

State: VermontGMCB Filing Company: BCBSVT
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing
Project Name/Number: /

Filing at a Glance

Company: BCBSVT
Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing
State: VermontGMCB
TOI: ML02 Multi-Line - Other
Sub-TOI: ML02.000 Multi-Line - Other
Filing Type: GMCB Trend / Admin Charge
Date Submitted: 05/16/2023
SERFF Tr Num: BCVT-133676245
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num:

Effective
Date Requested:
Author(s): Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich, Jack Cunningham
Reviewer(s): Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Michael Barber, Laura Beliveau, Jennifer DaPolito

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: VermontGMCB **Filing Company:** BCBSVT
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 05/17/2023
State Status Changed: Deemer Date:
Created By: Matthew Goodrich Submitted By: Matthew Goodrich
Corresponding Filing Tracking Number:

Filing Description:
May 16, 2023

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295
2024 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2024 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2024 Vermont ACA Market rate filings in an effort to establish rates that are aligned with hospital budget requests that will be submitted on June 30, 2023. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

cc:Martine Lemieux/Blue Cross VT

Company and Contact

Filing Contact Information

Matthew Goodrich, goodrichm@bcbsvt.com
PO Box 186 802-371-3586 [Phone]
Montpelier, VT 05601

State: VermontGMCB

Filing Company: BCBSVT

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

Filing Company Information

BCBSVT

CoCode: 53295

State of Domicile: Vermont

PO BOX 186

Group Code:

Company Type: Hospital

Montpelier, VT 05601

Group Name:

Service Corp

(802) 371-3450 ext. [Phone]

FEIN Number: 03-0277307

State ID Number:

State: VermontGMCB

Filing Company: BCBSVT

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing

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Filing Fees

State Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

BCVT-133676245

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** BCBSVT
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Rate Information

Rate data applies to filing.

Filing Method: Experience Rated and Manually Rated
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.800%
Effective Date of Last Rate Revision: 05/11/2023
Filing Method of Last Filing: Experience Rated and Manually Rated
SERFF Tracking Number of Last Filing: BCVT-133551255

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	2.800%	%		3,270	\$54,947,832	%	%

SERFF Tracking #:

BCVT-133676245

State Tracking #:

Company Tracking #:

State: VermontGMCB
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Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing
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Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	Not required.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	BCBSVT does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - Exhibits (REDACTED).pdf 2024 Blue Cross VT Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx
Item Status:	

SERFF Tracking #:

BCVT-133676245

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: 2024 Blue Cross VT Large Group Unit Cost Trend Filing
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Status Date:	
Satisfied - Item:	F106
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - F106 Form Signed.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	2024 Blue Cross VT Large Group Unit Cost Trend Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	
Satisfied - Item:	VT Rx Data Template
Comments:	
Attachment(s):	VT Rx Data Template - BCBSVT - 2024 Large Group Unit Cost.pdf VT Rx Data Template - BCBSVT - 2024 Large Group Unit Cost.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BCVT-133676245

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

BCBSVT

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

2024 Blue Cross VT Large Group Unit Cost Trend Filing

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Attachment 2024 Blue Cross VT Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Attachment VT Rx Data Template - BCBSVT - 2024 Large Group Unit Cost.xlsx is not a PDF document and cannot be reproduced here.

Blue Cross and Blue Shield of Vermont
2024 Large Group Unit Cost Trend Filing
Actuarial Memorandum

1. Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross VT) performs large group rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent group experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing updates the medical unit cost trend factors that we will use for renewals beginning upon approval of this filing, most notably January 2024 renewals. Updates to the unit cost trend factors flow through to impact the manual rate as well—we also demonstrate this impact as part of this filing.

Once approved, we will use this filing for insured large group and grandfathered small group renewals (we will refer to them collectively as large groups for the remainder of the filing) until superseded by a subsequent filing. This filing will apply beginning with rates communicated within seven business days after the date of its approval and continuing until at most seven business days after the date of approval of the next Blue Cross VT Large Group Rating Program filing. The term “communicated,” for this purpose, means a written proposal delivered to a large group account.

2. Overview and Rate Impact

2.1. Overview

This filing includes the development of medical unit cost factors and illustrates a manual rate developed using the medical unit cost trend factors. The medical unit cost factors update those approved in the 2024 Blue Cross VT Large Group Rating Program Filing (BCVT-133551255). For non-GMCR regulated facilities, the unit cost trend factors align with those filed in the 2024 Vermont ACA Market rate filings (BCVT-133654578 and BCVT-133654592). We use this formula for insured products, including Cost Plus. Blue Cross VT projects that this filing will affect 5,785 members (3,270 subscribers) in 40 groups. These totals are as of December 31, 2022.

2.2. Impact of Formula and Factor Changes

This total impact of changes in medical unit cost factors is 2.8 percent.

3. Medical Unit Cost Trend

We use medical claims incurred from September 1, 2018, to August 31, 2022, paid through October 31, 2022, and pharmacy claims incurred from October 1, 2018, to September 30, 2022, paid through October 31, 2022. We apply completion factors to estimate the ultimate incurred claims for each period shown in the exhibits.

Observations of recent contracting and provider budgetary changes are the main source of unit cost trends. During the year ended August 2022, roughly 53 percent of total claims dollars were provided by Vermont facilities and providers directly affected by the hospital budget review process of the Green Mountain Care Board (GMCR).

For hospitals under the jurisdiction of GMCR review, we start with the assumption that the GMCR will approve hospital budgets for October 1, 2023, and October 1, 2024, that reflect that five-year average of

Blue Cross and Blue Shield of Vermont
2024 Large Group Unit Cost Trend Filing
Actuarial Memorandum

prior approvals. This is aligned with the approved factors from the 2024 Large Group filing (BCVT-133551255)¹.

For other providers within the Blue Cross VT service area, we work with the Blue Cross VT contracting team to include expected increases to fee schedules.

The provider contracting and actuarial departments worked together to assess the impact these increases would have on contracts for Blue Cross VT Managed Care, Blue Cross VT Non-Managed Care, and TVHP Managed Care contracts. For marketing reasons, Blue Cross VT negotiates different unit cost increases for each of the three contracts. To reflect these differences, we calculate a cost trend for each contract.

Finally, we derive unit cost increases for providers outside the Blue Cross VT service area from the Fall 2022 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

Exhibit 2A shows the details of the cost increases by contract and type of claim.

We use the expected increases to trend the contract-normalized claims to the projection period.

The chart below summarizes the results of the analysis:

Medical Unit Cost Trend – CY 2023			
	Blue Cross VT Managed Care	Blue Cross VT Non- Managed Care	TVHP Managed Care
Vermont facilities and providers impacted by GMCB’s Hospital Budget Review	14.1%	14.1%	14.1%
Other facilities and providers	5.6%	5.6%	5.6%
Total	10.1%	10.1%	10.1%

Medical Unit Cost Trend – CY 2024			
	Blue Cross VT Managed Care	Blue Cross VT Non- Managed Care	TVHP Managed Care
Vermont facilities and providers impacted by GMCB’s Hospital Budget Review	6.4%	6.9%	6.4%
Other facilities and providers	6.3%	6.3%	6.3%
Total	6.3%	6.6%	6.3%

3.1. Prior Experience Period Trend Factors

We trend prior experience periods to the most current experience period using observed trends and apply the trend factors in section 4 to trend from the most current experience period to the rating period. Exhibit 2G contains the trend factors applicable to prior periods. For months following our trend base (that is, after August 2022, the observed trend is set to the trend factors in section 3. To develop

¹ We expect to update the unit cost trend assumptions upon review of the June 30, 2023 hospital budget submissions.

Blue Cross and Blue Shield of Vermont
2024 Large Group Unit Cost Trend Filing
Actuarial Memorandum

the observed medical trend factors, we calculate a monthly utilization trend. We apply actual cost increases to calculate the total observed medical trend.

The 2024 Large Group filing factors applied historical utilization trend based on total monthly claims. We update the historical utilization trends to be on a PMPM-basis, using the same underlying data as in the 2024 Large Group filing. We consider this update to more accurately reflect underlying trend in prior experience periods.

4. Manual Rate

We have updated the manual rate for actives from the 2024 Blue Cross VT Large Group Rating Program Filing only to apply the trends as described in section 3. We also update the trend factors in section 3.1 to apply utilization trends on a PMPM basis.

Calculation of the Manual Rate (Actives)				
Claim Type		Medical	Pharmacy	Total
2024 Manual Rate	A	\$602.14	\$145.37	\$747.51
2024 Paid Trend Factor	B	1.233	N/A	
Updated Paid Trend Factor	C	1.279		
Updated Manual Rate	$D = A \times (C/B)$	\$624.44	\$145.37	\$769.81

As noted in section 3.1, the prior experience trend factors in the 2024 Large Group filing used total monthly claims to apply utilization trends. Since the member months varied through the trend experience period, this update has a different impact based on the experience period used. Switching utilization to a PMPM basis increases the manual rate, which also increases the full manual premium. Conversely, the change in methodology decreases the trend factors used in the experience rates, which ultimately decreases the full credibility-adjusted premium rate. The table below provides the impact by claim component.

Claim Component	Impact of Method Change
Manual Rate	2.0%
Experience Rate, Year 1	2.0%
Experience Rate, Year 2	-9.4%
Experience Rate, Year 3	-10.2%
Total	-2.6%

As shown in the table above, this change methodology results in a net decrease for groups for this component.

5. Medical Loss Ratio Projection

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2024. Using the manual rate as a proxy for projected claims, we project a 2024 MLR of 89.0 percent. The credibility-adjusted MLR for Large Group was 90.1 percent in 2020 and 89.5 percent in 2021. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing

Blue Cross and Blue Shield of Vermont
2024 Large Group Unit Cost Trend Filing
Actuarial Memorandum

assumptions hold true, and assuming no change from 2021 values for various quantities (e.g., HCQ, commissions).

6. Act 193 Information

This information is included template filed in SERFF with this filing (*VT Rx Data Template - BCBSVT - 2024 Large Group Unit Cost.xlsx*). The data in the template is based on actual and projected experience for the groups included in the manual rate.

7. Actuarial Opinion

I, Martine Lemieux, Actuarial Director of Financial Integrity, am an employee of Blue Cross Blue Shield of Vermont and a member of the American Academy of Actuaries. I have experience in the area of insured health care programs.

Section 8 lists applicable limitations and disclosures.

It is my opinion that the factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The factors will produce premium rates that are reasonable in relation to the benefits provided and will not be excessive inadequate or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.


Martine Lemieux, F.S.A., M.A.A.A.

May 16, 2023

Blue Cross and Blue Shield of Vermont
2024 Large Group Unit Cost Trend Filing
Actuarial Memorandum

8. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 15, 2023.

Scope: The purpose of this filing is to update the trend factors and manual rate that will be used for renewals of Blue Cross and Blue Shield of Vermont large group plans. This filing is not intended to be used for other purposes.

Intended Users: This material has been prepared for the GMCB. Blue Cross VT understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in the memorandum.

Per GMCB guidance published on March 29, 2023², Vermont hospital budgets submissions are due June 30, 2023. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed herein.

Reliance on Other Sources for Data and Other Information: This analysis relies upon data from the Blue Cross VT data warehouse. I have reviewed the data for reasonableness, but no audit was performed.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.

On May 1, 2023, Blue Cross VT announced that it intends to affiliate with Blue Cross and Blue Shield of Michigan. The regulatory approval process, which will begin once both entities file with their respective state regulators, does not have a specific timeline. The effect of this proposed affiliation on the projections included in the filing is currently expected to be immaterial.

² <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY24%20Hospital%20Budget%20Guidance%20FINAL.pdf>

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont



Ruth Greene
Vice President, Treasurer & Chief Financial Officer

5-16-2023

Date

May 16, 2023

Laura Beliveau
Staff Attorney
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2024 Large Group Unit Cost Trend Filing**

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2024 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2024 Vermont ACA Market rate filings in an effort to establish rates that are aligned with hospital budget requests that will be submitted on June 30, 2023. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,



Ruth Greene

cc: Martine Lemieux/Blue Cross VT

BLUE CROSS AND BLUE SHIELD OF VERMONT
2024 LARGE GROUP UNIT COST TREND FILING

TABLE OF CONTENTS

Exhibit 2	Trend
2A	Medical Cost Trend Calculation - CONFIDENTIAL
2G	Monthly Trend Factors
Exhibit 4	Manual Rate
4A	Example of Manual Rate Adjustment
4C	Projected 2024 MLR Calculation

UNIT COST TREND SUMMARY

	Inpatient				Outpatient				Facility Total	Professional					Total				VT / GMCB	All Other			
	GMCB	NH	BlueCard	Other	GMCB	NH	BlueCard	Other		GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard			Other	Total	
VHP	YE 202208									119,700,591						50,439,044					170,139,635		
	CY 2022									122,589,465						51,096,116					173,685,581		
	YE 202306									130,500,941						52,802,834					183,303,776		
	CY 2023									136,925,928						54,309,525					191,235,453		
	CY 2024									146,446,175						56,927,474					203,373,649		
	Exp % of Total Prj % of Total									100.0%						100.0%					100.0%		
IND	CY 2023 / CY 2022									11.7%						6.3%					10.1%	14.1%	5.6%
	CY 2024 / CY 2023									7.0%						4.8%					6.4%	6.3%	
	CY 2024 / YE 202208									9.0%						5.3%					9.9%	5.7%	
	Annual Cost Trend									8.0%						5.1%					8.1%	6.1%	
TVHP	YE 202208									86,736,320						50,439,044					170,139,635		
	CY 2022									88,910,812						51,096,116					173,730,804		
	YE 202306									94,823,041						52,802,834					183,343,939		
	CY 2023									99,504,735						54,309,525					191,277,357		
	CY 2024									106,948,658						56,927,474					203,887,404		
	Exp % of Total Prj % of Total									100.0%						100.0%					100.0%		
TVHP	CY 2023 / CY 2022									11.9%						6.3%					10.1%	14.1%	5.6%
	CY 2024 / CY 2023									7.5%						4.8%					6.9%	6.3%	
	CY 2024 / YE 202208									9.4%						5.3%					10.1%	5.7%	
	Annual Cost Trend									8.4%						5.1%					8.4%	6.1%	

MONTHLY TREND FACTORS

Month	Medical - Blue Cross VT	Medical - Blue Cross VT	Medical - TVHP
	Managed	Non- Managed	
August 2019	1.0000	1.0000	1.0000
September 2019	1.0069	1.0069	1.0069
October 2019	1.0623	1.0623	1.0623
November 2019	1.0890	1.0890	1.0890
December 2019	1.0826	1.0826	1.0826
January 2020	0.9740	0.9741	0.9740
February 2020	1.0131	1.0127	1.0133
March 2020	0.7288	0.7285	0.7289
April 2020	0.5893	0.5891	0.5894
May 2020	0.8183	0.8180	0.8184
June 2020	1.0140	1.0136	1.0142
July 2020	1.0646	1.0642	1.0648
August 2020	1.0098	1.0101	1.0106
September 2020	1.0415	1.0418	1.0423
October 2020	0.9211	0.9214	0.9219
November 2020	0.9015	0.9019	0.9023
December 2020	1.0507	1.0511	1.0516
January 2021	1.1115	1.1119	1.1124
February 2021	1.0943	1.0959	1.0952
March 2021	1.0651	1.0667	1.0661
April 2021	1.1467	1.1485	1.1477
May 2021	1.2939	1.2958	1.2950
June 2021	1.0725	1.0741	1.0734
July 2021	1.0380	1.0396	1.0389
August 2021	1.0241	1.0278	1.0271
September 2021	1.2006	1.2049	1.2041
October 2021	1.1376	1.1417	1.1409
November 2021	1.2522	1.2567	1.2559
December 2021	0.9716	0.9751	0.9744
January 2022	0.9831	0.9867	0.9860
February 2022	1.1489	1.1544	1.1523
March 2022	1.1975	1.2033	1.2011
April 2022	1.1755	1.1812	1.1790
May 2022	1.2106	1.2164	1.2142
June 2022	1.1537	1.1592	1.1570
July 2022	1.3486	1.3551	1.3526
August 2022	1.1626	1.1681	1.1660
September 2022	1.1847	1.1904	1.1882
October 2022	1.2386	1.2445	1.2422
November 2022	1.2439	1.2498	1.2475
December 2022	1.2489	1.2549	1.2526
January 2023	1.3081	1.3143	1.3119
February 2023	1.3135	1.3197	1.3173
March 2023	1.3187	1.3249	1.3225
April 2023	1.3240	1.3302	1.3278
May 2023	1.3293	1.3356	1.3332
June 2023	1.3347	1.3410	1.3385
July 2023	1.3605	1.3669	1.3644
August 2023	1.3660	1.3725	1.3700
September 2023	1.3276	1.3339	1.3314
October 2023	1.3721	1.3786	1.3762
November 2023	1.3775	1.3840	1.3817
December 2023	1.3828	1.3893	1.3869
January 2024	1.4158	1.4258	1.4194
February 2024	1.4215	1.4316	1.4252
March 2024	1.4272	1.4372	1.4308
April 2024	1.4328	1.4429	1.4365
May 2024	1.4385	1.4487	1.4422
June 2024	1.4443	1.4545	1.4480
July 2024	1.4730	1.4833	1.4768
August 2024	1.4789	1.4893	1.4827
September 2024	1.4381	1.4482	1.4418
October 2024	1.4871	1.4974	1.4912
November 2024	1.4929	1.5033	1.4970
December 2024	1.4985	1.5090	1.5026
January 2025	1.5344	1.5489	1.5379
February 2025	1.5406	1.5551	1.5440
March 2025	1.5466	1.5612	1.5501
April 2025	1.5527	1.5673	1.5562
May 2025	1.5588	1.5735	1.5623
June 2025	1.5650	1.5797	1.5685

Example of Manual Rate Adjustment

Manual Rate	\$769.81
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	1/1/2024
Trend Factor	11.65%
Benefit Normalization Factor	0.9966

Group Information	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	1/1/2024	

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$769.81	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D	N/A	N/A
Contract Conversion Factor	E = 272 / 214.09	1.2705	1.0000
Benefit Normalization Factor	F	0.9966	N/A
Adjusted Manual Rate	G = A x B x C x D x E x F	\$884.16	\$512.72

PROJECTED 2024 MLR CALCULATION

Blue Cross VT

(A)	Manual Rate	\$769.81	Actuarial Memorandum, Section 4
(B)	Rebates	\$35.79	2024 Large Group Rating Program Filing
(C)	Estimated HCQ	\$2.95	2021 MLR Filing, untrended
(D)	State Mandates and Assessments	\$ 15.10	Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$752.08	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$749.12	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.64	2024 Large Group Rating Program Filing
(H)	Administrative Charge	\$60.41	2024 Large Group Rating Program Filing
(I)	GMCB Billbacks	\$2.72	2024 Large Group Rating Program Filing
(J)	Patient-Centered Outcomes Research Institute	\$0.29	2024 Large Group Rating Program Filing
(K)	Subtotal	\$815.19	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$844.71	= (K) / (1 - 0.005 - 0.03)
(M)	Commissions	\$4.18	= (L) x 0.5% (from 2021 MLR filing)
(N)	Contribution to Reserve	\$25.34	= (L) x 3.0% (from Actuarial Memorandum, Section 6.8)
(O)	MLR Denominator	\$844.71	= (L)
(P)	MLR	89.0%	= (E) / (O)



Vermont Department of Financial Regulation

Health Filing Form F-106

NAIC#: 53295 Transmittal Date: 05/16/2023

Company Name: Blue Cross and Blue Shield of Vermont

Address: PO Box 186

City, State, Zip: Montpelier, VT 05601-0186

Phone: () (802) 371-3734 Contact Person: Greg Boulbol

2024 Blue Cross VT Large Group Unit Cost Trend Filing

Amends a previously filing, Departmental File No.:

Approval Date:

Type of Filing: Form(s) X Rate(s)

Completely and accurately identify this product filing. If one of the following categories does not describe the product filing, then add comments below (check all that apply):

- Accident Only, AD&D, Advertising, Blanket, Cancer Expense, Conversion, Critical Illness, Dental, Disability, Home Health Only, Hospital Indemnity, Limited Benefit, Long Term Care, Medicare Supplement, Miscellaneous, Nursing Home Only, Organ Transplant, Prescription Drug, Student/Athlete, Stop Loss/Excess Risk, Travel, Vision, X Other (explain)

Comments: Health

MANDATORY - Filing Fee Information:

- 1. State of Domicile: Vermont
2. A: Filing fee for the Company's State of Domicile: 150.00
B: Amount of filing fee being submitted with this filing: 150.00
3. Is this fee based on state of domicile's retaliatory fee? Yes No X

4. Explain how each part of the fee was determined, show all calculations (use a separate sheet if necessary):
Vermont filing fee

5. Fee calculated by: **(Print Name)** Greg Boulbol **(Signature)** /s/ Gregory J Boulbol

Failure to accurately and fully complete this form will result in the filing being **rejected**.

08/17

**BLUE CROSS BLUE SHIELD OF VERMONT
2024 LARGE GROUP UNIT COST TREND FILING
PLAIN LANGUAGE SUMMARY**

Our commitment. For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

Rate request summary. Blue Cross and Blue Shield of Vermont (Blue Cross VT) calculates large group premiums on a case-by-case basis. The rating process uses a formula that blends recent claims experience for each large group with a manual rate. This filing updates the medical trend factors and manual rate that will be used to create large group renewals.

- There are an estimated 3,300 contracts (5,800 members) currently enrolled in one of 40 Blue Cross VT large group plans that will be affected by this filing.
- The factors in this filing will increase premium 2.8 percent for a group that is manually-rated using none of its own experience data.

Reasons for the change in factors. The only changes to this filing are to incorporate the expected increases for Vermont and New Hampshire hospitals in the next round of cost increases and to update how historical utilization trends are applied. Specifically:

- Blue Cross VT is proposing a paid trend of 11.7 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services.
- The higher paid trend factors results in a manual rate increase of 2.8 percent.

Our efforts to reduce premium increases. We know that paying for health insurance is a struggle for many, and we strive to keep premiums as low as possible. The proposed factors reflect our efforts to reduce rate increases, which included the launch of Vermont Blue Rx, an innovative prescription drug benefit service that will improve the consumer experience, drive better health outcomes and lower costs for members, providers, and employers.

Our experience in this market. Over the past five years, Blue Cross VT has lost almost \$25 million on this line of business.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request. For more information, please visit the Board's Public Comment page: https://ratereview.vermont.gov/public_comment

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	5 digit HIOS ID (if applicable)	13627
SERFF Filing Number	Filing number assigned by SERFF	BCVT-133676245
Market	Market type: Individual, Small Group, Large Group etc.	Large Group
Product Name	Product name entered in SERFF	2024 Blue Cross VT Large Group Unit Cost Trend Filing
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	11/1/2020
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	10/31/2021
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	11/1/2021
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	10/31/2022
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2024
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2024

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676245
Market	Large Group
Product Name	2024 Blue Cross VT Large Group Unit Cost Trend Filing

Prescription Drug Costs as Percentage of Premium¹
Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	11/01/2020-10/31/2021		11/01/2021-10/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$17.03	\$1.02	\$12.74	\$0.75	\$13.73	\$0.81
(III) Non-Specialty Brand PMPM	\$44.27	\$3.80	\$54.50	\$4.19	\$66.10	\$5.08
Specialty PMPM	\$37.16	\$6.09	\$54.88	\$8.82	\$75.49	\$12.13
(B) Medical Rx PMPM	\$79.89		\$92.25		\$122.51	
Total (Medical and Rx) Premium PMPM	\$565.26		\$614.57		\$821.45	
(I) Non-Specialty Generic % of Premium	3.01%	0.18%	2.07%	0.12%	1.67%	0.10%
(I) Non-Specialty Brand % of Premium	7.83%	0.67%	8.87%	0.68%	8.05%	0.62%
Specialty Total % of Premium	6.57%	1.08%	8.93%	1.43%	9.19%	1.48%
(B) Medical Rx PMPM	14.13%		15.01%		14.91%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.94%	-0.06%	-0.40%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.04%	0.01%	-0.82%	-0.06%
Specialty % of Premium Change vs Prior Period			2.36%	0.36%	0.26%	0.04%
(B) Medical Rx % of Premium Change vs Prior Period			0.88%		-0.10%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	11/01/2020-10/31/2021		11/01/2021-10/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$11.15	\$0.72	\$7.78	\$0.50	\$8.49	\$0.55
(III) Non-Specialty Brand PMPM	\$39.80	\$3.63	\$49.68	\$3.96	\$60.97	\$4.86
Specialty PMPM	\$36.04	\$5.86	\$53.93	\$8.59	\$75.07	\$11.95
(B) Medical Rx PMPM	\$77.37		\$89.27		\$121.81	
Total Medical and Rx Premium PMPM	\$565.26		\$614.57		\$821.45	
(I) Non-Specialty Generic % of Premium	1.97%	0.13%	1.27%	0.08%	1.03%	0.07%
(I) Non-Specialty Brand % of Premium	7.04%	0.64%	8.08%	0.64%	7.42%	0.59%
Specialty Total % of Premium	6.38%	1.04%	8.78%	1.40%	9.14%	1.46%
(B) Medical Rx PMPM	13.69%		14.53%		14.83%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.71%	-0.05%	-0.23%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			1.04%	0.00%	-0.66%	-0.05%
Specialty % of Premium Change vs Prior Period			2.40%	0.36%	0.36%	0.06%
(B) Medical Rx % of Premium Change vs Prior Period			0.84%		0.30%	

¹ **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:

(I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;

(II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and

(III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.

(B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676245
Market	Large Group
Product Name	2024 Blue Cross VT Large Group Unit Cost Trend Filing

Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List
Provide the specialty formulary information listed below.

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ABIRATERONE	ORAL-CHEMO	Blue Cross Formulary
ABIRATERONE	ORAL-CHEMO	National Performance Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADBRY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADBRY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCIRCA	EXCLUDED	Blue Cross Formulary
ADCIRCA	EXCLUDED	National Performance Formulary
ADEFOV	GENERIC-SPECIALTY	Blue Cross Formulary
ADEFOV	GENERIC-SPECIALTY	National Performance Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
ADUHELM	EXCLUDED	Blue Cross Formulary
ADUHELM	EXCLUDED	National Performance Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AFINITOR	EXCLUDED	Blue Cross Formulary
AFINITOR	EXCLUDED	National Performance Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALECENSA	ORAL-CHEMO	Blue Cross Formulary
ALECENSA	ORAL-CHEMO	National Performance Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIMTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	ORAL-CHEMO	Blue Cross Formulary
ALKERAN	ORAL-CHEMO	National Performance Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYMSYS	EXCLUDED	Blue Cross Formulary

ALYMSYS	EXCLUDED	National Performance Formulary
ALYQ	GENERIC-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY	National Performance Formulary
AMONDYS	EXCLUDED	National Performance Formulary
AMONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOMORPHINE	GENERIC-SPECIALTY	Blue Cross Formulary
APOMORPHINE	GENERIC-SPECIALTY	National Performance Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARRANON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARSENIC	GENERIC-SPECIALTY	Blue Cross Formulary
ARSENIC	GENERIC-SPECIALTY	National Performance Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASCENIV	EXCLUDED	National Performance Formulary
ASCENIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AYVAKIT	ORAL-CHEMO	Blue Cross Formulary
AYVAKIT	ORAL-CHEMO	National Performance Formulary
AZACITIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
AZACITIDINE	GENERIC-SPECIALTY	National Performance Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BALVERSA	ORAL-CHEMO	Blue Cross Formulary
BALVERSA	ORAL-CHEMO	National Performance Formulary
BARACLUDE	EXCLUDED	Blue Cross Formulary
BARACLUDE	EXCLUDED	National Performance Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELRAPZO	EXCLUDED	National Performance Formulary
BELRAPZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEOVU	EXCLUDED	National Performance Formulary
BEOVU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

BERINERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESREMI	EXCLUDED	National Performance Formulary
BESREMI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETHKIS	EXCLUDED	Blue Cross Formulary
BETHKIS	EXCLUDED	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEXAROTENE	GENERIC-SPECIALTY	Blue Cross Formulary
BEXAROTENE	GENERIC-SPECIALTY	National Performance Formulary
BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE	ORAL-CHEMO	National Performance Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLEOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
BLEOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BORTEZOMIB	GENERIC-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	GENERIC-SPECIALTY	National Performance Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BOSENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
BOSENTAN	GENERIC-SPECIALTY	National Performance Formulary
BOSULIF	ORAL-CHEMO	Blue Cross Formulary
BOSULIF	ORAL-CHEMO	National Performance Formulary
BOTOX	EXCLUDED	Blue Cross Formulary
BOTOX	EXCLUDED	National Performance Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	National Performance Formulary
BUPHENYL	EXCLUDED	Blue Cross Formulary
BUPHENYL	EXCLUDED	National Performance Formulary
BUSULFAN	GENERIC-SPECIALTY	Blue Cross Formulary
BUSULFAN	GENERIC-SPECIALTY	National Performance Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BYOOVIZ	EXCLUDED	Blue Cross Formulary
BYOOVIZ	EXCLUDED	National Performance Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX	ORAL-CHEMO	Blue Cross Formulary
CABOMETYX	ORAL-CHEMO	National Performance Formulary
CALQUENCE	ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO	National Performance Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMZYOS	EXCLUDED	National Performance Formulary
CAMZYOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA	ORAL-CHEMO	Blue Cross Formulary
CAPRELSA	ORAL-CHEMO	National Performance Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary

CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARGLUMIC	GENERIC-SPECIALTY	Blue Cross Formulary
CARGLUMIC	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAYSTON	EXCLUDED	National Performance Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEPROTIN	EXCLUDED	Blue Cross Formulary
CEPROTIN	EXCLUDED	National Performance Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CETRORELIX	GENERIC-SPECIALTY	Blue Cross Formulary
CETRORELIX	GENERIC-SPECIALTY	National Performance Formulary
CETROTIDE	EXCLUDED	National Performance Formulary
CETROTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIMERLI	EXCLUDED	Blue Cross Formulary
CIMERLI	EXCLUDED	National Performance Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CISPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CISPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CLADRIBINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLADRIBINE	GENERIC-SPECIALTY	National Performance Formulary
CLOFARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOFARABINE	GENERIC-SPECIALTY	National Performance Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COMETRIQ	ORAL-CHEMO	Blue Cross Formulary
COMETRIQ	ORAL-CHEMO	National Performance Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COPIKTRA	ORAL-CHEMO	Blue Cross Formulary
COPIKTRA	ORAL-CHEMO	National Performance Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COSELA	EXCLUDED	National Performance Formulary
COSELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSENTYX	EXCLUDED	National Performance Formulary
COSENTYX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COTELLIC	ORAL-CHEMO	Blue Cross Formulary
COTELLIC	ORAL-CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUPRIMINE	EXCLUDED	Blue Cross Formulary
CUPRIMINE	EXCLUDED	National Performance Formulary
CUTAQUIG	EXCLUDED	National Performance Formulary
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary

CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	National Performance Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYTARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYTARABINE	GENERIC-SPECIALTY	National Performance Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DACARBAZINE	GENERIC-SPECIALTY	Blue Cross Formulary
DACARBAZINE	GENERIC-SPECIALTY	National Performance Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	Blue Cross Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	National Performance Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARZALEX	EXCLUDED	National Performance Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DAURISMO	ORAL-CHEMO	Blue Cross Formulary
DAURISMO	ORAL-CHEMO	National Performance Formulary
DECITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
DECITABINE	GENERIC-SPECIALTY	National Performance Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	Blue Cross Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	National Performance Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIMETHYL	GENERIC-SPECIALTY	Blue Cross Formulary
DIMETHYL	GENERIC-SPECIALTY	National Performance Formulary
DOCETAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
DOCETAXEL	GENERIC-SPECIALTY	National Performance Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOPTELET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DOXORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DROXIDOPA	GENERIC-SPECIALTY	Blue Cross Formulary
DROXIDOPA	GENERIC-SPECIALTY	National Performance Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

ELLENCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELLENCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENOXAPARIN	GENERIC-SPECIALTY	Blue Cross Formulary
ENOXAPARIN	GENERIC-SPECIALTY	National Performance Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENTECAVIR	GENERIC-SPECIALTY	Blue Cross Formulary
ENTECAVIR	GENERIC-SPECIALTY	National Performance Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPOGEN	EXCLUDED	National Performance Formulary
EPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	National Performance Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ERIVEDGE	ORAL-CHEMO	Blue Cross Formulary
ERIVEDGE	ORAL-CHEMO	National Performance Formulary
ERLEADA	ORAL-CHEMO	Blue Cross Formulary
ERLEADA	ORAL-CHEMO	National Performance Formulary
ERLOTINIB	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	National Performance Formulary
ESBRIET	EXCLUDED	National Performance Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ESPEROCT	EXCLUDED	National Performance Formulary
ESPEROCT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ETOPOSIDE	GENERIC-SPECIALTY	Blue Cross Formulary
ETOPOSIDE	GENERIC-SPECIALTY	National Performance Formulary
ETOPOSIDE	ORAL-CHEMO	Blue Cross Formulary
ETOPOSIDE	ORAL-CHEMO	National Performance Formulary
EUFLEXXA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EUFLEXXA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVEROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
EVEROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
EVEROLIMUS	ORAL-CHEMO	Blue Cross Formulary
EVEROLIMUS	ORAL-CHEMO	National Performance Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EXKIVITY	ORAL-CHEMO	Blue Cross Formulary
EXKIVITY	ORAL-CHEMO	National Performance Formulary
EXONDYS	EXCLUDED	National Performance Formulary

EXONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EXTAVIA	EXCLUDED	National Performance Formulary
EXTAVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FINGOLIMOD	GENERIC-SPECIALTY	Blue Cross Formulary
FINGOLIMOD	GENERIC-SPECIALTY	National Performance Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRAZYR	EXCLUDED	Blue Cross Formulary
FIRAZYR	EXCLUDED	National Performance Formulary
FIRDAPSE	EXCLUDED	National Performance Formulary
FIRDAPSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FOLAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOXURIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLOXURIDINE	GENERIC-SPECIALTY	National Performance Formulary
FLUDARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLUDARABINE	GENERIC-SPECIALTY	National Performance Formulary
FLUOROURACIL	GENERIC-SPECIALTY	Blue Cross Formulary
FLUOROURACIL	GENERIC-SPECIALTY	National Performance Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOTYN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLOTYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FONDAPARINUX	GENERIC-SPECIALTY	Blue Cross Formulary
FONDAPARINUX	GENERIC-SPECIALTY	National Performance Formulary
FORTEO	EXCLUDED	National Performance Formulary
FORTEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOTIVDA	EXCLUDED	National Performance Formulary
FOTIVDA	ORAL-CHEMO	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FULPHILA	EXCLUDED	National Performance Formulary
FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	National Performance Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FYLNETRA	EXCLUDED	Blue Cross Formulary
FYLNETRA	EXCLUDED	National Performance Formulary
FYREMADEL	GENERIC-SPECIALTY	Blue Cross Formulary
FYREMADEL	GENERIC-SPECIALTY	National Performance Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GANIRELIX	GENERIC-SPECIALTY	Blue Cross Formulary
GANIRELIX	GENERIC-SPECIALTY	National Performance Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

GATTEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAVRETO	ORAL-CHEMO	Blue Cross Formulary
GAVRETO	ORAL-CHEMO	National Performance Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEL-ONE	EXCLUDED	National Performance Formulary
GEL-ONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENGRAF	GENERIC-SPECIALTY	Blue Cross Formulary
GENGRAF	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	EXCLUDED	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	EXCLUDED	National Performance Formulary
GENVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GILOTRIF	ORAL-CHEMO	Blue Cross Formulary
GILOTRIF	ORAL-CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLATIRAMER	GENERIC-SPECIALTY	Blue Cross Formulary
GLATIRAMER	GENERIC-SPECIALTY	National Performance Formulary
GLATOPA	GENERIC-SPECIALTY	Blue Cross Formulary
GLATOPA	GENERIC-SPECIALTY	National Performance Formulary
GLEEVEC	EXCLUDED	Blue Cross Formulary
GLEEVEC	EXCLUDED	National Performance Formulary
GLEOSTINE	ORAL-CHEMO	Blue Cross Formulary
GLEOSTINE	ORAL-CHEMO	National Performance Formulary
GONAL-F	EXCLUDED	National Performance Formulary
GONAL-F	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GRANIX	EXCLUDED	National Performance Formulary
GRANIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERZUMA	EXCLUDED	National Performance Formulary
HERZUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	EXCLUDED	National Performance Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATROPE	EXCLUDED	National Performance Formulary
HUMATROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	ORAL-CHEMO	Blue Cross Formulary
HYCAMTIN	ORAL-CHEMO	National Performance Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYDROXYPROG	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXYPROG	GENERIC-SPECIALTY	National Performance Formulary
HYMOVIS	EXCLUDED	National Performance Formulary
HYMOVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IBRANCE	ORAL-CHEMO	Blue Cross Formulary
IBRANCE	ORAL-CHEMO	National Performance Formulary
ICATIBANT	GENERIC-SPECIALTY	Blue Cross Formulary
ICATIBANT	GENERIC-SPECIALTY	National Performance Formulary
ICLUSIG	ORAL-CHEMO	Blue Cross Formulary
ICLUSIG	ORAL-CHEMO	National Performance Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDARUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
IDARUBICIN	GENERIC-SPECIALTY	National Performance Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDHIFA	ORAL-CHEMO	Blue Cross Formulary
IDHIFA	ORAL-CHEMO	National Performance Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	Blue Cross Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	National Performance Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMATINIB	ORAL-CHEMO	Blue Cross Formulary
IMATINIB	ORAL-CHEMO	National Performance Formulary
IMBRUVICA	ORAL-CHEMO	Blue Cross Formulary
IMBRUVICA	ORAL-CHEMO	National Performance Formulary
IMCIVREE	EXCLUDED	National Performance Formulary
IMCIVREE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMJUDO	EXCLUDED	Blue Cross Formulary
IMJUDO	EXCLUDED	National Performance Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLIXIMAB	EXCLUDED	National Performance Formulary
INFLIXIMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INLYTA	ORAL-CHEMO	Blue Cross Formulary
INLYTA	ORAL-CHEMO	National Performance Formulary
INQOVI	EXCLUDED	National Performance Formulary
INQOVI	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	National Performance Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IRESSA	ORAL-CHEMO	Blue Cross Formulary
IRESSA	ORAL-CHEMO	National Performance Formulary
IRINOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
IRINOTECAN	GENERIC-SPECIALTY	National Performance Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ISTURISA	EXCLUDED	National Performance Formulary
ISTURISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JAKAFI	ORAL-CHEMO	Blue Cross Formulary
JAKAFI	ORAL-CHEMO	National Performance Formulary
JAVYGTOR	EXCLUDED	Blue Cross Formulary
JAVYGTOR	EXCLUDED	National Performance Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE	EXCLUDED	National Performance Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KISQALI	ORAL-CHEMO	Blue Cross Formulary
KISQALI	ORAL-CHEMO	National Performance Formulary
KITABIS	EXCLUDED	National Performance Formulary
KITABIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
KOSELUGO	ORAL-CHEMO	National Performance Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KUVAN	EXCLUDED	Blue Cross Formulary
KUVAN	EXCLUDED	National Performance Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LAMIVUDINE	GENERIC-SPECIALTY	Blue Cross Formulary
LAMIVUDINE	GENERIC-SPECIALTY	National Performance Formulary
LANREOTIDE	EXCLUDED	National Performance Formulary
LANREOTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	National Performance Formulary
LEDIP-SOFOSB	EXCLUDED	National Performance Formulary
LEDIP-SOFOSB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LENALIDOMIDE	ORAL-CHEMO	Blue Cross Formulary
LENALIDOMIDE	ORAL-CHEMO	National Performance Formulary
LENVIMA	ORAL-CHEMO	Blue Cross Formulary

LENVIMA	ORAL-CHEMO	National Performance Formulary
LETAIRIS	EXCLUDED	Blue Cross Formulary
LETAIRIS	EXCLUDED	National Performance Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEUPROLIDE	GENERIC-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	GENERIC-SPECIALTY	National Performance Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	Blue Cross Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	National Performance Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LIVMARLI	EXCLUDED	National Performance Formulary
LIVMARLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LONSURF	ORAL-CHEMO	Blue Cross Formulary
LONSURF	ORAL-CHEMO	National Performance Formulary
LORBRENA	ORAL-CHEMO	Blue Cross Formulary
LORBRENA	ORAL-CHEMO	National Performance Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMAKRAS	ORAL-CHEMO	Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO	National Performance Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPKYNIS	EXCLUDED	National Performance Formulary
LUPKYNIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LYNPARZA	ORAL-CHEMO	Blue Cross Formulary
LYNPARZA	ORAL-CHEMO	National Performance Formulary
LYTGOBI	EXCLUDED	Blue Cross Formulary
LYTGOBI	EXCLUDED	National Performance Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MATULANE	ORAL-CHEMO	Blue Cross Formulary
MATULANE	ORAL-CHEMO	National Performance Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEKINIST	ORAL-CHEMO	Blue Cross Formulary
MEKINIST	ORAL-CHEMO	National Performance Formulary
MEKTOVI	ORAL-CHEMO	Blue Cross Formulary
MEKTOVI	ORAL-CHEMO	National Performance Formulary
MELPHALAN	GENERIC-SPECIALTY	Blue Cross Formulary
MELPHALAN	GENERIC-SPECIALTY	National Performance Formulary
MELPHALAN	ORAL-CHEMO	Blue Cross Formulary
MELPHALAN	ORAL-CHEMO	National Performance Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNA	GENERIC-SPECIALTY	Blue Cross Formulary
MESNA	GENERIC-SPECIALTY	National Performance Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNEX	ORAL-CHEMO	Blue Cross Formulary
MESNEX	ORAL-CHEMO	National Performance Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

MICRHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MIGLUSTAT	GENERIC-SPECIALTY	Blue Cross Formulary
MIGLUSTAT	GENERIC-SPECIALTY	National Performance Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MITOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOXANTRON	GENERIC-SPECIALTY	Blue Cross Formulary
MITOXANTRON	GENERIC-SPECIALTY	National Performance Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	EXCLUDED	National Performance Formulary
MONOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MUTAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MUTAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYCAPSSA	EXCLUDED	National Performance Formulary
MYCAPSSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	National Performance Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	National Performance Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NELARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
NELARABINE	GENERIC-SPECIALTY	National Performance Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NERLYNX	ORAL-CHEMO	Blue Cross Formulary
NERLYNX	ORAL-CHEMO	National Performance Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEUPOGEN	EXCLUDED	National Performance Formulary
NEUPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	National Performance Formulary
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NILANDRON	ORAL-CHEMO	Blue Cross Formulary
NILANDRON	ORAL-CHEMO	National Performance Formulary
NILUTAMIDE	ORAL-CHEMO	Blue Cross Formulary
NILUTAMIDE	ORAL-CHEMO	National Performance Formulary
NINLARO	ORAL-CHEMO	Blue Cross Formulary
NINLARO	ORAL-CHEMO	National Performance Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NITISINONE	GENERIC-SPECIALTY	Blue Cross Formulary
NITISINONE	GENERIC-SPECIALTY	National Performance Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORTHERA	EXCLUDED	Blue Cross Formulary
NORTHERA	EXCLUDED	National Performance Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOSEVEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUBEQA	ORAL-CHEMO	Blue Cross Formulary
NUBEQA	ORAL-CHEMO	National Performance Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NYVEPRIA	EXCLUDED	National Performance Formulary
NYVEPRIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OALIVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTREOTIDE	GENERIC-SPECIALTY	Blue Cross Formulary
OCTREOTIDE	GENERIC-SPECIALTY	National Performance Formulary
ODOMZO	ORAL-CHEMO	Blue Cross Formulary
ODOMZO	ORAL-CHEMO	National Performance Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OGIVRI	EXCLUDED	National Performance Formulary
OGIVRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OMNITROPE	EXCLUDED	National Performance Formulary
OMNITROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONTRUZANT	EXCLUDED	National Performance Formulary
ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONUREG	ORAL-CHEMO	Blue Cross Formulary
ONUREG	ORAL-CHEMO	National Performance Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORGOVYX	ORAL-CHEMO	Blue Cross Formulary
ORGOVYX	ORAL-CHEMO	National Performance Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORTHOVISC	EXCLUDED	National Performance Formulary
ORTHOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXALIPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
OXALIPLATIN	GENERIC-SPECIALTY	National Performance Formulary
OXBRYTA	EXCLUDED	National Performance Formulary

OXBRYTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PALFORZIA	EXCLUDED	National Performance Formulary
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PAMIDRONATE	GENERIC-SPECIALTY	Blue Cross Formulary
PAMIDRONATE	GENERIC-SPECIALTY	National Performance Formulary
PANHEMATIN	EXCLUDED	Blue Cross Formulary
PANHEMATIN	EXCLUDED	National Performance Formulary
PANZYGA	EXCLUDED	National Performance Formulary
PANZYGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	National Performance Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMAZYRE	EXCLUDED	National Performance Formulary
PEMAZYRE	ORAL-CHEMO	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	National Performance Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PENICILLAMIN	EXCLUDED	National Performance Formulary
PENICILLAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PENICILLAMIN	GENERIC-SPECIALTY	National Performance Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHEBURANE	EXCLUDED	Blue Cross Formulary
PHEBURANE	EXCLUDED	National Performance Formulary
PHENYLBUTYRA	GENERIC-SPECIALTY	Blue Cross Formulary
PHENYLBUTYRA	GENERIC-SPECIALTY	National Performance Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PIQRAY	ORAL-CHEMO	Blue Cross Formulary
PIQRAY	ORAL-CHEMO	National Performance Formulary
PIRFENIDONE	GENERIC-SPECIALTY	Blue Cross Formulary
PIRFENIDONE	GENERIC-SPECIALTY	National Performance Formulary
PLEGRIDY	EXCLUDED	National Performance Formulary
PLEGRIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POMALYST	ORAL-CHEMO	Blue Cross Formulary
POMALYST	ORAL-CHEMO	National Performance Formulary
PONVORY	EXCLUDED	National Performance Formulary
PONVORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRIALT	EXCLUDED	Blue Cross Formulary
PRIALT	EXCLUDED	National Performance Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary

PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PURIXAN	ORAL-CHEMO	Blue Cross Formulary
PURIXAN	ORAL-CHEMO	National Performance Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	National Performance Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
QINLOCK	ORAL-CHEMO	Blue Cross Formulary
QINLOCK	ORAL-CHEMO	National Performance Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBIF	EXCLUDED	National Performance Formulary
REBIF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECORLEV	EXCLUDED	National Performance Formulary
RECORLEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RELEUKO	EXCLUDED	Blue Cross Formulary
RELEUKO	EXCLUDED	National Performance Formulary
RELYVRIO	EXCLUDED	Blue Cross Formulary
RELYVRIO	EXCLUDED	National Performance Formulary
REMICADE	EXCLUDED	National Performance Formulary
REMICADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REMODULIN	EXCLUDED	National Performance Formulary
REMODULIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	EXCLUDED	National Performance Formulary
RENFLEXIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETEVMO	ORAL-CHEMO	Blue Cross Formulary
RETEVMO	ORAL-CHEMO	National Performance Formulary
RETHYMIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETHYMIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVATIO	EXCLUDED	Blue Cross Formulary
REVATIO	EXCLUDED	National Performance Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVCovi	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVCovi	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVLIMID	ORAL-CHEMO	Blue Cross Formulary
REVLIMID	ORAL-CHEMO	National Performance Formulary
REZUROCK	EXCLUDED	National Performance Formulary
REZUROCK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIABNI	EXCLUDED	National Performance Formulary
RIABNI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

RIASTAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIBAVIRIN	GENERIC-SPECIALTY	Blue Cross Formulary
RIBAVIRIN	GENERIC-SPECIALTY	National Performance Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROLVEDON	EXCLUDED	Blue Cross Formulary
ROLVEDON	EXCLUDED	National Performance Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	National Performance Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROZLYTREK	ORAL-CHEMO	Blue Cross Formulary
ROZLYTREK	ORAL-CHEMO	National Performance Formulary
RUBRACA	EXCLUDED	National Performance Formulary
RUBRACA	ORAL-CHEMO	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYDAPT	ORAL-CHEMO	Blue Cross Formulary
RYDAPT	ORAL-CHEMO	National Performance Formulary
RYLAZE	EXCLUDED	National Performance Formulary
RYLAZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RYPLAZIM	EXCLUDED	Blue Cross Formulary
RYPLAZIM	EXCLUDED	National Performance Formulary
SABRIL	EXCLUDED	Blue Cross Formulary
SABRIL	EXCLUDED	National Performance Formulary
SAIZEN	EXCLUDED	National Performance Formulary
SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	EXCLUDED	National Performance Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	National Performance Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDOSTATIN	EXCLUDED	Blue Cross Formulary
SANDOSTATIN	EXCLUDED	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPHNELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAPHNELO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPROPTERIN	GENERIC-SPECIALTY	Blue Cross Formulary
SAPROPTERIN	GENERIC-SPECIALTY	National Performance Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SCEMBLIX	ORAL-CHEMO	Blue Cross Formulary
SCEMBLIX	ORAL-CHEMO	National Performance Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEVENFACT	EXCLUDED	National Performance Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	EXCLUDED	National Performance Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SILDENAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
SILDENAFIL	GENERIC-SPECIALTY	National Performance Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary

SIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYSONA	EXCLUDED	Blue Cross Formulary
SKYSONA	EXCLUDED	National Performance Formulary
SKYTROFA	EXCLUDED	National Performance Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	EXCLUDED	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLESTA	EXCLUDED	Blue Cross Formulary
SOLESTA	EXCLUDED	National Performance Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SORAFENIB	ORAL-CHEMO	Blue Cross Formulary
SORAFENIB	ORAL-CHEMO	National Performance Formulary
SOTYKTU	EXCLUDED	Blue Cross Formulary
SOTYKTU	EXCLUDED	National Performance Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPINRAZA	EXCLUDED	Blue Cross Formulary
SPINRAZA	EXCLUDED	National Performance Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRYCEL	ORAL-CHEMO	Blue Cross Formulary
SPRYCEL	ORAL-CHEMO	National Performance Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
STIVARGA	ORAL-CHEMO	Blue Cross Formulary
STIVARGA	ORAL-CHEMO	National Performance Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUNITINIB	ORAL-CHEMO	Blue Cross Formulary
SUNITINIB	ORAL-CHEMO	National Performance Formulary
SUPARTZ	EXCLUDED	National Performance Formulary
SUPARTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUSVIMO	EXCLUDED	Blue Cross Formulary
SUSVIMO	EXCLUDED	National Performance Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUTENT	EXCLUDED	National Performance Formulary
SUTENT	ORAL-CHEMO	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNOJOYNT	EXCLUDED	National Performance Formulary
SYNOJOYNT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNVISC	EXCLUDED	National Performance Formulary
SYNVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYPRINE	EXCLUDED	Blue Cross Formulary
SYPRINE	EXCLUDED	National Performance Formulary
TABLOID	ORAL-CHEMO	Blue Cross Formulary
TABLOID	ORAL-CHEMO	National Performance Formulary
TABRECTA	ORAL-CHEMO	Blue Cross Formulary
TABRECTA	ORAL-CHEMO	National Performance Formulary
TACROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TACROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary

TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TADLIQ	EXCLUDED	Blue Cross Formulary
TADLIQ	EXCLUDED	National Performance Formulary
TAFINLAR	ORAL-CHEMO	Blue Cross Formulary
TAFINLAR	ORAL-CHEMO	National Performance Formulary
TAGRISSO	ORAL-CHEMO	Blue Cross Formulary
TAGRISSO	ORAL-CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALZENNA	EXCLUDED	National Performance Formulary
TALZENNA	ORAL-CHEMO	Blue Cross Formulary
TARCEVA	EXCLUDED	Blue Cross Formulary
TARCEVA	EXCLUDED	National Performance Formulary
TARGETIN	EXCLUDED	Blue Cross Formulary
TARGETIN	EXCLUDED	National Performance Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TARPEYO	EXCLUDED	National Performance Formulary
TARPEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TAVNEOS	EXCLUDED	National Performance Formulary
TAVNEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAZVERIK	EXCLUDED	National Performance Formulary
TAZVERIK	ORAL-CHEMO	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECFIDERA	EXCLUDED	Blue Cross Formulary
TECFIDERA	EXCLUDED	National Performance Formulary
TECVAYLI	EXCLUDED	Blue Cross Formulary
TECVAYLI	EXCLUDED	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	EXCLUDED	Blue Cross Formulary
TEMODAR	EXCLUDED	National Performance Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMOZOLOMIDE	ORAL-CHEMO	Blue Cross Formulary
TEMOZOLOMIDE	ORAL-CHEMO	National Performance Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPMETKO	EXCLUDED	National Performance Formulary
TEPMETKO	ORAL-CHEMO	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TETRABENAZIN	GENERIC-SPECIALTY	Blue Cross Formulary
TETRABENAZIN	GENERIC-SPECIALTY	National Performance Formulary
TEZSPIRE	EXCLUDED	National Performance Formulary
TEZSPIRE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THALOMID	ORAL-CHEMO	Blue Cross Formulary
THALOMID	ORAL-CHEMO	National Performance Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
THIOTEPA	GENERIC-SPECIALTY	Blue Cross Formulary
THIOTEPA	GENERIC-SPECIALTY	National Performance Formulary
THROMBAT	EXCLUDED	Blue Cross Formulary
THROMBAT	EXCLUDED	National Performance Formulary
THYROGEN	EXCLUDED	Blue Cross Formulary
THYROGEN	EXCLUDED	National Performance Formulary
TIBSOVO	ORAL-CHEMO	Blue Cross Formulary
TIBSOVO	ORAL-CHEMO	National Performance Formulary
TICE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TICE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TIOPRONIN	GENERIC-SPECIALTY	Blue Cross Formulary
TIOPRONIN	GENERIC-SPECIALTY	National Performance Formulary
TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBI	EXCLUDED	Blue Cross Formulary
TOBI	EXCLUDED	National Performance Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBRAMYCIN	EXCLUDED	National Performance Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
TOBRAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	National Performance Formulary
TOPOSAR	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOSAR	GENERIC-SPECIALTY	National Performance Formulary
TOPOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOTECAN	GENERIC-SPECIALTY	National Performance Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRACLEER	EXCLUDED	Blue Cross Formulary
TRACLEER	EXCLUDED	National Performance Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREANDA	EXCLUDED	National Performance Formulary
TREANDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREPROSTINIL	GENERIC-SPECIALTY	Blue Cross Formulary
TREPROSTINIL	GENERIC-SPECIALTY	National Performance Formulary
TRETINOIN	ORAL-CHEMO	Blue Cross Formulary
TRETINOIN	ORAL-CHEMO	National Performance Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIENTINE	GENERIC-SPECIALTY	Blue Cross Formulary
TRIENTINE	GENERIC-SPECIALTY	National Performance Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRILURON	EXCLUDED	National Performance Formulary
TRILURON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIVISC	EXCLUDED	National Performance Formulary
TRIVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRUSELTIQ	ORAL-CHEMO	Blue Cross Formulary
TRUSELTIQ	ORAL-CHEMO	National Performance Formulary
TRUXIMA	EXCLUDED	National Performance Formulary
TRUXIMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	National Performance Formulary
TURALIO	ORAL-CHEMO	Blue Cross Formulary
TURALIO	ORAL-CHEMO	National Performance Formulary
TYKERB	EXCLUDED	Blue Cross Formulary
TYKERB	EXCLUDED	National Performance Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UDENYCA	EXCLUDED	National Performance Formulary
UDENYCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
VALRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEMLIDY	EXCLUDED	National Performance Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	National Performance Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VERZENIO	ORAL-CHEMO	Blue Cross Formulary
VERZENIO	ORAL-CHEMO	National Performance Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIGABATRIN	GENERIC-SPECIALTY	Blue Cross Formulary
VIGABATRIN	GENERIC-SPECIALTY	National Performance Formulary
VIGADRONE	GENERIC-SPECIALTY	Blue Cross Formulary
VIGADRONE	GENERIC-SPECIALTY	National Performance Formulary
VIOICE	EXCLUDED	National Performance Formulary
VIOICE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	EXCLUDED	National Performance Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VINBLASTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINBLASTINE	GENERIC-SPECIALTY	National Performance Formulary
VINCASAR	GENERIC-SPECIALTY	Blue Cross Formulary
VINCASAR	GENERIC-SPECIALTY	National Performance Formulary
VINCRISTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINCRISTINE	GENERIC-SPECIALTY	National Performance Formulary
VINORELBINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINORELBINE	GENERIC-SPECIALTY	National Performance Formulary
VISCO-3	EXCLUDED	National Performance Formulary
VISCO-3	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VITRAKVI	ORAL-CHEMO	Blue Cross Formulary
VITRAKVI	ORAL-CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIZIMPRO	ORAL-CHEMO	Blue Cross Formulary
VIZIMPRO	ORAL-CHEMO	National Performance Formulary
VONJO	ORAL-CHEMO	Blue Cross Formulary
VONJO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOTRIENT	ORAL-CHEMO	Blue Cross Formulary
VOTRIENT	ORAL-CHEMO	National Performance Formulary
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYONDYS	EXCLUDED	National Performance Formulary
VYONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYVGART	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

VYVGART	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WELIREG	ORAL-CHEMO	Blue Cross Formulary
WELIREG	ORAL-CHEMO	National Performance Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XALKORI	ORAL-CHEMO	Blue Cross Formulary
XALKORI	ORAL-CHEMO	National Performance Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XELODA	EXCLUDED	Blue Cross Formulary
XELODA	EXCLUDED	National Performance Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XENAZINE	EXCLUDED	Blue Cross Formulary
XENAZINE	EXCLUDED	National Performance Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOSPATA	ORAL-CHEMO	Blue Cross Formulary
XOSPATA	ORAL-CHEMO	National Performance Formulary
XPOVIO	ORAL-CHEMO	Blue Cross Formulary
XPOVIO	ORAL-CHEMO	National Performance Formulary
XTANDI	ORAL-CHEMO	Blue Cross Formulary
XTANDI	ORAL-CHEMO	National Performance Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONSA	EXCLUDED	National Performance Formulary
YONSA	ORAL-CHEMO	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZAVESCA	EXCLUDED	Blue Cross Formulary
ZAVESCA	EXCLUDED	National Performance Formulary
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
ZELBORAF	ORAL-CHEMO	National Performance Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOKINVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOKINVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	Blue Cross Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	National Performance Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLINZA	ORAL-CHEMO	Blue Cross Formulary
ZOLINZA	ORAL-CHEMO	National Performance Formulary
ZOMACTON	EXCLUDED	National Performance Formulary
ZOMACTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBIVE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBIVE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYDELIG	ORAL-CHEMO	Blue Cross Formulary
ZYDELIG	ORAL-CHEMO	National Performance Formulary
ZYKADIA	ORAL-CHEMO	Blue Cross Formulary
ZYKADIA	ORAL-CHEMO	National Performance Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYTIGA	EXCLUDED	Blue Cross Formulary
ZYTIGA	EXCLUDED	National Performance Formulary

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133676245
Market	Large Group
Product Name	2024 Blue Cross VT Large Group Unit Cost Trend Filing

Pharmacy Benefit Manager Information²
Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1		Experience Period		Projection Period	
	11/01/2020-10/31/2021		11/01/2021-10/31/2022		01/01/2024-12/31/2024	
Pharmacy Benefit Manager #1	Express Scripts (ESI)		Optum Rx (ORx)		Optum Rx (ORx)	
Pharmacy Benefit Manager #2	Optum Rx (ORx)					
Pharmacy Benefit Manager #3						
Pharmacy Benefit Manager #4						

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	11/01/2020-10/31/2021		11/01/2021-10/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Non-Specialty Brand PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx
Specialty PMPM	ESI/ORx	ESI/ORx	ORx	ORx	ORx	ORx

For each period, enter the PBM, if applicable, **administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit** for each drug tier.

	Experience Period -1		Experience Period		Projection Period	
	11/01/2020-10/31/2021		11/01/2021-10/31/2022		01/01/2024-12/31/2024	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Non-Specialty Brand PMPM	N/A	N/A	N/A	N/A	N/A	N/A
Specialty PMPM	N/A	N/A	N/A	N/A	N/A	N/A

² **Vermont Statute 8 V.S.A. § 4062**

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.