State: VermontGMCB Filing Company: BCBSVT

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

Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

Filing at a Glance

Company: BCBSVT

Product Name: 2025 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: 05/20/2024

SERFF Tr Num: BCVT-134106868

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Effective On Approval

Date Requested:

Author(s): Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich, Jack Cunningham

Reviewer(s): Jacqueline Lee (primary), Michael Barber, Laura Beliveau, Tara Bredice

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: VermontGMCB Filing Company: BCBSVT

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

Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

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: 05/23/2024

State Status Changed: Deemer Date:

Created By: Matthew Goodrich Submitted By: Matthew Goodrich

Corresponding Filing Tracking Number:

Filing Description: May 20, 2024

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

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295 2025 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 2025 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2025 Vermont QHP Market rate filings in an effort to establish rates that are aligned with hospital budget requests that will be submitted on July 1, 2024. 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 QHP 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: 2025 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:

BCBSVT State: **VermontGMCB** Filing Company:

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

Filing Fees

State Fees

Fee Amount:

Fee Required? Yes \$150.00

No Retaliatory?

Fee Explanation:

State: VermontGMCB Filing Company: BCBSVT

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

Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

Company Rate Information

			Company ital				
	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	Holders Affected	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
BCBSVT	0.300%	%		2,446	\$47,210,141	%	%

SERFF Tracking #:	BCVT-134106868	State Tracking #:	Company Tracking #:

State: VermontGMCB Filing Company: BCBSVT

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

Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number: /

Supporting Document Schedules

Comments:	ctuarial Memorandum 25 Blue Cross VT Large Group Unit Cost Trend Filing - Actuarial Memorandum.pdf
Attachment(s): 202 Item Status:	025 Blue Cross VT Large Group Unit Cost Trend Filing - Actuarial Memorandum.pdf
Item Status:	025 Blue Cross VT Large Group Unit Cost Trend Filing - Actuarial Memorandum.pdf
Status Date:	
Bypassed - Item: Civ	vil Union Rating Requirements
Bypass Reason: No	ot required.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item: Fili	ling Compliance Certification
Comments:	
Attachment(s): 202	025 Blue Cross VT Large Group Unit Cost Trend Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	
Bypassed - Item: Thi	nird Party Filing Authorization
Bypass Reason:	ue Cross and Blue Shield of Vermont does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item: Pla	ain Language Summary
Comments:	
Attachment(s): 202)25 Blue Cross VT Large Group Unit Cost Trend Filing - Plain Language Summary.pdf
Item Status:	· ·
Status Date:	
Satisfied - Item: Ex	khibits
Comments:	
Attachment(s): 202	025 Blue Cross VT Large Group Unit Cost Trend Filing - Exhibits (REDACTED).pdf 025 Blue Cross VT Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx
Item Status:	

SERFF Tracking #:	BCVT-134106868	State Tracking #:	C	ompany Tracking #:	
State:	VermontGMC	 B	Filing Company:	BCBSVT	
TOI/Sub-TOI:	ML02 Multi-Lir	ne - Other/ML02.000 Multi-Line - Other			
Product Name:	2025 Blue Cro	ss VT Large Group Unit Cost Trend Filir	ng		
Project Name/Number:	/				
Status Date:					
Satisfied - Item:		Cover Letter			
Comments:					
Attachment(s):		2025 Blue Cross VT Large Grou	up Unit Cost Trend Filing - Cov	er Letter.pdf	
Item Status:				·	
Status Date:					
Satisfied - Item:		VT Rx Data Template			
Comments:					
Attachment(s):		VT Rx Data Template - BCBSV VT Rx Data Template - BCBSV	T - 2025 Large Group Unit Cos T - 2025 Large Group Unit Cos	t.xlsx t.pdf	
Item Status:					

Status Date:

State: VermontGMCB Filing Company: BCBSVT

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

Product Name: 2025 Blue Cross VT Large Group Unit Cost Trend Filing

Project Name/Number:

Attachment 2025 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 - 2025 Large Group Unit Cost.xlsx is not a PDF document and cannot be reproduced here.

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 2025 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 2025 Blue Cross VT Large Group Rating Program Filing (BCVT-133971481). This filing also adds a factor for expected legislative impacts. The unit cost trend factors and legislative impact factors align with those filed in the 2025 Vermont QHP Market rate filings (BCVT-134096633 and BCVT-134091560). Blue Cross VT projects that this filing will affect 4,264 members (2,446 subscribers) in 33 groups. These totals are as of January 31, 2024.

2.2. Impact of Formula and Factor Changes

This total impact of changes in medical unit cost and legislative factors is 0.3 percent. The impact of the change in medical unit cost is -1.6 percent, and the impact of the legislative factors is 1.9 percent.

3. Medical Unit Cost Trend

We update the unit cost trend factors to use the assumptions in the 2025 Vermont QHP Market rate filings (BCVT-134096633 and BCVT-134091560).

During the year ending September 2023, about 57 percent of total medical claims dollars occurred at Vermont facilities and providers impacted by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of GMCB review, we start with the assumption that the GMCB will approve hospital budgets for October 1, 2024, and October 1, 2025 at the GMCB guidance maximum for commercial rate growth of 3.4 percent³.

The provider contracting and actuarial departments worked together to assess the impact these increases would have on contract negotiations specific to the networks used for the large group and AHP markets.

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

For drugs dispensed in a facility or office, we use the outpatient or professional increase for each facility or provider group to calculate an estimated unit cost trend.

Finally, we derive unit cost increases for providers outside the Blue Cross and Blue Shield of Vermont service area from the Fall 2023 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

The chart below summarizes the results of the analysis:

Blue Cross VT Managed Contact									
Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims	otal Allowed hedical Cost Trend from 2023 to 2024		Total Annual Cost Trend					
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	57.3%	5.2%	3.5%	4.4%					
Other facilities and providers	42.7%	5.5%	5.1%	5.3%					
Total	100.0%	5.3%	4.1%	4.8%					

Blue Cross VT Non-Managed Contact									
Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims Cost Trend from 2023 to 2024		Cost Trend from 2024 to 2025	Total Annual Cost Trend					
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	57.3%	5.1%	3.5%	4.4%					
Other facilities and providers	42.7%	5.5%	5.1%	5.3%					
Total	100.0%	5.3%	4.1%	4.8%					

Pages 1 through 5 of Exhibit 2A show the details of the cost increases by contract and type of claim.

3.1. Monthly Trend Factors

We use the monthly trend factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024, and replace the unit cost trend factors with those established in section 3.

3.2. Other Adjustments

H.766, which the Vermont legislature recently passed, is expected to materially change allowable payment integrity programs, prior authorizations, and step therapy. We identified key components of the legislation that would likely affect medical and pharmacy claims. On a program-by-program basis, we identified the expected impact of the legislation, either via an internal analysis or information provided by an external vendor. To estimate the impact of the legislation, we increase medical and pharmacy claims by the expected loss in savings.

Calculation of Impact of Reduction in Payment Inte	on of Impact of Reduction in Payment Integrity, Step Therapy and Prior Authorizations						
	Medical Ph						
CY 2023 Allowed Charges. ¹	Α	\$56,282,594	\$14,199,099				
Estimated Reduction in Savings	В	\$865,679	\$504,150				
Adjusted CY 2023 Charges	C = A + B	\$57,148,274	\$14,703,249				
Experience Adjustment Factor	D = C / A	1.0154	1.0355				

We expect this legislation will take effect for claims processed on or after January 1, 2025. If the experience or projection periods contain a mix of pre- and post-2025 months, we will pro-rate the adjustment factor. We apply the factor to both manual and experience claims.

4. Manual Rate

We have updated the manual rate for actives from the 2025 Blue Cross VT Large Group Rating Program Filing only to apply the trends as described in section 3.

Calculation of the Manual Rate (Actives)										
Claim Type		Medical	Pharmacy	Total						
2025 Manual Rate	А	\$660.11	\$157.13	\$817.24						
2025 Paid Trend Factor	В	1.2174	N/A							
Updated Paid Trend Factor	С	1.1935	IN/A							
Updated Manual Rate	$D = A \times (C/B)$	\$647.17	\$157.13	\$804.30						

5. Medical Loss Ratio Projection

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2025. Using the manual rate as a proxy for projected claims, we project a 2025 MLR of 89.8 percent. The credibility-adjusted MLR for Large Group was 89.5 percent in 2021 and 92.5 percent in 2022. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2022 values for various quantities (e.g., HCQ, commissions).

¹ Fully insured large group and association health plan claims, paid through March 31, 2024.

6. Act 193 Information

This information is included template filed in SERFF with this filing (*VT Rx Data Template - BCBSVT - 2025 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, Chief Actuary, 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.

Hartine & Lemieux

May 20, 2024

8. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 13, 2024.

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, 2024² Vermont hospital budgets submissions are due July 1, 2024. 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.

H.766 has not been enacted into law. If the final bill varies from the current version, or if the bill ultimately does not become law, it may affect the adequacy or excessiveness of the premium rates discussed herein. Blue Cross VT continues to evaluate the potential impacts of the bill. As such, the estimates included herein are likely to change based on further understanding of the impact of the bill.

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. This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources I have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

The H.766 impact estimates rely on clinical and legal internal analyses, internal reporting, vendor reporting, and vendor analyses. If any of the sources I have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

Subsequent Events: Subsequent events may affect the adequacy or excessiveness of the rates presented herein. The degree to which future events may materially change the adequacy or excessiveness of the rates is unknown.

²

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

5/20/24

Ruth Greene

Vice President, Treasurer & Chief Financial Officer

BLUE CROSS BLUE SHIELD OF VERMONT 2025 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 2,400 contracts (4,300 members) currently enrolled in one of 33 Blue Cross VT large group plans that will be affected by this filing.
- The factors in this filing will increase premium 0.3 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 8.2 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services. The lower paid trend factors decrease premiums of 1.6 percent.
- Vermont Legislative policy decision add to the rising cost of health care. The Vermont
 Legislature is limiting our ability to contains the rising costs of health care with H.766, increasing
 the premiums by 1.9 percent.

Our experience in this market. Over the past five years, Blue Cross VT has lost \$19 million on this line of business. Blue Cross VT has not included any additional contribution to member reserves to offset this loss.

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

BLUE CROSS AND BLUE SHIELD OF VERMONT 2025 LARGE GROUP UNIT COST TREND FILING

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Trend	
2A	Medical Unit Cost Trend Calculation
2G	Monthly Trend Factors
Manua	al Rate
4A	Example of Manual Rate Adjustment
4C	Projected MLR Calculation
	2A 2G Manua 4A

MEDICAL TREND DEVELOPMENT COST TREND

	VHP			IND			TVHP		
Inpatient	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$22,221,067	\$15,771,876	\$37,992,943	\$22,221,067	\$15,771,876	\$37,992,943	\$22,221,067	\$15,771,876	\$37,992,943
CY 2024	\$23,572,031	\$16,932,118	\$40,504,149	\$23,424,280	\$16,932,118	\$40,356,398	\$23,571,377	\$16,932,118	\$40,503,495
CY 2025	\$24,377,090	\$17,768,121	\$42,145,211	\$24,224,316	\$17,768,121	\$41,992,437	\$24,376,414	\$17,768,121	\$42,144,535
Trend Y1/Y0	4.8%	5.8%	5.2%	4.3%	5.8%	4.9%	4.8%	5.8%	5.2%
Trend Y2/Y1	3.4%	4.9%	4.1%	3.4%	4.9%	4.1%	3.4%	4.9%	4.1%
Annual Cost Trend	4.2%	4.7%	4.7%	3.9%	5.4%	4.5%	4.2%	5.4%	4.7%

		VHP			IND			TVHP	
Outpatient	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$70,639,396	\$25,412,899	\$96,052,295	\$70,639,396	\$25,412,899	\$96,052,295	\$70,639,396	\$25,412,899	\$96,052,295
CY 2024	\$75,900,538	\$27,224,713	\$103,125,250	\$75,914,187	\$27,224,713	\$103,138,900	\$75,898,698	\$27,224,713	\$103,123,410
CY 2025	\$78,542,251	\$28,538,206	\$107,080,457	\$78,556,364	\$28,538,206	\$107,094,570	\$78,540,348	\$28,538,206	\$107,078,554
Trend Y1/Y0	5.9%	5.6%	5.8%	5.9%	5.6%	5.8%	5.9%	5.6%	5.8%
Trend Y2/Y1	3.5%	4.8%	3.8%	3.5%	4.8%	3.8%	3.5%	4.8%	3.8%
Annual Cost Trend	4.8%	5.3%	4.9%	4.8%	5.3%	4.9%	4.8%	5.3%	4.9%

		VHP			IND			TVHP	
Pharmaceuticals	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$7,451,818	\$6,829,522	\$14,281,340	\$7,451,818	\$6,829,522	\$14,281,340	\$7,451,818	\$6,829,522	\$14,281,340
CY 2024	\$7,964,646	\$7,368,087	\$15,332,734	\$7,964,646	\$7,368,087	\$15,332,734	\$7,963,730	\$7,368,087	\$15,331,817
CY 2025	\$8,236,275	\$7,764,007	\$16,000,282	\$8,236,275	\$7,764,007	\$16,000,282	\$8,235,328	\$7,764,007	\$15,999,335
Trend Y1/Y0	5.5%	6.2%	5.8%	5.5%	6.2%	5.8%	5.4%	6.2%	5.8%
Trend Y2/Y1	3.4%	5.4%	4.4%	3.4%	5.4%	4.4%	3.4%	5.4%	4.4%
Annual Cost Trend	4.5%	5.9%	5.2%	4.5%	5.9%	5.2%	4.5%	5.9%	5.2%

		VHP			IND			TVHP	
Professional	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$18,238,914	\$40,399,588	\$58,638,501	\$18,238,914	\$40,399,588	\$58,638,501	\$18,238,914	\$40,399,588	\$58,638,501
CY 2024	\$18,897,806	\$42,984,234	\$61,882,039	\$18,897,806	\$42,984,234	\$61,882,039	\$18,897,806	\$42,984,234	\$61,882,039
CY 2025	\$19,540,331	\$45,236,064	\$64,776,395	\$19,540,331	\$45,236,064	\$64,776,395	\$19,540,331	\$45,236,064	\$64,776,395
Trend Y1/Y0	2.9%	5.1%	4.4%	2.9%	5.1%	4.4%	2.9%	5.1%	4.4%
Trend Y2/Y1	3.4%	5.2%	4.7%	3.4%	5.2%	4.7%	3.4%	5.2%	4.7%
Annual Cost Trend	3.1%	5.1%	4.5%	3.1%	5.1%	4.5%	3.1%	5.1%	4.5%

		VHP			IND			TVHP	
Total	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$118,551,194	\$88,413,885	\$206,965,079	\$118,551,194	\$88,413,885	\$206,965,079	\$118,551,194	\$88,413,885	\$206,965,079
CY 2024	\$126,335,021	\$94,509,151	\$220,844,172	\$126,200,920	\$94,509,151	\$220,710,071	\$126,331,611	\$94,509,151	\$220,840,762
CY 2025	\$130,695,948	\$99,306,398	\$230,002,345	\$130,557,287	\$99,306,398	\$229,863,684	\$130,692,422	\$99,306,398	\$229,998,819
Trend Y1/Y0	5.2%	5.5%	5.3%	5.1%	5.5%	5.3%	5.2%	5.5%	5.3%
Trend Y2/Y1	3.5%	5.1%	4.1%	3.5%	5.1%	4.1%	3.5%	5.1%	4.1%
Annual Cost Trend	4.4%	5.3%	4.8%	4.4%	5.3%	4.8%	4.4%	5.3%	4.8%

MONTHLY TREND FACTOR DEVELOPMENT

		Utilization
Month Oct-19	Members 22,259	Factor
Nov-19	22,483	
Dec-19	22,416	
Jan-20	22,029	
Feb-20 Mar-20	21,916 21,897	
Apr-20	21,841	
May-20	21,746	
Jun-20	21,688	
Jul-20	21,579	
Aug-20 Sep-20	21,514 21,553	1.00
Ort-20	21,561	0.88
Nov-20	21,626	0.88
Dec-20	21,615	0.98
Jan-21 Feb-21	22,145 22,043	1.06
Mar-21	21,999	1.02
Apr-21	22,006	1.05
May-21	22,027	1.18
Jun-21	22,092	0.97
Jul-21 Aug-21	22,080 22.031	0.94
Aug-21 Sep-21	22,031	1.07
Oct-21	21,960	1.03
Nov-21	21,832	1.17
Dec-21	21,938	0.90
Jan-22 Feb-22	25,937 26,010	0.88
Mar-22	26,010	1.04
Apr-22	26,124	1.01
May-22	26,146	1.02
Jun-22	26,231	1.00
Jul-22 Aug-22	26,245 26,214	1.11
Sep-22	26,128	1.05
Oct-22	26,174	1.00
Nov-22	26,242	1.15
Dec-22 Jan-23	26,221	1.08 0.96
Jan-23 Feb-23	31,237 31,281	1.02
Mar-23	31,341	1.07
Apr-23	31,308	1.06
May-23	31,363	1.09
Jun-23 Jul-23	31,559 31,810	1.01
Aug-23	31,921	1.03
Sep-23	32,094	1.01
Oct-23	30,213	1.04
Nov-23 Dec-23	30,213	1.05
Jan-24	30,213 30,213	1.06
Feb-24	30,213	1.06
Mar-24	30,213	1.06
Apr-24	30,213	1.06
May-24 Jun-24	30,213 30,213	1.07
Jun-24 Jul-24	30,213	1.07
Aug-24	30,213	1.07
Sep-24	30,213	1.08
Oct-24	30,213	1.07
Nov-24 Dec-24	30,213 30,213	1.07
Jan-25	30,213	1.08
Feb-25	30,213	1.08
Mar-25	30,213	1.08
Apr-25	30,213	1.08
May-25 Jun-25	30,213 30,213	1.09 1.09
Jul-25	30,213	1.09
Aug-25	30,213	1.09
Sep-25	30,213	1.10
Oct-25	30,213	1.09
Nov-25 Dec-25	30,213 30,213	1.10
Jan-26	30,213	1.10
Feb-26	30,213	1.10
Mar-26	30,213	1.10
Apr-26 May-26	30,213 30,213	1.11 1.11
Jun-26	30,213	1.11
Jul-26	30,213	1.11

Unit Cost				
VHP	IND	TVHP		
1.0000	1.0000	1.0000		
1.0143	1.0144	1.0144 1.0151		
1.0151	1.0152	1.0151		
1.0367	1.0381	1.0368		
1.0374	1.0387	1.0374		
1.0386	1.0400	1.0387		
1.0446	1.0460	1.0446		
1.0507	1.0543	1.0530		
1.0513	1.0550	1.0536		
1.0519	1.0556	1.0543		
1.0604	1.0641	1.0627		
1.0610	1.0647	1.0633		
1.0818	1.0858	1.0833		
1.0822	1.0872	1.0846		
1.0832	1.0881	1.0856		
1.0959	1.1009	1.0983		
1.1109	1.1160 1.1164	1.1133 1.1138		
1.1118	1.1169	1.1138		
1.1417	1.1469	1.1442		
1.1426	1.1478 1.1487	1.1451 1.1460		
1.1975	1.2029	1.2001		
1.1981	1.2036	1.2007		
1.1988 1.1995	1.2042 1.2049	1.2014		
1.2001	1.2056	1.2027		
1.2008 1.2166	1.2062	1.2034		
1.2173	1.2228	1.2199		
1.2180	1.2235	1.2206		
1.2365	1.2422	1.2393		
1.2379	1.2436	1.2407		
1.2554	1.2603 1.2611	1.2581		
1.2571	1.2620	1.2598		
1.2577	1.2626	1.2604		
1.2593	1.2642 1.2647	1.2620		
1.2716	1.2766	1.2743		
1.2721	1.2771	1.2748		
1.2896	1.2946	1.2924		
1.2901	1.2952	1.2929		
1.2906 1.3071	1.2957 1.3122	1.2934		
1.3078	1.3129	1.3106		
1.3083	1.3134	1.3111 1.3116		
1.3088	1.3139	1.3110		
1.3099	1.3150	1.3127		
1.3294	1.3346 1.3351	1.3323		
1.3304	1.3357	1.3333		
1.3401	1.3454	1.3430 1.3436		
1.3407	1.3459	1.3436		
1.3583	1.3636	1.3612		
1.3588	1.3642 1.3647	1.3618 1.3623		
1.3599	1.3652	1.3628		
1.3604 1.3610	1.3658 1.3663	1.3634 1.3639		
1.3745	1.3799	1.3039		

	Medical - Blue	Medical - Blue	
	Cross VT	Cross VT Non-	Medical - TVHP
Month	Managed	Managed	Managed
September 2020	1.0000	1.0000	1.0000
October 2020	0.8901	0.8902	0.8901
November 2020 December 2020	0.8891	0.8892	0.8891
January 2021	1.1002	1.1017	1.1003
February 2021	1.0616	1.0630	1.0616
March 2021	1.0492	1.0506	1.0493
April 2021 May 2021	1.0933	1.0948	1.0934
May 2021 June 2021	1.0140	1.2333	1.2317
July 2021	0.9900	0.9935	0.9922
August 2021	1.0047	1.0082	1.0069
September 2021	1.1230	1.1269	1.1255
October 2021 November 2021	1.0900 1.2426	1.0938	1.0924
December 2021	0.9549	0.9582	0.9570
January 2022	0.9536	0.9579	0.9557
February 2022	1.0416	1.0464	1.0439
March 2022	1.1252	1.1303 1.0966	1.1277
April 2022 May 2022	1.0916	1.0900	1.0941
June 2022	1.0960	1.1010	1.0984
July 2022	1.2301	1.2358	1.2329
August 2022	1.1052	1.1102	1.1076
September 2022 October 2022	1.1672 1.1413	1.1726 1.1465	1.1698
November 2022	1.3089	1.3148	1.1438
December 2022	1.2398	1.2454	1.2425
January 2023	1.1460	1.1511	1.1484
February 2023	1.2251	1.2307	1.2278
March 2023	1.2822	1.2879 1.2723	1.2849 1.2693
April 2023 May 2023	1.2000	1.2723	1.2093
June 2023	1.2090	1.2145	1.2116
July 2023	1.2716	1.2774	1.2744
August 2023	1.2470	1.2526	1.2497
September 2023 October 2023	1.2339 1.2916	1.2395	1.2366 1.2946
November 2023	1.2916	1.3091	1.3061
December 2023	1.3070	1.3130	1.3100
January 2024	1.3260	1.3312	1.3289
February 2024	1.3298	1.3350	1.3327
March 2024 April 2024	1.3337 1.3374	1.3390 1.3426	1.3366 1.3403
April 2024 May 2024	1.3374	1.3426	1.3403
June 2024	1.3456	1.3508	1.3485
July 2024	1.3611	1.3664	1.3640
August 2024	1.3646	1.3700	1.3676
September 2024 October 2024	1.3682	1.3736	1.3711
October 2024 November 2024	1.3/41	1.3795	1.37/1
December 2024	1.3898	1.3953	1.3928
January 2025	1.4082	1.4137	1.4112
February 2025	1.4120	1.4176	1.4151
March 2025 April 2025	1.4157	1.4213	1.4188
April 2025 May 2025	1.4195	1.4251	1.4225
June 2025	1.4252	1.4200	1.4203
July 2025	1.4513	1.4570	1.4544
August 2025	1.4550	1.4608	1.4582
September 2025 October 2025	1.4588 1.4567	1.4645 1.4624	1.4620 1.4598
October 2025 November 2025	1.4567	1.4524	1.4598
December 2025	1.4731	1.4789	1.4763
January 2026	1.4926	1.4984	1.4958
February 2026	1.4965	1.5023	1.4997
March 2026 April 2026	1.5004	1.5063	1.5036
Aprii 2026 May 2026	1.5083	1.5102	1.5076
June 2026	1.5121	1.5181	1.5154
July 2026	1.5304	1.5364	1.5337

YE 202309 Factor	1.24	1.25	1.24
YE 202512 Factor	1.44	1.44	1.44
Allowed Trend Factor	1.1606	1.1599	1.1606
Annual Transf	£ 90/	£ 99/	6.097

Example of Manual Rate Adjustment

Manual Rate	\$804.30
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Legislative Experience Adjustment Factor	1.019
Projection Period	1/1/2025
Trend Factor	8.60%
Benefit Normalization Factor	0.9885

Group Information	Active	Med	icare Primary
Age/Gender Factor		0.940	1.030
Industry Factor		0.965	1.000
Projection Period		7/1/2025	

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	Α	\$804.30	\$547.95
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 = 8.6% for 6 months	1.0421	1.0208
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Benefit Normalization Factor	F	0.9885	N/A
Adjustment for Legislation	G	1.0193	N/A
Adjusted Manual Rate	$H = A \times B \times C \times D \times E \times F \times G$	\$973.30	\$576.15

PROJECTED 2025 MLR CALCULATION

Blue Cross VT

(A)	Manual Rate	¢010 02	Exhibit 4A
1 1		,	
(B)	Rebates	\$43.23	2025 Large Group Rating Program Filing
(C)	Estimated HCQ	\$1.97	2022 MLR Filing, untrended
(D)	State Mandates and Assessments	\$16.60	Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$795.17	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$793.20	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$3.08	2025 Large Group Rating Program Filing
(H)	Administrative Charge	\$55.03	2025 Large Group Rating Program Filing
(1)	GMCB Billbacks	\$2.08	2025 Large Group Rating Program Filing
(I)	Patient-Centered Outcomes Research Institute	\$0.31	2025 Large Group Rating Program Filing
(K)	Subtotal	\$853.70	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$885.70	= (K) / (1 - 0.005 - 0.03)
(M)	Commissions	\$5.43	= (L) x 0.5% (from 2022 MLR filing)
(N)	Contribution to Reserve	\$26.57	= (L) x 3.0% (from Actuarial Memorandum, Section 6.7)
(O)	MLR Denominator	\$885.70	= (L)
(P)	MLR	89.8%	= (E) / (O)

BERLIN HQ 445 INDUSTRIAL LANE BERLIN, VERMONT 05641 P.O. BOX 186 MONTPELIER VT 05601-0186

800 247 2583 800 922 8778 802 255 4550

May 20, 2024

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

Subject:

Blue Cross and Blue Shield of Vermont - NAIC # 53295

2025 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 2025 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2025 Vermont QHP Market rate filings in an effort to establish rates that are aligned with hospital budget requests that will be submitted on July 1, 2024. 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 QHP 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

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-134106868
Market	Market type: Individual, Small Group, Large Group etc.	Large Group
Product Name	Product name entered in SERFF	2025 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)	10/1/2021
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	9/30/2022
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	10/1/2022
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	9/30/2023
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2025
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2025

Insurance Company Name Blue Cross and Blue Shield of Vermont

HIOS ID 13627
SERFF Filing Number BCVT-134106868
Market Large Group

Product Name 2025 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	d Rebates (Allov	ved Basis)			
		Experienc	e Period -1	Experier	ice Period	Projecti	on Period
		10/01/2021	-09/30/2022	10/01/2022	-09/30/2023	01/01/2025	5-12/31/2025
		Retail	Mail	Retail	Mail	Retail	Mail
	Non-Specialty Generic PMPM	\$13.32	\$0.62	\$14.12	\$0.57	\$15.15	\$0.61
(III)	Non-Specialty Brand PMPM	\$57.20	\$2.95	\$67.40	\$3.51	\$80.69	\$4.21
	Specialty PMPM	\$41.40	\$8.30	\$45.68	\$12.84	\$61.37	\$17.25
(B)	Medical Rx PMPM	\$96	5.83	\$94	4.18	\$11	.5.25
	Total (Medical and Rx) Premium PMPM	\$61	9.03	\$66	4.25	\$87	7.94
	Non-Specialty Generic % of Premium	2.15%	0.10%	2.13%	0.09%	1.73%	0.07%
(1)	Non-Specialty Brand % of Premium	9.24%	0.48%	10.15%	0.53%	9.19%	0.48%
	Specialty Total % of Premium	6.69%	1.34%	6.88%	1.93%	6.99%	1.96%
(B)	Medical Rx PMPM	15.0	64%	14.	18%	13.	13%
	Non-Specialty Generic % of Premium Change vs Prior Period			-0.03%	-0.01%	-0.40%	-0.02%
(11)	Non-Specialty Brand % of Premium Change vs Prior Period			0.91%	0.05%	-0.96%	-0.05%
	Specialty % of Premium Change vs Prior Period			0.19%	0.59%	0.11%	0.03%
(B)	Medical Rx % of Premium Change vs Prior Period			-1.4	46%	-1.	05%

	Net of Member	Cost Sharing (Paid	Amount), Gros	s of Rebates			
		Experien	ice Period -1	Experie	nce Period	Project	ion Period
		Retail	Mail	Retail	Mail	Retail	Mail
	Non-Specialty Generic PMPM	\$8.23	\$0.46	\$9.03	\$0.43	\$9.81	\$0.47
(III)	Non-Specialty Brand PMPM	\$51.88	\$2.82	\$60.40	\$3.27	\$73.22	\$3.96
	Specialty PMPM	\$40.25	\$7.89	\$44.45	\$12.56	\$60.47	\$17.09
(B)	Medical Rx PMPM	\$9	94.24	\$9	1.76	\$1:	15.61
	Total Medical and Rx Premium PMPM	\$6	19.03	\$66	54.25	\$8	77.94
	Non-Specialty Generic % of Premium	1.33%	0.07%	1.36%	0.06%	1.12%	0.05%
(1)	Non-Specialty Brand % of Premium	8.38%	0.46%	9.09%	0.49%	8.34%	0.45%
	Specialty Total % of Premium	6.50%	1.27%	6.69%	1.89%	6.89%	1.95%
(B)	Medical Rx PMPM	15	5.22%	13	.81%	13	.17%
					•		
	Non-Specialty Generic % of Premium Change vs Prior Period			0.03%	-0.01%	-0.24%	-0.01%
(II)	Non-Specialty Brand % of Premium Change vs Prior Period			0.71%	0.04%	-0.75%	-0.04%
	Specialty % of Premium Change vs Prior Period			0.19%	0.62%	0.20%	0.06%
(B)	Medical Rx % of Premium Change vs Prior Period			-1.	41%	-0	.65%

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-134106868
Market Large Group

Product Name 2025 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
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
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
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
ALTUVIIIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALTUVIIIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYMSYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
AMJEVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMJEVITA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

AMJEVITA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AMONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	TIER 03	Blue Cross Formulary
ARIXTRA	TIER 03	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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	TIER 03	Blue Cross Formulary
ASTAGRAF	TIER 03	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 AVSOLA	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
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AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA AYVAKIT	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
AVSOLA AYVAKIT AYVAKIT	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE BAFIERTAM	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE BAFIERTAM BAFIERTAM	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE BAFIERTAM BAFIERTAM BALVERSA	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary Blue Cross Formulary
AVSOLA AYVAKIT AVVAKIT AZACITIDINE AZACITIDINE BAFIERTAM BAFIERTAM BALVERSA BALVERSA	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE BAFIERTAM BAFIERTAM BALVERSA BALVERSA BARACLUDE	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO TIER 03	National Performance Formulary Blue Cross Formulary
AVSOLA AYVAKIT AYVAKIT AZACITIDINE AZACITIDINE BAFIERTAM BAFIERTAM BALVERSA BALVERSA BARACLUDE BARACLUDE	PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO TIER 03 TIER 03	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
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DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	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
DAYBUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DICHLORPHENA	GENERIC-SPECIALTY	Blue Cross Formulary
DICHLORPHENA	GENERIC-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
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAHERE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAHERE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLADDACE	DEFFERENCE DRAND CRECIALTY	Noticed Devicement Formations
ELAPRASE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELELYSO ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO ELELYSO ELIGARD ELIGARD	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
ELELYSO ELELYSO ELIGARD ELIGARD ELITEK	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELLENCE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
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ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELLENCE ELLENCE ELOCTATE ELOCTATE ELOCTATE ELONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELLENCE ELLENCE ELLENCE ELOCTATE ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELLENCE ELLENCE ELOCTATE ELOCTATE ELOCTATE ELONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELITEK ELLENCE ELLENCE ELOCTATE ELOCTATE ELZONRIS ELZONRIS EMFLAZA EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
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ELELYSO ELELYSO ELIGARD ELIGARD ELITEK ELITEK ELITEK ELLENCE ELLENCE ELOCTATE ELOCTATE ELZONRIS ELZONRIS EMFLAZA EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
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FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC SPECIALTY	Blue Cross Formulary
FULVESTRANT FYARRO	GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FYLNETRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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 GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary
GANIRELIX GATTEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY 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	TIER 03	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	TIER 03	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
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GILOTRIF	ORAL-CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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GIVLAARI GIVLAARI GLASSIA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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GIVLAARI GIVLAARI GLASSIA GLASSIA GLATIRAMER	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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GIVLAARI GIVLAARI GLASSIA GLASSIA GLATIRAMER GLATIRAMER GLATOPA GLATOPA GLEOSTINE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY ORAL-CHEMO	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
GIVLAARI GIVLAARI GLASSIA GLASSIA GLATIRAMER GLATIRAMER GLATOPA GLATOPA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary
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GIVLAARI GIVLAARI GLASSIA GLASSIA GLASTIA GLATIRAMER GLATIRAMER GLATOPA GLATOPA GLEOSTINE GLEOSTINE GONAL-F	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
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ICATIBANT ICATIBANT	GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary
ICATIBANT	ORAL-CHEMO	Blue Cross Formulary
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IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JEVTANA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JOENJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KINERET KISQALI KISQALI KISQALI KISQALI KISQALI KITABIS KOATE KOATE KOATE KOATE-DVI KOGENATE KOGENATE KOGENATE KOGENATE KORLYM KORSUVA KORSUVA KORSUVA KOSSLUGO KOSLUGO KOSLUGO KOVALTRY KOVALTR	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
KINERET KISQALI KISQALI KISQALI KISQALI KISQALI KITABIS KOATE KOATE KOATE KOATE KOATE-DVI KOGENATE KOGENATE KOGENATE KORLYM KORSUVA KORSUVA KORSUVA KORSUVA KOSELUGO KOVALTRY KVAALTI KRAZATI KRYSTEXXA KRYSTEXXA KYMRIAH KYMRIAH KYNMOBI KYNMOBI KYNMOBI KYPROLIS LAMZEDE LAMZEDE LANREOTIDE LAPATINIB LEDIP-SOFOSB LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO NON-PREFERED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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LENVIMA	ORAL-CHEMO	Blue Cross Formulary
LENVIMA LEUKINE	ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEUPROLIDE	GENERIC-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	GENERIC-SPECIALTY	National Performance Formulary
LEUPROLIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	NON-PREFERRED-BRAND-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	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
LOVENOV	ORAL-CHEMO	National Performance Formulary
LOVENOX	TIER 03	Blue Cross Formulary
LOVENOX LUCENTIS	TIER 03 NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO	Blue Cross Formulary Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO ORAL-CHEMO	National Performance Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUNSUMIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUNSUMIO	NON-PREFERRED-BRAND-SPECIALTY	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
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	NON-FILL ERRED-BRAIND-3FECIALIT	Blue Cross Formulary
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LUPRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON LUPRON LUPRON LYNPARZA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYMPARZA LYMPARZA LYTGOBI LYTGOBI MAKENA MAKENA MAKENA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYMPARZA LYMPARZA LYTGOBI LYTGOBI MAKENA MAKENA MAKENA MARGENZA	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYMPARZA LYMPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MARGENZA MARGENZA MATULANE	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MARGENZA MARGENZA MATULANE MATULANE	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MARGENZA MARGENZA MATULANE MATULANE MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Slue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MARGENZA MARGENZA MATULANE MATULANE MAVENCLAD MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MARGENZA MARGENZA MATULANE MATULANE MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Slue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary
LUPRON LUPRON LUPRON LYNPARZA LYNPARZA LYTGOBI LYTGOBI MAKENA MAKENA MAKENA MARGENZA MARGENZA MATULANE MATULANE MAYULANE MAYULADE	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYPARZA LYPARZA LYTGOBI LYTGOBI MAKENA MAKENA MAKENA MARGENZA MARGENZA MATULANE MATULANE MAVENCLAD MAVYRET MAVYRET	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYPARZA LYPARZA LYTGOBI LYTGOBI MAKENA MARENA MARGENZA MARGENZA MATULANE MATULANE MAVENCLAD MAVYRET MAVYRET MAYZENT	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
LUPRON LUPRON LUPRON LYPARZA LYPARZA LYTGOBI LYTGOBI MAKENA MAKENA MARGENZA MATULANE MATULANE MAVENCLAD MAVENCLAD MAVYRET MAYZENT MAYZENT	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
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MIGLUSTAT	GENERIC-SPECIALTY	National Performance Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOMYCIN MITOMYCIN	GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary
MITOXANTRON	GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary
MITOXANTRON	GENERIC-SPECIALTY GENERIC-SPECIALTY	National Performance Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	TIER 03	Blue Cross Formulary
MOZOBIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	NON-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
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MYCAPSSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	TIER 03	Blue Cross Formulary
MYFORTIC	TIER 03	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	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	TIER 03	Blue Cross Formulary
NEORAL	TIER 03	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	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
NEXVIAZYME NILANDRON	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
NEXVIAZYME NILANDRON NILANDRON	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary
NEXVIAZYME NILANDRON NILANDRON NILUTAMIDE	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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NEXVIAZYME NILANDRON NILANDRON NILUTAMIDE NILUTAMIDE NINLARO NINLARO NINLARO NIPENT NIPENT NITISINONE NITYR NITYR NITYR NIVESTYM NORDITROPIN NORDITROPIN NOVAREL NOVAREL NOVAREL NOVOEIGHT NOVOSEVEN NOVOSEVEN NOVOSEVEN NPLATE NPLATE NUBEQA NUBEQA NUCALA NUCALA NUCALA NUCALA	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERED-BRAND-SPECIALTY PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary
NEXVIAZYME NILANDRON NILANDRON NILUTAMIDE NILUTAMIDE NINLARO NINLARO NINLARO NIPENT NIPENT NITISINONE NITYR NITYR NITYR NITYR NIVESTYM NORDITROPIN NORDITROPIN NOVAREL NOVAREL NOVAREL NOVOEIGHT NOVOSEVEN NOVOSEVEN NPLATE NPLATE NPLATE NUBEQA NUBEQA NUCALA	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
NEXVIAZYME NILANDRON NILANDRON NILUTAMIDE NILUTAMIDE NINLARO NINLARO NINLARO NIPENT NIPENT NITISINONE NITISINONE NITYR NITYR NITYR NIVESTYM NORDITROPIN NORDITROPIN NOVAREL NOVAREL NOVAREL NOVOEIGHT NOVOSEVEN NOVOSEVEN NPLATE NPLATE NPLATE NUBEQA NUCALA NUCALA NUCALA NUCIBRY NULDIIX	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY REMERIC-SPECIALTY ORN-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary

NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	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
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCALIVA	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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OMNITROPE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OMNITROPE	PREFERRED-BRAND-SPECIALTY	National Performance 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	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
ORSERDU	ORAL-CHEMO	Blue Cross Formulary
ORSERDU	ORAL-CHEMO	National Performance Formulary
ORTHOVISC	TIER 03	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	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
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
	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PADCEV		
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALFORZIA PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALFORZIA PALYNZIQ PAMIDRONATE	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary Blue Cross Formulary
PALFORZIA PALYNZIQ PAMIDRONATE PAMIDRONATE	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary Blue Cross Formulary National Performance Formulary
PALFORZIA PALYNZIQ PAMIDRONATE PAMIDRONATE PANZYGA	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
PALFORZIA PALYNZIQ PAMIDRONATE PAMIDRONATE PANZYGA PARAPLATIN	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
PALFORZIA PALYNZIQ PAMIDRONATE PAMIDRONATE PAMZYGA	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary

PARAPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	NON-PREFERRED-BRAND-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	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	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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHEBURANE	NON-PREFERRED-BRAND-SPECIALTY	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	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	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
DOTELLOSO		Nietienel Deufenmene Fernanden.
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POTELIGEO PRALATREXATE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRALATREXATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRALATREXATE PRALATREXATE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PREVYMIS PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN PROCRIT PROCRIT PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN PROCRIT PROCRIT	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Alactory National Performance Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN PROCRIT PROCRIT PROCYSBI PROCYSBI PROFILNINE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN PROCRIT PROCRIT PROCYSBI PROCYSBI PROFILNINE PROFILNINE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
PRALATREXATE PRALATREXATE PREGNYL PREGNYL PREVYMIS PREVYMIS PRIVIGEN PRIVIGEN PROCRIT PROCRIT PROCYSBI PROCYSBI PROCYSBI PROFILNINE PROFILNINE PROFILNINE PROGRAF	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY TIER 03	Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
SKYCLARYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYCLARYS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYSONA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYSONA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRAVATO SPRYCEL	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
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SPRYCEL	ORAL-CHEMO	•
SPRYCEL SPRYCEL	ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary National Performance Formulary
SPRYCEL SPRYCEL STELARA	ORAL-CHEMO ORAL-CHEMO PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VABYSMO VABYSMO VALCHLOR VALCHLOR VALCHLOR VALRUBICIN VALRUBICIN VALSTAR VALSTAR	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary		
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VELETRI NON-PREFERRED-BRAND-SPECIALTY National Performance Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VABYSMO VABYSMO VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALTUBICIN VALSTAR VECTIBIX VECTIBIX VEGZELMA VELCADE VELCADE VELCADE VELCADE	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary Formulary National Performance Formulary		
VEMLIDY TIER 03 Blue Cross Formulary	ULTOMIRIS ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VABYSMO VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALTAR VALSTAR VALSTAR VECTIBIX VECTIBIX VECZELMA VELCADE VELCADE VELCADE VELETRI VELETRI	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary		

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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
VIJOICE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO VIMIZIM		Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
		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	TIER 03	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
VIVIMUSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYVGART	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYVGART	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYXEOS		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 Blue Cross Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	,
WILATE WINRHO	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
		National Performance Formulary
XALKORI	ORAL-CHEMO	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELIANT.		National Performance Formulary
XELJANZ		Divo Cook Formulant
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEMBIFY XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEMBIFY XEMBIFY XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
XEMBIFY XEMBIFY XENPOZYME XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary
XEMBIFY XEMBIFY XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross 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			
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	ORAL-CHEMO	Blue Cross 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			
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				
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ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary			
ZEPATIER ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary			
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ZEPATIER ZEPOSIA ZEPOSIA ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary			
ZEPATIER ZEPOSIA ZEPOSIA ZEPZELCA ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary			
ZEPATIER ZEPOSIA ZEPOSIA ZEPZELCA ZEPZELCA ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary			
ZEPATIER ZEPOSIA ZEPOSIA ZEPZELCA ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary			
ZEPATIER ZEPOSIA ZEPOSIA ZEPZELCA ZEPZELCA ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary			
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Insurance Company Name Blue Cross and Blue Shield of Vermont

HIOS ID 13627
SERFF Filing Number BCVT-134106868
Market Large Group

Product Name 2025 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
	10/01/2021-09/30/2022	10/01/2022-09/30/2023	1/01/2025-12/31/202!
Pharmacy Benefit Manager #1	Optum Rx (ORx)	Optum Rx (ORx)	Optum Rx (ORx)
Pharmacy Benefit Manager #2			
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	
	10/01/2021	-09/30/2022	10/01/2022-	09/30/2023	1/01/2025	-12/31/202!
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ORx	ORx	ORx	ORx	ORx	ORx
Non-Specialty Brand PMPM	ORx	ORx	ORx	ORx	ORx	ORx
Specialty PMPM	ORx	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 10/01/2021-09/30/2022		Experience Period		Projection Period	
			10/01/2022-09/30/2023		1/01/2025-12/31/202!	
	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.