJ CONC 300 MG/15ML	
MULTIPLE SCLEROSIS	VUMERITY	CPDR	DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE 231 MG	
MULTIPLE SCLEROSIS	ZEPOSIA	CAPS	OZANIMOD HCL CAP 0.92 MG	
MULTIPLE SCLEROSIS	ZEPOSIA	CPPK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	
MULTIPLE SCLEROSIS	ZEPOSIA 7DAY	CPPK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	
MUSCULOSKELETAL AGENTS	VYVGART	SOLN	EFGARTIGIMOD ALFA-FCAB IV SOLN 400 MG/20ML	
MUSCULOSKELETAL AGENTS	VYVGART	SOLN	EFGARTIGIMOD ALF-HYALURONIDASE-QVFC SOL 180-2000 MG-UNIT/ML	
NEUTROPENIA	FULPHILA	SOSY	PEGFILGRASTIM-JMDB SOLN PREFILLED SYRINGE 6 MG/0.6ML	X
NEUTROPENIA	FYLNETRA	SOSY	PEGFILGRASTIM-PBBK SOLN PREFILLED SYRINGE 6 MG/0.6ML	X
NEUTROPENIA	GRANIX	SOLN	TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML	X
NEUTROPENIA	GRANIX	SOLN	TBO-FILGRASTIM SUBCUTANEOUS INJ 480 MCG/1.6ML (300 MCG/ML)	X
NEUTROPENIA	GRANIX	SOSY	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	X
NEUTROPENIA	GRANIX	SOSY	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	X
NEUTROPENIA	LEUKINE	SOLR	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	
NEUTROPENIA	NEULASTA	SOSY	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	

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NEUTROPENIA	NEULASTA	PSKT	PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG/0.6ML	
NEUTROPENIA	NEUPOGEN	SOLN	FILGRASTIM INJ 300 MCG/ML	X
NEUTROPENIA	NEUPOGEN	SOLN	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	X
NEUTROPENIA	NEUPOGEN	SOSY	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	X
NEUTROPENIA	NEUPOGEN	SOSY	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	X
NEUTROPENIA	NIVESTYM	SOLN	FILGRASTIM-AAFI INJ 300 MCG/ML	
NEUTROPENIA	NIVESTYM	SOLN	FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	
NEUTROPENIA	NIVESTYM	SOSY	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	
NEUTROPENIA	NIVESTYM	SOSY	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	
NEUTROPENIA	NYVEPRIA	SOSY	PEGFILGRASTIM-APGF SOLN PREFILLED SYRINGE 6 MG/0.6ML	X
NEUTROPENIA	ROLVEDON	SOSY	EFLAPEGRASTIM-XNST SOLN PREFILLED SYRINGE 13.2 MG/0.6ML	X
NEUTROPENIA	UDENYCA	SOAJ	PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML	
NEUTROPENIA	UDENYCA	SOSY	PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML	
NEUTROPENIA	ZARXIO	SOSY	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	
NEUTROPENIA	ZARXIO	SOSY	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	
NEUTROPENIA	ZIEXTENZO	SOSY	PEGFILGRASTIM-BMEZ SOLN PREFILLED SYRINGE 6 MG/0.6ML	X
ONCOLOGY - INJECTABLE	ABRAXANE	SUSR	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	
ONCOLOGY - INJECTABLE	ADCETRIS	SOLR	BRENTUXIMAB VEDOTIN FOR IV SOLN 50 MG	
ONCOLOGY - INJECTABLE	ADRIAMYCIN	SOLR	DOXORUBICIN HCL FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	ALFERON N	SOLN	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML	
ONCOLOGY - INJECTABLE	ALIMTA	SOLR	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	ALIMTA	SOLR	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	ARRANON	SOLN	NELARABINE IV SOLN 5 MG/ML	
ONCOLOGY - INJECTABLE	ARSENIC TRIO	SOLN	ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	ARSENIC TRIO	SOLN	ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	ARZERRA	CONC	OFATUMUMAB CONC FOR IV INFUSION 100 MG/5ML	
ONCOLOGY - INJECTABLE	ARZERRA	CONC	OFATUMUMAB CONC FOR IV INFUSION 1000 MG/50ML	
ONCOLOGY - INJECTABLE	AVASTIN	SOLN	BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	AVASTIN	SOLN	BEVACIZUMAB IV SOLN 400 MG/16ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	AZACITIDINE	SUSR	AZACITIDINE FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	BELRAPZO	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	X
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	X
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLR	BENDAMUSTINE HCL FOR IV SOLN 25 MG	
ONCOLOGY - INJECTABLE	BENDAMUSTINE	SOLR	BENDAMUSTINE HCL FOR IV SOLN 100 MG	
ONCOLOGY - INJECTABLE	BENDEKA	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	
ONCOLOGY - INJECTABLE	BESPONSA	SOLR	INOTUZUMAB OZOGAMICIN FOR IV SOLN 0.9 MG	
ONCOLOGY - INJECTABLE	BLEOMYCIN	SOLR	BLEOMYCIN SULFATE FOR INJ 15 UNIT	
ONCOLOGY - INJECTABLE	BLEOMYCIN	SOLR	BLEOMYCIN SULFATE FOR INJ 30 UNIT	
ONCOLOGY - INJECTABLE	BLINCYTO	SOLR	BLINATUMOMAB FOR IV INFUSION 35 MCG	
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLN	BORTEZOMIB IV SOLN 3.5 MG/1.4ML	
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 1 MG	
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 2.5 MG	
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR INJ 3.5 MG	
ONCOLOGY - INJECTABLE	BORTEZOMIB	SOLR	BORTEZOMIB FOR IV INJ 3.5 MG	

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ONCOLOGY - INJECTABLE	BUSULFAN	SOLN	BUSULFAN INJ 6 MG/ML	
ONCOLOGY - INJECTABLE	BUSULFEX	SOLN	BUSULFAN INJ 6 MG/ML	
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	CAMPTOSAR	SOLN	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 50 MG/5ML	
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 150 MG/15ML	
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 450 MG/45ML	
ONCOLOGY - INJECTABLE	CARBOPLATIN	SOLN	CARBOPLATIN IV SOLN 600 MG/60ML	
ONCOLOGY - INJECTABLE	CARMUSTINE	SOLR	CARMUSTINE FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	CARMUSTINE	SOLR	CARMUSTINE FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	CARMUSTINE	SOLR	CARMUSTINE FOR INJ 300 MG	
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 50 MG/50ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 100 MG/100ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 100 MG/100ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	CISPLATIN	SOLN	CISPLATIN INJ 200 MG/200ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	CISPLATIN	SOLR	CISPLATIN IV FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	CLADRIBINE	SOLN	CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	CLOFARABINE	SOLN	CLOFARABINE IV SOLN 1 MG/ML	
ONCOLOGY - INJECTABLE	CLOLAR	SOLN	CLOFARABINE IV SOLN 1 MG/ML	
ONCOLOGY - INJECTABLE	COLUMVI	SOLN	GLOFITAMAB-GXBM IV SOLN 2.5 MG/2.5ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	COLUMVI	SOLN	GLOFITAMAB-GXBM IV SOLN 10 MG/10ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	COSMEGEN	SOLR	DACTINOMYCIN FOR INJ 0.5 MG	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1 GM/5ML (200 MG/ML)	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 1 GM/5ML (200 MG/ML)	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/ML	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/ML	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 500 MG	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 1 GM	
ONCOLOGY - INJECTABLE	CYCLOPHOSPH	SOLR	CYCLOPHOSPHAMIDE FOR INJ 2 GM	
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/2.5ML (200 MG/ML)	
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/2.5ML (200 MG/ML)	
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 2 GM/10ML (200 MG/ML)	
ONCOLOGY - INJECTABLE	CYCLOPHOSPHA	SOLN	CYCLOPHOSPHAMIDE IV SOLN 500 MG/ML	
ONCOLOGY - INJECTABLE	CYRAMZA	SOLN	RAMUCIRUMAB IV SOLN 100 MG/10ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	CYRAMZA	SOLN	RAMUCIRUMAB IV SOLN 500 MG/50ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ 20 MG/ML	
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ PF 20 MG/ML	
ONCOLOGY - INJECTABLE	CYTARABINE	SOLN	CYTARABINE INJ PF 100 MG/ML	
ONCOLOGY - INJECTABLE	DACARBAZINE	SOLR	DACARBAZINE FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	DACARBAZINE	SOLR	DACARBAZINE FOR INJ 200 MG	
ONCOLOGY - INJECTABLE	DACTINOMYCIN	SOLR	DACTINOMYCIN FOR INJ 0.5 MG	
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 100 MG/5ML	
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 100 MG/5ML	

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ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 400 MG/20ML	
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB IV SOLN 400 MG/20ML	
ONCOLOGY - INJECTABLE	DARZALEX	SOLN	DARATUMUMAB-HYALURONIDASE-FIHJ INJ 1800-30000 MG-UNIT/15ML	X
ONCOLOGY - INJECTABLE	DAUNORUBICIN	SOLN	DAUNORUBICIN HCL IV SOLN 20 MG/4ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	DAUNORUBICIN	SOLN	DAUNORUBICIN HCL IV SOLN 50 MG/10ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	DECITABINE	SOLR	DECITABINE FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	DEXRAZOXANE	SOLR	DEXRAZOXANE HCL FOR INJ 250 MG (BASE EQUIVALENT)	
ONCOLOGY - INJECTABLE	DEXRAZOXANE	SOLR	DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT)	
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 20 MG/ML	
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	DOCETAXEL	CONC	DOCETAXEL FOR INJ CONC 160 MG/8ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML	
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 80 MG/8ML	
ONCOLOGY - INJECTABLE	DOCETAXEL	SOLN	DOCETAXEL SOLN FOR IV INFUSION 160 MG/16ML	
ONCOLOGY - INJECTABLE	DOXIL	INJ	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXIL	INJ	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLN	DOXORUBICIN HCL INJ 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLR	DOXORUBICIN HCL FOR INJ 10 MG	
ONCOLOGY - INJECTABLE	DOXORUBICIN	SOLR	DOXORUBICIN HCL FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	DOXORUBICIN	INJ	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	INJ	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	
ONCOLOGY - INJECTABLE	DOXORUBICIN	INJ	DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML	
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	
ONCOLOGY - INJECTABLE	ELIGARD	KIT	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	
ONCOLOGY - INJECTABLE	ELLECE	SOLN	EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	ELLECE	SOLN	EPIRUBICIN HCL IV SOLN 200 MG/100ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	ELZONRIS	SOLN	TAGRAXOFUSP-ERZS IV SOLN 1000 MCG/ML	
ONCOLOGY - INJECTABLE	EMPLICITI	SOLR	ELOTUZUMAB FOR IV SOLN 300 MG	
ONCOLOGY - INJECTABLE	EMPLICITI	SOLR	ELOTUZUMAB FOR IV SOLN 400 MG	
ONCOLOGY - INJECTABLE	ENHERTU	SOLR	FAM-TRASTUZUMAB DERUXTECAN-NXXI FOR IV SOLN 100 MG	
ONCOLOGY - INJECTABLE	ERBITUX	SOLN	CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	ERBITUX	SOLN	CETUXIMAB IV SOLN 200 MG/100ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	ETOPOPHOS	SOLR	ETOPOSIDE PHOSPHATE IV FOR INJ 100 MG (BASE EQUIVALENT)	
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 100 MG/5ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 500 MG/25ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 1 GM/50ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	ETOPOSIDE	SOLN	ETOPOSIDE INJ 1 GM/50ML (20 MG/ML)	

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ONCOLOGY - INJECTABLE	EVOMELA	SOLR	MELPHALAN HCL FOR INJ 50 MG (PROPYLENE GLYCOL (PG) FREE)	
ONCOLOGY - INJECTABLE	FASLODEX	SOSY	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	
ONCOLOGY - INJECTABLE	FLOXURIDINE	SOLR	FLOXURIDINE FOR INJ 0.5 GM	
ONCOLOGY - INJECTABLE	FLUDARABINE	SOLN	FLUDARABINE PHOSPHATE INJ 25 MG/ML	
ONCOLOGY - INJECTABLE	FLUDARABINE	SOLR	FLUDARABINE PHOSPHATE FOR INJ 50 MG	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 500 MG/10ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FLUOROURACIL	SOLN	FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	FOLOTYN	SOLN	PRALATREXATE IV INJ 20 MG/ML	
ONCOLOGY - INJECTABLE	FOLOTYN	SOLN	PRALATREXATE IV INJ 40 MG/2ML	
ONCOLOGY - INJECTABLE	FOLOTYN	SOLN	PRALATREXATE IV INJ 40 MG/2ML	
ONCOLOGY - INJECTABLE	FULVESTRANT	SOSY	FULVESTRANT INJ SOLN PREF SYR 250 MG/5ML	
ONCOLOGY - INJECTABLE	GAZYVA	SOLN	OBINUTUZUMAB SOLN FOR IV INFUSION 1000 MG/40ML (25 MG/ML)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 200 MG/2ML (100 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 1 GM/10ML (100 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 1.5 GM/15ML (100 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLN	GEMCITABINE HCL INJ 2 GM/20ML (100 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 200 MG	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 1 GM	
ONCOLOGY - INJECTABLE	GEMCITABINE	SOLR	GEMCITABINE HCL FOR INJ 2 GM	
ONCOLOGY - INJECTABLE	HALAVEN	SOLN	ERIBULIN MESYLATE INJ 1 MG/2ML (0.5 MG/ML)	
ONCOLOGY - INJECTABLE	HERCEP HYLEC	SOLN	TRASTUZUMAB-HYALURONIDASE-OYSK INJ 600-10000 MG-UNIT/5ML	
ONCOLOGY - INJECTABLE	HERCEPTIN	SOLR	TRASTUZUMAB FOR IV SOLN 150 MG	
ONCOLOGY - INJECTABLE	HERZUMA	SOLR	TRASTUZUMAB-PKRB FOR IV SOLN 150 MG	X
ONCOLOGY - INJECTABLE	HERZUMA	SOLR	TRASTUZUMAB-PKRB FOR IV SOLN 420 MG	X
ONCOLOGY - INJECTABLE	HYCAMTIN	SOLR	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IDAMYCIN PFS	SOLN	IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IDARUBICIN	SOLN	IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	IFEX	SOLR	IFOSFAMIDE FOR INJ 1 GM	
ONCOLOGY - INJECTABLE	IFEX	SOLR	IFOSFAMIDE FOR INJ 3 GM	
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLN	IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLN	IFOSFAMIDE IV INJ 3 GM/60ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLR	IFOSFAMIDE FOR INJ 1 GM	
ONCOLOGY - INJECTABLE	IFOSFAMIDE	SOLR	IFOSFAMIDE FOR INJ 3 GM	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - INJECTABLE	IMJUDO	SOLN	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 25 MG/1.25ML	
ONCOLOGY - INJECTABLE	IMJUDO	SOLN	TREMELIMUMAB-ACTL SOLN FOR IV INFUSION 300 MG/15ML	
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	IRINOTECAN	SOLN	IRINOTECAN HCL INJ 500 MG/25ML (20 MG/ML)	
ONCOLOGY - INJECTABLE	ISTODAX	SOLR	ROMIDEPSIN FOR IV INJ 10 MG	
ONCOLOGY - INJECTABLE	IXEMPRA KIT	SOLR	IXABEPILONE FOR IV INFUSION 15 MG	
ONCOLOGY - INJECTABLE	IXEMPRA KIT	SOLR	IXABEPILONE FOR IV INFUSION 45 MG	
ONCOLOGY - INJECTABLE	JEMPERLI	SOLN	DOSTARLIMAB-GXLY IV SOLN 500 MG/10ML (50 MG/ML)	
ONCOLOGY - INJECTABLE	JEVTANA	SOLN	CABAZITAXEL INJ 60 MG/1.5ML (FOR IV INFUSION)	
ONCOLOGY - INJECTABLE	KADCYLA	SOLR	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG	
ONCOLOGY - INJECTABLE	KADCYLA	SOLR	ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG	
ONCOLOGY - INJECTABLE	KANJINTI	SOLR	TRASTUZUMAB-ANNS FOR IV SOLN 150 MG	
ONCOLOGY - INJECTABLE	KANJINTI	SOLR	TRASTUZUMAB-ANNS FOR IV SOLN 420 MG	
ONCOLOGY - INJECTABLE	KEMOPLAT	SOLN	CISPLATIN INJ 50 MG/50ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	KEYTRUDA	SOLN	PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML)	
ONCOLOGY - INJECTABLE	KHAPZORY	SOLR	LEVOLEUCOVORIN FOR IV SOLN 175 MG	
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 10 MG	
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 30 MG	
ONCOLOGY - INJECTABLE	KYPROLIS	SOLR	CARFILZOMIB FOR INJ 60 MG	
ONCOLOGY - INJECTABLE	LEUPROLIDE	KIT	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	LEUPROLIDE	KIT	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	LEUPROLIDE	KIT	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	LEUPROLIDE	KIT	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	LEVOLEUCOVOR	SOLR	LEVOLEUCOVORIN CALCIUM FOR IV INJ 50 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	LOQTORZI	SOLN	TORIPALIMAB-TPZI IV SOLN 240 MG/6ML (40 MG/ML)	X
ONCOLOGY - INJECTABLE	LUNSUMIO	SOLN	MOSUNETUZUMAB-AXGB IV SOLN 1 MG/ML	
ONCOLOGY - INJECTABLE	LUNSUMIO	SOLN	MOSUNETUZUMAB-AXGB IV SOLN 30 MG/30ML (1 MG/ML)	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT 45 MG	
ONCOLOGY - INJECTABLE	LUPRON DEPOT	KIT	LEUPROLIDE ACET (6 MONTH) FOR IM INJ PEDIATRIC KIT 45 MG	
ONCOLOGY - INJECTABLE	MELPHALAN	SOLR	MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	MESNA	SOLN	MESNA INJ 100 MG/ML	
ONCOLOGY - INJECTABLE	MESNA	SOLN	MESNA INJ 100 MG/ML	
ONCOLOGY - INJECTABLE	MESNEX	SOLN	MESNA INJ 100 MG/ML	
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 5 MG	
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 20 MG	
ONCOLOGY - INJECTABLE	MITOMYCIN	SOLR	MITOMYCIN FOR IV SOLN 40 MG	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 20 MG/10ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 25 MG/12.5ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	MITOXANTRON	CONC	MITOXANTRONE HCL INJ CONC 30 MG/15ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	MUTAMYCIN	SOLR	MITOMYCIN FOR IV SOLN 5 MG	
ONCOLOGY - INJECTABLE	MUTAMYCIN	SOLR	MITOMYCIN FOR IV SOLN 20 MG	
ONCOLOGY - INJECTABLE	MUTAMYCIN	SOLR	MITOMYCIN FOR IV SOLN 40 MG	
ONCOLOGY - INJECTABLE	MVASI	SOLN	BEVACIZUMAB-AWWB IV SOLN 100 MG/4ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	MVASI	SOLN	BEVACIZUMAB-AWWB IV SOLN 400 MG/16ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	MYLOTARG	SOLR	GEMTUZUMAB OZOGAMICIN FOR IV SOLN 4.5 MG	
ONCOLOGY - INJECTABLE	NELARABINE	SOLN	NELARABINE IV SOLN 5 MG/ML	
ONCOLOGY - INJECTABLE	NELARABINE	SOLN	NELARABINE IV SOLN 5 MG/ML	
ONCOLOGY - INJECTABLE	NELARABINE	SOLN	NELARABINE IV SOLN 5 MG/ML	
ONCOLOGY - INJECTABLE	NIPENT	SOLR	PENTOSTATIN FOR INJ 10 MG	
ONCOLOGY - INJECTABLE	OGIVRI	SOLR	TRASTUZUMAB-DKST FOR IV SOLN 150 MG	X
ONCOLOGY - INJECTABLE	OGIVRI	SOLR	TRASTUZUMAB-DKST FOR IV SOLN 420 MG	X
ONCOLOGY - INJECTABLE	ONIVYDE	INJ	IRINOTECAN HCL LIPOSOME IV INJ 43 MG/10ML (4.3 MG/ML)	
ONCOLOGY - INJECTABLE	ONTRUZANT	SOLR	TRASTUZUMAB-DTTB FOR IV SOLN 150 MG	X
ONCOLOGY - INJECTABLE	ONTRUZANT	SOLR	TRASTUZUMAB-DTTB FOR IV SOLN 420 MG	X
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 40 MG/4ML	
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 100 MG/10ML	
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 120 MG/12ML	
ONCOLOGY - INJECTABLE	OPDIVO	SOLN	NIVOLUMAB IV SOLN 240 MG/24ML	
ONCOLOGY - INJECTABLE	OPDUALAG	SOLN	NIVOLUMAB-RELATLIMAB-RMBW 240-80 MG/20ML	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 50 MG/10ML	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 100 MG/20ML	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 100 MG/20ML	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLN	OXALIPLATIN IV SOLN 200 MG/40ML	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLR	OXALIPLATIN FOR IV INJ 50 MG	
ONCOLOGY - INJECTABLE	OXALIPLATIN	SOLR	OXALIPLATIN FOR IV INJ 100 MG	
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 30 MG/5ML (6 MG/ML)	
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 100 MG/16.7ML (6 MG/ML)	
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 100 MG/16.7ML (6 MG/ML)	
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 150 MG/25ML (6 MG/ML)	
ONCOLOGY - INJECTABLE	PACLITAXEL	CONC	PACLITAXEL IV CONC 300 MG/50ML (6 MG/ML)	
ONCOLOGY - INJECTABLE	PACLITAXEL	SUSR	PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG	
ONCOLOGY - INJECTABLE	PADCEV	SOLR	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 20 MG	
ONCOLOGY - INJECTABLE	PADCEV	SOLR	ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 30 MG	
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 3 MG/ML	
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 6 MG/ML	
ONCOLOGY - INJECTABLE	PAMIDRONATE	SOLN	PAMIDRONATE DISODIUM IV SOLN 9 MG/ML	
ONCOLOGY - INJECTABLE	PARAPLATIN	SOLN	CARBOPLATIN IV SOLN 1000 MG/100ML	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 100 MG/4ML	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 500 MG/20ML	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED IV SOLN 1 GM/40ML	

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ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 100 MG/4ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 500 MG/20ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 850 MG/34ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLN	PEMETREXED DISODIUM IV SOLN 1 GM/40ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 750 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DISODIUM FOR IV SOLN 1000 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DITROMETHAMINE FOR IV SOLN 100 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMETREXED	SOLR	PEMETREXED DITROMETHAMINE FOR IV SOLN 500 MG (BASE EQUIV)	
ONCOLOGY - INJECTABLE	PEMFEXY	SOLN	PEMETREXED IV SOLN 500 MG/20ML	
ONCOLOGY - INJECTABLE	PERJETA	SOLN	PERTUZUMAB SOLN FOR IV INFUSION 420 MG/14ML (30 MG/ML)	
ONCOLOGY - INJECTABLE	PHESGO	SOLN	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 60 MG-60 MG-2000 UNT/ML	
ONCOLOGY - INJECTABLE	PHESGO	SOLN	PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 80 MG-40 MG-2000 UNT/ML	
ONCOLOGY - INJECTABLE	POLIVY	SOLR	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 30 MG	
ONCOLOGY - INJECTABLE	POLIVY	SOLR	POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 140 MG	
ONCOLOGY - INJECTABLE	PRALATREXATE	SOLN	PRALATREXATE IV INJ 20 MG/ML	
ONCOLOGY - INJECTABLE	PRALATREXATE	SOLN	PRALATREXATE IV INJ 40 MG/2ML	
ONCOLOGY - INJECTABLE	PROLEUKIN	SOLR	ALDESLEUKIN FOR IV SOLN 22000000 UNIT	
ONCOLOGY - INJECTABLE	RIABNI	SOLN	RITUXIMAB-ARRX IV SOLN 100 MG/10ML (10 MG/ML)	X
ONCOLOGY - INJECTABLE	RIABNI	SOLN	RITUXIMAB-ARRX IV SOLN 500 MG/50ML (10 MG/ML)	X
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB IV SOLN 100 MG/10ML	
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB IV SOLN 500 MG/50ML	
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB-HYALURONIDASE HUMAN INJ 1400-23400 MG-UNIT/11.7ML	
ONCOLOGY - INJECTABLE	RITUXAN	SOLN	RITUXIMAB-HYALURONIDASE HUMAN INJ 1600-26800 MG-UNIT/13.4ML	
ONCOLOGY - INJECTABLE	ROMIDEPSIN	SOLN	ROMIDEPSIN IV SOLN 27.5 MG/5.5ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	ROMIDEPSIN	SOLR	ROMIDEPSIN FOR IV INJ 10 MG	
ONCOLOGY - INJECTABLE	RUXIENCE	SOLN	RITUXIMAB-PVVR IV SOLN 100 MG/10ML (10 MG/ML)	
ONCOLOGY - INJECTABLE	RUXIENCE	SOLN	RITUXIMAB-PVVR IV SOLN 500 MG/50ML (10 MG/ML)	
ONCOLOGY - INJECTABLE	RYBREVANT	SOLN	AMIVANTAMAB-VMJW IV SOLN 350 MG/7ML	
ONCOLOGY - INJECTABLE	SYLVANT	SOLR	SILTUXIMAB FOR IV INFUSION 100 MG	
ONCOLOGY - INJECTABLE	SYLVANT	SOLR	SILTUXIMAB FOR IV INFUSION 400 MG	
ONCOLOGY - INJECTABLE	TECENTRIQ	SOLN	ATEZOLIZUMAB IV SOLN 840 MG/14ML	
ONCOLOGY - INJECTABLE	TECENTRIQ	SOLN	ATEZOLIZUMAB IV SOLN 1200 MG/20ML	
ONCOLOGY - INJECTABLE	TEMODAR	SOLR	TEMOZOLOMIDE FOR IV SOLN 100 MG	
ONCOLOGY - INJECTABLE	TEMSIROLIMUS	SOLN	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	
ONCOLOGY - INJECTABLE	TEPADINA	SOLR	THIOTEPA FOR INJ 15 MG	
ONCOLOGY - INJECTABLE	TEPADINA	SOLR	THIOTEPA FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	THIOTEPA	SOLR	THIOTEPA FOR INJ 15 MG	
ONCOLOGY - INJECTABLE	THIOTEPA	SOLR	THIOTEPA FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	TICE BCG	SUSR	BCG LIVE INTRAVESICAL FOR SUSP 50 MG	
ONCOLOGY - INJECTABLE	TIVDAK	SOLR	TISOTUMAB VEDOTIN-TFTV FOR IV SOLUTION 40 MG	
ONCOLOGY - INJECTABLE	TOPOTECAN	SOLN	TOPOTECAN HCL INJ 4 MG/4ML (BASE EQUIV) (FOR INFUSION)	
ONCOLOGY - INJECTABLE	TOPOTECAN	SOLR	TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)	

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ONCOLOGY - INJECTABLE	TORISEL	SOLN	TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML	
ONCOLOGY - INJECTABLE	TRAZIMERA	SOLR	TRASTUZUMAB-QYYP FOR IV SOLN 150 MG	
ONCOLOGY - INJECTABLE	TRAZIMERA	SOLR	TRASTUZUMAB-QYYP FOR IV SOLN 420 MG	
ONCOLOGY - INJECTABLE	TREANDA	SOLR	BENDAMUSTINE HCL FOR IV SOLN 25 MG	X
ONCOLOGY - INJECTABLE	TREANDA	SOLR	BENDAMUSTINE HCL FOR IV SOLN 100 MG	X
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG	
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG	
ONCOLOGY - INJECTABLE	TRELSTAR MIX	SUSR	TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG	
ONCOLOGY - INJECTABLE	TRISENOX	SOLN	ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)	
ONCOLOGY - INJECTABLE	TRUXIMA	SOLN	RITUXIMAB-ABBS IV SOLN 100 MG/10ML (10 MG/ML)	X
ONCOLOGY - INJECTABLE	TRUXIMA	SOLN	RITUXIMAB-ABBS IV SOLN 500 MG/50ML (10 MG/ML)	X
ONCOLOGY - INJECTABLE	VALRUBICIN	SOLN	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	
ONCOLOGY - INJECTABLE	VALSTAR	SOLN	VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML	
ONCOLOGY - INJECTABLE	VECTIBIX	SOLN	PANITUMUMAB IV SOLN 100 MG/5ML	
ONCOLOGY - INJECTABLE	VECTIBIX	SOLN	PANITUMUMAB IV SOLN 400 MG/20ML	
ONCOLOGY - INJECTABLE	VELCADE	SOLR	BORTEZOMIB FOR INJ 3.5 MG	
ONCOLOGY - INJECTABLE	VIDAZA	SUSR	AZACITIDINE FOR INJ 100 MG	
ONCOLOGY - INJECTABLE	VINBLASTINE	SOLN	VINBLASTINE SULFATE INJ 1 MG/ML	
ONCOLOGY - INJECTABLE	VINCISTINE	SOLN	VINCISTINE SULFATE IV SOLN 1 MG/ML	
ONCOLOGY - INJECTABLE	VINORELBINE	SOLN	VINORELBINE TARTRATE INJ 10 MG/ML (BASE EQUIV)	
ONCOLOGY - INJECTABLE	VINORELBINE	SOLN	VINORELBINE TARTRATE INJ 50 MG/5ML (10 MG/ML) (BASE EQUIV)	
ONCOLOGY - INJECTABLE	VIVIMUSTA	SOLN	BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)	X
ONCOLOGY - INJECTABLE	XGEVA	SOLN	DENOSUMAB INJ 120 MG/1.7ML	
ONCOLOGY - INJECTABLE	YERVOY	SOLN	IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	YERVOY	SOLN	IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40ML (5 MG/ML)	
ONCOLOGY - INJECTABLE	YONDELIS	SOLR	TRABECTEDIN FOR INJ 1 MG	
ONCOLOGY - INJECTABLE	ZALTRAP	SOLN	ZIV-AFLIBERCEPT IV SOLN 100 MG/4ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	ZALTRAP	SOLN	ZIV-AFLIBERCEPT IV SOLN 200 MG/8ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	ZANOSAR	SOLR	STREPTOZOCIN FOR INJ 1 GM	
ONCOLOGY - INJECTABLE	ZIRABEV	SOLN	BEVACIZUMAB-BVZR IV SOLN 100 MG/4ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	ZIRABEV	SOLN	BEVACIZUMAB-BVZR IV SOLN 400 MG/16ML (FOR INFUSION)	
ONCOLOGY - INJECTABLE	ZOLADEX	IMPL	GOSERELIN ACETATE IMPLANT 10.8 MG	
ONCOLOGY - INJECTABLE	ZYNYZ	SOLN	RETIFANLIMAB-DLWR IV SOLN 500 MG/20ML (25 MG/ML)	
ONCOLOGY - ORAL	ABIRATERONE	TABS	ABIRATERONE ACETATE TAB 250 MG	X
ONCOLOGY - ORAL	ABIRATERONE	TABS	ABIRATERONE ACETATE TAB 500 MG	X
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 2.5 MG	X
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 5 MG	X
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 7.5 MG	X
ONCOLOGY - ORAL	AFINITOR	TABS	EVEROLIMUS TAB 10 MG	X
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	X
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	X
ONCOLOGY - ORAL	AFINITOR DIS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	X
ONCOLOGY - ORAL	ALECENSA	CAPS	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	AUGTYRO	CAPS	REPOTRECTINIB CAP 40 MG	X

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ONCOLOGY - ORAL	BEXAROTENE	CAPS	BEXAROTENE CAP 75 MG	
ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 100 MG	
ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 400 MG	
ONCOLOGY - ORAL	BOSULIF	TABS	BOSUTINIB TAB 500 MG	
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	CABOMETYX	TABS	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	CAPECITABINE	TABS	CAPECITABINE TAB 150 MG	
ONCOLOGY - ORAL	CAPECITABINE	TABS	CAPECITABINE TAB 500 MG	
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	
ONCOLOGY - ORAL	COMETRIQ	KIT	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	
ONCOLOGY - ORAL	COPIKTRA	CAPS	DUVELISIB CAP 15 MG	
ONCOLOGY - ORAL	COPIKTRA	CAPS	DUVELISIB CAP 25 MG	
ONCOLOGY - ORAL	COTELLIC	TABS	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	DAURISMO	TABS	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	DAURISMO	TABS	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ERIVEDGE	CAPS	VISMODEGIB CAP 150 MG	
ONCOLOGY - ORAL	ERLEADA	TABS	APALUTAMIDE TAB 60 MG	
ONCOLOGY - ORAL	ERLEADA	TABS	APALUTAMIDE TAB 240 MG	
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ERLOTINIB	TABS	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ETOPOSIDE	CAPS	ETOPOSIDE CAP 50 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 2.5 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 5 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 7.5 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TABS	EVEROLIMUS TAB 10 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	
ONCOLOGY - ORAL	EVEROLIMUS	TBSO	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	
ONCOLOGY - ORAL	GAVRETO	CAPS	PRALSETINIB CAP 100 MG	
ONCOLOGY - ORAL	GEFITINIB	TABS	GEFITINIB TAB 250 MG	
ONCOLOGY - ORAL	GLEEVEC	TABS	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	GLEEVEC	TABS	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 10 MG	
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 40 MG	
ONCOLOGY - ORAL	GLEOSTINE	CAPS	LOMUSTINE CAP 100 MG	
ONCOLOGY - ORAL	HYCAMTIN	CAPS	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	
ONCOLOGY - ORAL	HYCAMTIN	CAPS	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	
ONCOLOGY - ORAL	IBRANCE	CAPS	PALBOCICLIB CAP 75 MG	
ONCOLOGY - ORAL	IBRANCE	CAPS	PALBOCICLIB CAP 100 MG	
ONCOLOGY - ORAL	IBRANCE	CAPS	PALBOCICLIB CAP 125 MG	
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 75 MG	

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 100 MG	
ONCOLOGY - ORAL	IBRANCE	TABS	PALBOCICLIB TAB 125 MG	
ONCOLOGY - ORAL	IDHIFA	TABS	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	IDHIFA	TABS	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	IMATINIB MES	TABS	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	IMATINIB MES	TABS	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	INLYTA	TABS	AXITINIB TAB 1 MG	
ONCOLOGY - ORAL	INLYTA	TABS	AXITINIB TAB 5 MG	
ONCOLOGY - ORAL	INQOVI	TABS	DECITABINE-CEDAZURIDINE TAB 35-100 MG	X
ONCOLOGY - ORAL	INREBIC	CAPS	FEDRATINIB HCL CAP 100 MG	
ONCOLOGY - ORAL	IRESSA	TABS	GEFITINIB TAB 250 MG	
ONCOLOGY - ORAL	IWILFIN	TABS	EFLORNITHINE HCL TAB 192 MG	X
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	JAKAFI	TABS	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	JAYPIRCA	TABS	PIRTOBRUTINIB TAB 50 MG	
ONCOLOGY - ORAL	JAYPIRCA	TABS	PIRTOBRUTINIB TAB 100 MG	
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	
ONCOLOGY - ORAL	KISQALI	TBPK	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	
ONCOLOGY - ORAL	KISQALI 200	TBPK	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	
ONCOLOGY - ORAL	KISQALI 400	TBPK	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	
ONCOLOGY - ORAL	KISQALI 600	TBPK	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	
ONCOLOGY - ORAL	LAPATINIB	TABS	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAPS 2.5 MG	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 5 MG	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 10 MG	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 15 MG	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 20 MG	
ONCOLOGY - ORAL	LENALIDOMIDE	CAPS	LENALIDOMIDE CAP 25 MG	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	
ONCOLOGY - ORAL	LENVIMA	CPPK	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	
ONCOLOGY - ORAL	LONSURF	TABS	TRIFLURIDINE-TIPRACIL TAB 15-6.14 MG	
ONCOLOGY - ORAL	LONSURF	TABS	TRIFLURIDINE-TIPRACIL TAB 20-8.19 MG	
ONCOLOGY - ORAL	LORBRENA	TABS	LORLATINIB TAB 25 MG	
ONCOLOGY - ORAL	LORBRENA	TABS	LORLATINIB TAB 100 MG	

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ONCOLOGY - ORAL	LUMAKRAS	TABS	SOTORASIB TAB 120 MG	
ONCOLOGY - ORAL	LUMAKRAS	TABS	SOTORASIB TAB 320 MG	
ONCOLOGY - ORAL	LYNPARZA	TABS	OLAPARIB TAB 100 MG	
ONCOLOGY - ORAL	LYNPARZA	TABS	OLAPARIB TAB 150 MG	
ONCOLOGY - ORAL	MEKINIST	TABS	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	MEKINIST	TABS	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	MEKINIST	SOLR	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	
ONCOLOGY - ORAL	MELPHALAN	TABS	MELPHALAN TAB 2 MG	
ONCOLOGY - ORAL	MESNEX	TABS	MESNA TAB 400 MG	
ONCOLOGY - ORAL	NERLYNX	TABS	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	NEXAVAR	TABS	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	NILUTAMIDE	TABS	NILUTAMIDE TAB 150 MG	
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	NINLARO	CAPS	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	NUBEQA	TABS	DAROLUTAMIDE TAB 300 MG	
ONCOLOGY - ORAL	ODOMZO	CAPS	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ONUREG	TABS	AZACITIDINE TAB 200 MG	
ONCOLOGY - ORAL	ONUREG	TABS	AZACITIDINE TAB 300 MG	
ONCOLOGY - ORAL	PAZOPANIB	TABS	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	
ONCOLOGY - ORAL	PIQRAY 200MG	TBPK	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	
ONCOLOGY - ORAL	PIQRAY 250MG	TBPK	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	
ONCOLOGY - ORAL	PIQRAY 300MG	TBPK	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 1 MG	
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 2 MG	
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 3 MG	
ONCOLOGY - ORAL	POMALYST	CAPS	POMALIDOMIDE CAP 4 MG	
ONCOLOGY - ORAL	RETEVMO	CAPS	SELPERCATINIB CAP 40 MG	
ONCOLOGY - ORAL	RETEVMO	CAPS	SELPERCATINIB CAP 80 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAPS 2.5 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 5 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 10 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 15 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 20 MG	
ONCOLOGY - ORAL	REVLIMID	CAPS	LENALIDOMIDE CAP 25 MG	
ONCOLOGY - ORAL	ROZLYTREK	CAPS	ENTRECTINIB CAP 100 MG	
ONCOLOGY - ORAL	ROZLYTREK	CAPS	ENTRECTINIB CAP 200 MG	
ONCOLOGY - ORAL	ROZLYTREK	PACK	ENTRECTINIB PELLETT PACK 50 MG	
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	RUBRACA	TABS	RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	RYDAPT	CAPS	MIDOSTAURIN CAP 25 MG	
ONCOLOGY - ORAL	SCEMBLIX	TABS	ASCIMINIB HCL TAB 20 MG	
ONCOLOGY - ORAL	SCEMBLIX	TABS	ASCIMINIB HCL TAB 40 MG	

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ONCOLOGY - ORAL	SORAFENIB	TABS	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 20 MG	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 50 MG	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 70 MG	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 80 MG	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 100 MG	
ONCOLOGY - ORAL	SPRYCEL	TABS	DASATINIB TAB 140 MG	
ONCOLOGY - ORAL	STIVARGA	TABS	REGORAFENIB TAB 40 MG	
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	SUNITINIB	CAPS	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	SUTENT	CAPS	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TABLOID	TABS	THIOGUANINE TAB 40 MG	
ONCOLOGY - ORAL	TABRECTA	TABS	CAPMATINIB HCL TAB 150 MG	
ONCOLOGY - ORAL	TABRECTA	TABS	CAPMATINIB HCL TAB 200 MG	
ONCOLOGY - ORAL	TAFINLAR	CAPS	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TAFINLAR	CAPS	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TAFINLAR	TBSO	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	
ONCOLOGY - ORAL	TAGRISSO	TABS	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TAGRISSO	TABS	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TALZENNA	CAPS	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TARCEVA	TABS	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TARCEVA	TABS	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TARCEVA	TABS	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	X
ONCOLOGY - ORAL	TARGRETIN	CAPS	BEXAROTENE CAP 75 MG	X
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TASIGNA	CAPS	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 5 MG	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 20 MG	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 100 MG	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 140 MG	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 180 MG	
ONCOLOGY - ORAL	TEMOZOLOMIDE	CAPS	TEMOZOLOMIDE CAP 250 MG	
ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 50 MG	

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ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 100 MG	
ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 150 MG	
ONCOLOGY - ORAL	THALOMID	CAPS	THALIDOMIDE CAP 200 MG	
ONCOLOGY - ORAL	TRETINOIN	CAPS	TRETINOIN CAP 10 MG	
ONCOLOGY - ORAL	TYKERB	TABS	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	X
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 50 MG	
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 100 MG	
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 150 MG	
ONCOLOGY - ORAL	VERZENIO	TABS	ABEMACICLIB TAB 200 MG	
ONCOLOGY - ORAL	VIZIMPRO	TABS	DACOMITINIB TAB 15 MG	
ONCOLOGY - ORAL	VIZIMPRO	TABS	DACOMITINIB TAB 30 MG	
ONCOLOGY - ORAL	VIZIMPRO	TABS	DACOMITINIB TAB 45 MG	
ONCOLOGY - ORAL	VOTRIENT	TABS	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	
ONCOLOGY - ORAL	XALKORI	CAPS	CRIZOTINIB CAP 200 MG	X
ONCOLOGY - ORAL	XALKORI	CAPS	CRIZOTINIB CAP 250 MG	X
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 20 MG	X
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 50 MG	X
ONCOLOGY - ORAL	XALKORI	CPSP	CRIZOTINIB CAP SPRINKLE 150 MG	X
ONCOLOGY - ORAL	XELODA	TABS	CAPECITABINE TAB 150 MG	X
ONCOLOGY - ORAL	XELODA	TABS	CAPECITABINE TAB 500 MG	X
ONCOLOGY - ORAL	XTANDI	CAPS	ENZALUTAMIDE CAP 40 MG	
ONCOLOGY - ORAL	XTANDI	TABS	ENZALUTAMIDE TAB 40 MG	
ONCOLOGY - ORAL	XTANDI	TABS	ENZALUTAMIDE TAB 80 MG	
ONCOLOGY - ORAL	YONSA	TABS	ABIRATERONE ACETATE MICRONIZED TAB 125 MG	X
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ZEJULA	TABS	NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)	
ONCOLOGY - ORAL	ZELBORAF	TABS	VEMURAFENIB TAB 240 MG	
ONCOLOGY - ORAL	ZOLINZA	CAPS	VORINOSTAT CAP 100 MG	
ONCOLOGY - ORAL	ZYDELIG	TABS	IDELALISIB TAB 100 MG	
ONCOLOGY - ORAL	ZYDELIG	TABS	IDELALISIB TAB 150 MG	
ONCOLOGY - ORAL	ZYKADIA	TABS	CERITINIB TAB 150 MG	
ONCOLOGY - ORAL	ZYTIGA	TABS	ABIRATERONE ACETATE TAB 250 MG	X
ONCOLOGY - ORAL	ZYTIGA	TABS	ABIRATERONE ACETATE TAB 500 MG	X
ONCOLOGY - TOPICAL	BEXAROTENE	GEL	BEXAROTENE GEL 1%	
ONCOLOGY - TOPICAL	TARGRETIN	GEL	BEXAROTENE GEL 1%	X
ONCOLOGY - TOPICAL	VALCHLOR	GEL	MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT)	
OPHTHALMIC AGENTS	BEOVU	SOSY	BROLUCIZUMAB-DBLL INTRAVITREAL SOLN PREF SYRINGE 6 MG/0.05ML	X
OPHTHALMIC AGENTS	BYOOVIZ	SOLN	RANIBIZUMAB-NUNA INTRAVITREAL INJ 0.5 MG/0.05ML (10 MG/ML)	X
OPHTHALMIC AGENTS	EYLEA	SOLN	AFLIBERCEPT INTRAVITREAL INJ 2 MG/0.05ML (40 MG/ML)	
OPHTHALMIC AGENTS	EYLEA	SOSY	AFLIBERCEPT INTRAVITREAL SOLN PREF SYR 2 MG/0.05ML	
OPHTHALMIC AGENTS	EYLEA HD	SOLN	AFLIBERCEPT INTRAVITREAL INJ 8 MG/0.07ML (114.3 MG/ML)	X
OPHTHALMIC AGENTS	IDOSE TR	IMPL	TRAVOPROST INTRACAMERAL IMPLANT 75 MCG	X
OPHTHALMIC AGENTS	ILUVIEN	IMPL	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.19 MG	X

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OPHTHALMIC AGENTS	IZERVAY	SOLN	AVACINCAPTAD PEGOL INTRAVITREAL SOLN 2 MG/0.1ML (20 MG/ML)	X
OPHTHALMIC AGENTS	LUCENTIS	SOSY	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.3 MG/0.05ML	X
OPHTHALMIC AGENTS	LUCENTIS	SOSY	RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.5 MG/0.05ML	X
OPHTHALMIC AGENTS	OZURDEX	IMPL	DEXAMETHASONE INTRAVITREAL IMPLANT 0.7 MG	X
OPHTHALMIC AGENTS	SYFOVRE	SOLN	PEGCETACOPLAN INTRAVITREAL SOLN 15 MG/0.1ML (150 MG/ML)	
OPHTHALMIC AGENTS	VABYSMO	SOLN	FARICIMAB-SVOA INTRAVITREAL INJ 6 MG/0.05ML (120 MG/ML)	
OPHTHALMIC AGENTS	VISUDYNE	SOLR	VERTEPORFIN FOR IV SOLN 15 MG (2 MG/ML)	
OPHTHALMIC AGENTS	YUTIQ	IMPL	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.18 MG	X
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 64 MG/0.18ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 96 MG/0.27ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 128 MG/0.36ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 8 MG/0.16ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 16 MG/0.32ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 24 MG/0.48ML	
OPIOID ANTAGONISTS	BRIXADI	SOSY	BUPRENORPHINE EXT REL SOLN PREF SYR (WEEKLY) 32 MG/0.64ML	
OPIOID ANTAGONISTS	SUBLOCADE	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 100 MG/0.5ML	
OPIOID ANTAGONISTS	SUBLOCADE	SOSY	BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 300 MG/1.5ML	
OSTEOPOROSIS	EVENITY	SOSY	ROMOSUZUMAB-AQQG INJ SOLN PREFILLED SYRINGE 105 MG/1.17ML	
OSTEOPOROSIS	FORTEO	SOPN	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	X
OSTEOPOROSIS	PROLIA	SOSY	DENOSUMAB INJ SOLN PREFILLED SYRINGE 60 MG/ML	
OSTEOPOROSIS	TERIPARATIDE	SOPN	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	
OSTEOPOROSIS	TERIPARATIDE	SOPN	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 600 MCG/2.4ML	
OSTEOPOROSIS	TERIPARATIDE	SOPN	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML	
OSTEOPOROSIS	TYMLOS	SOPN	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	
PARKINSON'S DISEASE	APOKYN	SOCT	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	
PARKINSON'S DISEASE	APOMORPHINE	SOCT	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	
PULMONARY FIBROSIS	ESBRIET	CAPS	PIRFENIDONE CAP 267 MG	X
PULMONARY FIBROSIS	ESBRIET	TABS	PIRFENIDONE TAB 267 MG	X
PULMONARY FIBROSIS	ESBRIET	TABS	PIRFENIDONE TAB 801 MG	X
PULMONARY FIBROSIS	OFEV	CAPS	NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	
PULMONARY FIBROSIS	OFEV	CAPS	NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	
PULMONARY FIBROSIS	PIRFENIDONE	CAPS	PIRFENIDONE CAP 267 MG	
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 267 MG	
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 534 MG	
PULMONARY FIBROSIS	PIRFENIDONE	TABS	PIRFENIDONE TAB 801 MG	
PULMONARY HYPERTENSION	ADCIRCA	TABS	TADALAFIL TAB 20 MG (PAH)	X
PULMONARY HYPERTENSION	ALYQ	TABS	TADALAFIL TAB 20 MG (PAH)	
PULMONARY HYPERTENSION	AMBRISENTAN	TABS	AMBRISENTAN TAB 5 MG	
PULMONARY HYPERTENSION	AMBRISENTAN	TABS	AMBRISENTAN TAB 10 MG	
PULMONARY HYPERTENSION	BOSENTAN	TABS	BOSENTAN TAB 62.5 MG	
PULMONARY HYPERTENSION	BOSENTAN	TABS	BOSENTAN TAB 125 MG	
PULMONARY HYPERTENSION	LETAIRIS	TABS	AMBRISENTAN TAB 5 MG	X
PULMONARY HYPERTENSION	LETAIRIS	TABS	AMBRISENTAN TAB 10 MG	X
PULMONARY HYPERTENSION	LIQREV	SUSP	SILDENAFIL CITRATE ORAL SUSP 10 MG/ML	X

DRUG CLASS	DRUG NAME	DOSAGE FORM	GENERIC NAME	EXCLUDED ON NATIONAL PERFORMANCE FORMULARY
PULMONARY HYPERTENSION	REVATIO	TABS	SILDENAFIL CITRATE TAB 20 MG	X
PULMONARY HYPERTENSION	REVATIO	SUSR	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	X
PULMONARY HYPERTENSION	REVATIO	SOLN	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT)	X
PULMONARY HYPERTENSION	SILDENAFIL	TABS	SILDENAFIL CITRATE TAB 20 MG	
PULMONARY HYPERTENSION	SILDENAFIL	SUSR	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	
PULMONARY HYPERTENSION	SILDENAFIL	SOLN	SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT)	
PULMONARY HYPERTENSION	TADALAFIL	TABS	TADALAFIL TAB 20 MG (PAH)	
PULMONARY HYPERTENSION	TADLIQ	SUSP	TADALAFIL ORAL SUSP 20 MG/5ML (PAH)	X
PULMONARY HYPERTENSION	TRACLEER	TABS	BOSENTAN TAB 62.5 MG	X
PULMONARY HYPERTENSION	TRACLEER	TABS	BOSENTAN TAB 125 MG	X
PULMONARY HYPERTENSION	TRACLEER	TBSO	BOSENTAN TAB FOR ORAL SUSP 32 MG	
RSV	SYNAGIS	SOLN	PALIVIZUMAB IM SOLN 50 MG/0.5ML	
RSV	SYNAGIS	SOLN	PALIVIZUMAB IM SOLN 100 MG/ML	
SUBSTANCE ABUSE TREATMENT	VIVITROL	SUSR	NALTREXONE FOR IM EXTENDED RELEASE SUSP 380 MG	

SCORE SUMMARY DETAILS

9-7822-EE11-A9BB-6045BD832DB6&SELECTEDEP=RENEWAL%20SURVEY&REPORTTYPE=NONE&SELECTEDUA=COMMERCIAL%20HMO%2FPOS%20COMBINED)

Organization: The Vermont Health Plan
License: 97373

ⓘ A manual browser refresh may be required to view updated scores

License Selector

The Vermont Health Plan (s) - 97373 ▼

RESULTS AND SCORES SELECTOR

Results and Scores Selector Detail of Scores at Element Level ▼

VIEW SCORING SUMMARY FOR

Evaluation product Renewal Survey ▼

Units of Assessment Commercial HMO/POS Combined ▼

NCQA STATUS: **Accredited**

[VIEW must-pass results](#)

[VIEW cap element results](#)

ⓘ Warning: Must Pass >= 3 may be subject to denial by ROC

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
	<input type="text"/>	Filter ▼	Filter ▼	<input type="text"/>	<input type="text"/>	Filter ▼	Filter ▼	Filter
Q11A	QI Program Structure	NA	NA	NA	0.00			
Q11B	Annual Work Plan	Met	Met	2.00	2.00			
Q11C	Annual Evaluation	Met	Met	1.00	1.00			
Q11D	QI Committee Responsibilities	Met	Met	1.00	1.00			
Q11E	Promoting Organizational Diversity, Equity and Inclusion	Met	Met	1.00	1.00			
Q12A	Practitioner Contracts	NA	NA	NA	0.00			
Q13A	Identifying Opportunities	Met	Met	1.00	1.00			
Q13B	Acting on Opportunities	Met	Met	1.00	1.00			
Q13C	Measuring Effectiveness	Met	Met	1.00	1.00			
Q13D	Transition to Other Care	Not Met	Met	1.00	1.00			
Q14A	Data Collection	Met	Met	1.00	1.00			
Q14B	Collaborative Activities	Met	Met	1.00	1.00			
Q14C	Measuring Effectiveness	Met	Met	1.00	1.00			
Total Score				137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
QI5A	Delegation Agreement	NA	NA	NA	0.00			
QI5B	Predelegation Evaluation	NA	NA	NA	0.00			
QI5C	Review of QI Program	NA	NA	NA	0.00			
QI5D	Opportunities for Improvement	NA	NA	NA	0.00			
PHM1A	Strategy Description	Met	Met	2.00	2.00			
PHM1B	Informing Members	Met	Met	1.00	1.00		✓	
PHM2A	Data Integration	Met	Met	1.00	1.00			
PHM2B	Population Assessment	Met	Met	1.00	1.00			
PHM2C	Activities and Resources	Met	Met	1.00	1.00			
PHM2D	Segmentation	Met	Met	1.00	1.00			
PHM3A	Practitioner or Provider Support	Met	Met	1.00	1.00			
PHM3B	Value-Based Payment Arrangements	Met	Met	1.00	1.00			
PHM4B	Topics of Self-Management Tools	Met	Met	1.00	1.00			
PHM5A	Access to Case Management	Met	Met	1.00	1.00			
PHM5B	Case Management Systems	Met	Met	1.00	1.00			
PHM5D	Initial Assessment	NA	Met	2.00	2.00			
PHM5E	Case Management—Ongoing Management	NA	Met	2.00	2.00			
PHM6A	Measuring Effectiveness	Met	Met	1.00	1.00			
PHM6B	Improvement and Action	Met	Met	1.00	1.00			
PHM7A	Delegation Agreement	Met	Met	1.00	1.00			
PHM7B	Predelegation Evaluation	Met	Met	1.00	1.00			
PHM7C	Review of PHM Program	Met	Met	1.00	1.00		✓	
PHM7D	Opportunities for Improvement	Incomplete	Met	1.00	1.00		✓	
NET1A	Cultural Needs and Preferences	Met	Met	1.00	1.00			
NET1B	Practitioners Providing Primary Care	Met	Met	1.00	1.00			
NET1C	Practitioners Providing Specialty Care	Met	Met	1.00	1.00			
NET1D	Practitioners Providing Behavioral Healthcare	Met	Met	1.00	1.00			
NET2A	Access to Primary Care	Met	Met	1.00	1.00			
NET2B	Access to Behavioral Healthcare	Met	Met	1.00	1.00			
NET2C	Access to Specialty Care	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
NET3A	Assessment of Member Experience Accessing the Network	Met	Met	2.00	2.00			
NET3B	Opportunities to Improve Access to Nonbehavioral Healthcare Services	Met	Met	2.00	2.00			
NET3C	Opportunities to Improve Access to Behavioral Healthcare Services	Met	Met	2.00	2.00			
NET4A	Notification of Termination	Met	Met	1.00	1.00			
NET4B	Continued Access to Practitioners	Partially Met	Met	1.00	1.00			
NET5A	Physician Directory Data	NA	NA	NA	0.00			
NET5B	Physician Directory Updates	NA	NA	NA	0.00			
NET5C	Assessment of Physician Directory Accuracy	Met	Met	1.00	1.00			
NET5D	Identifying and Acting on Opportunities	Met	Met	1.00	1.00			
NET5E	Searchable Physician Web-Based Directory	Met	Met	1.00	1.00			
NET5F	Hospital Directory Data	NA	NA	NA	0.00			
NET5G	Hospital Directory Updates	NA	NA	NA	0.00			
NET5H	Searchable Hospital Web-Based Directory	Met	Met	1.00	1.00			
NET5I	Usability Testing	Met	Met	1.00	1.00			
NET5J	Availability of Directories	Met	Met	1.00	1.00			
NET6A	Delegation Agreement	Incomplete	NA	NA	0.00			
NET6B	Predelegation Evaluation	Incomplete	NA	NA	0.00			
NET6C	Review of Delegated Activities	Incomplete	NA	NA	0.00			
NET6D	Opportunities for Improvement	Incomplete	NA	NA	0.00			
UM1A	Written Program Description	Met	Met	1.00	1.00			
UM1B	Annual Evaluation	Met	Met	1.00	1.00			
UM2A	UM Criteria	Met	Met	1.00	1.00			
UM2C	Consistency in Applying Criteria	Met	Met	1.00	1.00			
UM3A	Access to Staff	Met	Met	1.00	1.00			
UM4A	Licensed Health Professionals	NA	NA	NA	0.00			
UM4B	Use of Practitioners for UM Decisions	NA	NA	NA	0.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
UM4C	Practitioner Review of Nonbehavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM4D	Practitioner Review of Behavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM4E	Practitioner Review of Pharmacy Denials	NA	Met	1.00	1.00	✓	✓	
UM4F	Use of Board-Certified Consultants	Met	Met	1.00	1.00			
UM5A	Notification of Nonbehavioral Healthcare Decisions	NA	Met	1.00	1.00	✓		
UM5B	Notification of Behavioral Healthcare Decisions	NA	Met	1.00	1.00	✓		
UM5C	Notification of Pharmacy Decisions	NA	Met	1.00	1.00	✓	✓	
UM5D	UM Timeliness Report	Met	Met	1.00	1.00		✓	
UM6A	Relevant Information for Nonbehavioral Healthcare Decisions	NA	Met	1.00	1.00			
UM6B	Relevant Information for Behavioral Healthcare Decisions	NA	Met	1.00	1.00			
UM6C	Relevant Information for Pharmacy Decisions	NA	Met	1.00	1.00		✓	
UM7A	Discussing a Denial With a Nonbehavioral Healthcare Reviewer	NA	Met	1.00	1.00			
UM7B	Written Notification of Nonbehavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM7C	Written Notification of Nonbehavioral Healthcare Appeal Rights/Process	NA	Met	1.00	1.00	✓		
UM7D	Discussing a Behavioral Healthcare Denial With a Reviewer	NA	Met	1.00	1.00			
UM7E	Written Notification of Behavioral Healthcare Denials	NA	Met	1.00	1.00	✓		
UM7F	Written Notification of Behavioral Healthcare Appeal Rights/Process	NA	Met	1.00	1.00	✓		
UM7G	Discussing a Pharmacy Denial With a Reviewer	NA	Met	1.00	1.00		✓	
UM7H	Written Notification of Pharmacy Denials	NA	Met	1.00	1.00	✓	✓	
UM7I	Written Notification of Pharmacy Appeal Rights/Process	NA	Met	1.00	1.00	✓	✓	
UM8A	Internal Appeals	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
UM9A	Preservice and Postservice Appeals	NA	Met	1.00	1.00			
UM9B	Timeliness of the Appeal Process	NA	Met	1.00	1.00	✓		
UM9C	Appeal Reviewers	NA	Met	1.00	1.00			
UM9D	Notification of Appeal Decision/Rights	NA	Met	1.00	1.00	✓		
UM9E	Final Internal and External Appeal Files	Met	Met	1.00	1.00			
UM9F	Appeals Overturned by the IRO	NA	Met	1.00	1.00			
UM10A	Written Process	Met	Met	1.00	1.00			
UM10B	Description of the Evaluation Process	Met	Met	1.00	1.00			
UM11A	Pharmaceutical Management Procedures	Met	Met	1.00	1.00		✓	
UM11B	Pharmaceutical Restrictions/Preferences	Met	Met	1.00	1.00		✓	
UM11C	Pharmaceutical Patient Safety Issues	Met	Met	1.00	1.00		✓	
UM11D	Reviewing and Updating Procedures	Met	Met	1.00	1.00		✓	
UM11E	Considering Exceptions	Met	Met	1.00	1.00		✓	
UM12A	UM Denial System Controls	Met	Met	1.00	1.00	✓		
UM12B	UM Denial System Controls Oversight	Met	Met	1.00	1.00			
UM12C	UM Appeal System Controls	Met	Met	1.00	1.00	✓		
UM12D	UM Appeal System Controls Oversight	Met	Met	1.00	1.00			
UM13A	Delegation Agreement	Met	Partially Met	0.50	1.00			
UM13B	Predelegation Evaluation	Not Met	Not Met	0.00	1.00			
UM13C	Review of the UM Program	Partially Met	Partially Met	0.50	1.00		✓	
UM13D	Opportunities for Improvement	Incomplete	Met	1.00	1.00		✓	
CR1A	Practitioner Credentialing Guidelines	NA	NA	NA	0.00			
CR1B	Practitioner Rights	NA	NA	NA	0.00			
CR1C	Credentialing System Controls	Met	Met	1.00	1.00	✓		
CR1D	Credentialing System Controls Oversight	Met	Met	1.00	1.00			
CR2A	Credentialing Committee	Met	Met	1.00	1.00			
CR3A	Verification of Credentials	NA	Met	1.00	1.00	✓		
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE
CR3B	Sanction Information	NA	Met	1.00	1.00	✓		
CR3C	Credentialing Application	NA	Met	1.00	1.00	✓		
CR4A	Recredentialing Cycle Length	NA	Met	1.00	1.00	✓		
CR5A	Ongoing Monitoring and Interventions	Met	Met	2.00	2.00			
CR7D	Assessing Medical Providers	Met	Met	1.00	1.00			
CR7E	Assessing Behavioral Healthcare Providers	Met	Met	1.00	1.00			
CR8A	Delegation Agreement	Met	Met	1.00	1.00			
CR8B	Predelegation Evaluation	Incomplete	NA	NA	0.00			
CR8C	Review of Delegate's Credentialing Activities	Met	Met	1.00	1.00		✓	
CR8D	Opportunities for Improvement	Met	Met	1.00	1.00			
ME1A	Rights and Responsibilities Statement	Met	NA	NA	0.00			
ME1B	Distribution of Rights Statement	Met	Met	1.00	1.00			
ME2A	Subscriber Information	Met	Met	1.00	1.00			
ME2B	Distribution of Subscriber Information	Met	Met	1.00	1.00			
ME2C	Interpreter Services	Met	Met	1.00	1.00			
ME3A	Materials and Presentations	Met	Met	1.00	1.00			
ME3B	Communicating With Prospective Members	Met	Met	1.00	1.00			
ME3C	Assessing Member Understanding	Met	Met	1.00	1.00			
ME5C	QI Process on Accuracy of Information	Met	Met	1.00	1.00			
ME5D	Pharmacy Benefit Updates	Met	Met	1.00	1.00			
ME6A	Functionality: Website	Met	Met	1.00	1.00			
ME6B	Functionality: Telephone	Met	Met	1.00	1.00			
ME6C	Quality and Accuracy of Information	Met	Met	1.00	1.00			
ME6D	Email Response Evaluation	Met	Met	1.00	1.00			
ME7A	Policies and Procedures for Complaints	Met	Met	1.00	1.00			
ME7B	Policies and Procedures for Appeals	Met	Met	1.00	1.00			
ME7C	Annual Assessment of Nonbehavioral Healthcare Complaints and Appeals	Met	Met	2.00	2.00			
			Total Score	137.00	141.00			

ELEMENT	TITLE	SELF-ASSESSED SCORE	CURRENT	RECEIVED POINTS	POSSIBLE POINTS	MUST PASS	HAS AUTOCREDIT	SCORE OVERALL
		▼	▼			▼	▼	
ME7D	Nonbehavioral Opportunities for Improvement	Met	Met	1.00	1.00			
ME7E	Annual Assessment of Behavioral Healthcare and Services	Met	Met	2.00	2.00			
ME7F	Behavioral Healthcare Opportunities for Improvement	Met	Met	1.00	1.00			
ME8A	Delegation Agreement	Met	Partially Met	0.50	1.00			
ME8B	Predelegation Evaluation	Not Met	Not Met	0.00	1.00			
ME8C	Review of Performance	Partially Met	Partially Met	0.50	1.00			
ME8D	Opportunities for Improvement	Met	Met	1.00	1.00			
			Total Score	137.00	141.00			