PRIOR AUTHORIZATION CRITERIA – MEDICAL BENEFIT DRUGS

This document contains clinical criteria for coverage of certain drugs that may be covered under your medical benefit. This document is accurate as of the last update date and is subject to change.

Please note that additional restrictions and exclusions to drug coverage may apply. You can search for your drugs on the "Medical Benefit Drug Search" online tool found at: https://www.providencehealthplan.com/members/pharmacy-resources

This is not a guarantee of coverage or benefits. Please check your member handbook to verify coverage or call Providence Health Plan Customer Service at 503-574-7500 or 1-800-878-4445 (TTY: 711). Service is available five days a week, Monday through Friday, between 8 a.m. and 6 p.m.

PROCEDURE CODE(S)	DRUGS
ACUTE HEREDITARY ANGIOEDEMA THERAPY: J0597, J0596, J1290	BERINERT 500 UNIT KIT 500 UNIT (10 ML), BERINERT 500 UNIT VIAL 500 UNIT (10 ML), RUCONEST 2,100 UNIT VIAL P/F, SUV, INNER, RUCONEST 2,100 UNIT VIAL P/F, SUV, OUTER, KALBITOR 10 MG/ML VIAL 10 MG/ML (1 ML)
ADAKVEO: J0791	ADAKVEO 100 MG/10 ML VIAL 10 MG/ML
ALPHA-1 PROTEINASE INHIBITORS: J0256, J0257	ARALAST NP 1,000 MG VIAL P/F,PRICE/MG,SUV, ARALAST NP 500 MG VIAL INNER, P/F, SUV, ARALAST NP 500 MG VIAL PRICE/MG,P/F,SUV, GLASSIA 1 GM/50 ML VIAL 20 MG/ML (2 %), GLASSIA 4 GM /200 ML VIAL 20 MG/ML (2 %), GLASSIA 5 GM /250 ML VIAL 20 MG/ML (2 %), PROLASTIN C 1,000 MG/20 ML VL P/F,SUV,INNER, PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV, ZEMAIRA 1,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 1,000 MG VIAL PRICE/ONE MG,SUV, ZEMAIRA 4,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 4,000 MG VIAL PRICE/ONE MG, SUV, ZEMAIRA 5,000 MG VIAL INNER, P/F, SUV, ZEMAIRA 5,000 MG VIAL PRICE/ONE MG,SUV
ANTI-AMYLOID MONOCLONAL ANTIBODIES-COMM: C9399, J3490, J0175, J0174	LEQEMBI IQLIK 360 MG/1.8 ML AUTOINJECTOR, LEQEMBI IQLIK 500 MG DOSE (250 MG/1.25 ML X 2 AUTOINJECTORS) 500 MG/2.5 ML (250MG/1.25MLX2), KISUNLA 350 MG/20 ML VIAL 17.5 MG/ML, LEQEMBI 200 MG/2 ML VIAL 100 MG/ML, LEQEMBI 500 MG/5 ML VIAL 100 MG/ML
ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT: Q5126, J9035, Q5160, Q5107, Q5129, Q5118, J9061, J9062, J0614, J9245, J9246, J9248, J9249, J9033, J9036, J9034, J9056, J9153, J9042, J9229, J9053, J9063, J9326, J9358, J9354, J9203, J9177, J9309, J9273, J9348, J9307, J9261, J9025, J0893, J0894, J9184, J9191, J9183, J9298, J9176, J9118, J9021, J9382, J9276, J9204, J9359, J9349, J9302, J9145, J9144, J9227, J1326, J9347, J9228, J9186, J9207, J9029, J9319, J9318, J9032, J9325, J9161, J9179, J9330, J9331, J9028, A9513, A9607, J9278, J9049, J9041, J9051, J9054, J9047, A9606, J9395, J9264, J9174, J9172, J9043, J9205, J9308, J9281, J9282, J9999, J9362, J9223, J9023, J9173, J9022, J9024, J9275, J9272, J9271, J9277, J9119, J3263, J9299, J9289, J9329, J9345, C9313, J9269, J9011, J9317, J9400, J1448, J9306, J9055, J9303, J9355, J9356, Q5146, Q5113, Q5117, J9353, Q5114, Q5112, J9316, Q5116, J0644, C9310, J0208, J2277	ALYMSYS 100 MG/4 ML VIAL 25 MG/ML, ALYMSYS 400 MG/16 ML VIAL 25 MG/ML, AVASTIN 100 MG/4 ML VIAL P/F,SUV 25 MG/ML, AVASTIN 400 MG/16 ML VIAL P/F,SUV 25 MG/ML, JOBEVNE 100 MG/4 ML VIAL 25 MG/ML, MVASI 100 MG/4 ML VIAL P/F, SUV 25 MG/ML, MVASI 100 MG/4 ML VIAL P/F,SUV 25 MG/ML, MVASI 400 MG/16 ML VIAL P/F, SUV 25 MG/ML, MVASI 400 MG/16 ML VIAL P/F,SUV 25 MG/ML, VEGZELMA 100 MG/4 ML VIAL 25 MG/ML, VEGZELMA 400 MG/16 ML VIAL 25 MG/ML, ZIRABEV 100 MG/4 ML VIAL 25 MG/ML, ZIRABEV 400 MG/16 ML VIAL 25 MG/ML, RYBREVANT 350 MG/7 ML VIAL INNER, SUV, P/F 50 MG/ML, RYBREVANT 350 MG/7 ML VIAL OUTER, SUV, P/F 50 MG/ML, RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML VIAL, RYBREVANT FASPRO 2,240 MG-28,000 UNIT/14 ML VIAL, RYBREVANT FASPRO 2,400 MG VIAL, RYBREVANT FASPRO 3,520 MG VIAL, GRAFAPEX 1 GRAM VIAL INNER, SUV, GRAFAPEX 1 GRAM VIAL OUTER, SUV, GRAFAPEX 5 GRAM VIAL INNER, SUV, GRAFAPEX 5 GRAM VIAL OUTER, SUV, melphalan 50 mg vial w-diluent outer, p/f, suv, melphalan 50 mg vial w-diluent outer, sdv, melphalan 50 mg vial w-diluent outer, suv, p/f, melphalan 50 mg vial w-diluent outer, suv, melphalan 50 mg vial w-diluent outer,sdv,p/f, melphalan 50 mg vial w-diluent p/f, suv, outer, melphalan 50 mg vial w-diluent sdv, p/f, outer, melphalan 50 mg vial w-diluent suv, outer, melphalan hcl 50 mg vial inner, p/f, suv, melphalan hcl 50 mg vial inner, sdv, melphalan hcl 50 mg vial inner, suv, p/f, melphalan hcl 50 mg vial inner, suv, melphalan hcl 50 mg vial inner,sdv,p/f, melphalan hcl 50 mg vial p/f, suv, inner, melphalan hcl 50 mg vial sdv, p/f, inner, melphalan hcl 50 mg vial suv, inner, EVOMELA 50 MG VIAL, HEPZATO 50 MG VIAL, HEPZATO 50 MG X5 KIT-50MM CATH, HEPZATO 50 MG X5 KIT-62MM CATH, IVRA 90 MG/ML VIAL, bendamustine 100 mg vial, bendamustine 100 mg/4 ml vial muv, p/f 25 mg/ml, bendamustine 100 mg/4 ml vial muv 25 mg/ml, bendamustine 25 mg vial, BELRAPZO 100 MG/4 ML VIAL 25 MG/ML, BENDEKA 100 MG/4 ML VIAL 25 MG/ML, TREANDA 100 MG VIAL, TREANDA 25 MG VIAL, VIVIMUSTA 100 MG/4 ML VIAL MUV 25 MG/ML, VYXEOS 44 MG-100 MG VIAL INNER,P/F,SDV 44-100 MG, VYXEOS 44 MG-100 MG VIAL OUTER,P/F,SDV 44-100 MG, ADCETRIS 50 MG VIAL, BESPONSA 0.9 MG VIAL 0.9 MG (0.25 MG/ML INITIAL), BLENREP 70 MG VIAL, ELAHERE 100 MG/20 ML VIAL 5 MG/ML, EMRELIS 100 MG VIAL, EMRELIS 20 MG VIAL, ENHERTU 100 MG VIAL, KADCYLA 100 MG VIAL, KADCYLA 160 MG VIAL, MYLOTARG 4.5 MG VIAL 4.5 MG (1 MG/ML INITIAL CONC), PADCEV 20 MG VIAL, PADCEV 30 MG VIAL, POLIVY 140 MG VIAL, POLIVY 30 MG VIAL, TIVDAK 40 MG VIAL, DANYELZA 40 MG/10 ML VIAL 4 MG/ML, pralatrexate 20 mg/ml vial 20 mg/ml (1 ml), pralatrexate 40 mg/2 ml vial 40 mg/2 ml (20 mg/ml), FOLOTYN 20 MG/ML VIAL SUV, P/F 20 MG/ML (1 ML), FOLOTYN 40 MG/2 ML VIAL SUV, P/F 40 MG/2 ML (20 MG/ML),

	nelarabine 250 mg/50 ml vial inner, suv, p/f 5 mg/ml, nelarabine 250 mg/50 ml vial outer, suv, p/f 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f, inner 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f, outer 5 mg/ml, nelarabine 250 mg/50 ml vial suv, p/f 5 mg/ml, nelarabine 375 mg/75 ml vial suv, p/f 5 mg/ml, ARRANON 250 MG/50 ML VIAL P/F, SUV 5 MG/ML, azacitidine 100 mg vial p/f, suv, azacitidine 100 mg vial sdv, azacitidine 100 mg vial suv, p/f, azacitidine 100 mg vial suv, decitabine 50 mg vial inner,sdv, decitabine 50 mg vial outer,sdv,dil, decitabine 50 mg vial p/f, suv, decitabine 50 mg vial suv, p/f, decitabine 50 mg vial suv, AVGEMSI 1 GRAM/26.3 ML VIAL 1 GRAM/26.3 ML (38 MG/ML), AVGEMSI 2 GRAM/52.6 ML VIAL 2 GRAM/52.6 ML (38 MG/ML), FAVLYXA 2,500 MG/100 ML VIAL 2.5 GRAM/100 ML, FAVLYXA 250 MG/10 ML VIAL, INLEXZO 225 MG INTRAVESICAL SYS, VIDAZA 100 MG VIAL, OPDUALAG 240-80 MG/20 ML VIAL, EMPLICITI 300 MG VIAL, EMPLICITI 400 MG VIAL, ASPARLAS 3,750 UNIT/5 ML VIAL 750 UNIT/ML, RYLAZE 10 MG/0.5 ML VIAL INNER, SUV, P/F, RYLAZE 10 MG/0.5 ML VIAL OUTER, SUV, P/F, BIZENGRI 375 MG/18.75 ML VIAL INNER, SUV, P/F 375 MG/18.75 ML (20 MG/ML), BIZENGRI 375 MG/18.75 ML VIAL OUTER, SUV, P/F 375 MG/18.75 ML (20 MG/ML), ZIIHERA 300 MG VIAL INNER, SUV, P/F, ZIIHERA 300 MG VIAL OUTER, SUV, P/F, POTELIGEO 20 MG/5 ML VIAL 4 MG/ML, ZYNLONTA 10 MG VIAL, MONJUVI 200 MG VIAL, ARZERRA 1,000 MG/50 ML VIAL SUV,P/F, ARZERRA 100 MG/5 ML VIAL SUV,INNER, ARZERRA 100 MG/5 ML VIAL SUV,OUTER, DARZALEX 100 MG/5 ML VIAL SUV, P/F 20 MG/ML, DARZALEX 400 MG/20 ML VIAL SUV, P/F 20 MG/ML, DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML VIAL, SARCLISA 100 MG/5 ML VIAL 20 MG/ML, SARCLISA 500 MG/25 ML VIAL 20 MG/ML, VYLOY 100 MG VIAL, VYLOY 300 MG VIAL, IMJUDO 25 MG/1.25 ML VIAL 20 MG/ML, IMJUDO 300 MG/15 ML VIAL 20 MG/ML, YERVOY 200 MG/40 ML VIAL 200 MG/40 ML (5 MG/ML), YERVOY 50 MG/10 ML VIAL 50 MG/10 ML (5 MG/ML), AVOPEF 100 MG/5 ML VIAL 20 MG/ML, IXEMPRA 15 MG KIT OUTER,SUV, IXEMPRA 15 MG VIAL INNER,SUV, IXEMPRA 45 MG KIT OUTER,SUV, IXEMPRA 45 MG VIAL INNER,SUV, ADSTILADRIN VIAL INNER, P/F, SUV 3X10EXP11 VP/ML, ADSTILADRIN VIAL OUTER, P/F, SUV 3X10EXP11 VP/ML, romidepsin 10 mg kit outer, suv 10 mg/2 ml, romidepsin 10 mg vial inner, suv 10 mg/2 ml, romidepsin 27.5 mg/5.5 ml vial 5 mg/ml, BELEODAQ 500 MG VIAL SUV, P/F, ISTODAX 10 MG KIT SDV,OUTER 10 MG/2 ML, ISTODAX 10 MG VIAL SDV,INNER 10 MG/2 ML, IMLYGIC 1 MILLION PFU/ML VIAL 10EXP6 (1 MILLION) PFU/ML, IMLYGIC 100 MILLION PFU/ML VL 10EXP8 (100 MILLION) PFU/ML, LYMPHIR 300 MCG VIAL, eribulin mesylate 1 mg/2 ml vl suv, p/f 1 mg/2 ml (0.5 mg/ml), eribulin mesylate 1 mg/2 ml vl suv 1 mg/2 ml (0.5 mg/ml), HALAVEN 1 MG/2 ML VIAL 1 MG/2 ML (0.5 MG/ML), temsirolimus 25 mg vial inner,suv 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial outer,suv 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial p/f, suv, inner 25 mg/ml (dilute10mg/ml), temsirolimus 25 mg vial p/f, suv, outer 25 mg/ml (dilute10mg/ml), FYARRO 100 MG VIAL, TORISEL 25 MG KIT W/DILUENT,OUTER, SUV 25 MG/ML (DILUTE10MG/ML), ANKTIVA 400 MCG/0.4 ML VIAL, LUTATHERA 370 MBQ (10 MCI)/ML P/F, SUV, INNER 10 MCI/ML (370 MBQ/ML), LUTATHERA 370 MBQ (10 MCI)/ML P/F, SUV, OUTER 10 MCI/ML (370 MBQ/ML), PLUVICTO 1,000 MBQ (27 MCI)/ML 27 MCI/ML (1,000 MBQ/ML), KYXATA 500 MG/50 ML VIAL 10 MG/ML, KYXATA 80 MG/8 ML VIAL 10 MG/ML, bortezomib 1 mg vial, bortezomib 3.5 mg vial suv, p/f, bortezomib 3.5 mg vial suv, bortezomib 3.5 mg/1.4 ml vial 2.5 mg/ml, bortezomib 3.5 mg/3.5 ml vial 1 mg/ml, BORUZU 3.5 MG/1.4 ML VIAL 2.5 MG/ML, KYPROLIS 10 MG VIAL, KYPROLIS 30 MG VIAL SDV, VELCADE 3.5 MG VIAL SUV, XOFIGO 1,100 KBQ/ML VIAL, fulvestrant 250 mg/5 ml syringe inner, suv, fulvestrant 250 mg/5 ml syringe outer, suv, fulvestrant 250 mg/5 ml syringe suv, inner, fulvestrant 250 mg/5 ml syringe suv, outer, fulvestrant 250 mg/5 ml syringe suv, p/f, fulvestrant 250 mg/5 ml syringe suv,inner, fulvestrant 250 mg/5 ml syringe suv,outer, fulvestrant 250 mg/5 ml syringe suv, FASLODEX 250 MG/5 ML SYRINGE, paclitaxel protein-bound 100 mg suv, p/f, paclitaxel protein-bound 100 mg

	suv, ABRAXANE 100 MG VIAL, BEIZRAY 20 MG/ML VIAL OUTER, SUV, P/F 20 MG/ML (1 ML), BEIZRAY-ALBUMIN 160 MG KIT OUTER, SUV 20 MG/ML, BEIZRAY-ALBUMIN 80 MG KIT OUTER, SUV 20 MG/ML, DOCIVYX 160 MG/16 ML VIAL 160 MG/16 ML (10 MG/ML), DOCIVYX 20 MG/2 ML VIAL 20 MG/2 ML (10 MG/ML), DOCIVYX 80 MG/8 ML VIAL 80 MG/8 ML (10 MG/ML), JEVTANA 60 MG/1.5 ML KIT OUTER, SDV 60 MG/1.5 ML (DILUTE10MG/ML), JEVTANA 60 MG/1.5 ML VIAL INNER, SDV 60 MG/1.5 ML (DILUTE10MG/ML), ONIVYDE 43 MG/10 ML VIAL SDV 4.3 MG/ML, CYRAMZA 100 MG/10 ML VIAL 10 MG/ML, CYRAMZA 500 MG/50 ML VIAL 10 MG/ML, JELMYTO 40 MG VIAL INNER 40 MG X 2, JELMYTO SINGLE-DOSE KIT(40 MG VIAL X 2) OUTER 40 MG X 2, ZUSDURI 40 MG VIAL INNER, SUV 40 MG X 2, ZUSDURI SINGLE-DOSE KIT(40 MG VIAL X 2) OUTER, SUV 40 MG X 2, EVDI 1 MG/20 ML VIAL 1 MG/20 ML (0.05 MG/ML), YONDELIS 1 MG VIAL, ZEPZELCA 4 MG VIAL, BAVENCIO 200 MG/10 ML VIAL 20 MG/ML, IMFINZI 120 MG/2.4 ML VIAL 50 MG/ML, IMFINZI 500 MG/10 ML VIAL 50 MG/ML, TECENTRIQ 1,200 MG/20 ML VIAL, TECENTRIQ 840 MG/14 ML VIAL 840 MG/14 ML (60 MG/ML), TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML, UNLOXCYT 300 MG/5 ML VIAL 300 MG/5 ML (60 MG/ML), JEMPERLI 500 MG/10 ML VIAL 50 MG/ML, KEYTRUDA 100 MG/4 ML VIAL P/F, INNER, SUV 25 MG/ML, KEYTRUDA 100 MG/4 ML VIAL P/F, OUTER, SUV 25 MG/ML, KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML VIAL INNER, SUV, P/F, KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML VIAL OUTER, SUV, P/F, KEYTRUDA QLEX 790 MG-9,600 UNIT/4.8 ML VIAL INNER, SUV, P/F, KEYTRUDA QLEX 790 MG-9,600 UNIT/4.8 ML VIAL OUTER, SUV, P/F, LIBTAYO 350 MG/7 ML VIAL 50 MG/ML, LOQTORZI 240 MG/6 ML VIAL 240 MG/6 ML (40 MG/ML), OPDIVO 100 MG/10 ML VIAL, OPDIVO 120 MG/12 ML VIAL, OPDIVO 240 MG/24 ML VIAL, OPDIVO 40 MG/4 ML VIAL, OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML VIAL, OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML VIAL, TEVIMBRA 150 MG/15 ML VIAL 10 MG/ML, ZYNYZ 500 MG/20 ML VIAL, DECNUPAZ 2 MG VIAL, ELZONRIS 1,000 MCG/ML VIAL, DATROWAY 100 MG VIAL, TRODELVY 180 MG VIAL, ZALTRAP 100 MG/4 ML VIAL 100 MG/4 ML (25 MG/ML), ZALTRAP 200 MG/8 ML VIAL 200 MG/8 ML (25 MG/ML), COSELA 300 MG VIAL SUV, P/F, PERJETA 420 MG/14 ML VIAL 420 MG/14 ML (30 MG/ML), ERBITUX 100 MG/50 ML VIAL, ERBITUX 200 MG/100 ML VIAL, VECTIBIX 100 MG/5 ML VIAL P/F, SUV 100 MG/5 ML (20 MG/ML), VECTIBIX 100 MG/5 ML VIAL SUV, P/F 100 MG/5 ML (20 MG/ML), VECTIBIX 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), HERCEPTIN 150 MG VIAL P/F, SDV, HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML VIAL, HERCESSI 150 MG VIAL, HERCESSI 420 MG VIAL MUV, P/F, HERZUMA 150 MG VIAL, HERZUMA 420 MG VIAL INNER, MUV, P/F, HERZUMA 420 MG VIAL OUTER, MUV, P/F, KANJINTI 150 MG VIAL, MARGENZA 250 MG/10 ML VIAL INNER, P/F, SUV 25 MG/ML, MARGENZA 250 MG/10 ML VIAL OUTER, P/F, SUV 25 MG/ML, OGIVRI 150 MG VIAL, OGIVRI 420 MG VIAL INNER, MUV, P/F, OGIVRI 420 MG VIAL OUTER, MUV, P/F, ONTRUZANT 150 MG VIAL SUV, P/F, INNER, ONTRUZANT 150 MG VIAL SUV, P/F, OUTER, ONTRUZANT 420 MG VIAL MUV, P/F, OUTER, PHESGO 1,200 MG-600 MG-30,000 UNIT/15 ML, PHESGO 600 MG-600 MG-20,000 UNIT/10 ML 600 MG-600 MG- 20000 UNIT/10ML, TRAZIMERA 150 MG VIAL, TRAZIMERA 420 MG VIAL INNER,MUV, TRAZIMERA 420 MG VIAL OUTER,MUV, VYKOURA 350 MG/35 ML VIAL 10 MG/ML, VYKOURA 50 MG/5 ML VIAL 10 MG/ML, VYKOURA 500 MG/50 ML VIAL 10 MG/ML, PEDMARK 12.5 GRAM/100 ML VIAL 12.5 GRAM/100ML (125 MG/ML), APHEXDA 62 MG VIAL
ANTI-CANCER MEDICATIONS SELF ADMINISTERED: J8565, J8700	gefitinib 250 mg tablet, IRESSA 250 MG TABLET, temozolomide 100 mg capsule inner, temozolomide 100 mg capsule outer, temozolomide 100 mg capsule, temozolomide 140 mg capsule inner, temozolomide 140 mg capsule outer, temozolomide 140 mg capsule, temozolomide 180 mg capsule inner, temozolomide 180 mg capsule outer, temozolomide 180 mg capsule, temozolomide 20 mg capsule inner, temozolomide 20 mg capsule outer, temozolomide 20 mg capsule, temozolomide 250 mg capsule inner, temozolomide 250 mg capsule outer, temozolomide 250 mg capsule, temozolomide 5

	mg capsule inner, temozolomide 5 mg capsule outer, temozolomide 5 mg capsule
BENLYSTA: J0490	BENLYSTA 120 MG VIAL, BENLYSTA 400 MG VIAL
BOTULINUM TOXIN: J0585, J0589, J0586, J3590, J0587, J0588	BOTOX 100 UNIT VIAL SUV, BOTOX 100 UNIT VIAL SUV, SAMPLE, BOTOX 200 UNIT VIAL P/F, SUV, BOTOX 200 UNIT VIAL SAMPLE, SUV, P/F, BOTOX COSMETIC 100 UNIT VIAL, BOTOX COSMETIC 50 UNIT VIAL, DAXXIFY 100 UNIT VIAL, DYSPORT 300 UNIT VIAL SUV, DYSPORT 500 UNIT VIAL, LETYBO 100 UNIT VIAL, LETYBO 50 UNIT VIAL, MYOBLOC 10,000 UNITS/2 ML VIAL, MYOBLOC 2,500 UNIT/0.5 ML VIAL, MYOBLOC 5,000 UNITS/1 ML VIAL, XEOMIN 100 UNIT VIAL SDV,P/F, XEOMIN 100 UNIT VIAL SUV,P/F, XEOMIN 100 UNIT VIAL SUV,P/F, SAMPLE, XEOMIN 200 UNIT VIAL SUV, P/F, SAMPLE, XEOMIN 200 UNIT VIAL SUV,P/F, XEOMIN 50 UNIT VIAL SUV, P/F, XEOMIN 50 UNIT VIAL SUV, P/F, SAMPLE, XEOMIN 50 UNIT VIAL SUV,P/F
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS: J3032	VYEPTI 100 MG/ML VIAL
COMPLEMENT INHIBITORS: Q5152, J3490, Q5151, J1307, J1299, J1303	BKEMV 300 MG/30 ML VIAL, EMPAVELI 1,080 MG/20 ML VIAL, EPYSQLI 300 MG/30 ML VIAL, PIASKY 340 MG/2 ML VIAL 340 MG/2 ML (170 MG/ML), SOLIRIS 300 MG/30 ML VIAL, ULTOMIRIS 1,100 MG/11 ML VIAL 100 MG/ML, ULTOMIRIS 300 MG/3 ML VIAL 100 MG/ML
CONTINUOUS GLUCOSE MONITORS FOR PERSONAL USE: E2103, A4239, A9277, A9276, A9278, A4238, E2102	DEXCOM G6 RECEIVER, DEXCOM G6 SENSOR, DEXCOM G6 TRANSMITTER, DEXCOM G7 15 DAY SENSOR, DEXCOM G7 RECEIVER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 14 DAY READER, FREESTYLE LIBRE 14 DAY SENSOR, FREESTYLE LIBRE 2 PLUS SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 PLUS SENSOR, FREESTYLE LIBRE 3 READER, FREESTYLE LIBRE 3 SENSOR, GUARDIAN 4 GLUCOSE SENSOR, GUARDIAN 4 TRANSMITTER, GUARDIAN SENSOR 3, MINIMED APP MANAGER, MINIMED INSTINCT SENSOR, SIMPLERA SENSOR, SIMPLERA SYNC SENSOR
CRYSVITA: J0584	CRYSVITA 10 MG/ML VIAL SUV, P/F, CRYSVITA 20 MG/ML VIAL SUV, P/F, CRYSVITA 30 MG/ML VIAL SUV, P/F
DENOSUMAB: Q5161, Q5158, Q5159, Q5167, Q5136, Q5166, J0897	AUKELSO 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), BOMYNTRA 120 MG/1.7 ML SYRINGE 120 MG/1.7 ML (70 MG/ML), BOMYNTRA 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), BOSAYA 60 MG/ML SYRINGE, CDV OSPOMYV 60 MG/ML SYRINGE, ENOBY 60 MG/ML SYRINGE, JUBBONTI 60 MG/ML SYRINGE, JUBEREQ 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), OSVYRTI 60 MG/ML SYRINGE, PROLIA 60 MG/ML SYRINGE, WYOST 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML), XGEVA 120 MG/1.7 ML VIAL SUV, STERILE, P/F 120 MG/1.7 ML (70 MG/ML), XTRENBO 120 MG/1.7 ML VIAL 120 MG/1.7 ML (70 MG/ML)
ELEVIDYS: J1413	ELEVIDYS 10.5-11.4 KG (10 ML X 11) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 10-10.4 KG (10 ML X 10) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 11.5-12.4 KG (10 ML X 12) OUTER, SUV. P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 12.5-13.4 KG (10 ML X 13) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 13.5-14.4 KG (10 ML X 14) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 14.5-15.4 KG (10 ML X 15) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 15.5-16.4 KG (10 ML X 16) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 16.5-17.4 KG (10 ML X 17) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 17.5-18.4 KG (10 ML X 18) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 18.5-19.4 KG (10 ML X 19) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 19.5-20.4 KG (10 ML X 20) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 20.5-21.4 KG (10 ML X 21) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 21.5-22.4 KG (10 ML X 22) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML,

	ELEVIDYS 22.5-23.4 KG (10 ML X 23) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 23.5-24.4 KG (10 ML X 24) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 24.5-25.4 KG (10 ML X 25) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 25.5-26.4 KG (10 ML X 26) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 26.5-27. 4KG (10 ML X 27) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 27.5-28.4 KG (10 ML X 28) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 28.5-29.4 KG (10 ML X 29) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 29.5-30.4 KG (10 ML X 30) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 30.5-31.4 KG (10 ML X 31) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 31.5-32.4 KG (10 ML X 32) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 32.5-33.4 KG (10 ML X 33) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 33.5-34.4 KG (10 ML X 34) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 34.5-35.4 KG (10 ML X 35) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 35.5-36.4 KG (10 ML X 36) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 36.5-37.4 KG (10 ML X 37) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 37.5-38.4 KG (10 ML X 38) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 38.5-39.4 KG (10 ML X 39) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 39.5-40.4 KG (10 ML X 40) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 40.5-41.4 KG (10 ML X 41) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 41.5-42.4 KG (10 ML X 42) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 42.5-43.4 KG (10 ML X 43) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 43.5-44.4 KG (10 ML X 44) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 44.5-45.4 KG (10 ML X 45) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 45.5-46.4 KG (10 ML X 46) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 46.5-47.4 KG (10 ML X 47) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 47.5-48.4 KG (10 ML X 48) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 48.5-49.4 KG (10 ML X 49) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 49.5-50.4 KG (10 ML X 50) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 50.5-51.4 KG (10 ML X 51) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 51.5-52.4 KG (10 ML X 52) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 52.5-53.4 KG (10 ML X 53) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 53.5-54.4 KG (10 ML X 54) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 54.5-55.4 KG (10 ML X 55) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 55.5-56.4 KG (10 ML X 56) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 56.5-57.4 KG (10 ML X 57) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 57.5-58.4 KG (10 ML X 58) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 58.5-59.4 KG (10 ML X 59) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 59.5-60.4 KG (10 ML X 60) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 60.5-61.4 KG (10 ML X 61) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 61.5-62.4 KG (10 ML X 62) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 62.5-63.4 KG (10 ML X 63) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 63.5-64.4 KG (10 ML X 64) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 64.5-65.4 KG (10 ML X 65) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 65.5-66.4 KG (10 ML X 66) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 66.5-67.4 KG (10 ML X 67) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 67.5-68.4 KG (10 ML X 68) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 68.5-69.4 KG (10 ML X 69) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS 69.5 KG-ABOVE (10 ML X 70) OUTER, SUV, P/F 1.33 X 10EXP13 VG/ML, ELEVIDYS VIAL INNER, SUV, P/F 1.33 X 10EXP13 VG/ML
DIABETIC DURABLE MEDICAL EQUIPMENT (DME)	See policy for Non-preferred diabetic DME products/supplies and quantity limit exceptions

ENCELTO POLICY: J3403	ENCELTO IMPLANT 200,000 TO 440,000 CELL
ENZYME REPLACEMENT THERAPY: J3590, J7171, J0567, J0218, J0217, J2508, J0180, J1786, J3060, J3385, J2840, J1931, J1757, J1743, J3397, J1458, J1322, J0221, J0219, J1203	REVCOVI 2.4 MG/1.5 ML VIAL SUV, P/F 2.4 MG/1.5 ML (1.6 MG/ML), ADZYNMA 1,500 UNIT KIT PRICE/UNIT, SUV. P/F, ADZYNMA 1,500 UNIT VIAL INNER, SUV, P/F, ADZYNMA 500 UNIT KIT PRICE/UNIT, SUV. P/F 500 (+/-) UNIT, ADZYNMA 500 UNIT VIAL INNER, SUV, P/F 500 (+/-) UNIT, BRINEURA 2X150 MG/5 ML-INTRAVENTRICULAR ELECTROLYTE SOLN KIT 300 MG/10 ML (150MG/5ML X2), XENPOZYME 20 MG VIAL, XENPOZYME 4 MG VIAL, LAMZEDE 10 MG VIAL INNER, SUV, P/F, LAMZEDE 10 MG VIAL OUTER, SUV, P/F, ELFABRIO 20 MG/10 ML VIAL INNER, P/F, SUV 2 MG/ML, ELFABRIO 20 MG/10 ML VIAL OUTER, P/F, SUV 2 MG/ML, ELFABRIO 5 MG/2.5 ML VIAL SUV, P/F 2 MG/ML, FABRAZYME 35 MG VIAL, FABRAZYME 5 MG VIAL, CEREZYME 400 UNIT VIAL, ELELYSO 200 UNITS VIAL, VPRIV 400 UNITS VIAL, KANUMA 20 MG/10 ML VIAL 2 MG/ML, ALDURAZYME 2.9 MG/5 ML VIAL, AVLAYAH 150 MG VIAL, ELAPRASE 6 MG/3 ML VIAL, MEPSEVII 10 MG/5 ML VIAL 2 MG/ML, NAGLAZYME 5 MG/5 ML VIAL, VIMIZIM 5 MG/5 ML VIAL 5 MG/5 ML (1 MG/ML), LUMIZYME 50 MG VIAL, NEXVIAZYME 100 MG VIAL, POMBILITI 105 MG VIAL SUV, P/F, INNER, POMBILITI 105 MG VIAL SUV, P/F, OUTER
ERYTHROPOIESIS STIMULATING AGENTS (ESAS): J0881, J0885, Q5106, J0888	ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV, ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV, ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER, ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER, ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV, ARANESP 100 MCG/ML VIAL P/F, SDV, ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER, ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER, ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV, ARANESP 200 MCG/ML VIAL P/F, SDV, ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER, ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER, ARANESP 25 MCG/ML VIAL P/F,SDV,INNER, ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER, ARANESP 300 MCG/0.6 ML SYRINGE, ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV, ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER, ARANESP 40 MCG/ML VIAL P/F,SDV,INNER, ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER, ARANESP 500 MCG/1 ML SYRINGE 500 MCG/ML, ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER, ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER, ARANESP 60 MCG/ML VIAL P/F,SDV,INNER, ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER, EPOGEN 10,000 UNIT/ML VIAL SUV, P/F, INNER, EPOGEN 10,000 UNIT/ML VIAL SUV, P/F, OUTER, EPOGEN 2,000 UNITS/ML VIAL INNER, SUV, P/F, EPOGEN 2,000 UNITS/ML VIAL OUTER, SUV, P/F, EPOGEN 20,000 UNIT/2 ML VIAL MUV, INNER, EPOGEN 20,000 UNIT/2 ML VIAL MUV, OUTER, EPOGEN 20,000 UNITS/ML VIAL INNER, MUV, EPOGEN 20,000 UNITS/ML VIAL OUTER, MUV, EPOGEN 3,000 UNITS/ML VIAL SUV, P/F, INNER, EPOGEN 3,000 UNITS/ML VIAL SUV, P/F, OUTER, EPOGEN 4,000 UNIT/ML VIAL SUV, P/F, INNER, EPOGEN 4,000 UNIT/ML VIAL SUV, P/F, OUTER, PROCRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER, PROCRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER, PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER, PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER, PROCRIT 20,000 UNIT/2 ML VIAL 4'S, MDV, OUTER, PROCRIT 20,000 UNIT/2 ML VIAL MDV, INNER, PROCRIT 20,000 UNITS/ML VIAL 4'S,MDV, OUTER, PROCRIT 20,000 UNITS/ML VIAL MDV, INNER, PROCRIT 3,000 UNITS/ML VIAL SDV, P/F INNER, PROCRIT 3,000 UNITS/ML VIAL SDV,P/F, OUTER, PROCRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER, PROCRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER, PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV, PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F, RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 10,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 2,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 2,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 20,000 UNIT/2 ML VIAL INNER, MUV, RETACRIT 20,000 UNIT/2 ML VIAL MUV, INNER, RETACRIT 20,000 UNIT/2 ML VIAL MUV, OUTER, RETACRIT 20,000 UNIT/2 ML VIAL OUTER, MUV, RETACRIT 20,000 UNIT/ML VIAL INNER, MUV, RETACRIT 20,000 UNIT/ML VIAL

	MUV,INNER, RETACRIT 20,000 UNIT/ML VIAL MUV,OUTER, RETACRIT 20,000 UNIT/ML VIAL OUTER, MUV, RETACRIT 3,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 3,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 4,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 4,000 UNIT/ML VIAL P/F, OUTER, SDV, RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER, RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER, RETACRIT 40,000 UNIT/ML VIAL P/F, INNER, SDV, RETACRIT 40,000 UNIT/ML VIAL P/F, OUTER, SDV, MIRCERA 100 MCG/0.3 ML SYRINGE, MIRCERA 120 MCG/0.3 ML SYRINGE, MIRCERA 150 MCG/0.3 ML SYRINGE, MIRCERA 200 MCG/0.3 ML SYRINGE, MIRCERA 30 MCG/0.3 ML SYRINGE, MIRCERA 50 MCG/0.3 ML SYRINGE, MIRCERA 75 MCG/0.3 ML SYRINGE
EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY: J1426, J1428, J1427, J1429	AMONDYS-45 100 MG/2 ML VIAL 50 MG/ML, EXONDYS-51 100 MG/2 ML VIAL 50 MG/ML, EXONDYS-51 500 MG/10 ML VIAL 50 MG/ML, VILTEPSO 250 MG/5 ML VIAL 50 MG/ML, VYONDYS-53 100 MG/2 ML VIAL 50 MG/ML
FCRN ANTAGONISTS: J9334, J9256, J9333, J9332	VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE, IMAAVY 300 MG/1.62 ML VIAL 185 MG/ML, RYSTIGGO 280 MG/2 ML VIAL 140 MG/ML, RYSTIGGO 420 MG/3 ML VIAL 140 MG/ML, RYSTIGGO 560 MG/4 ML VIAL 140 MG/ML, RYSTIGGO 840 MG/6 ML VIAL 140 MG/ML, VYVGART 400 MG/20 ML VIAL 20 MG/ML, VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML VIAL
FECAL MICROBIOTA AGENTS: J1440	REBYOTA RECTAL SUSPENSION INNER 150 ML, REBYOTA RECTAL SUSPENSION OUTER 150 ML
FERTILITY AND RELATED MEDICATIONS: J3590, S0128, J0725, J3490, S0126	MENOPUR 75 UNIT VIAL OUTER,SUV, FOLLISTIM AQ 300 UNIT CARTRIDG SUV 300 UNIT/0.36 ML, FOLLISTIM AQ 600 UNIT CARTRIDG SUV 600 UNIT/0.72 ML, FOLLISTIM AQ 900 UNIT CARTRIDG SUV 900 UNIT/1.08 ML, chorionic gonad 10,000 unit vl inner, muv, chorionic gonad 10,000 unit vl outer, muv, NOVAREL 5,000 UNIT VIAL, OVIDREL 250 MCG/0.5 ML SYRG, PREGNYL 10,000 UNIT VIAL INNER, MUV, PREGNYL 10,000 UNIT VIAL MUV, PREGNYL 10,000 UNIT VIAL OUTER, MUV, ganirelix acet 250 mcg/0.5 ml suv, p/f, ganirelix acet 250 mcg/0.5 ml suv, FYREMADEL 250 MCG/0.5 ML SYR, GONAL-F 450 UNITS VIAL, GONAL-F RFF REDI-JECT 300 UNIT PEN 300 UNIT/0.48 ML, GONAL-F RFF REDI-JECT 450 UNIT PEN 450 UNIT/0.72 ML, GONAL-F RFF REDI-JECT 900 UNIT PEN 900 UNIT/1.44 ML, cetrorelix acetate 0.25 mg vl inner, suv, p/f, cetrorelix acetate 0.25 mg vl inner, suv, cetrorelix acetate 0.25 mg vl outer, suv, p/f, cetrorelix acetate 0.25 mg vl outer, suv, CETROTIDE 0.25 MG VIAL
GAZYVA POLICY: J9301	GAZYVA 1,000 MG/40 ML VIAL
GENE THERAPIES FOR HEMOGLOBIN DISORDERS: J3392, J3394, J3393	CASGEVY VIAL INNER, SUV 4 X TO 13 X 10EXP6 CELL/ML, CASGEVY VIAL OUTER, SUV 4 X TO 13 X 10EXP6 CELL/ML, LYFGENIA BAG 1.7 X TO 20 X 10EXP6 CELL/ML, ZYNTEGLO INFUSION BAG-CASSETTE 2 X TO 20 X 10EXP6 CELL/ML
GENE THERAPY FOR HEMOPHILIA: J1411, J1412	HEMGENIX 10 ML VIAL SUV, P/F, INNER 1X10EXP13 GC/ML, HEMGENIX 101-105 KG (10 ML X21) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 106-110 KG (10 ML X22) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 111-115 KG (10 ML X23) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 116-120 KG (10 ML X24) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 121-125 KG (10 ML X25) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 126-130 KG (10 ML X26) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 131-135 KG (10 ML X27) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 136-140 KG (10 ML X28) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 141-145 KG (10 ML X29) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 146-150 KG (10 ML X30) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 151-155 KG (10 ML X31) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 156-160 KG (10 ML X32) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 161-165 KG (10 ML X33) SUV, P/F, OUTER 1X10EXP13

	GC/ML, HEMGENIX 166-170 KG (10 ML X34) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 171-175 KG (10 ML X35) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 176-180 KG (10 ML X36) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 181-185 KG (10 ML X37) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 186-190 KG (10 ML X38) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 191-195 KG (10 ML X39) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 196-200 KG (10 ML X40) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 201-205 KG (10 ML X41) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 206-210 KG (10 ML X42) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 211-215 KG (10 ML X43) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 216-220 KG (10 ML X44) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 221-225 KG (10 ML X45) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 226-230 KG (10 ML X46) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 231-235 KG (10 ML X47) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 236-240 KG (10 ML X48) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 46-50 KG (10 ML X 10) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 51-55 KG (10 ML X 11) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 56-60 KG (10 ML X 12) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 61-65 KG (10 ML X 13) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 66-70 KG (10 ML X 14) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 71-75 KG (10 ML X 15) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 76-80 KG (10 ML X 16) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 81-85 KG (10 ML X 17) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 86-90 KG (10 ML X 18) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 91-95 KG (10 ML X 19) SUV, P/F, OUTER 1X10EXP13 GC/ML, HEMGENIX 96-100 KG (10 ML X 20) SUV, P/F, OUTER 1X10EXP13 GC/ML, ROCTAVIAN 16 X 10E13 VG/8 ML SUV, P/F, INNER 2 X 10EXP13 VG/ML, ROCTAVIAN 16 X 10E13 VG/8 ML SUV, P/F, OUTER 2 X 10EXP13 VG/ML
GEOGRAPHIC ATROPHY AGENTS: J2782, J2781	IZERVAY 2 MG/0.1 ML VIAL SUV, P/F, IZERVAY 2 MG/0.1 ML VIAL SUV, P/F, SAMPLE, SYFOVRE 15 MG/0.1 ML VIAL KIT 15 MG /0.1 ML
GIVLAARI: J0223	GIVLAARI 189 MG/ML VIAL
GONADOTROPIN RELEASING HORMONE AGONISTS: J9218, J1950, J1952, J9217, J1954, J3315, J9202, J1951, J9226, J3316	leuprolide 2wk 14 mg/2.8 ml kt mdv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt muv, outer 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt outer, muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml kt outer,mdv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml vl inner, muv 1 mg/0.2 ml, leuprolide 2wk 14 mg/2.8 ml vl inner,mdv 1 mg/0.2 ml, LUPRON DEPOT 3.75 MG KIT P/F, SUV, CAMCEVI 42 MG SYRINGE, ELIGARD 22.5 MG SYRINGE B INNER, SUV, ELIGARD 22.5 MG SYRINGE KIT OUTER, SUV, ELIGARD 22.5 MG SYRINGE KIT SUV, ELIGARD 30 MG SYRINGE B INNER,SUV, ELIGARD 30 MG SYRINGE KIT, ELIGARD 30 MG SYRINGE KIT OUTER,SUV, ELIGARD 45 MG SYRINGE B INNER,SUV, ELIGARD 45 MG SYRINGE KIT OUTER, SUV, ELIGARD 45 MG SYRINGE KIT SUV, ELIGARD 7.5 MG SYRINGE B INNER,SUV 7.5 MG (1 MONTH), ELIGARD 7.5 MG SYRINGE KIT OUTER,SUV 7.5 MG (1 MONTH), ELIGARD 7.5 MG SYRINGE KIT SUV 7.5 MG (1 MONTH), LUPRON DEPOT 22.5 MG 3MO KIT SUV, P/F, LUPRON DEPOT 30 MG 4 MONTH KIT SUV, P/F, LUPRON DEPOT 45 MG 6 MONTH KIT, LUPRON DEPOT 7.5 MG 1 MONTH KT SINGLE DOSE, LUTRATE DEPOT 22.5 MG VIAL INNER, SUV, LUTRATE DEPOT 22.5 MG VIAL OUTER, SUV, TRELSTAR 11.25 MG VIAL INNER, SUV, TRELSTAR 11.25 MG VIAL OUTER, SUV, TRELSTAR 22.5 MG VIAL INNER,SUV, TRELSTAR 22.5 MG VIAL OUTER,SUV, TRELSTAR 3.75 MG VIAL INNER, SUV, TRELSTAR 3.75 MG VIAL OUTER, SUV, VABRINTY 30 MG SYRINGE KIT, VABRINTY 7.5 MG SYRINGE KIT 7.5 MG (1 MONTH), ZOLADEX 10.8 MG IMPLANT SYRN, ZOLADEX 3.6 MG IMPLANT SYRN SUV, FENSOLVI 45 MG SYRINGE B SUV, INNER, FENSOLVI 45 MG SYRINGE KIT SUV, FENSOLVI 45 MG SYRINGE KIT SUV, OUTER, LUPRON DEPOT-PED 11.25 MG 3MO KIT, LUPRON DEPOT-PED 11.25 MG KIT SUV, LUPRON DEPOT-PED 15 MG KIT LUPROLOC, P/F, SUV, LUPRON DEPOT-PED 30

	MG 3MO KIT, LUPRON DEPOT-PED 45 MG 6MO KIT, LUPRON DEPOT-PED 7.5 MG KIT SUV 7.5 MG (PED), SUPPRELIN LA 50 MG KIT 50 MG (65 MCG/DAY), TRIPTODUR 22.5 MG KIT SUV,OUTER, TRIPTODUR 22.5 MG VIAL SUV,INNER, LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV
GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) STEP THERAPY POLICY: Q5169, Q5130, Q5122, Q5127, Q5111, Q5120, J9361	ARMLUPEG 6 MG/0.6 ML SYRINGE, FYLNETRA 6 MG/0.6 ML SYRINGE, NYVEPRIA 6 MG/0.6 ML SYRINGE, STIMUFEND 6 MG/0.6 ML SYRINGE, UDENYCA 6 MG/0.6 ML AUTOINJECT, UDENYCA 6 MG/0.6 ML ONBODY, UDENYCA 6 MG/0.6 ML SYRINGE, ZIEXTENZO 6 MG/0.6 ML SYRINGE SUV, P/F, RYZNEUTA 20 MG/ML SYRINGE
HEMOPHILIA PROPHYLACTIC AGENTS: J7173, J7170, J7172, J7174	ALHEMO 150 MG/1.5 ML PEN 150 MG/1.5 ML (100 MG/ML), ALHEMO 300 MG/3 ML PEN 300 MG/3 ML (100 MG/ML), ALHEMO 60 MG/1.5 ML PEN 60 MG/1.5 ML (40 MG/ML), HEMLIBRA 105 MG/0.7 ML VIAL, HEMLIBRA 12 MG/0.4 ML VIAL, HEMLIBRA 150 MG/ML VIAL, HEMLIBRA 30 MG/ML VIAL, HEMLIBRA 300 MG/2 ML VIAL 300 MG/2 ML (150 MG/ML), HEMLIBRA 60 MG/0.4 ML VIAL, HYMPAVZI 150 MG/ML PEN, QFITLIA 20 MG/0.2 ML VIAL, QFITLIA 50 MG/0.5 ML PEN
HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (FH) AGENTS: J1305	EVKEEZA 1,200 MG/8 ML VIAL 150 MG/ML, EVKEEZA 345 MG/2.3 ML VIAL 150 MG/ML
HYPEROXALURIA AGENTS: C9399, J3490, J0224	RIVFLOZA 128 MG/0.8 ML SYRINGE, RIVFLOZA 160 MG/ML SYRINGE, RIVFLOZA 80 MG/0.5 ML VIAL 80 MG/0.5 ML (160 MG/ML), OXLUMO 94.5 MG/0.5 ML VIAL
INFUSION THERAPY SITE OF CARE	See Policy for medication list. PRIOR AUTHORIZATION FAX FORM(PDF)
IMMUNE GAMMA GLOBULIN (IGG): J1551, J1555, J1460, J1560, J1569, J1561, J1559, J1575, J1558, J1552, J1554, J1556, J1572, J1566, J1557, J1568, J1576, J1459, J1553	CUTAQUIG 16.5% (1 G/6 ML) VIAL INNER, SUV, P/F, CUTAQUIG 16.5% (1 G/6 ML) VIAL OUTER, SUV, P/F, CUTAQUIG 16.5% (1.65 G/10 ML) INNER, SUV, P/F, CUTAQUIG 16.5% (1.65 G/10 ML) OUTER, SUV, P/F, CUTAQUIG 16.5% (2 G/12 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (2 G/12 ML) VL OUTER, SUV, P/F, CUTAQUIG 16.5% (3.3 G/20 ML) INNER, SUV, P/F, CUTAQUIG 16.5% (3.3 G/20 ML) OUTER, SUV, P/F, CUTAQUIG 16.5% (4 G/24 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (4 G/24 ML) VL OUTER, SUV, P/F, CUTAQUIG 16.5% (8 G/48 ML) VL INNER, SUV, P/F, CUTAQUIG 16.5% (8 G/48 ML) VL OUTER, SUV, P/F, CUVITRU 1 GRAM/5 ML VIAL SUV,INNER,P/F 1 GRAM/5 ML (20 %), CUVITRU 1 GRAM/5 ML VIAL SUV,OUTER,P/F 1 GRAM/5 ML (20 %), CUVITRU 10 GRAM/50 ML VIAL INNER, P/F, SUV 10 GRAM/50 ML (20 %), CUVITRU 2 GRAM/10 ML VIAL SUV,INNER,P/F 2 GRAM/10 ML (20 %), CUVITRU 2 GRAM/10 ML VIAL SUV,OUTER,P/F 2 GRAM/10 ML (20 %), CUVITRU 4 GRAM/20 ML VIAL SUV,INNER,P/F 4 GRAM/20 ML (20 %), CUVITRU 4 GRAM/20 ML VIAL SUV,OUTER,P/F 4 GRAM/20 ML (20 %), CUVITRU 8 GRAM/ 40 ML VIAL SUV,INNER,P/F 8 GRAM/40 ML (20 %), CUVITRU 8 GRAM/ 40 ML VIAL SUV,OUTER,P/F 8 GRAM/40 ML (20 %), GAMASTAN VIAL INNER, P/F, SUV 15-18 % RANGE, GAMASTAN VIAL OUTER, P/F, SUV 15-18 % RANGE, GAMMAGARD LIQUID 10% VIAL INNER,P/F, SUV, GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV, GAMMAGARD LIQUID ERC 10G/100 ML INNER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 10G/100 ML OUTER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 5 G/50 ML INNER, SUV, P/F 10 %, GAMMAGARD LIQUID ERC 5 G/50 ML OUTER, SUV, P/F 10 %, GAMMAKED 1 GRAM/10 ML VIAL SUV, P/F, OUTER 1 GRAM/10 ML (10 %), GAMMAKED 10 GRAM/100 ML VIAL SUV, P/F, INNER 10 GRAM/100 ML (10 %), GAMMAKED 10 GRAM/100 ML VIAL SUV, P/F, OUTER 10 GRAM/100 ML (10 %), GAMMAKED 20 GRAM/200 ML VIAL SUV, P/F, INNER 20 GRAM/200 ML (10 %), GAMMAKED 20 GRAM/200 ML VIAL SUV, P/F, OUTER 20 GRAM/200 ML (10 %), GAMMAKED 5 GRAM/50 ML VIAL SUV, P/F, INNER 5 GRAM/50 ML (10 %), GAMMAKED 5 GRAM/50 ML VIAL SUV, P/F, OUTER 5 GRAM/50 ML (10 %), GAMUNEX-C 1 GRAM/10 ML VIAL SUV,INNER 1 GRAM/10 ML (10 %), GAMUNEX-C 1 GRAM/10 ML VIAL SUV,OUTER 1 GRAM/10 ML (10 %), GAMUNEX-C 10 GRAM/100 ML VIAL P/F,SUV,INNER 10 GRAM/100 ML (10 %),

	GAMUNEX-C 10 GRAM/100 ML VIAL P/F,SUV,OUTER 10 GRAM/100 ML (10 %), GAMUNEX-C 2.5 GRAM/25 ML VIAL SUV,INNER 2.5 GRAM/25 ML (10 %), GAMUNEX-C 2.5 GRAM/25 ML VIAL SUV,OUTER 2.5 GRAM/25 ML (10 %), GAMUNEX-C 20 GRAM/200 ML VIAL P/F,SUV,INNER 20 GRAM/200 ML (10 %), GAMUNEX-C 20 GRAM/200 ML VIAL P/F,SUV,OUTER 20 GRAM/200 ML (10 %), GAMUNEX-C 40 GRAM/400 ML VIAL P/F,SDV,INNER 40 GRAM/400 ML (10 %), GAMUNEX-C 40 GRAM/400 ML VIAL P/F,SDV,OUTER 40 GRAM/400 ML (10 %), GAMUNEX-C 5 GRAM/50 ML VIAL SUV,INNER 5 GRAM/50 ML (10 %), GAMUNEX-C 5 GRAM/50 ML VIAL SUV,OUTER 5 GRAM/50 ML (10 %), HIZENTRA 1 GRAM/5 ML SYRINGE INNER, SUV, P/F 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML SYRINGE OUTER, SUV, P/F 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML VIAL P/F, INNER, SUV 1 GRAM/5 ML (20 %), HIZENTRA 1 GRAM/5 ML VIAL P/F. OUTER, SUV 1 GRAM/5 ML (20 %), HIZENTRA 10 GRAM/50 ML SYRINGE INNER, SUV, P/F 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML SYRINGE OUTER, SUV, P/F 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML VIAL P/F, INNER, SUV 10 GRAM/50 ML (20 %), HIZENTRA 10 GRAM/50 ML VIAL P/F, OUTER, SUV 10 GRAM/50 ML (20 %), HIZENTRA 2 GRAM/10 ML SYRINGE INNER, SUV, P/F 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML SYRINGE OUTER, SUV, P/F 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML VIAL P/F, INNER, SUV 2 GRAM/10 ML (20 %), HIZENTRA 2 GRAM/10 ML VIAL P/F, OUTER, SUV 2 GRAM/10 ML (20 %), HIZENTRA 4 GRAM/20 ML SYRINGE INNER, SUV, P/F 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML SYRINGE OUTER, SUV, P/F 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML VIAL P/F, INNER, SUV 4 GRAM/20 ML (20 %), HIZENTRA 4 GRAM/20 ML VIAL P/F, OUTER, SUV 4 GRAM/20 ML (20 %), HYQVIA 10 GM-800 UNIT PACK 10 GRAM /100 ML (10 %), HYQVIA 2.5 GM-200 UNIT PACK 2.5 GRAM /25 ML (10 %), HYQVIA 20 GM-1,600 UNIT PACK 20 GRAM /200 ML (10 %), HYQVIA 30 GM-2,400 UNIT PACK 30 GRAM /300 ML (10 %), HYQVIA 5 GM-400 UNIT PACK 5 GRAM /50 ML (10 %), XEMBIFY 20% (1 G/5 ML) VIAL INNER, SUV, P/F 1 GRAM/5 ML (20 %), XEMBIFY 20% (1 G/5 ML) VIAL OUTER, SUV, P/F 1 GRAM/5 ML (20 %), XEMBIFY 20% (10 G/50 ML) VIAL INNER, SUV, P/F 10 GRAM/50 ML (20 %), XEMBIFY 20% (10 G/50 ML) VIAL OUTER, SUV, P/F 10 GRAM/50 ML (20 %), XEMBIFY 20% (2 G/10 ML) VIAL INNER, SUV, P/F 2 GRAM/10 ML (20 %), XEMBIFY 20% (2 G/10 ML) VIAL OUTER, SUV, P/F 2 GRAM/10 ML (20 %), XEMBIFY 20% (4 G/20 ML) VIAL INNER, SUV, P/F 4 GRAM/20 ML (20 %), XEMBIFY 20% (4 G/20 ML) VIAL OUTER, SUV, P/F 4 GRAM/20 ML (20 %), ALYGLO 10% (10 G/100 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (10 G/100 ML) VIAL SUV, P/F, OUTER, ALYGLO 10% (20 G/200 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (20 G/200 ML) VIAL SUV, P/F, OUTER, ALYGLO 10% (5 G/50 ML) VIAL SUV, P/F, INNER, ALYGLO 10% (5 G/50 ML) VIAL SUV, P/F, OUTER, ASCENIV 10% VIAL INNER, SUV, P/F, ASCENIV 10% VIAL OUTER, SUV, P/F, BIVIGAM 10 GM/100 ML (10%) VL SUV, P/F, INNER, BIVIGAM 10 GM/100 ML (10%) VL SUV, P/F, OUTER, BIVIGAM 5 GM/50 ML (10%) VIAL P/F, SUV, INNER, BIVIGAM 5 GM/50 ML (10%) VIAL P/F, SUV, OUTER, FLEBOGAMMA DIF 5% VIAL 10 GM,INNER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 10 GM,OUTER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 20 GM,INNER,P/F;SUV, FLEBOGAMMA DIF 5% VIAL 20 GM,OUTER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 5 GM,INNER,P/F,SUV, FLEBOGAMMA DIF 5% VIAL 5 GM,OUTER,P/F;SUV, GAMMAGARD S-D 10 G (IGA<1) SOL P/F, INNER, SUV 10 GRAM, GAMMAGARD S-D 10 G (IGA<1) SOL P/F, OUTER, SUV 10 GRAM, GAMMAGARD S-D 5 G (IGA<1) SOLN INNER, SUV 5 GRAM, GAMMAGARD S-D 5 G (IGA<1) SOLN OUTER, SUV 5 GRAM, GAMMAPLEX 10 GRAM/100 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 10 GRAM/100 ML VIAL OUTER,P/F,SUV 10 %, GAMMAPLEX 10 GRAM/200 ML VIAL INNER, SUV 5 %, GAMMAPLEX 10 GRAM/200 ML VIAL OUTER, SUV 5 %, GAMMAPLEX 20 GRAM/200 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 20 GRAM/200 ML VIAL OUTER,P/F,SUV 10 %, GAMMAPLEX 20 GRAM/400 ML VIAL P/F,INNER,SUV 5 %, GAMMAPLEX 20 GRAM/400 ML VIAL P/F,OUTER,SUV 5 %, GAMMAPLEX 5 GRAM/100 ML VIAL INNER, SUV 5 %, GAMMAPLEX 5 GRAM/100 ML VIAL

	OUTER, SUV 5 %, GAMMAPLEX 5 GRAM/50 ML VIAL INNER,P/F,SUV 10 %, GAMMAPLEX 5 GRAM/50 ML VIAL OUTER,P/F,SUV 10 %, OCTAGAM 10% (10 G/100 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (10 G/100 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (2 G/20 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (2 G/20 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (20 G/200 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (20 G/200 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (30 G/300 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (30 G/300 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% (5 G/50 ML) VIAL SUV, P/F, INNER, OCTAGAM 10% (5 G/50 ML) VIAL SUV, P/F, OUTER, OCTAGAM 10% VIAL SUV, P/F, OCTAGAM 5% (1 G/20 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (1 G/20 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (10 G/200 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (10 G/200 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (2.5 G/50 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (2.5 G/50 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% (5 G/100 ML) VIAL INNER, SUV, P/F, OCTAGAM 5% (5 G/100 ML) VIAL OUTER, SUV, P/F, OCTAGAM 5% VIAL 10G,SOL/DET,SUV, OCTAGAM 5% VIAL 1G,SOLV/DETE,SUV, OCTAGAM 5% VIAL 2.5G,SOL/DET,SUV, OCTAGAM 5% VIAL 5G,SOL/DET,SUV, PANZYGA 10% (1 G/10 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (1 G/10 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (1 G/10 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (1 G/10 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (10 G/100 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (10 G/100 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (10 G/100 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (10 G/100 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (2.5 G/25 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (2.5 G/25 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (2.5 G/25 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (2.5 G/25 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (20 G/200 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (20 G/200 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (20 G/200 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (20 G/200 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (30 G/300 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (30 G/300 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (30 G/300 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (30 G/300 ML) VIAL OUTER,SUV,P/F, PANZYGA 10% (5 G/50 ML) VIAL INNER, SUV, P/F, PANZYGA 10% (5 G/50 ML) VIAL INNER,SUV,P/F, PANZYGA 10% (5 G/50 ML) VIAL OUTER, SUV, P/F, PANZYGA 10% (5 G/50 ML) VIAL OUTER,SUV,P/F, PRIVIGEN 10% VIAL SUV,INNER,P/F, PRIVIGEN 10% VIAL SUV,OUTER,P/F, YIMMUGO 10% (10 GM/100 ML) VL INNER, SUV, P/F, YIMMUGO 10% (10 GM/100 ML) VL OUTER, SUV, P/F, YIMMUGO 10% (20 GM/200 ML) VL INNER, SUV, P/F, YIMMUGO 10% (20 GM/200 ML) VL OUTER, SUV, P/F, YIMMUGO 10% (5 GM/50 ML) VIAL INNER, SUV, P/F, YIMMUGO 10% (5 GM/50 ML) VIAL OUTER, SUV, P/F
INTERLEUKIN1 INHIBITORS: J2793, J0638	ARCALYST 220 MG VIAL, ILARIS 150 MG/ML VIAL
KETAMINE: J3490	ketamine 200 mg/20 ml vial inner, muv 10 mg/ml, ketamine 200 mg/20 ml vial muv, inner 10 mg/ml, ketamine 200 mg/20 ml vial muv, outer 10 mg/ml, ketamine 200 mg/20 ml vial muv 10 mg/ml, ketamine 200 mg/20 ml vial outer, muv 10 mg/ml, ketamine 500 mg/10 ml vial inner, muv 50 mg/ml, ketamine 500 mg/10 ml vial inner,mdv 50 mg/ml, ketamine 500 mg/10 ml vial muv, inner 50 mg/ml, ketamine 500 mg/10 ml vial muv, outer 50 mg/ml, ketamine 500 mg/10 ml vial muv 50 mg/ml, ketamine 500 mg/10 ml vial outer, muv 50 mg/ml, ketamine 500 mg/10 ml vial outer,mdv 50 mg/ml, ketamine 500 mg/10 ml vial outer. muv 50 mg/ml, ketamine 500 mg/5 ml vial inner, muv 100 mg/ml, ketamine 500 mg/5 ml vial inner,mdv 100 mg/ml, ketamine 500 mg/5 ml vial muv, outer 100 mg/ml, ketamine 500 mg/5 ml vial muv 100 mg/ml, ketamine 500 mg/5 ml vial outer, muv 100 mg/ml, ketamine 500 mg/5 ml vial outer,mdv 100 mg/ml, KETALAR 200 MG/20 ML VIAL STERI-VIAL, MUV 10 MG/ML, KETALAR 500 MG/10 ML VIAL 10'S,MDV 50 MG/ML, KETALAR 500 MG/5 ML VIAL STERI-VIAL, MDV 100 MG/ML
KRYSTEXXA: J2507	KRYSTEXXA 8 MG/50 ML VIAL, KRYSTEXXA 8 MG/ML VIAL SUV, P/F
LANTIDRA: C9399	LANTIDRA INFUSION BAG

LEMTRADA: J0202	LEMTRADA 12 MG/1.2 ML VIAL
LENMELDY: J3391	LENMELDY INFUSION BAG 2 X TO 11.8 X 10EXP6 CELL/ML
LUXTURNA: J3398	LUXTURNA VIAL SDV,P/F,INNER 1.5 X 10EXP11 VG/0.3 ML (FNL), LUXTURNA VIAL SDV,P/F,OUTER 1.5 X 10EXP11 VG/0.3 ML (FNL)
MEDICAL HORMONE THERAPY: 11980: J3145, J1073	AVEED 750 MG/3 ML VIAL 750 MG/3 ML (250 MG/ML), TESTOPEL 75 MG PELLETS INNER, TESTOPEL 75 MG PELLETS OUTER
MEDICAL NUTRITION: B4155, B4150, B4103, B4158, B4159, B4102, B4160, B4152, B4149, B4161, B4162, B4154, B4157, B4153, S9432, B4185, B4104, B4105	ARGIMENT AT, DIARESQ, ENTERADE ADVANCED ONCOLOGY, NUTRASENTIALS, phenylalanine, ARGINAID, BABY'S ONLY ORGANIC DAIRY, BABY'S ONLY ORGANIC DAIRY WHEY, BABY'S ONLY ORG LACTORELIEF, BABY'S ONLY ORGANIC SOY, BENECALORIE, BOOST BREEZE NUTRITIONAL, BOOST HIGH PROTEIN, BOOST KID ESSENTIALS, BOOST KID ESSENTIALS W-FIBER, BOOST, BOOST PLUS, BOOST VHC, BOOST WOMEN, COMPLEAT PEDIATRIC STANDARD 1, COMPLEAT PEDIATRIC REDUCED CAL, COMPLEAT PEDIATRIC, DUOCAL, ELSE TODDLER OMEGA, ELSE TODDLER ORGANIC, ENFAGROW NEUROPRO TODDLR NOGMO, ENFAGROW TODDLER NON-GMO, ENFAGROW TODLR NXT STP NON-GMO, ENSURE ACTIVE MUSCLE HEALTH, ENSURE ACTIVE PROTEIN-MUSCLE, ENSURE CLEAR, ENSURE COMPLETE, ENSURE ENLIVE, ENSURE HIGH PROTEIN, ENSURE, ENSURE MUSCLE HEALTH, ENSURE ORIGINAL, ENSURE PLUS, EO28 SPLASH, HI-CAL, ISOSOURCE 1.5 CAL, ISOSOURCE HN, JEVITY 1 CAL, JEVITY 1.2 CAL, JEVITY 1.5 CAL, KIDS PLANT PROTEIN, ORGANIC PEDIASMART, PEDIASURE, PEDIASURE WITH FIBER, PEDIASURE ENTERAL, PEDIASURE ENTERAL W/FIBER 1.0, PEDIASURE GROW-GAIN WITH FIBER, PEDIASURE GROW-GAIN, PEDIASURE HARVEST, PEDIASURE REDUCED CALORIE, PEDIASURE SIDEKICKS CLEAR, PEDIASURE SIDEKICKS, TWOCAL HN, ALFAMINO INFANT, BCAD 1, CALCILO XD, CYCLINEX-1, ELECARE INFANT FORMULA, ENFAMIL A.R., ENFAMIL GENTLEASE, ENFAMIL HUMAN MILK FORTIFIER, ENFAMIL INFANT, ENFAMIL NEURO ENFACARE NON-GMO, ENFAMIL NEURO GENTLEASE NONGMO, ENFAMIL NEUROPRO NON-GMO, ENFAMIL PROSOBEE LIPIL, ENFAMIL PROSOBEE, ENFAMIL REGULINE, ENFAPORT, FORTINI INFANT, GA-1 ANAMIX EARLY YEARS, GLUTAREX-1, HCU ANAMIX EARLY YEARS, HCY 1 POWDER, HOMINEX-1, ISOMIL ADVANCE, ISOMIL DF, ISOMIL/IRON, IVA ANAMIX EARLY YEARS, I-VALEX-1, KETONEX-1, MMA-PA ANAMIX EARLY YEARS, MSUD ANALOG, MSUD ANAMIX EARLY YEARS, NEOCATE SYNEO INFANT, NUTRAMIGEN DHA-ARA, NUTRAMIGEN WITH ENFLORA LGG, OA 1 POWDER, PEPTICATE, PFD TODDLER, PHENEX-1, PREGESTIMIL, PRODUCT 3232A, PRO-PHREE, PROPIMEX-1, PURAMINO DHA-ARA, PURE BLISS ORGANIC, RCF SOY PROTEIN FORMULA BASE, SIMILAC 360 TOTAL CARE, SIMILAC 360 TOTAL CARE SENSITV, SIMILAC ADVANCE, SIMILAC ADVANCE ORGANIC, SIMILAC ADVANCE WITH IRON, SIMILAC ALIMENTUM, SIMILAC EXPERT CARE, SIMILAC EXPERT CARE ALIMENTUM, SIMILAC FOR SPIT-UP, SIMILAC GO AND GROW, SIMILAC GO AND GROW SOY, SIMILAC NEOSURE, SIMILAC PM, SIMILAC PRO-ADVANCE NON-GMO, SIMILAC PRO-SENSITIVE NON-GMO, SIMILAC SENSITIVE FUSS AND GAS, SIMILAC SENSITIVE FUSS-GAS, SIMILAC SENSITIVE ISOMIL SOY, SIMILAC SOY ISOMIL, SIMILAC SPECIAL CARE 24, SIMILAC SPECIAL CARE 30, SIMILAC TOTAL COMFORT NON-GMO, SIMILAC TOTAL COMFORT, SOD ANAMIX EARLY YEARS, TYR ANAMIX EARLY YEARS, TYREX-1, TYROS 1, WND 1, XLEU ANALOG, XLYS- XTRP ANALOG, XMET ANALOG, XMTVI ANALOG, XPHE, XTYR ANALOG, XPTM ANALOG, BIOLYTE, CERALYTE 50 POTASSIUM FREE, CERALYTE 50, CERALYTE-70, CERALYTE 90, CERASPORT EX1, CERASPORT, ENTERADE IBS-D, PEDIALYTE ADVANCED CARE, PEDIALYTE SINGLES, PEDIALYTE, PEDIATRIC ELECTROLYTE, electrolyte-148, electrolyte-a, SOL CARB, GA POWDER, GLUTARADE

	GA-1, GLUTAREX-2, XLYS, XTRP MAXAMAID, XLYS, XTRP MAXAMUM, GLYCOSADE, IVA MAXAMUM, I-VALEX-2, LMD POWDER, XLEU MAXAMAID, KETOCAL 2.5/1, KETOCAL 3/1, KETOCAL 4/1 (MILK-SOY), KETOCAL 4/1, KETOVIE 3/1, KETOVIE, KETOVIE PEPTIDE 4/1, KETOVIE PLANT-BASED 4/1, K-FLO, K-QUIK, LIQUIGEN, HCU LOPHLEX, HCU MAXAMUM, HCY 2, HOMACTIN AA PLUS 15 PE, HOMINEX-2, XMET MAXAMAID, ACERFLEX, BCAD 2, COMPLEX JUNIOR MSD, COMPLEX MSD AMINO ACID BLEND, COMPLEX ESSENTIAL, KETONEX-2, MSUD COOLER15, MSUD GEL POWDER, MSUD LOPHLEX, MSUD MAXAMAID, MSUD MAXAMUM, VILACTIN AA PLUS 15 PE, ALFAMINO JUNIOR, BEEF-POTATOES-SPINACH, BOOST GLUCOSE CONTROL, BOOST MAX, CHICKEN-PEAS-CARROTS, CHICKEN-ZUCCHINI-POTATOES, COMPLEAT, COMPLEAT 1.5, COMPLEAT ORGANIC BLEND CHICKEN, COMPLEAT ORGANIC BLENDS PLANT, COMPLEAT PED ORG BLEND CHICKEN, COMPLEAT PED ORG BLENDS PLANT, COMPLEAT PEDIATRIC PEPTIDE 1.5, COMPLEAT PED STANDARD 1.4, COMPLEAT PEPTIDE, COMPLEAT PEPTIDE 1.5, COMPLEAT STANDARD 1.4, DIABETISOURCE AC, EGGS-APPLES-OATS, ELECARE JR, ENCALA, ENSURE CLEAR THERAPEUTIC, EQUACARE JR, ESSENTIAL CARE JR, FIBERSOURCE HN, GLUCERNA 1 CAL, GLUCERNA 1.2 CAL, GLUCERNA 1.5 CAL, GLUCERNA HUNGER SMART, GLUCERNA SHAKE, GLUCERNA SNACK SHAKE, GLUCERNA THERAPEUTIC NUTRITION, IMPACT ADVANCED RECOVERY, IMPACT PEPTIDE 1.5 CAL, KALE-QUINOA-BERRIES VEGAN, KATE FARMS GLUCOSE SUPPORT 1.2, KATE FARMS PEDIATRC BLEND MEAL, KATE FARMS PEDIATRIC PEPT 1.0, KATE FARMS PEDIATRIC PEPT 1.5, KATE FARMS PEDIATRIC STAND 1.2, KATE FARMS PEPTIDE 1.0, KATE FARMS PEPTIDE 1.5, KATE FARMS RENAL SUPPORT 1.8, KATE FARMS STANDARD 1.0, KATE FARMS STANDARD 1.4, KETO FORMULA, LIPISTART, LIQUID HOPE ORIGINAL FORMULA, LIQUID HOPE PEPTIDE FORMULA, LIQUID HOPE PEPTIDE HP FORMULA, MCT PRO-CAL, MONOGEN, NEOCATE JUNIOR WITH PREBIOTICS, NEOCATE JUNIOR, NEOCATE SPLASH, NEPRO CARB STEADY, NOURISH ORIGINAL FORMULA, NOURISH PEPTIDE FORMULA, NOVASOURCE RENAL 2 CAL, NUTREN 1.5, NUTREN 2.0, NUTREN JUNIOR, NUTREN JUNIOR FIBER, ORANGE CHICKN-CARROT-BRWN RICE, OSMOLITE 1 CAL, OSMOLITE 1.2 CAL, OSMOLITE 1.5 CAL, OXEPA, PEDIASURE PEPTIDE 1.0 CAL, PEDIASURE PEPTIDE 1.5 CAL, PEPTAMEN, PEPTAMEN 1.5, PEPTAMEN 1.5 CAL WITH PREBIO1, PEPTAMEN AF, PEPTAMEN INTENSE VHP, PEPTAMEN JUNIOR, PEPTAMEN JUNIOR 1.5, PEPTAMEN JUNIOR FIBER, PEPTAMEN JUNIOR HP, PEPTAMEN W-PREBIO1, PERATIVE, PFD 2, PIVOT 1.5 CAL, POLYCAL, PROMOTE, PROMOTE WITH FIBER, PROVIMIN, PRUNES-PEARS-PUMPKIN, PULMOCARE, PURAMINO JR, QUINOA-KALE-HEMP, RENAMENT, RESTORE FUSION RENAL SUPPORT, RESTORE RENAL SUPPORT, S.O.S. 25, SALMON-OATS-SQUASH, SERACAL, SUPLENA CARB STEADY, TOLEREX, TURKEY-PEARS-PUMPKIN, TURKEY-SWEET POTATOES-PEACHES, ULTRIENT 1.5, VITAL 1.0 CAL, VITAL 1.5 CAL, VITAL AF 1.2 CAL, VITAL HIGH PROTEIN, VITAL PEPTIDE 1.5 CAL, VIVONEX PEDIATRIC, VIVONEX PLUS, VIVONEX RTF, VIVONEX T.E.N., XMET XCYS MAXAMAID, GLYTACTIN BETTERMILK 15-15, GLYTACTIN BETTERMILK 5-5, GLYTACTIN BUILD 10-10, GLYTACTIN BUILD 20-20, GLYTACTIN RTD 15 PE, GLYTACTIN RTD LITE 15, GLYTACTIN SWIRL 15 PE, GLYTACTIN SWIRL 15-15, LANAFLEX, LOPHLEX, PERIFLEX ADVANCE, PERIFLEX INFANT, PERIFLEX JUNIOR, PERIFLEX LQ PKU, PHENEX-2, PHENYLADE AMINO ACIDS, PHENYLADE ESSENTIAL (FLAX), PHENYLADE GMP, PHENYLADE GMP MIX-IN, PHENYLADE GMP READY, PHENYLADE GMP ULTRA, PHENYLADE MTE AMINO ACIDS, PHENYLADE 40, PHENYLADE 60, PHENYL-FREE 1, PHENYL-FREE 2 PKU, PHENYL-FREE 2HP PKU, PHLEXY-10 DRINK MIX POWDER, PKU COOLER 10, PKU COOLER 15, PKU COOLER 20, PKU EXPLORE5, PKU LOPHLEX, PKU MAXAMUM, PKU PERIFLEX EARLY YEARS, PKU PERIFLEX JUNIOR PLUS, XPHE MAXAMAID, MMA-PA MAXAMUM, OA2 POWDER, PROPIMEX-2, XMTVI MAXAMAID, BENEPROTEIN, DECUB-AMINE, JUVEN, JUVEN (WITH COLLAGEN), LIQUACEL, PROCEL, PROCEL SINGLES, PROMOD PROTEIN, PROSOURCE

	NO CARB, PROSOURCE PLUS, PROSOURCE, PROSOURCE TF FREE, PROSOURCE TF, PROSOURCE ZAC, PRO-STAT AWC, PRO-STAT MAX, PRO-STAT SUGAR FREE, PROTEINEX, PROTEINEX-18, UNJURY, TYLACTIN BUILD 20 PE, TYLACTIN RESTORE 10 PE, TYLACTIN RTD 15 PE, TYR GEL POWDER, TYR SPHERE20, TYREX-2, TYROS 2, XPHE, XTRP MAXAMAID, CYCLINEX-2, UCD ANAMIX JUNIOR, UCD TRIO, WND 2, KABIVEN, PERIKABIVEN, NANOVM 9-18, NANOVM T-F, BANATROL PLUS, BENEFIBER CLEAR SF (DEXTRIN), NUTRISOURCE FIBER, RELIZORB
MEDICALLY ADMINISTERED MULTIPLE SCLEROSIS AGENTS: J2329, J2350, J2351	BRIUMVI 150 MG/6 ML VIAL 25 MG/ML, OCREVUS 300 MG/10 ML VIAL 30 MG/ML, OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML VIAL
MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMS): J0717, J2182, J2356, J1745, Q5121, Q5103, Q5104, J1602, J0129, J3262, Q5156, Q5133, Q5135, J3245, J3247, J3358, Q9997, Q5098, Q9999, Q9998, Q5164, Q5099, Q5138, Q5100, J2267, J2327, J1628, J3380, J2357, J2786, J2361, J0517	CIMZIA 200 MG/ML SYRINGE KIT, CIMZIA 2X200 MG/ML SYRINGE KIT 2X200MG SYR/BOX, SUV 400 MG/2 ML (200 MG/ML X 2), CIMZIA 2X200 MG/ML(X3)START KT 400 MG/2 ML (200 MG/ML X 2), NUCALA 100 MG/ML AUTO-INJECTOR P/F, SUV, NUCALA 100 MG/ML AUTO-INJECTOR SAMPLE, SUV, NUCALA 100 MG/ML SYRINGE, NUCALA 40 MG/0.4 ML SYRINGE, TEZSPIRE 210 MG/1.91 ML PEN 210 MG/1.91 ML (110 MG/ML), infliximab 100 mg vial, AVSOLA 100 MG VIAL, CIMZIA 2X200 MG VIAL KIT 2X200MG VIAL,SUV,P/F 400 MG (200 MG X 2 VIALS), INFLECTRA 100 MG VIAL, REMICADE 100 MG VIAL, RENFLEXIS 100 MG VIAL SUV, P/F, INNER, RENFLEXIS 100 MG VIAL SUV, P/F, OUTER, SIMPONI ARIA 50 MG/4 ML VIAL 12.5 MG/ML, ORENCIA 250 MG VIAL SUV, P/F, ACTEMRA 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), ACTEMRA 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), ACTEMRA 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), AVTOZMA 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), AVTOZMA 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), AVTOZMA 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), TOFIDENCE 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), TOFIDENCE 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), TYENNE 200 MG/10 ML VIAL 200 MG/10 ML (20 MG/ML), TYENNE 400 MG/20 ML VIAL 400 MG/20 ML (20 MG/ML), TYENNE 80 MG/4 ML VIAL 80 MG/4 ML (20 MG/ML), ILUMYA 100 MG/ML SYRINGE INNER, SUV, P/F, ILUMYA 100 MG/ML SYRINGE OUTER, SUV, P/F, ILUMYA 100 MG/ML SYRINGE SAMPLE, SUV, P/F, ILUMYA 100 MG/ML SYRINGE SAMPLE,SUV, P/F, COSENTYX 125 MG/5 ML VIAL 25 MG/ML, ustekinumab 130 mg/26 ml vial, ustekinumab-ttwe 130 mg/26 ml vl, IMULDOSA 130 MG/26 ML VIAL, OTULFI 130 MG/26 ML VIAL, PYZCHIVA 130 MG/26 ML VIAL, SELARSDI 130 MG/26 ML VIAL, STARJEMZA 130 MG/26 ML VIAL, STELARA 130 MG/26 ML VIAL SAMPLE, SUV, P/F, STELARA 130 MG/26 ML VIAL SDV, P/F, STEQEYMA 130 MG/26 ML VIAL, WEZLANA 130 MG/26 ML VIAL, YESINTEK 130 MG/26 ML VIAL, OMVOH 300 MG/15 ML VIAL 300 MG/15 ML (20 MG/ML), SKYRIZI 600 MG/10 ML VIAL 60 MG/ML, TREMFYA 200 MG/20 ML VIAL INNER, SUV, P/F 200 MG/20 ML (10 MG/ML), TREMFYA 200 MG/20 ML VIAL OUTER, SUV, P/F 200 MG/20 ML (10 MG/ML), ENTYVIO 300 MG VIAL, XOLAIR 150 MG/1.2 ML POWDER VL P/F, SUV, SAMPLE, XOLAIR 150 MG/1.2 ML POWDER VL SUV, CINQAIR 100 MG/10 ML VIAL P/F,SUV 10 MG/ML, CINQAIR 100 MG/10 ML VIAL SAMPLE,P/F,SUV 10 MG/ML, EXDENSUR 100 MG/ML SYRINGE, NUCALA 100 MG/ML POWDER VIAL P/F, SDV, NUCALA 100 MG/ML POWDER VIAL SAMPLE, SUV, P/F, FASENRA 10 MG/0.5 ML SYRINGE SAMPLE, SUV, P/F, FASENRA 30 MG/ML SYRINGE P/F,SDV, FASENRA 30 MG/ML SYRINGE P/F,SUV,SAMPLE, TEZSPIRE 210 MG/1.91 ML SYRING SAMPLE, SUV, P/F 210 MG/1.91 ML (110 MG/ML), TEZSPIRE 210 MG/1.91 ML SYRING SUV, P/F 210 MG/1.91 ML (110 MG/ML)
MEDICATIONS FOR GRAFT-VERSUS-HOST-DISEASE POLICY: J3402, J9038	RYONCIL 100KG-LESS THAN 112.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 112.5KG-LESS THAN 125KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 12.5 KG-LESS THAN 25KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 125KG-LESS THAN 137.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 137.5KG-LESS THAN 150KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 25 KG-LESS THAN 37.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 37.5 KG-LESS THAN 50KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML,

	RYONCIL 50 KG-LESS THAN 62.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 62.5 KG-LESS THAN 75KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 75 KG-LESS THAN 87.5KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL 87.5KG-LESS THAN 100KG SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL LESS THAN 12.5 KG KIT SUV, P/F, OUTER 6.68 X 10EXP6 CELL/ML, RYONCIL VIAL SUV, P/F, INNER 6.68 X 10EXP6 CELL/ML, NIKTIMVO 22 MG/0.44 ML VIAL 50 MG/ML, NIKTIMVO 9 MG/0.18 ML VIAL 50 MG/ML
MEDICATIONS FOR MOLLUSCUM CONTAGIOSUM: J7354	YCANTH 0.7% SOLUTION INNER, YCANTH 0.7% SOLUTION OUTER
MEDICATIONS FOR RARE INDICATIONS: C9399, J1747, J3401, J3389, J9376, J1302, J1289, J3387, J2998, J9210, J1304, J1818, J1809	KEBILIDI VIAL INNER, SUV, P/F 2.8 X10EXP11 VG/0.5 ML, KEBILIDI VIAL OUTER, SUV, P/F 2.8 X10EXP11 VG/0.5 ML, SPEVIGO 450 MG/7.5 ML VIAL 60 MG/ML, VYJUVEK GEL OUTER 5 X 10EXP9 PFU/2.5 ML, ZEVASKYN SHEET 5.5 X 7.5 CM, VEOPOZ 400 MG/2 ML VIAL SUV, P/F, INNER 200 MG/ML, VEOPOZ 400 MG/2 ML VIAL SUV, P/F, OUTER 200 MG/ML, ENJAYMO 1,100 MG/22 ML VIAL 50 MG/ML, YARTEMLEA 370 MG/2 ML VIAL 370 MG/2 ML (185 MG/ML), SKYSONA INFUSION BAG-CASSETTE 4 X TO 30 X 10EXP6 CELL/ML, RYPLAZIM 68.8 MG VIAL P/F, SUV, INNER, RYPLAZIM 68.8 MG VIAL P/F, SUV, OUTER, GAMIFANT 10 MG/2 ML VIAL 5 MG/ML, GAMIFANT 100 MG/20 ML VIAL 5 MG/ML, GAMIFANT 50 MG/10 ML VIAL 5 MG/ML, QALSODY 100 MG/15 ML VIAL 100 MG/15 ML (6.7 MG/ML), LOARGYS 2 MG/0.4 ML VIAL 5 MG/ML, NULIBRY 9.5 MG VIAL
NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST: Q5156, C9399, Q5154, J9999, J3490, J3590, J1577, Q5168	AVTOZMA 162 MG/0.9 ML AUTOINJ, AVTOZMA 162 MG/0.9 ML SYRINGE, HEPCLUDEX 8.5 MG VIAL SUV, P/F, INNER, HEPCLUDEX 8.5 MG VIAL SUV, P/F, OUTER, OMLYCLO 150 MG/ML SYRINGE, OMLYCLO 75 MG/0.5 ML SYRINGE, SARCLISA ESCENA 1,400 MG/10 ML VIAL, TUDRIQEV 1 MILLION PFU/ML VIAL INNER, SUV, P/F 10EXP6 PFU/ML, TUDRIQEV 1 MILLION PFU/ML VIAL OUTER, SUV, P/F 10EXP6 PFU/ML, TUDRIQEV 10 MILLION PFU/ML VL INNER, SUV, P/F 10EXP7 PFU/ML, TUDRIQEV 10 MILLION PFU/ML VL OUTER, SUV, P/F 10EXP7 PFU/ML, REVTORPYK 180 MG VIAL, BEXLUTRY 370 MBQ (10 MCI)/ML 10 MCI/ML (370 MBQ/ML), CLIGAVYX 250 MG/5 ML SYRINGE SUV, INNER, CLIGAVYX 250 MG/5 ML SYRINGE SUV, OUTER, FAYUVI 105 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 11 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 12 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 14 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 15 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 18 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 21 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 24 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 27 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 30 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 33 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 36 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 39 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 42 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 45 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 48 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 5 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 51 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 54 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 57 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 6 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 60 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 63 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 69 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 75 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 8 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 81 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 87 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 93 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI 99 VIAL KIT SUV, P/F, OUTER 1 X 10EXP13 VG/ML, FAYUVI VIAL SUV, P/F, INNER 1 X 10EXP13 VG/ML, QIVIGY 10% (10 GM/100 ML) VIAL INNER, SUV, P/F, QIVIGY 10% (10

	GM/100 ML) VIAL OUTER, SUV, P/F, QIVIGY 10% (5 GRAM/50 ML) VIAL INNER, SUV, P/F, QIVIGY 10% (5 GRAM/50 ML) VIAL OUTER, SUV, P/F, LUMVOA 500 MG/10 ML VIAL 50 MG/ML, NAVITRUX 150 MG VIAL, TREGZI HSPC AND TREG COMPONENT, TREGZI INFUSION BAG, KRESLADI INFUSION BAG-CASSETTE 0.34X TO 6.1X 10EXP6 CELL/ML, ZANVASTRO 56 MG/2.8 ML VIAL INNER, SUV, P/F, ZANVASTRO 56 MG/2.8 ML VIAL OUTER, SUV, P/F, ISEMBYLD 150 MG/3 ML VIAL 50 MG/ML, LYTENAVA 1.25 MG/0.05 ML VIAL, NUFYMCO 0.3 MG/0.05 ML VIAL, NUFYMCO 0.5 MG/0.05 ML VIAL
OHTUVAYRE: J7601	OHTUVAYRE 3 MG/2.5 ML INHAL SUS INNER, OHTUVAYRE 3 MG/2.5 ML INHAL SUS OUTER
OMISIRGE: J3406	OMISIRGE INFUSION KIT
OPHTHALMIC PROSTAGLANDIN IMPLANTS: J7351, J7355	DURYSTA 10 MCG IMPLANT, IDOSE TR 75 MCG IMPLANT
OPHTHALMIC VEGF INHIBITORS: J2777, J0179, Q5124, Q5128, Q5149, J0178, J0177, J2778, Q5147, J2779, Q5155	VABYSMO 6 MG/0.05 ML SYRINGE SUV, P/F, VABYSMO 6 MG/0.05 ML SYRINGE SUV, P/F, SAMPLE, VABYSMO 6 MG/0.05 ML VIAL SAMPLE, INNER, SUV, VABYSMO 6 MG/0.05 ML VIAL SAMPLE, OUTER, SUV, BEOVU 6 MG/0.05 ML SYRINGE, BYOOVIZ 0.5 MG/0.05 ML VIAL SUV, P/F, CIMERLI 0.3 MG/0.05 ML VIAL, CIMERLI 0.5 MG/0.05 ML VIAL, ENZEEVU 2 MG/0.05 ML SYRINGE, EYLEA 2 MG/0.05 ML SYRINGE SAMPLE, SUV, P/F, EYLEA 2 MG/0.05 ML SYRINGE SUV, P/F, EYLEA 2 MG/0.05 ML VIAL P/F, SUV, EYLEA 2 MG/0.05 ML VIAL P/F,SUV,SAMPLE, EYLEA HD 8 MG/0.07 ML VIAL P/F,SUV, INNER, EYLEA HD 8 MG/0.07 ML VIAL P/F,SUV, OUTER, EYLEA HD 8 MG/0.07 ML VIAL SUV, SAMPLE, INNER, EYLEA HD 8 MG/0.07 ML VIAL SUV, SAMPLE, OUTER, LUCENTIS 0.3 MG/0.05 ML SYRING P/F,SUV, LUCENTIS 0.3 MG/0.05 ML SYRING SAMPLE,SUV,P/F, LUCENTIS 0.5 MG/0.05 ML SYRING P/F, SAMPLE, SUV, LUCENTIS 0.5 MG/0.05 ML SYRING P/F, SUV, PAVBLU 2 MG/0.05 ML SYRINGE, PAVBLU 2 MG/0.05 ML VIAL, SUSVIMO 10 MG/0.1 ML VIAL, YESAFILI 2 MG/0.05 ML SYRINGE
ORAL RINSES: J3490, A9156	GELCLAIR ORAL GEL PACKET, MUGARD ORAL WOUND RINSE
OSTEOANABOLIC AGENTS: J3111	EVENITY (105 MG/1.17 ML) 210 MG DOSE - 2 SYRINGES 210MG/2.34ML (105MG/1.17MLX2), EVENITY 105 MG/1.17 ML SYRINGE
OTARMENI POLICY: C9399	OTARMENI VIAL INNER 3 X 10EXP13 VG/ML, OTARMENI VIAL OUTER 3 X 10EXP13 VG/ML
PAPZIMEOS POLICY: J3404	PAPZIMEOS VIAL INNER, SUV, P/F 5 X 10EXP11 PU/ML, PAPZIMEOS VIAL OUTER, SUV, P/F 5 X 10EXP11 PU/ML
PCSK9 INHIBITORS: J1306	LEQVIO 284 MG/1.5 ML SYRINGE SUV, P/F, LEQVIO 284 MG/1.5 ML SYRINGE SUV, P/F, SAMPLE
PITUITARY DISORDER THERAPIES: J1930, J2353, J2502	lanreotide 120 mg/0.5 ml syrng, lanreotide 60 mg/0.2 ml syring, lanreotide 90 mg/0.3 ml syring, octreotide acet er 10 mg im vial suv, inner, octreotide acet er 10 mg im vial suv, outer, octreotide acet er 10 mg im vl inner, suv, octreotide acet er 10 mg im vl outer, suv, octreotide acet er 20 mg im vl inner, suv, octreotide acet er 20 mg im vl outer, suv, octreotide acet er 30 mg im vl inner, suv, octreotide acet er 30 mg im vl outer, suv, SANDOSTATIN LAR DEPOT 10 MG KT SUV,OUTER, SANDOSTATIN LAR DEPOT 10 MG VL SUV,INNER, SANDOSTATIN LAR DEPOT 20 MG KT OUTER,SUV, SANDOSTATIN LAR DEPOT 20 MG VL INNER,SUV, SANDOSTATIN LAR DEPOT 30 MG KT OUTER,SUV, SANDOSTATIN LAR DEPOT 30 MG VL INNER,SUV, SIGNIFOR LAR 10 MG KIT OUTER, SUV, SIGNIFOR LAR 10 MG VIAL INNER, SUV, SIGNIFOR LAR 20 MG KIT OUTER, SUV, SIGNIFOR LAR 20 MG VIAL INNER, SUV, SIGNIFOR LAR 30 MG KIT OUTER, SUV, SIGNIFOR LAR 30 MG VIAL INNER, SUV, SIGNIFOR LAR 40 MG KIT OUTER, SUV, SIGNIFOR LAR 40 MG VIAL INNER, SUV, SIGNIFOR LAR 60 MG KIT OUTER, SUV,

	SIGNIFOR LAR 60 MG VIAL INNER, SUV, SOMATULINE DEPOT 120 MG/0.5 ML SUV, SOMATULINE DEPOT 60 MG/0.2 ML SUV, SOMATULINE DEPOT 90 MG/0.3 ML
PREVYMIS: C9399, J3490	PREVYMIS 240 MG/12 ML VIAL INNER, P/F, SDV, PREVYMIS 240 MG/12 ML VIAL OUTER, P/F, SDV, PREVYMIS 480 MG/24 ML VIAL INNER, P/F, SDV, PREVYMIS 480 MG/24 ML VIAL OUTER, P/F, SDV
PROPHYLACTIC HEREDITARY ANGIOEDEMA THERAPY: J0598	CINRYZE 500 UNIT VIAL INNER, SUV, P/F 500 UNIT (5 ML), CINRYZE 500 UNIT VIAL-DILUENT OUTER, SUV, P/F 500 UNIT (5 ML)
PROVENGE: Q2043	PROVENGE INFUSION BAG INNER, SUV, P/F 50 MILLION CELL/250 ML, PROVENGE INFUSION BAG OUTER, SUV, P/F 50 MILLION CELL/250 ML
PULMONARY HYPERTENSION: J3490, J1325, J3285, J7686	UPTRAVI 1,800 MCG VIAL, epoprostenol sodium 0.5 mg vl, epoprostenol sodium 1.5 mg vl, treprostinil 100 mg/20 ml vial 5 mg/ml, treprostinil 20 mg/20 ml vial 1 mg/ml, treprostinil 200 mg/20 ml vial 10 mg/ml, treprostinil 50 mg/20 ml vial 2.5 mg/ml, REMODULIN 100 MG/20 ML VIAL 5 MG/ML, REMODULIN 20 MG/20 ML VIAL 1 MG/ML, REMODULIN 200 MG/20 ML VIAL 10 MG/ML, REMODULIN 50 MG/20 ML VIAL 2.5 MG/ML, REMODULIN 8 MG/20 ML VIAL 0.4 MG/ML, TYVASO 1.74 MG/2.9 ML SOLUTION 1.74 MG/2.9 ML (0.6 MG/ML), TYVASO INHALATION REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML), TYVASO INHALATION STARTER KIT 1.74 MG/2.9 ML, TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML, VELETRI 0.5 MG VIAL, VELETRI 1.5 MG VIAL STERILE, SUV, sildenafil 10 mg/12.5 ml vial, REVATIO 10 MG/12.5 ML VIAL
RADICAVA: J1301	edaravone 30 mg/100 ml bag inner, single use, edaravone 30 mg/100 ml bag inner, suv, edaravone 30 mg/100 ml bag inner,single use, edaravone 30 mg/100 ml bag outer, single use, edaravone 30 mg/100 ml bag outer, suv, edaravone 30 mg/100 ml bag suv, inner, edaravone 30 mg/100 ml bag suv, outer, edaravone 60 mg/100 ml bag, RADICAVA 30 MG/100 ML BAG INNER, SUV, RADICAVA 30 MG/100 ML BAG OUTER, SDV
REBLOZYL_RYTELO: J0870, J0896	RYTELO 188 MG VIAL, RYTELO 47 MG VIAL, REBLOZYL 25 MG VIAL, REBLOZYL 75 MG VIAL
RETHYMIC: J3590	RETHYMIC IMPLANT
RITUXIMAB: Q5123, J9312, Q5119, Q5115, J9311	RIABNI 100 MG/10 ML VIAL 10 MG/ML, RIABNI 500 MG/50 ML VIAL 10 MG/ML, RITUXAN 100 MG/10 ML VIAL 10 MG/ML, RITUXAN 500 MG/50 ML VIAL 10 MG/ML, RUXIENCE 100 MG/10 ML VIAL 10 MG/ML, RUXIENCE 500 MG/50 ML VIAL 10 MG/ML, TRUXIMA 100 MG/10 ML VIAL 10 MG/ML, TRUXIMA 500 MG/50 ML VIAL 10 MG/ML, RITUXAN HYCELA 1,400 MG-23,400 1400 MG/11.7 ML (120 MG/ML), RITUXAN HYCELA 1,600 MG-26,800 1600 MG/13.4 ML (120 MG/ML)
SELF-ADMINISTERED DRUG (SADS) EXCLUSION	
SAPHNELO: J0491	SAPHNELO 120 MG/0.8 ML PEN OUTER, SUV, P/F
SCENESSE: J7352	SCENESSE 16 MG IMPLANT
SPRAVATO G2082, G2083: J0013	SPRAVATO 28 MG NASAL SPRAY, SPRAVATO 56 MG DOSE PACK 56 MG (28 MG X 2), SPRAVATO 84 MG DOSE PACK 84 MG (28 MG X 3)
SYLVANT: J2860	SYLVANT 100 MG VIAL, SYLVANT 400 MG VIAL

T-CELL THERAPY: Q2055, Q2056, Q2058, Q2054, Q2042, Q2053, Q2041, J9999, C9399, Q2057, J1323, J9601, J9380, J9039, J9286, J9321, J9350, J9026, J3055, J9274	ABECMA INFUSION BAG 300X10EXP6 TO 510X10EXP6 CELL, CARVYKTI INFUSION BAG-CASSETTE 0.5 X 10EXP6 TO 1 X 10EXP8 CELL, AUCATZYL 10 X 10E6 BAG INNER, BREYANZI CD4 COMPONENT VIAL(S) 1.5 X TO 70 X 10EXP6 CELL/ML, BREYANZI CD8 COMPONENT VIAL(S) 1.5 X TO 70 X 10EXP6 CELL/ML, BREYANZI VIAL 1.5 X TO 70 X 10EXP6 CELL/ML, KYMRIAH INFUSION BAG 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL, TECARTUS CASSETTE SINGLE-USE,P/F,OUTER 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL, TECARTUS INFUSION BAG SINGLE-USE,P/F,INNER 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL, YESCARTA CASSETTE OUTER, P/F, SUV, YESCARTA INFUSION BAG INNER, P/F, SUV, AMTAGVI CASSETTE SINGLE USE,P/F,OUTER 7.5 X 10EXP9 TO 72X 10EXP9 CELL, AMTAGVI INFUSION BAG SINGLE USE,P/F,INNER 7.5 X 10EXP9 TO 72X 10EXP9 CELL, TECELRA INFUSION BAG-CASSETTE 1.62X10EXP9 TO 10X10EXP9 CELL, ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL INNER,SUV,P/F,SAMPLE 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML, ELREXFIO 44 MG/1.1 ML VIAL OUTER,SUV,P/F,SAMPLE 40 MG/ML, ELREXFIO 76 MG/1.9 ML VIAL INNER, SUV, P/F 40 MG/ML, ELREXFIO 76 MG/1.9 ML VIAL OUTER, SUV, P/F 40 MG/ML, LYNOZYFIC 200 MG/10 ML VIAL INNER, SUV, P/F 20 MG/ML, LYNOZYFIC 5 MG/2.5 ML VIAL INNER, SUV, P/F 2 MG/ML, TECVAYLI 153 MG/1.7 ML VIAL 90 MG/ML, TECVAYLI 30 MG/3 ML VIAL 10 MG/ML, BLINCYTO 35 MCG VIAL, BLINCYTO 35 MCG VL W-STABILIZER, COLUMVI 10 MG/10 ML VIAL 1 MG/ML, COLUMVI 2.5 MG/2.5 ML VIAL 1 MG/ML, EPKINLY 4 MG/0.8 ML VIAL, EPKINLY 48 MG/0.8 ML VIAL, LUNSUMIO 1 MG/ML VIAL, LUNSUMIO 30 MG/30 ML VIAL 1 MG/ML, LUNSUMIO VELO 45 MG/ML VIAL, LUNSUMIO VELO 5 MG/0.5 ML VIAL, IMDELLTRA 1 MG VIAL INNER, SUV, P/F, IMDELLTRA 1 MG VIAL OUTER, SUV, P/F, IMDELLTRA 10 MG VIAL INNER, SUV, P/F, IMDELLTRA 10 MG VIAL OUTER, SUV, P/F, TALVEY 3 MG/1.5 ML VIAL 2 MG/ML, TALVEY 40 MG/ML VIAL, KIMMTRAK 100 MCG/0.5 ML VIAL
TEPEZZA: J3241	TEPEZZA 500 MG VIAL
THERAPIES FOR SPINAL MUSCULAR ATROPHY: J3405, J3399, J2326	ITVISMA VIAL INNER, SUV, P/F 1.2 X 10EXP14 VG/3 ML, ZOLGENSMA 10.1-10.5 KG (8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 10.6-11.0 KG (5.5 ML X 2 AND 8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 11.1-11.5 KG (5.5 ML X 1 AND 8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 11.6-12.0 KG (8.3 ML X 8 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 12.1-12.5 KG (5.5 ML X 2 AND 8.3 ML X 7 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 2.6-3.0 KG (8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 3.1-3.5 KG (5.5 ML X 2 AND 8.3 ML X 1 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 3.6-4.0 KG (5.5 ML X 1 AND 8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 4.1-4.5 KG (8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 4.6-5.0 KG (5.5 ML X 2 AND 8.3 ML X 2 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 5.1-5.5 KG (5.5 ML X 1 AND 8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 5.6-6.0 KG (8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 6.1-6.5 KG (5.5 ML X 2 AND 8.3 ML X 3 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 6.6-7.0 KG (5.5 ML X 1 AND 8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 7.1-7.5 KG (8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 7.6-8.0 KG (5.5 ML X 2 AND 8.3 ML X 4 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 8.1-8.5 KG (5.5 ML X 1 AND 8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 8.6-9.0 KG (8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 9.1-9.5 KG (5.5 ML X 2 AND 8.3 ML X 5 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, ZOLGENSMA 9.6-10.0 KG (5.5 ML X 1 AND 8.3 ML X 6 VIAL) KIT P/F,SUV 2 X 10EXP13 VG/ML, SPINRAZA 12 MG/5 ML VIAL, SPINRAZA 28 MG/5 ML VIAL, SPINRAZA 50 MG/5 ML VIAL

THROMBOCYTOPENIA MEDICATIONS: J2802	NPLATE 125 MCG VIAL, NPLATE 250 MCG VIAL, NPLATE 500 MCG VIAL
TOTAL PARENTERAL NUTRITION (TPN): J3490, B4185, B4187	VITLIPID N ADULT AMPULE SUV, INNER 990 MCG-5 MCG- 9.1 MG/10 ML, VITLIPID N ADULT AMPULE SUV, OUTER 990 MCG-5 MCG- 9.1 MG/10 ML, CLINIMIX 4.25%-10% SOLUTION, CLINIMIX 4.25%-5% SOLUTION INNER, SUV, CLINIMIX 4.25%-5% SOLUTION OUTER, SUV, CLINIMIX 4.25%-5% SOLUTION SINGLE USE, CLINIMIX 5%-15% SOLUTION INNER, SUV, CLINIMIX 5%-15% SOLUTION OUTER, SUV, CLINIMIX 5%-15% SOLUTION SINGLE USE, CLINIMIX 5%-20% SOLUTION INNER, SUV, CLINIMIX 5%-20% SOLUTION OUTER, SUV, CLINIMIX 5%-20% SOLUTION SINGLE USE, CLINIMIX 6%-5% SOLUTION INNER,SINGLE-USE 6-5 %, CLINIMIX 6%-5% SOLUTION OUTER,SINGLE-USE 6-5 %, CLINIMIX 8%-10% SOLUTION INNER,SINGLE-USE 8-10 %, CLINIMIX 8%-10% SOLUTION OUTER,SINGLE-USE 8-10 %, CLINIMIX 8%-14% SOLUTION SUV, INNER 8-14 %, CLINIMIX 8%-14% SOLUTION SUV, OUTER 8-14 %, AMINOSYN II 10% IV SOLUTION MULTI-USE, AMINOSYN II 15% IV SOLUTION MUV, AMINOSYN-PF 10% IV SOLUTION P/F, MULTI-USE, AMINOSYN-PF 7% IV SOLUTION SINGLE USE, P/F, CLINISOL 15% SOLUTION, PLENAMINE 15% SOLUTION MULTI-USE, PREMASOL 10% IV SOLUTION, PROSOL 20% INJECTION, TRAVASOL 10% SOLN VIAFLEX, TROPHAMINE 10% IV SOLUTION, CLINOLIPID 20% (100 GM/500 ML) SUV,INNER, CLINOLIPID 20% (100 GM/500 ML) SUV,OUTER, CLINOLIPID 20% (20 GM/100 ML) SUV,INNER, CLINOLIPID 20% (20 GM/100 ML) SUV,OUTER, CLINOLIPID 20% (200 GM/1,000 ML) SUV,INNER, CLINOLIPID 20% (200 GM/1,000 ML) SUV,OUTER, CLINOLIPID 20% (50 GM/250 ML) SUV, OUTER, CLINOLIPID 20% (50 GM/250 ML) SUV,INNER, INTRALIPID 20% IV FAT EMUL MULTI USE,P/F,INNER, INTRALIPID 20% IV FAT EMUL MULTI USE,P/F,OUTER, INTRALIPID 20% IV FAT EMUL SINGLE USE,P/F,INNER, INTRALIPID 20% IV FAT EMUL SINGLE USE,P/F,OUTER, INTRALIPID 30% IV FAT EMUL MULTI USE,P/F,INNER, INTRALIPID 30% IV FAT EMUL MULTI USE,P/F,OUTER, NUTRILIPID 20% IV FAT EMULSION MDV, NUTRILIPID 20% IV FAT EMULSION SINGLE USE, OMEGAVEN 10 GM/100 ML EMULSION SUV,INNER 10 %, OMEGAVEN 10 GM/100 ML EMULSION SUV,OUTER 10 %, OMEGAVEN 5 GM/50 ML EMULSION SUV,INNER 10 %, OMEGAVEN 5 GM/50 ML EMULSION SUV,OUTER 10 %, SMOFLIPID 20% IV FAT EMULSION MUV, INNER, SMOFLIPID 20% IV FAT EMULSION MUV,OUTER, SMOFLIPID 20% IV FAT EMULSION SINGLE USE,INNER, SMOFLIPID 20% IV FAT EMULSION SINGLE USE,OUTER, SMOFLIPID 20% IV FAT EMULSION SUV, P/F, INNER, SMOFLIPID 20% IV FAT EMULSION SUV, P/F, OUTER, CLINIMIX E 2.75%-5% SOLUTION INNER, SUV, CLINIMIX E 2.75%-5% SOLUTION OUTER, SUV, CLINIMIX E 2.75%-5% SOLUTION SINGLE USE, CLINIMIX E 4.25%-10% SOLUTION INNER, SUV, CLINIMIX E 4.25%-10% SOLUTION OUTER, SUV, CLINIMIX E 4.25%-10% SOLUTION SINGLE USE, CLINIMIX E 4.25%-5% SOLUTION INNER, SUV, CLINIMIX E 4.25%-5% SOLUTION OUTER, SUV, CLINIMIX E 4.25%-5% SOLUTION SINGLE USE, CLINIMIX E 5%-15% SOLUTION INNER, SUV, CLINIMIX E 5%-15% SOLUTION OUTER, SUV, CLINIMIX E 5%-15% SOLUTION SINGLE USE, CLINIMIX E 5%-20% SOLUTION INNER, SUV, CLINIMIX E 5%-20% SOLUTION OUTER, SUV, CLINIMIX E 5%-20% SOLUTION SINGLE USE, CLINIMIX E 8%-10% SOLUTION INNER,SINGLE-USE 8-10 %, CLINIMIX E 8%-10% SOLUTION OUTER,SINGLE-USE 8-10 %, CLINIMIX E 8%-14% SOLUTION INNER,SINGLE-USE 8-14 %, CLINIMIX E 8%-14% SOLUTION OUTER,SINGLE-USE 8-14 %, VITALIPID N INFANT AMPULE SUV, INNER 69 MCG-1 MCG-0. 64 MG-20 MCG/ML, VITALIPID N INFANT AMPULE SUV, OUTER 69 MCG-1 MCG-0. 64 MG-20 MCG/ML, VITLIPID N INFANT AMPULE SUV, INNER 69 MCG-1 MCG-0. 64 MG-20 MCG/ML, VITLIPID N INFANT AMPULE SUV, OUTER 69 MCG-1 MCG-0. 64 MG-20 MCG/ML
TRANSTHYRETIN (TTR) LOWERING AGENTS: C9311, J0225, J0222	WAINUA 45 MG/0.8 ML SYRINGE, AMVUTTRA 25 MG/0.5 ML SYRINGE, ONPATTRO 10 MG/5 ML VIAL 2 MG/ML

TYSABRI, TYRUKO: Q5134, J2323	TYRUKO 300 MG/15 ML VIAL, TYSABRI 300 MG/15 ML VIAL SUV, P/F
TZIELD: J9381	TZIELD 2 MG/2 ML VIAL 1 MG/ML
UPLIZNA: J1823	UPLIZNA 100 MG/10 ML VIAL INNER, SUV, P/F 10 MG/ML, UPLIZNA 100 MG/10 ML VIAL OUTER, SUV, P/F 10 MG/ML
XIAFLEX: J0775	XIAFLEX 0.9 MG VIAL
ZEVTERA: J0681	ZEVTERA 667 MG VIAL SUV, INNER, ZEVTERA 667 MG VIAL SUV, OUTER