

SA Oncology Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE Effective Date

04-14-2025

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Xeloda		150 MG ; 500 MG	M;N;O	O; Y		
			M;N;O;Y			
			M;N;O;Y			
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	M;N;O;Y	N		
Yonsa	abiraterone acetate micronized tab	125 MG	M;N;O;Y	N		
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	M;N;O;Y	O; Y		
Calquence	acalabrutinib maleate tab	100 MG	M;N;O;Y	N		
Krazati	adagrasib tab	200 MG	M;N;O;Y	N		
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	M;N;O;Y	N		
Alecensa	alectinib hcl cap	150 MG	M;N;O;Y	N		
Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose	alpelisib tab pack ; alpelisib tab therapy pack	150 MG ; 200 & 50 MG ; 200 MG	M;N;O;Y	N		
Erleada	apalutamide tab	240 MG ; 60 MG	M;N;O;Y	N		
Scemblix	asciminib hcl tab	100 MG ; 20 MG ; 40 MG	M;N;O;Y	N		
Ayvakit	avapritinib tab	100 MG; 200 MG; 25 MG; 300 MG; 50 MG	M;N;O;Y	N		
Inlyta	axitinib tab	1 MG ; 5 MG	M;N;O;Y	N		
Onureg	azacitidine tab	200 MG ; 300 MG	M;N;O;Y	N		
Welireg	belzutifan tab	40 MG	M;N;O;Y	N		
Targretin	bexarotene cap	75 MG	M;N;O;Y	O ; Y		
Targretin	bexarotene gel	1 %	M;N;O;Y	O; Y		
Mektovi	binimetinib tab	15 MG	M;N;O;Y	N		
Bosulif	bosutinib cap	100 MG ; 50 MG	M;N;O;Y	N		
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	M;N;O;Y	N		
Alunbrig	brigatinib tab ; brigatinib tab initiation therapy pack	180 MG ; 30 MG ; 90 & 180 MG ; 90 MG	M;N;O;Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG; 3 x 20 MG & 80 MG; 80 & 20 MG	M;N;O;Y	N		
Cabometyx	cabozantinib s-malate tab	20 MG ; 40 MG ; 60 MG	M;N;O;Y	N		
Truqap	capivasertib tab	160 MG ; 200 MG	M;N;O;Y	N		
Truqap	capivasertib tab therapy pack	160 MG ; 200 MG	M;N;O;Y	N		
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	M;N;O;Y	N		
Zykadia	ceritinib tab	150 MG	M;N;O;Y	N		
Cotellic	cobimetinib fumarate tab	20 MG	M;N;O;Y	N		
Xalkori	crizotinib cap	200 MG ; 250 MG	M;N;O;Y	N		
Xalkori	crizotinib cap sprinkle	150 MG ; 20 MG ; 50 MG	M;N;O;Y	N		
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	M;N;O;Y	N		
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	M;N;O;Y	N		
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	M;N;O;Y	N		
Nubeqa	darolutamide tab	300 MG	M;N;O;Y	N		
Sprycel	dasatinib tab	100 MG; 140 MG; 20 MG; 50 MG; 70 MG; 80 MG	M;N;O;Y	O;Y		
Inqovi	decitabine-cedazuridine tab	35-100 MG	M;N;O;Y	N		
Copiktra	duvelisib cap	15 MG ; 25 MG	M;N;O;Y	N		
Iwilfin	eflornithine hcl tab	192 MG	M;N;O;Y	N		
Orserdu	elacestrant hydrochloride tab	345 MG ; 86 MG	M;N;O;Y	N		
Idhifa	enasidenib mesylate tab	100 MG ; 50 MG	M;N;O;Y	N		
Braftovi	encorafenib cap	75 MG	M;N;O;Y	N		
Rozlytrek	entrectinib cap	100 MG ; 200 MG	M;N;O;Y	N		
Rozlytrek	entrectinib pellet pack	50 MG	M;N;O;Y	N		
Xtandi	enzalutamide cap ; enzalutamide tab	40 MG ; 80 MG	M;N;O;Y	N		
Balversa	erdafitinib tab	3 MG ; 4 MG ; 5 MG	M;N;O;Y	N		
Tarceva	erlotinib hcl tab	100 MG ; 150 MG ; 25 MG	M;N;O;Y	O; Y		
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	M;N;O;Y	O; Y		
Afinitor disperz	everolimus tab for oral susp	2 MG; 3 MG; 5 MG	M;N;O;Y	O; Y		
Inrebic	fedratinib hcl cap	100 MG	M;N;O;Y	N		
Fruzaqla	fruquintinib cap	1 MG ; 5 MG	M;N;O;Y	N		
Lytgobi	futibatinib tab therapy pack	4 MG	M;N;O;Y	N		
Iressa	gefitinib tab	250 MG	M;N;O;Y	O; Y		
Xospata	gilteritinib fumarate tablet	40 MG	M;N;O;Y	N		
Daurismo	glasdegib maleate tab	100 MG ; 25 MG	M;N;O;Y	N		
Imbruvica	ibrutinib cap	140 MG ; 70 MG	M;N;O;Y	N		
Imbruvica	ibrutinib oral susp	70 MG/ML	M;N;O;Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	M;N;O;Y	N		
Zydelig	idelalisib tab	100 MG ; 150 MG	M;N;O;Y	N		
Imkeldi	imatinib mesylate oral soln	80 MG/ML	M;N;O;Y	N		
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	M;N;O;Y	O ; Y		
Itovebi	inavolisib tab	3 MG ; 9 MG	M;N;O;Y	N		
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	100 & 25 MG; 100 MG; 25 MG	M;N;O;Y	N		
Tibsovo	ivosidenib tab	250 MG	M;N;O;Y	N		
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	M;N;O;Y	N		
Tykerb	lapatinib ditosylate tab	250 MG	M;N;O;Y	O; Y		
Vitrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	M;N;O;Y	N		
Vitrakvi	larotrectinib sulfate oral soln	20 MG/ML	M;N;O;Y	N		
Lazcluze	lazertinib mesylate tab	240 MG ; 80 MG	M;N;O;Y	N		
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG; 15 MG; 2.5 MG; 20 MG; 25 MG; 5 MG	M;N;O;Y	O; Y		
Lenvima 10 mg daily dose; Lenvima 12mg daily dose; Lenvima 14 mg daily dose; Lenvima 18 mg daily dose; Lenvima 20 mg daily dose; Lenvima 24 mg daily dose; Lenvima 4 mg daily dose; Lenvima 8 mg daily dose	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 & 4 MG; 10 MG; 10 MG & 2 x 4 MG; 2 x 10 MG & 4 MG ; 4 MG	M;N;O;Y	N		
Lorbrena	lorlatinib tab	100 MG ; 25 MG	M;N;O;Y	N		
Rydapt	midostaurin cap	25 MG	M;N;O;Y	N		
Gomekli	mirdametinib cap	1 MG ; 2 MG	M;N;O;Y	N		
Gomekli	mirdametinib tab for oral susp	1 MG	M;N;O;Y	N		
Lysodren	mitotane tab	500 MG	M;N;O;Y	N		
Ojjaara	momelotinib dihydrochloride tab	100 MG ; 150 MG ; 200 MG	M;N;O;Y	N		
Nerlynx	neratinib maleate tab	40 MG	M;N;O;Y	N		
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	M;N;O;Y	N		
Danziten	nilotinib tartrate tab	71 MG ; 95 MG	M;N;O;Y	N		
Zejula	niraparib tosylate cap	100 MG	M;N;O;Y	N		
Zejula	niraparib tosylate tab	100 MG ; 200 MG ; 300 MG	M;N;O;Y	N		
Akeega	niraparib tosylate- abiraterone acetate tab	100-500 MG ; 50-500 MG	M;N;O;Y	N		
Ogsiveo	nirogacestat hydrobromide tab	100 MG ; 150 MG ; 50 MG	M;N;O;Y	N		
Lynparza	olaparib tab	100 MG ; 150 MG	M;N;O;Y	N	_	
Rezlidhia	olutasidenib cap	150 MG	M;N;O;Y	N		
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	M;N;O;Y	N		
Vonjo	pacritinib citrate cap	100 MG	M;N;O;Y	N		
Ibrance	palbociclib cap	100 MG ; 125 MG ; 75 MG	M;N;O;Y	N		

MG; 75 MG	Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Permisayrre Permisayre Permisayrre Permisayre Permisayre	Ibrance	palbociclib tab		M;N;O;Y	N		
Minimary Minimary	Votrient	pazopanib hcl tab	200 MG	M;N;O;Y	O ; Y		
Daypirca	Pemazyre	pemigatinib tab		M;N;O;Y	N		
No.	Turalio	pexidartinib hcl cap	125 MG	M;N;O;Y	N		
Clusing	Jaypirca	pirtobrutinib tab		M;N;O;Y	N		
30 MG ; 45 MG	Pomalyst	pomalidomide cap		M;N;O;Y	N		
Matulane procarbazine hcl cap 50 MG M ; N ; O ; Y N Vanffyta quizartinib dihydrochloride tab 17.7 MG ; 26.5 MG M ; N ; O ; Y N Stivarga regorafenib tab 40 MG M ; N ; O ; Y N Orgovyx relugidix tab 120 MG M ; N ; O ; Y N Augtyro repotrectinib cap 160 MG ; 40 MG M ; N ; O ; Y N Revuforj revumenib citrate tab 110 MG ; 150 MG M ; N ; O ; Y N Kisqali femara 200 dose ; Kisqali femara 400 dose kisqali femara 600 dose ribociclib 200 & 2.5 MG M ; N ; O ; Y N Kisqali femara 600 dose ribociclib succinate tab pack 200 MG M ; N ; O ; Y N Qinlock ripretinib tab 50 MG M ; N ; O ; Y N N Rubraca rucaparib camsylate tab 200 MG ; 250 MG M ; N ; O ; Y N N Ayovio ; Xpovio 60 mg sellnexor tab therapy pack 10 MG ; 20 MG M ; N ; O ; Y N N Xpovio ; Xpovio 60 mg sellnexor tab therapy pack 10 MG ; 20 MG	Iclusig	ponatinib hcl tab	; 30 MG; 45	M;N;O;Y	N		
Vaniflyta	Gavreto	pralsetinib cap	100 MG	M;N;O;Y	M;N		
Stivarga regorafenib tab 40 MG	Matulane	procarbazine hcl cap	50 MG	M;N;O;Y	N		
Orgovyx relugolix tab 120 MG M; N; 0; Y N Augtyro repotrectinib cap 160 MG; 40 M; N; 0; Y N Revurforj revumenib citrate tab 110 MG; 150 MG M; N; 0; Y N Kisqali femara 200 dose; Kisqali femara 400 dose; Kisqali femara 600 dose 200 MG M; N; 0; Y N Kisqali femara 600 dose ribocicibi succinate tab pack 200 MG M; N; 0; Y N Qinlock ripretinib tab 50 MG M; N; 0; Y N Resermi ropeginterferon alfa-rucaparib camsylate tab 200 MG; 25 MG M; N; 0; Y N Rubraca rusolitinib phosphate tab; 20 MG; 25 MG; 30 MG M; N; 0; Y N N Apovio ; Xpovio 60 mg twice weekly; Xpovio 80 mg twice weekly; Xpovio 80 MG; 26 MG MG; 20 MG; 25 MG M; N; 0; Y N Retevmo selpercatinib cap 40 MG; 20 MG M; N; 0; Y N Retevmo selpercatinib tab 120 MG; 150 MG M; N; 0; Y N Odomzo sonidegib phosphate cap 200 MG M; N; 0; Y N Odomzo sonidegib phosphate	Vanflyta	1 *	,	M;N;O;Y	N		
Aughyro repotrectinib cap 160 MG ; 40 M ; N ; O ; Y N	Stivarga	regorafenib tab	40 MG	M;N;O;Y	N		
MG	Orgovyx	relugolix tab	120 MG	M;N;O;Y	N		
MG; 25 MG	Augtyro	repotrectinib cap		M;N;O;Y	N		
Kisqali femara 400 dose ; kisqali femara 600 dose ; ripretinib tab	Revuforj	revumenib citrate tab		M;N;O;Y	N		
Display	Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 & 2.5 MG	M; N; O; Y	N		
Besremi	Kisqali		200 MG	M;N;O;Y	N		
Rubraca rucaparib camsylate tab 200 MG; 250 MG; 300 MG M; N; O; Y N Jakafi ruxolitinib phosphate tab 10 MG; 15 MG; 25 MG; 25 MG; 5 MG; 5 MG; 5 MG; 5 MG; 5 MG; 5 MG M; N; O; Y N Xpovio; Xpovio 60 mg twice weekly; Xpovio 80 mg twice weekly selinexor tab therapy pack; 40 MG; 50 MG; 60 MG; 60 MG; 60 MG; 60 MG; 60 MG M; N; O; Y N Retevmo selpercatinib tab 120 MG; 160 MG; 60 MG; 40 MG; 80 MG M; N; O; Y N Roselugo selumetinib sulfate cap 10 MG; 25 MG M; N; O; Y N Koselugo selumetinib sulfate cap 10 MG; 25 MG M; N; O; Y N Odomzo sonidegib phosphate cap 200 MG M; N; O; Y N Nexavar sorafenib tosylate tab 200 MG M; N; O; Y N Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 0.25 MG; 0.5 MG;	Qinlock	ripretinib tab	50 MG	M;N;O;Y	N		
MG ; 300 MG	Besremi	ropeginterferon alfa-	500 MCG/ML	M;N;O;Y	N		
	Rubraca	rucaparib camsylate tab		M;N;O;Y	N		
twice weekly; Xpovio 80 mg twice weekly ; 40 MG; 50 MG; 60 MG M; N; O; Y N Retevmo selpercatinib cap 40 MG; 80 MG M; N; O; Y N Retevmo selpercatinib tab 120 MG; 160 MG; 40 MG; 80 MG M; N; O; Y N Koselugo selumetinib sulfate cap 10 MG; 25 MG M; N; O; Y N Odomzo sonidegib phosphate cap 200 MG M; N; O; Y N Nexavar sorafenib tosylate tab 200 MG M; N; O; Y O; Y Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N Tazverik temozolomide cap 100 MG; 140 MG; 180 MG; 250 MG; 250 MG; 250 MG; 250 MG; 5 MG M; N; O; Y N	Jakafi	ruxolitinib phosphate tab	; 20 MG ; 25	M; N; O; Y	N		
Retevmo selpercatinib tab 120 MG; 160 MG; 40 MG; 80 MG M; N; O; Y N Koselugo selumetinib sulfate cap 10 MG; 25 MG M; N; O; Y N Odomzo sonidegib phosphate cap 200 MG M; N; O; Y N Nexavar sorafenib tosylate tab 200 MG M; N; O; Y O; Y Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.35 MG; 0.5 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N temozolomide cap 100 MG; 140 MG; 180 MG; 250 MG; 250 MG; 5 MG M; N; O; Y N	Xpovio ; Xpovio 60 mg twice weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	; 40 MG; 50	M; N; O; Y	N		
MG ; 40 MG ; 80 MG	Retevmo	selpercatinib cap	40 MG ; 80 MG	M;N;O;Y	N		
Odomzo sonidegib phosphate cap 200 MG M; N; O; Y N Nexavar sorafenib tosylate tab 200 MG M; N; O; Y O; Y Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N Tazverik temozolomide cap 100 MG; 140 MG; 180 MG; 20 MG; 250 MG; 250 MG; 5 MG M; N; O; Y Y	Retevmo	selpercatinib tab	MG; 40 MG;	M; N; O; Y	N		
Nexavar sorafenib tosylate tab 200 MG M; N; O; Y O; Y Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.35 MG; 0.5 MG; 0.5 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N temozolomide cap 100 MG; 140 MG; 180 MG; 250 MG; 250 MG; 250 MG; 5 MG M; N; O; Y Y	Koselugo	selumetinib sulfate cap	10 MG ; 25 MG	M;N;O;Y	N		
Lumakras sotorasib tab 120 MG; 240 MG; 320 MG M; N; O; Y N Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.35 MG; 0.5 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N temozolomide cap 100 MG; 140 MG; 140 MG; 180 MG; 250 MG; 5 MG M; N; O; Y Y	Odomzo	sonidegib phosphate cap	200 MG	M;N;O;Y	N		
MG; 320 MG M; N; O; Y O; Y Sutent sunitinib malate cap 12.5 MG; 25 MG; 37.5 MG; 50 MG M; N; O; Y O; Y Talzenna talazoparib tosylate cap 0.1 MG; 0.25 MG; 0.35 MG; 0.5 MG; 0.75 MG; 1 MG M; N; O; Y N Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N temozolomide cap 100 MG; 140 MG; 250 MG; 250 MG; 250 MG; 5 MG M; N; O; Y Y	Nexavar	sorafenib tosylate tab	200 MG	M;N;O;Y	O ; Y		
MG; 37.5 MG; 50 MG	Lumakras	sotorasib tab		M;N;O;Y	N		
MG; 0.35 MG; 0.75 MG; 0.75 MG; 1 MG Tazverik tazemetostat hbr tab 200 MG M; N; O; Y N temozolomide cap 100 MG; 140 MG; 180 MG; 200 MG; 250 MG; 5 MG	Sutent	sunitinib malate cap	MG; 37.5 MG;	M; N; O; Y	O ; Y		
temozolomide cap	Talzenna	talazoparib tosylate cap	MG; 0.35 MG; 0.5 MG; 0.75	M;N;O;Y	N		
MG; 180 MG; 20 MG; 250 MG; 5 MG	Tazverik	tazemetostat hbr tab	200 MG	M; N; O; Y	N		
		temozolomide cap	MG; 180 MG; 20 MG; 250	M;N;O;Y	Y		
	Tepmetko	tepotinib hcl tab	225 MG	M;N;O;Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Thalomid	thalidomide cap	100 MG ; 150 MG ; 200 MG ; 50 MG	M;N;O;Y	N		
Fotivda	tivozanib hcl cap	0.89 MG ; 1.34 MG	M;N;O;Y	N		
Hycamtin	topotecan hcl cap	0.25 MG ; 1 MG	M;N;O;Y	N		
Ojemda	tovorafenib for oral susp ; tovorafenib tab	100 MG ; 25 MG/ML	M;N;O;Y	N		
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	M;N;O;Y	N		
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	M;N;O;Y	N		
	tretinoin cap	10 MG	M;N;O;Y	Υ		
Lonsurf	trifluridine-tipiracil tab	15-6.14 MG ; 20-8.19 MG	M;N;O;Y	N		
Tukysa	tucatinib tab	150 MG ; 50 MG	M;N;O;Y	N		
Caprelsa	vandetanib tab	100 MG ; 300 MG	M;N;O;Y	N		
Zelboraf	vemurafenib tab	240 MG	M;N;O;Y	N		
Venclexta	venetoclax tab	10 MG ; 100 MG ; 50 MG	M;N;O;Y	N		
Venclexta starting pack	venetoclax tab therapy starter pack	10 & 50 & 100 MG	M;N;O;Y	N		
Romvimza	vimseltinib cap	14 MG ; 20 MG ; 30 MG	M;N;O;Y	N		
Erivedge	vismodegib cap	150 MG	M;N;O;Y	N		
Voranigo	vorasidenib tab	10 MG ; 40 MG	M;N;O;Y	N		
Zolinza	vorinostat cap	100 MG	M;N;O;Y	N		
Brukinsa	zanubrutinib cap	80 MG	M;N;O;Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
			_			_		1	
			6	Capsule s	21	DAYS			
			6	Capsule s	21	DAYS			
			6	Capsule s	21	DAYS			
			60	Capsule s	30	DAYS			
			120	Capsule s	30	DAYS			
	Erlotinib HCl Tab	25 MG	60	Tablets	30	DAYS			
	Erlotinib HCl Tab	150 MG	30	Tablets	30	DAYS			
Afinitor	Everolimus Tab 10 MG	10 MG	30	Tablets	30	DAYS			
Afinitor	Everolimus Tab 2.5 MG	2.5 MG	30	Tablets	30	DAYS			
Afinitor	Everolimus Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Afinitor	Everolimus Tab 7.5 MG	7.5 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	60	Tablets	30	DAYS			EXIST
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	90	Tablets	30	DAYS			
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	60	Tablets	30	DAYS			
Akeega	niraparib tosylate- abiraterone acetate tab	50-500 MG	60	Tablets	30	DAYS			
Akeega	niraparib tosylate- abiraterone acetate tab	100-500 MG	60	Tablets	30	DAYS			
Alecensa	Alectinib HCl Cap	150 MG	240	Capsule s	30	DAYS			
Alunbrig	Brigatinib Tab	30 MG	120	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab	90 MG	30	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab	180 MG	30	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	30	Tablets	180	DAYS			
Augtyro	repotrectinib cap	40 MG	240	Capsule s	30	DAYS			
Augtyro	repotrectinib cap	160 MG	60	Capsule s	30	DAYS			
Ayvakit	Avapritinib Tab	100 MG	30	Tablets	30	DAYS			
Ayvakit	Avapritinib Tab	200 MG	30	Tablets	30	DAYS			
Ayvakit	Avapritinib Tab	300 MG	30	Tablets	30	DAYS			
Ayvakit	Avapritinib Tab	25 MG	30	Tablets	30	DAYS			
Ayvakit	Avapritinib Tab	50 MG	30	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 3 MG	3 MG	90	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 4 MG	4 MG	60	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Besremi	Ropeginterferon alfa-	500 MCG/ML	2	Syringes	28	DAYS			
Bosulif	bosutinib cap	50 MG	30	Capsule s	30	DAYS			
Bosulif	bosutinib cap	100 MG	150	Capsule s	30	DAYS			
Bosulif	Bosutinib Tab	100 MG	90	Tablets	30	DAYS			
Bosulif	Bosutinib Tab	400 MG	30	Tablets	30	DAYS			
Bosulif	Bosutinib Tab	500 MG	30	Tablets	30	DAYS			
Braftovi	Encorafenib Cap 75 MG	75 MG	180	Capsule s	30	DAYS			
Brukinsa	Zanubrutinib Cap	80 MG	120	Capsule s	30	DAYS			
Cabometyx	Cabozantinib S- Malate Tab	20 MG	30	Tablets	30	DAYS			
Cabometyx	Cabozantinib S- Malate Tab	40 MG	30	Tablets	30	DAYS			
Cabometyx	Cabozantinib S- Malate Tab	60 MG	30	Tablets	30	DAYS			
Calquence	Acalabrutinib Maleate Tab	100 MG	60	Tablets	30	DAYS			
Caprelsa	Vandetanib Tab	100 MG	60	Tablets	30	DAYS			
Caprelsa	Vandetanib Tab	300 MG	30	Tablets	30	DAYS			
Cometriq	Cabozantinib S-Mal Cap	80 & 20 MG	1	Carton	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Cometriq	Cabozantinib S-Mal Cap	3 x 20 MG & 80 MG	1	Carton	28	DAYS			
Cometriq	Cabozantinib S- Malate Cap	20 MG	1	Carton	28	DAYS			
Copiktra	Duvelisib Cap 15 MG	15 MG	56	Capsule s	28	DAYS			
Copiktra	Duvelisib Cap 25 MG	25 MG	56	Capsule s	28	DAYS			
Cotellic	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	20 MG	63	Tablets	28	DAYS			
Danziten	nilotinib tartrate tab	71 MG	112	Tablets	28	DAYS			
Danziten	nilotinib tartrate tab	95 MG	112	Tablets	28	DAYS			
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	30	Tablets	30	DAYS			
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	60	Tablets	30	DAYS			
Erivedge	Vismodegib Cap 150 MG	150 MG	30	Capsule s	30	DAYS			
Erleada	apalutamide tab	240 MG	30	Tablets	30	DAYS			
Erleada	Apalutamide Tab 60 MG	60 MG	120	Tablets	30	DAYS			
Fotivda	Tivozanib HCl Cap	0.89 MG	21	Capsule s	28	DAYS			
Fotivda	Tivozanib HCl Cap	1.34 MG	21	Capsule s	28	DAYS			
Fruzaqla	fruquintinib cap	1 MG	21	Capsule s	28	DAYS			
Fruzaqla	fruquintinib cap	5 MG	336	Pellets	28	DAYS			
Gavreto	Pralsetinib Cap	100 MG	120	Capsule s	30	DAYS			
Gilotrif	Afatinib Dimaleate Tab	20 MG	30	Tablets	30	DAYS			
Gilotrif	Afatinib Dimaleate Tab	30 MG	30	Tablets	30	DAYS			
Gilotrif	Afatinib Dimaleate Tab	40 MG	30	Tablets	30	DAYS			
Gleevec	Imatinib Mesylate Tab	100 MG	90	Tablets	30	DAYS			
Gleevec	Imatinib Mesylate Tab	400 MG	60	Tablets	30	DAYS			
Gomekli	mirdametinib cap	1 MG	168	Capsule s	28	DAYS			
Gomekli	mirdametinib cap	2 MG	84	Capsule s	28	DAYS			
Gomekli	mirdametinib tab for oral susp	1 MG	168	Tablets	28	DAYS			
Ibrance	Palbociclib Cap 100 MG	100 MG	21	Capsule s	28	DAYS			
Ibrance	Palbociclib Cap 125 MG	125 MG	21	Capsule s	28	DAYS			
Ibrance	Palbociclib Cap 75 MG	75 MG	21	Capsule s	28	DAYS			
Ibrance	Palbociclib Tab 100 MG	100 MG	21	Tablets	28	DAYS			
Ibrance	Palbociclib Tab 125 MG	125 MG	21	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Ibrance	Palbociclib Tab 75 MG	75 MG	21	Tablets	28	DAYS			
Iclusig	Ponatinib HCl Tab	10 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	15 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	30 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	45 MG	30	Tablets	30	DAYS			
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	30	Tablets	30	DAYS			
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	30	Tablets	30	DAYS			
Imbruvica	Ibrutinib Cap	70 MG	30	Capsule s	30	DAYS			
Imbruvica	Ibrutinib Cap	140 MG	90	Capsule s	30	DAYS			
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	2	Bottles	30	DAYS			
Imbruvica	Ibrutinib Tab	140 MG	30	Tablets	30	DAYS			
Imbruvica	Ibrutinib Tab	280 MG	30	Tablets	30	DAYS			
Imbruvica	Ibrutinib Tab	420 MG	30	Tablets	30	DAYS			
Imbruvica	Ibrutinib Tab	560 MG	30	Tablets	30	DAYS			
Imkeldi	imatinib mesylate oral soln	80 MG/ML	2	Bottles	28	DAYS			
Inlyta	Axitinib Tab	1 MG	180	Tablets	30	DAYS			
Inlyta	Axitinib Tab	5 MG	120	Tablets	30	DAYS			
Inqovi	Decitabine- Cedazuridine Tab	35-100 MG	5	Tablets	28	DAYS			
Inrebic	Fedratinib HCI Cap 100 MG	100 MG	120	Capsule s	30	DAYS			
Iressa	Gefitinib Tab	250 MG	30	Tablets	30	DAYS			
Itovebi	inavolisib tab	3 MG	56	Tablets	28	DAYS			
Itovebi	inavolisib tab	9 MG	28	Tablets	28	DAYS			
Iwilfin	eflornithine hcl tab	192 MG	240	Tablets	30	DAYS			
Jakafi	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	10 MG	60	Tablets	30	DAYS			
Jakafi	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	15 MG	60	Tablets	30	DAYS			
Jakafi	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	20 MG	60	Tablets	30	DAYS			
Jakafi	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	25 MG	60	Tablets	30	DAYS			
Jakafi	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	5 MG	60	Tablets	30	DAYS			
Jaypirca	pirtobrutinib tab	50 MG	30	Tablets	30	DAYS			
Jaypirca	pirtobrutinib tab	100 MG	60	Tablets	30	DAYS			
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	21	Tablets	28	DAYS			
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	42	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	63	Tablets	28	DAYS			
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	49	Tablets	28	DAYS			
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	70	Tablets	28	DAYS			
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	91	Tablets	28	DAYS			
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	240	Capsule s	30	DAYS			
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	120	Capsule s	30	DAYS			
Krazati	Adagrasib Tab	200 MG	180	Tablets	30	DAYS			
Lazcluze	lazertinib mesylate tab	80 MG	60	Tablets	30	DAYS			
Lazcluze	lazertinib mesylate tab	240 MG	30	Tablets	30	DAYS			
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	30	Capsule s	30	DAYS			
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	90	Capsule s	30	DAYS			
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 & 4 MG	60	Capsule s	30	DAYS			
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 MG & 2 x 4 MG	90	Capsule s	30	DAYS			
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	60	Capsule s	30	DAYS			
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 x 10 MG & 4 MG	90	Capsule s	30	DAYS			
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	30	Capsule s	30	DAYS			
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	60	Capsule s	30	DAYS			
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15-6.14 MG	60	Tablets	28	DAYS			
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20-8.19 MG	80	Tablets	28	DAYS			
Lorbrena	Lorlatinib Tab	25 MG	90	Tablets	30	DAYS			
Lorbrena	Lorlatinib Tab	100 MG	30	Tablets	30	DAYS			
Lumakras	sotorasib tab	240 MG	120	Tablets	30	DAYS			
Lumakras	sotorasib tab	320 MG	90	Tablets	30	DAYS			
Lumakras	Sotorasib Tab	120 MG	240	Tablets	30	DAYS			
Lynparza	Olaparib Tab 100 MG	100 MG	120	Tablets	30	DAYS			
Lynparza	Olaparib Tab 150 MG	150 MG	120	Tablets	30	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	84	Tablets	28	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	112	Tablets	28	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	140	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	13	Bottles	28	DAY			
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	90	Tablets	30	DAYS			
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	30	Tablets	30	DAYS			
Mektovi	Binimetinib Tab 15 MG	15 MG	180	Tablets	30	DAYS			
Nerlynx	Neratinib Maleate Tab	40 MG	180	Tablets	30	DAYS			
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	120	Tablets	30	DAYS			
Ninlaro	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	2.3 MG	3	Capsule s	28	DAYS			
Ninlaro	Ixazomib Citrate Cap 3 MG (Base Equivalent)	3 MG	3	Capsule s	28	DAYS			
Ninlaro	Ixazomib Citrate Cap 4 MG (Base Equivalent)	4 MG	3	Capsule s	28	DAYS			
Nubeqa	Darolutamide Tab 300 MG	300 MG	120	Tablets	30	DAYS			
Odomzo	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	200 MG	30	Capsule s	30	DAYS			
Ogsiveo	nirogacestat hydrobromide tab	50 MG	180	Tablets	30	DAYS			
Ogsiveo	nirogacestat hydrobromide tab	100 MG	56	Tablets	28	DAYS			
Ogsiveo	nirogacestat hydrobromide tab	150 MG	56	Tablets	28	DAYS			
Ojemda	tovorafenib for oral susp	25 MG/ML	8	Bottles	28	DAYS			
Ojemda	tovorafenib tab	100 MG	24	Tablets	28	DAYS			
Ojjaara	momelotinib dihydrochloride tab	100 MG	30	Tablets	30	DAYS			
Ojjaara	momelotinib dihydrochloride tab	150 MG	30	Tablets	30	DAYS			
Ojjaara	momelotinib dihydrochloride tab	200 MG	30	Tablets	30	DAYS			
Onureg	Azacitidine Tab	200 MG	14	Tablets	28	DAYS			
Onureg	Azacitidine Tab	300 MG	14	Tablets	28	DAYS			
Orgovyx	Relugolix Tab	120 MG	30	Tablets	30	DAYS			
Orserdu	elacestrant hydrochloride tab	86 MG	90	Tablets	30	DAYS			
Orserdu	elacestrant hydrochloride tab	345 MG	30	Tablets	30	DAYS			
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	14	Tablets	21	DAYS			
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	14	Tablets	21	DAYS			
Pemazyre	Pemigatinib Tab 9 MG	9 MG	14	Tablets	21	DAYS			
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	28	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 & 50 MG	56	Tablets	28	DAYS			
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	56	Tablets	28	DAYS			
Pomalyst	Pomalidomide Cap 1 MG	1 MG	21	Capsule s	28	DAYS			
Pomalyst	Pomalidomide Cap 2 MG	2 MG	21	Capsule s	28	DAYS			
Pomalyst	Pomalidomide Cap 3 MG	3 MG	21	Capsule s	28	DAYS			
Pomalyst	Pomalidomide Cap 4 MG	4 MG	21	Capsule s	28	DAYS			
Qinlock	Ripretinib Tab	50 MG	90	Tablets	30	DAYS			
Retevmo	Selpercatinib Cap	40 MG	90	Capsule s	30	DAYS			
Retevmo	Selpercatinib Cap	80 MG	60	Capsule s	30	DAYS			
Retevmo	selpercatinib tab	40 MG	90	Tablets	30	DAYS			
Retevmo	selpercatinib tab	80 MG	60	Tablets	30	DAYS			
Retevmo	selpercatinib tab	120 MG	60	Tablets	30	DAYS			
Retevmo	selpercatinib tab	160 MG	60	Tablets	30	DAYS			
Revlimid	Lenalidomide Cap 10 MG	10 MG	30	Capsule s	30	DAYS			
Revlimid	Lenalidomide Cap 15 MG	15 MG	21	Capsule s	28	DAYS			
Revlimid	Lenalidomide Cap 20 MG	20 MG	21	Capsule s	21	DAYS			
Revlimid	Lenalidomide Cap 25 MG	25 MG	21	Capsule s	28	DAYS			
Revlimid	Lenalidomide Cap 5 MG	5 MG	30	Capsule s	30	DAYS			
Revlimid	Lenalidomide Caps 2.5 MG	2.5 MG	30	Capsule s	30	DAYS			
Revuforj	revumenib citrate tab	25 MG	240	Tablets	30	DAYS			
Revuforj	revumenib citrate tab	110 MG	120	Tablets	30	DAYS			
Revuforj	revumenib citrate tab	160 MG	60	Tablets	30	DAYS			
Rezlidhia	Olutasidenib Cap	150 MG	60	Capsule s	30	DAYS			
Romvimza	vimseltinib cap	14 MG	8	Capsule s	28	DAYS			
Romvimza	vimseltinib cap	20 MG	8	Capsule s	28	DAYS			
Romvimza	vimseltinib cap	30 MG	8	Capsule s	28	DAYS			
Rozlytrek	Entrectinib Cap 100 MG	100 MG	30	Capsule s	30	DAYS			
Rozlytrek	Entrectinib Cap 200 MG	200 MG	90	Capsule s	30	DAYS			
Rozlytrek	entrectinib pellet pack	50 MG	84	Capsule s	28	DAYS			
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	120	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	120	Tablets	30	DAYS			
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	120	Tablets	30	DAYS			
Rydapt	Midostaurin Cap 25 MG	25 MG	240	Capsule s	30	DAYS			
Scemblix	Asciminib HCl Tab	20 MG	60	Tablets	30	DAYS			
Scemblix	Asciminib HCl Tab	40 MG	240	Tablets	30	DAYS			
Scemblix	asciminib hcl tab	100 MG	120	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	20 MG	90	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	50 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	70 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	80 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	100 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	140 MG	30	Tablets	30	DAYS			
Stivarga	Regorafenib Tab 40 MG	40 MG	84	Tablets	28	DAYS			
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	90	Capsule s	30	DAYS			
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	30	Capsule s	30	DAYS			
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	30	Capsule s	30	DAYS			
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	30	Capsule s	30	DAYS			
Tabrecta	Capmatinib HCl Tab	150 MG	120	Tablets	30	DAYS			
Tabrecta	Capmatinib HCl Tab	200 MG	120	Tablets	30	DAYS			
Tafinlar	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	50 MG	120	Capsule s	30	DAYS			
Tafinlar	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	75 MG	120	Capsule s	30	DAYS			
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	4	Bottles	28	DAYS			
Tagrisso	Osimertinib Mesylate Tab	40 MG	30	Tablets	30	DAYS			
Tagrisso	Osimertinib Mesylate Tab	80 MG	30	Tablets	30	DAYS			
Talzenna	talazoparib tosylate cap	0.1 MG	30	Capsule s	30	DAYS			
Talzenna	talazoparib tosylate cap	0.35 MG	30	Capsule s	30	DAYS			
Talzenna	Talazoparib Tosylate Cap	0.5 MG	30	Capsule s	30	DAYS			
Talzenna	Talazoparib Tosylate Cap	0.75 MG	30	Capsule s	30	DAYS			
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	90	Capsule s	30	DAYS			
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	30	Capsule s	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Tarceva	Erlotinib HCl Tab	100 MG	30	Tablets	30	DAYS			
Tasigna	Nilotinib HCl Cap	50 MG	120	Capsule s	30	DAYS			
Tasigna	Nilotinib HCl Cap	150 MG	120	Capsule s	30	DAYS			
Tasigna	Nilotinib HCl Cap	200 MG	120	Capsule s	30	DAYS			
Tazverik	Tazemetostat HBr Tab 200 MG	200 MG	240	Tablets	30	DAYS			
Tepmetko	Tepotinib HCl Tab	225 MG	60	Tablets	30	DAYS			
Thalomid	Thalidomide Cap 100 MG	100 MG	120	Capsule s	30	DAYS			
Thalomid	Thalidomide Cap 150 MG	150 MG	60	Capsule s	30	DAYS			
Thalomid	Thalidomide Cap 200 MG	200 MG	60	Capsule s	30	DAYS			
Thalomid	Thalidomide Cap 50 MG	50 MG	90	Capsule s	30	DAYS			
Tibsovo	Ivosidenib Tab 250 MG	250 MG	60	Tablets	30	DAYS			
Truqap	capivasertib tab	160 MG	64	Tablets	28	DAYS			
Truqap	capivasertib tab	200 MG	64	Tablets	28	DAYS			
Truqap	capivasertib tab therapy pack	160 MG	64	Tablets	28	DAYS			
Truqap	capivasertib tab therapy pack	200 MG	64	Tablets	28	DAYS			
Truseltiq	Infigratinib Phos Cap Pack	100 & 25 MG	42	Capsule s	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	42	Capsule s	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	63	Capsule s	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	21	Capsule s	28	DAYS			
Tukysa	Tucatinib Tab	50 MG	300	Tablets	30	DAYS			
Tukysa	Tucatinib Tab	150 MG	120	Tablets	30	DAYS			
Turalio	Pexidartinib HCl Cap	125 MG	120	Capsule s	30	DAYS			
Tykerb	Lapatinib Ditosylate Tab	250 MG	180	Tablets	30	DAYS			
Vanflyta	quizartinib dihydrochloride tab	17.7 MG	28	Tablets	28	DAYS			
Vanflyta	quizartinib dihydrochloride tab	26.5 MG	56	Tablets	28	DAYS			
Venclexta	Venetoclax Tab 10 MG	10 MG	60	Tablets	30	DAYS			
Venclexta	Venetoclax Tab 100 MG	100 MG	180	Tablets	30	DAYS			
Venclexta	Venetoclax Tab 50 MG	50 MG	30	Tablets	30	DAYS			
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 & 50 & 100 MG	1	Pack	180	DAYS			
Verzenio	Abemaciclib Tab 100 MG	100 MG	60	Tablets	30	DAYS			
Verzenio	Abemaciclib Tab 150 MG	150 MG	60	Tablets	30	DAYS			
Verzenio	Abemaciclib Tab 200 MG	200 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Verzenio	Abemaciclib Tab 50 MG	50 MG	60	Tablets	30	DAYS			
Vitrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	60	Capsule s	30	DAYS			
Vitrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	180	Capsule s	30	DAYS			
Vitrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	300	mLs	30	DAYS			
Vizimpro	Dacomitinib Tab	15 MG	30	Tablets	30	DAYS			
Vizimpro	Dacomitinib Tab	30 MG	30	Tablets	30	DAYS			
Vizimpro	Dacomitinib Tab	45 MG	30	Tablets	30	DAYS			
Vonjo	Pacritinib Citrate Cap	100 MG	120	Capsule s	30	DAYS			
Voranigo	vorasidenib tab	10 MG	60	Tablets	30	DAYS			
Voranigo	vorasidenib tab	40 MG	30	Tablets	30	DAYS			
Votrient	Pazopanib HCl Tab	200 MG	120	Tablets	30	DAYS			
Welireg	Belzutifan Tab	40 MG	90	Tablets	30	DAYS			
Xalkori	Crizotinib Cap	200 MG	120	Capsule s	30	DAYS			
Xalkori	Crizotinib Cap	250 MG	120	Capsule s	30	DAYS			
Xalkori	crizotinib cap sprinkle	20 MG	120	Capsule s	30	DAYS			
Xalkori	crizotinib cap sprinkle	50 MG	120	Capsule s	30	DAYS			
Xalkori	crizotinib cap sprinkle	150 MG	180	Capsule s	30	DAYS			
Xospata	Gilteritinib Fumarate Tablet	40 MG	90	Tablets	30	DAYS			
Xpovio	selinexor tab therapy pack	10 MG	16	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	4	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	50 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	60 MG	4	Tablets	28	DAYS			
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	24	Tablets	28	DAYS			
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	32	Tablets	28	DAYS			
Xtandi	Enzalutamide Cap 40 MG	40 MG	120	Capsule s	30	DAYS			
Xtandi	Enzalutamide Tab	40 MG	120	Tablets	30	DAYS			
Xtandi	Enzalutamide Tab	80 MG	60	Tablets	30	DAYS			
Yonsa	abiraterone acetate tab 125 mg	125 MG	120	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Zejula	Niraparib Tosylate Cap 100 MG (Base Equivalent)	100 MG	90	Capsule s	30	DAYS			
Zejula	niraparib tosylate tab	100 MG	30	Tablets	30	DAYS			
Zejula	niraparib tosylate tab	200 MG	30	Tablets	30	DAYS			
Zejula	niraparib tosylate tab	300 MG	30	Tablets	30	DAYS			
Zelboraf	Vemurafenib Tab 240 MG	240 MG	240	Tablets	30	DAYS			
Zolinza	Vorinostat Cap 100 MG	100 MG	120	Capsule s	30	DAYS			
Zydelig	Idelalisib Tab 100 MG	100 MG	60	Tablets	30	DAYS			
Zydelig	Idelalisib Tab 150 MG	150 MG	60	Tablets	30	DAYS			
Zykadia	Ceritinib Tab	150 MG	90	Tablets	30	DAYS			
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	120	Tablets	30	DAYS			
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	60	Tablets	30	DAYS			

CLIENT SUMMARY - PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	temozolomide cap	100 MG; 140 MG; 180 MG; 20 MG; 250 MG; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
	tretinoin cap	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor	everolimus tab	10 MG; 2.5 MG; 5 MG; 7.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor disperz	everolimus tab for oral susp	2 MG; 3 MG; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG ; 50-500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alecensa	alectinib hcl cap	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Alunbrig	brigatinib tab ; brigatinib tab initiation therapy pack	180 MG; 30 MG; 90 & 180 MG; 90 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Augtyro	repotrectinib cap	160 MG ; 40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	avapritinib tab	100 MG; 200 MG; 25 MG; 300 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Balversa	erdafitinib tab	3 MG; 4 MG; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Besremi	ropeginterferon alfa-	500 MCG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Bosulif	bosutinib cap	100 MG ; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select ; Performance Select Biosimilar ; Whole Foods
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Braftovi	encorafenib cap	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Brukinsa	zanubrutinib cap	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cabometyx	cabozantinib s-malate tab	20 MG; 40 MG; 60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Calquence	acalabrutinib maleate tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Caprelsa	vandetanib tab	100 MG ; 300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG; 3 x 20 MG & 80 MG; 80 & 20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Copiktra	duvelisib cap	15 MG ; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Cotellic	cobimetinib fumarate tab	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Danziten	nilotinib tartrate tab	71 MG ; 95 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Daurismo	glasdegib maleate tab	100 MG ; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Erivedge	vismodegib cap	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Erleada	apalutamide tab	240 MG ; 60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Exkivity	mobocertinib succinate cap	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Fotivda	tivozanib hcl cap	0.89 MG ; 1.34 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Fruzaqla	fruquintinib cap	1 MG ; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Gavreto	pralsetinib cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gilotrif	afatinib dimaleate tab	20 MG; 30 MG; 40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gomekli	mirdametinib cap	1 MG ; 2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gomekli	mirdametinib tab for oral susp	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Hycamtin	topotecan hcl cap	0.25 MG ; 1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	palbociclib cap	100 MG ; 125 MG ; 75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	palbociclib tab	100 MG ; 125 MG ; 75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; HIM Quarterly 2025 ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Iclusig	ponatinib hcl tab	10 MG; 15 MG; 30 MG; 45 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Idhifa	enasidenib mesylate tab	100 MG ; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	ibrutinib cap	140 MG ; 70 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	ibrutinib oral susp	70 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	ibrutinib tab	140 MG; 280 MG; 420 MG; 560 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imkeldi	imatinib mesylate oral soln	80 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Inlyta	axitinib tab	1 MG ; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Inqovi	decitabine-cedazuridine tab	35-100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Inrebic	fedratinib hcl cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iressa	gefitinib tab	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Itovebi	inavolisib tab	3 MG ; 9 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iwilfin	eflornithine hcl tab	192 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jakafi	ruxolitinib phosphate tab	10 MG; 15 MG; 20 MG; 25 MG; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jaypirca	pirtobrutinib tab	100 MG ; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali	ribociclib succinate tab pack	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 & 2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Koselugo	selumetinib sulfate cap	10 MG ; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Krazati	adagrasib tab	200 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lazcluze	lazertinib mesylate tab	240 MG ; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 10 mg daily dose; Lenvima 12mg daily dose; Lenvima 14 mg daily dose; Lenvima 18 mg daily dose; Lenvima 20 mg daily dose; Lenvima 24 mg daily dose; Lenvima 4 mg daily dose; Lenvima 8 mg daily dose	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 & 4 MG; 10 MG; 10 MG & 2 x 4 MG; 2 x 10 MG & 4 MG; 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lonsurf	trifluridine-tipiracil tab	15-6.14 MG ; 20-8.19 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lorbrena	lorlatinib tab	100 MG ; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lumakras	sotorasib tab	120 MG ; 240 MG ; 320 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lynparza	olaparib tab	100 MG ; 150 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lysodren	mitotane tab	500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lytgobi	futibatinib tab therapy pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Matulane	procarbazine hcl cap	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Mektovi	binimetinib tab	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Nerlynx	neratinib maleate tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Nexavar	sorafenib tosylate tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Nubeqa	darolutamide tab	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Odomzo	sonidegib phosphate cap	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Ogsiveo	nirogacestat hydrobromide tab	100 MG; 150 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojemda	tovorafenib for oral susp ; tovorafenib tab	100 MG ; 25 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojjaara	momelotinib dihydrochloride tab	100 MG; 150 MG; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Onureg	azacitidine tab	200 MG ; 300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Orgovyx	relugolix tab	120 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Orserdu	elacestrant hydrochloride tab	345 MG ; 86 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select ; Performance Select Biosimilar ; Whole Foods
Pemazyre	pemigatinib tab	13.5 MG ; 4.5 MG ; 9 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose	alpelisib tab pack ; alpelisib tab therapy pack	150 MG; 200 & 50 MG; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pomalyst	pomalidomide cap	1 MG; 2 MG; 3 MG; 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Qinlock	ripretinib tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	selpercatinib cap	40 MG ; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	selpercatinib tab	120 MG; 160 MG; 40 MG; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG; 15 MG; 2.5 MG; 20 MG; 25 MG; 5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revuforj	revumenib citrate tab	110 MG; 160 MG; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rezlidhia	olutasidenib cap	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Romvimza	vimseltinib cap	14 MG ; 20 MG ; 30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rozlytrek	entrectinib cap	100 MG ; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rozlytrek	entrectinib pellet pack	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rubraca	rucaparib camsylate tab	200 MG; 250 MG; 300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rydapt	midostaurin cap	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Scemblix	asciminib hcl tab	100 MG; 20 MG; 40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sprycel	dasatinib tab	100 MG; 140 MG; 20 MG; 50 MG; 70 MG; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Stivarga	regorafenib tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sutent	sunitinib malate cap	12.5 MG; 25 MG; 37.5 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	talazoparib tosylate cap	0.1 MG; 0.25 MG; 0.35 MG; 0.5 MG; 0.75 MG; 1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tarceva	erlotinib hcl tab	100 MG; 150 MG; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; HIM Quarterly 2025 ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Targretin	bexarotene cap	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Targretin	bexarotene gel	1 %	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tasigna	nilotinib hcl cap	150 MG; 200 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tazverik	tazemetostat hbr tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tepmetko	tepotinib hcl tab	225 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Thalomid	thalidomide cap	100 MG; 150 MG; 200 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Tibsovo	ivosidenib tab	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truqap	capivasertib tab	160 MG ; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truqap	capivasertib tab therapy pack	160 MG ; 200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	100 & 25 MG; 100 MG; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tukysa	tucatinib tab	150 MG ; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Turalio	pexidartinib hcl cap	125 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tykerb	lapatinib ditosylate tab	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vanflyta	quizartinib dihydrochloride tab	17.7 MG ; 26.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta	venetoclax tab	10 MG; 100 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta starting pack	venetoclax tab therapy starter pack	10 & 50 & 100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Verzenio	abemaciclib tab	100 MG; 150 MG; 200 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vitrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vitrakvi	larotrectinib sulfate oral soln	20 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vizimpro	dacomitinib tab	15 MG; 30 MG; 45 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Vonjo	pacritinib citrate cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Voranigo	vorasidenib tab	10 MG ; 40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Votrient	pazopanib hcl tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Welireg	belzutifan tab	40 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	crizotinib cap	200 MG ; 250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	crizotinib cap sprinkle	150 MG; 20 MG; 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xeloda		150 MG ; 500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xeloda	capecitabine tab	150 MG ; 500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xospata	gilteritinib fumarate tablet	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Xpovio ; Xpovio 60 mg twice weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	10 MG; 20 MG; 40 MG; 50 MG; 60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xtandi	enzalutamide cap ; enzalutamide tab	40 MG ; 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Yonsa	abiraterone acetate micronized tab	125 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	niraparib tosylate cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	niraparib tosylate tab	100 MG ; 200 MG ; 300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zelboraf	vemurafenib tab	240 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Zolinza	vorinostat cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zydelig	idelalisib tab	100 MG ; 150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zykadia	ceritinib tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

CLIENT SUMMARY - QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
			Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Quarterly 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
	Erlotinib HCl Tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
	Erlotinib HCl Tab	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor	Everolimus Tab 10 MG	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor	Everolimus Tab 2.5 MG	2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor	Everolimus Tab 5 MG	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor	Everolimus Tab 7.5 MG	7.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Akeega	niraparib tosylate-abiraterone acetate tab	50-500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alecensa	Alectinib HCl Cap	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alunbrig	Brigatinib Tab	180 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alunbrig	Brigatinib Tab	90 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alunbrig	Brigatinib Tab	30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Augtyro	repotrectinib cap	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Augtyro	repotrectinib cap	160 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	Avapritinib Tab	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	Avapritinib Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	Avapritinib Tab	200 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	Avapritinib Tab	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ayvakit	Avapritinib Tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Balversa	Erdafitinib Tab 3 MG	3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Balversa	Erdafitinib Tab 4 MG	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Balversa	Erdafitinib Tab 5 MG	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Besremi	Ropeginterferon alfa-	500 MCG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Bosulif	bosutinib cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Bosulif	bosutinib cap	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Bosulif	Bosutinib Tab	400 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Bosulif	Bosutinib Tab	500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Bosulif	Bosutinib Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Braftovi	Encorafenib Cap 75 MG	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Brukinsa	Zanubrutinib Cap	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cabometyx	Cabozantinib S-Malate Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Cabometyx	Cabozantinib S-Malate Tab	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cabometyx	Cabozantinib S-Malate Tab	60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Calquence	Acalabrutinib Maleate Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Caprelsa	Vandetanib Tab	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Caprelsa	Vandetanib Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cometriq	Cabozantinib S-Mal Cap	80 & 20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Cometriq	Cabozantinib S-Mal Cap	3 x 20 MG & 80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cometriq	Cabozantinib S-Malate Cap	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Copiktra	Duvelisib Cap 15 MG	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Copiktra	Duvelisib Cap 25 MG	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Cotellic	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Danziten	nilotinib tartrate tab	71 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Danziten	nilotinib tartrate tab	95 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Belect; Performance Select Biosimilar; Whole Foods
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Erivedge	Vismodegib Cap 150 MG	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Erleada	apalutamide tab	240 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Erleada	Apalutamide Tab 60 MG	60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Fotivda	Tivozanib HCl Cap	1.34 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Fotivda	Tivozanib HCl Cap	0.89 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Fruzaqla	fruquintinib cap	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Fruzaqla	fruquintinib cap	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Gavreto	Pralsetinib Cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gilotrif	Afatinib Dimaleate Tab	30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Gilotrif	Afatinib Dimaleate Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gilotrif	Afatinib Dimaleate Tab	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gleevec	Imatinib Mesylate Tab	400 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gleevec	Imatinib Mesylate Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gomekli	mirdametinib cap	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Gomekli	mirdametinib cap	2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Gomekli	mirdametinib tab for oral susp	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Cap 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Cap 125 MG	125 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Cap 75 MG	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Tab 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Tab 125 MG	125 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ibrance	Palbociclib Tab 75 MG	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iclusig	Ponatinib HCI Tab	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iclusig	Ponatinib HCI Tab	45 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iclusig	Ponatinib HCl Tab	30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iclusig	Ponatinib HCl Tab	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Cap	70 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Cap	140 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Tab	280 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Tab	420 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Imbruvica	Ibrutinib Tab	140 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Imbruvica	Ibrutinib Tab	560 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Imkeldi	imatinib mesylate oral soln	80 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Inlyta	Axitinib Tab	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Inlyta	Axitinib Tab	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Inqovi	Decitabine-Cedazuridine Tab	35-100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Iressa	Gefitinib Tab	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Itovebi	inavolisib tab	9 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Itovebi	inavolisib tab	3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Iwilfin	eflornithine hcl tab	192 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jakafi	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jakafi	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jakafi	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jakafi	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jakafi	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Jaypirca	pirtobrutinib tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Jaypirca	pirtobrutinib tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Pannual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Krazati	Adagrasib Tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lazcluze	lazertinib mesylate tab	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lazcluze	lazertinib mesylate tab	240 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 & 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 MG & 2 x 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 x 10 MG & 4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15-6.14 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20-8.19 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Lorbrena	Lorlatinib Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lorbrena	Lorlatinib Tab	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lumakras	sotorasib tab	240 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lumakras	sotorasib tab	320 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lumakras	Sotorasib Tab	120 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lynparza	Olaparib Tab 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lynparza	Olaparib Tab 150 MG	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Mektovi	Binimetinib Tab 15 MG	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Nerlynx	Neratinib Maleate Tab	40 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ninlaro	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	2.3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ninlaro	Ixazomib Citrate Cap 3 MG (Base Equivalent)	3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ninlaro	Ixazomib Citrate Cap 4 MG (Base Equivalent)	4 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Nubeqa	Darolutamide Tab 300 MG	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Odomzo	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ogsiveo	nirogacestat hydrobromide tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Ogsiveo	nirogacestat hydrobromide tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ogsiveo	nirogacestat hydrobromide tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Ojemda	tovorafenib for oral susp	25 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojemda	tovorafenib tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojjaara	momelotinib dihydrochloride tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojjaara	momelotinib dihydrochloride tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Ojjaara	momelotinib dihydrochloride tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Onureg	Azacitidine Tab	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Onureg	Azacitidine Tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Orgovyx	Relugolix Tab	120 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Orserdu	elacestrant hydrochloride tab	86 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Orserdu	elacestrant hydrochloride tab	345 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pemazyre	Pemigatinib Tab 9 MG	9 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 & 50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pomalyst	Pomalidomide Cap 1 MG	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pomalyst	Pomalidomide Cap 2 MG	2 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pomalyst	Pomalidomide Cap 3 MG	3 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Pomalyst	Pomalidomide Cap 4 MG	4 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Qinlock	Ripretinib Tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	Selpercatinib Cap	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	Selpercatinib Cap	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	selpercatinib tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Retevmo	selpercatinib tab	120 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Retevmo	selpercatinib tab	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Retevmo	selpercatinib tab	160 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Revlimid	Lenalidomide Cap 10 MG	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revlimid	Lenalidomide Cap 15 MG	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Revlimid	Lenalidomide Cap 20 MG	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revlimid	Lenalidomide Cap 25 MG	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revlimid	Lenalidomide Cap 5 MG	5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revlimid	Lenalidomide Caps 2.5 MG	2.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revuforj	revumenib citrate tab	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Revuforj	revumenib citrate tab	160 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Revuforj	revumenib citrate tab	110 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rezlidhia	Olutasidenib Cap	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Romvimza	vimseltinib cap	30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Romvimza	vimseltinib cap	14 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Romvimza	vimseltinib cap	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rozlytrek	Entrectinib Cap 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rozlytrek	Entrectinib Cap 200 MG	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rozlytrek	entrectinib pellet pack	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Rydapt	Midostaurin Cap 25 MG	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Scemblix	asciminib hcl tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Select; Performance Select Biosimilar; Whole Foods
Scemblix	Asciminib HCl Tab	20 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Scemblix	Asciminib HCl Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sprycel	Dasatinib Tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sprycel	Dasatinib Tab	140 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sprycel	Dasatinib Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Sprycel	Dasatinib Tab	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sprycel	Dasatinib Tab	70 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Sprycel	Dasatinib Tab	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Quarterly 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Stivarga	Regorafenib Tab 40 MG	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tabrecta	Capmatinib HCl Tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tabrecta	Capmatinib HCl Tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Tafinlar	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tafinlar	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tagrisso	Osimertinib Mesylate Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tagrisso	Osimertinib Mesylate Tab	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	talazoparib tosylate cap	0.35 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	talazoparib tosylate cap	0.1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	Talazoparib Tosylate Cap	0.75 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	Talazoparib Tosylate Cap	0.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tarceva	Erlotinib HCl Tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tasigna	Nilotinib HCI Cap	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tasigna	Nilotinib HCl Cap	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tasigna	Nilotinib HCl Cap	150 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tazverik	Tazemetostat HBr Tab 200 MG	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tepmetko	Tepotinib HCI Tab	225 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Thalomid	Thalidomide Cap 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Thalomid	Thalidomide Cap 150 MG	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Thalomid	Thalidomide Cap 200 MG	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Thalomid	Thalidomide Cap 50 MG	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Tibsovo	Ivosidenib Tab 250 MG	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Truqap	capivasertib tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truqap	capivasertib tab	160 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Truqap	capivasertib tab therapy pack	160 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Truqap	capivasertib tab therapy pack	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truseltiq	Infigratinib Phos Cap Pack	100 & 25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tukysa	Tucatinib Tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tukysa	Tucatinib Tab	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Turalio	Pexidartinib HCl Cap	125 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Tykerb	Lapatinib Ditosylate Tab	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vanflyta	quizartinib dihydrochloride tab	17.7 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vanflyta	quizartinib dihydrochloride tab	26.5 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta	Venetoclax Tab 10 MG	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta	Venetoclax Tab 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta	Venetoclax Tab 50 MG	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 & 50 & 100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Verzenio	Abemaciclib Tab 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Verzenio	Abemaciclib Tab 150 MG	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Verzenio	Abemaciclib Tab 200 MG	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Verzenio	Abemaciclib Tab 50 MG	50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vitrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vitrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vitrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Vizimpro	Dacomitinib Tab	45 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Vizimpro	Dacomitinib Tab	15 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Piosimilar; Whole Foods
Vizimpro	Dacomitinib Tab	30 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Biosimilar; Whole Foods
Vonjo	Pacritinib Citrate Cap	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Voranigo	vorasidenib tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Voranigo	vorasidenib tab	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Votrient	Pazopanib HCl Tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Welireg	Belzutifan Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Xalkori	Crizotinib Cap	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	Crizotinib Cap	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	crizotinib cap sprinkle	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	crizotinib cap sprinkle	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xalkori	crizotinib cap sprinkle	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xospata	Gilteritinib Fumarate Tablet	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	selinexor tab therapy pack	10 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	Selinexor Tab Therapy Pack	50 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2024; HIM Annual 2024; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	Selinexor Tab Therapy Pack	60 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	Selinexor Tab Therapy Pack	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	Selinexor Tab Therapy Pack	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio	Selinexor Tab Therapy Pack	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Annual 2024; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select Performance Select Biosimilar; Whole Foods
Xtandi	Enzalutamide Cap 40 MG	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Xtandi	Enzalutamide Tab	80 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Xtandi	Enzalutamide Tab	40 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Yonsa	abiraterone acetate tab 125 mg	125 MG	Balanced; Balanced Biosimilar; Basic; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	Niraparib Tosylate Cap 100 MG (Base Equivalent)	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	niraparib tosylate tab	200 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	niraparib tosylate tab	300 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zejula	niraparib tosylate tab	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Zelboraf	Vemurafenib Tab 240 MG	240 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zolinza	Vorinostat Cap 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zydelig	Idelalisib Tab 100 MG	100 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance Pannual; Performance Biosimilar; Performance Select Biosimilar; Whole Foods
Zydelig	Idelalisib Tab 150 MG	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zykadia	Ceritinib Tab	150 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	Balanced; Balanced Biosimilar; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Annual 2025; HIM Quarterly 2024; HIM Quarterly 2025; NM HIM Annual 2024; NM HIM Annual 2025; NM Performance; Performance; Performance Annual; Performance Biosimilar; Performance Select; Performance Select Biosimilar; Whole Foods

PREFERRED AGENTS

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

le	Clinical Criteria for Approval			
Indication	Number of Preferred Agents Required	Preferred Agent(s)*	Non-Preferred Agent(s)	
Advanced or metastatic breast cancer	1	Kisqali, Kisqali Femara Pack, Verzenio	Ibrance	
Newly diagnosed adult and pediatr patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase	ic 1	imatinib (generic), dasatinib (generic)	Bosulif, Tasigna	
Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with T315I mutati	th	Iclusig	Scemblix	
Desmoid tumors	1	sorafenib (generic)	Ogsiveo	
Metastatic ROS1- positive non-sma	1	Rozlytrek, Xalkori	Augtyro	

Module	Clinical Criteria for Approval		
1100010			
	cell lung cancer (NSCLC)		
	NOTE: brand Gleeved requirement	c and brand Nexavar to be managed through generic before brand	
	*Preferred agent ma Authorization	y be targeted in another utilization management program and require Prior	
	Initial Evaluation		
	Target Agent(s) wi	Il be approved when ALL of the following are met:	
	AND B. ALL o	patient has been treated with the requested agent within the past 180 days is at risk if therapy is changed OR of the following: ONE of the following: A. The patient has an FDA labeled indication for the requested agent and route of administration OR B. The patient has an indication that is supported in compendia for the requested agent and route of administration (i.e., indication must be supported in compendia by ALL requirements [e.g., performance status, disease severity, previous failures, monotherapy vs. combination therapy]) AND The patient has an FDA labeled indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND ONE of the following: A. The requested indication does NOT require specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing per FDA labeling or compendia for the requested agent OR B. The requested indication requires specific genetic/diagnostic testing has been completed	
		AND 2. The results of the specific genetic/diagnostic testing indicate therapy with the requested agent is appropriate AND	
	4	ONE of the following: A. The requested agent will be used as monotherapy AND is approved for use as monotherapy within FDA labeling or compendia for the requested indication OR B. The requested agent will be used as combination therapy with all agents and/or treatments (e.g., radiation) AND is approved for use as combination therapy with all agents and/or treatments within FDA labeling or compendia for the requested indication AND	
	5	A. BOTH of the following: 1. ONE of the following: 1. ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR B. The prescriber has submitted documentation that the patient has been diagnosed with stage four	

Module	Clinical Criteria for Approval		
	advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND		
	The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and		
	approved by the United States Food and Drug Administration OR		
	B. The requested agent will be used as first-line therapy AND is a first-line agent within FDA labeling or compendia for the		
	requested indication OR C. The patient has tried and had an inadequate response to the appropriate number and types of prerequisite agents within FDA		
	labeling or compendia for the requested indication OR D. The patient has an intolerance or hypersensitivity to the		
	appropriate number and types of prerequisite agents within FDA labeling or compendia for the requested indication OR		
	E. The patient has an FDA labeled contraindication to ALL of the required prerequisite agents within FDA labeling or compendia for the requested indication AND		
	6. ONE of the following:		
	A. The requested agent is a preferred agent for the requested indication OR		
	B. The requested agent is a non-preferred agent for the requested indication AND ONE of the following:		
	 BOTH of the following: A. ONE of the following: 		
	1. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the		
	requested agent is being used to treat the cancer OR 2. The prescriber has submitted		
	documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested		
	agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are		
	required] AND B. The use of the requested agent is consistent with best practices for the treatment of stage four		
	advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United		
	States Food and Drug Administration OR 2. The patient is currently being treated with the requested agent and the patient is currently stable on the requested		
	agent [chart notes required] 3. The patient has tried and had an inadequate response to ONE preferred agent for the requested indication [chart		
	notes are required] OR 4. ONE preferred agent for the requested indication was discontinued due to lack of efficacy or effectiveness,		
	discontinued due to lack of efficacy of effectiveness, diminished effect, or an adverse event [chart notes are required] OR		
	5. The patient has an intolerance or hypersensitivity to ONE preferred agent for the requested indication [chart notes required] OR		

Module	Clinical Criteria for Approval
	6. The patient has an FDA labeled contraindication to ALL
	preferred agents for the requested indication [chart notes
	required] OR
	7. ONE preferred agent for the requested indication is
	expected to be ineffective based on the known clinical
	characteristics of the patient and the known characteristics of the prescription drug; OR cause a
	significant barrier to the patient's adherence of care; OR
	worsen a comorbid condition; OR decrease the patient's
	ability to achieve or maintain reasonable functional ability
	in performing daily activities; OR cause an adverse
	reaction or cause physical or mental harm [chart notes
	are required] OR
	8. ONE preferred agent for the requested indication is not in
	the best interest of the patient based on medical
	necessity [chart notes are required] OR
	9. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of
	action as ONE preferred agent for the requested
	indication and that prescription drug was discontinued due
	to lack of efficacy or effectiveness, diminished effect, or
	an adverse event [chart notes are required] OR
	10. BOTH of the following:
	A. NCCN does NOT specify the plan preferred
	agent(s) as a preferred regimen for the requested indication AND
	B. NCCN specifies the requested agent as a preferred
	regimen for the requested indication OR
	11. There is support for non-preferred agent over the
	preferred agents for the requested indication OR
	12. If the requested agent is Bosulif or Tasigna for CML, then
	the patient has been previously treated with Bosulif OR
	Tasigna for CML AND
	7. If the requested agent is Imbruvica 140 mg or 280 mg tablets, then ONE of the following:
	A. BOTH of the following:
	1. ONE of the following:
	A. The prescriber has stated that the patient has
	been diagnosed with stage four advanced,
	metastatic cancer and the requested agent is
	being used to treat the cancer OR
	B. The prescriber has submitted documentation that
	the patient has been diagnosed with stage four advanced, metastatic cancer and the requested
	agent is being used to treat an associated
	condition related to stage four advanced
	metastatic cancer [chart notes are required] AND
	2. The use of the requested agent is consistent with best
	practices for the treatment of stage four advanced,
	metastatic cancer, or an associated condition; supported
	by peer-reviewed, evidence-based literature; and
	approved by the United States Food and Drug Administration OR
	B. The patient is currently being treated with the requested agent
	and the patient is currently stable on the requested agent [chart
	notes required] OR
	C. The patient has tried and had an inadequate response to
	Imbruvica 140 mg capsules [chart notes are required] OR
	D. Imbruvica 140 mg capsules were discontinued due to lack of
	efficacy or effectiveness, diminished effect, or an adverse event
	[chart notes are required] OR

Module	Clinical Criteria for Approval
	E. The patient has an intolerance or hypersensitivity to Imbruvica
	140 mg capsules that is not expected to occur with
	Imbruvica tablets [chart notes are required] OR
	F. The patient has an FDA labeled contraindication to Imbruvica 140
	mg capsules that is not expected to occur with Imbruvica tablets
	[chart notes are required] OR
	G. Imbruvica capsules are expected to be ineffective based on the known clinical characteristics of the patient and the known
	characteristics of the prescription drug; OR cause a significant
	barrier to the patient's adherence of care; OR worsen a comorbid
	condition; OR decrease the patient's ability to achieve or maintain
	reasonable functional ability in performing daily activities; OR
	cause an adverse reaction or cause physical or mental harm
	[chart notes are required] OR
	H. Imbruvica capsules are not in the best interest of the patient
	based on medical necessity [chart notes are required] OR I. The patient has tried another prescription drug in the same
	pharmacologic class or with the same mechanism of action as
	Imbruvica capsules and that prescription drug was discontinued
	due to lack of efficacy or effectiveness, diminished effect, or an
	adverse event [chart notes are required] AND
	8. If the requested agent is Zytiga/abiraterone 500 mg, then ONE of the
	following:
	A. BOTH of the following: 1. ONE of the following:
	A. The prescriber has stated that the patient has
	been diagnosed with stage four advanced,
	metastatic cancer and the requested agent is
	being used to treat the cancer OR
	B. The prescriber has submitted documentation that
	the patient has been diagnosed with stage four
	advanced, metastatic cancer and the requested
	agent is being used to treat an associated condition related to stage four advanced
	metastatic cancer [chart notes are required] AND
	2. The use of the requested agent is consistent with best
	practices for the treatment of stage four advanced,
	metastatic cancer, or an associated condition; supported
	by peer-reviewed, evidence-based literature; and
	approved by the United States Food and Drug Administration OR
	B. The patient is currently being treated with the requested agent
	and the patient is currently stable on the requested agent [chart
	notes are required] OR
	C. The patient has tried and had an inadequate response to generic
	abiraterone 250 mg tablets [chart notes are required] OR
	D. Generic abiraterone 250 mg tablets were discontinued due to lack
	of efficacy or effectiveness, diminished effect, or an adverse event
	[chart notes are required] OR E. The patient has an intolerance or hypersensitivity to generic
	abiraterone 250 mg tablets that is not expected to occur with the
	requested agent [chart notes are required] OR
	F. The patient has an FDA labeled contraindication to generic
	abiraterone 250 mg tablets that is not expected to occur with the
	requested agent [chart notes are required] OR
	G. Generic abiraterone 250 mg tablets are expected to be ineffective
	based on the known clinical characteristics of the patient and the
	known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a
	comorbid condition; OR decrease the patient's ability to achieve
	or maintain reasonable functional ability in performing daily

Module	Clinical Criteria for Approval		
	activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR		
	н. Generic abiraterone 250 mg tablets are not in the best interest of		
	the patient based on medical necessity [chart notes are required] OR		
	 The patient has tried another prescription drug in the same 		
	pharmacologic class or with the same mechanism of action as generic abiraterone 250 mg tablets and that prescription		
	drug was discontinued due to lack of efficacy or effectiveness,		
	diminished effect, or an adverse event [chart notes are required] AND		
	9. If the requested agent is Mekinist oral solution, then ONE of the following:		
	A. The patient weighs less than 26 kg OR B. BOTH of the following:		
	1. ONE of the following:		
	A. The prescriber has stated that the patient has been diagnosed with stage four advanced,		
	metastatic cancer and the requested agent is		
	being used to treat the cancer OR		
	B. The prescriber has submitted documentation that the patient has been diagnosed with stage four		
	advanced, metastatic cancer and the requested		
	agent is being used to treat an associated condition related to stage four advanced		
	metastatic cancer [chart notes are required] AND		
	2. The use of the requested agent is consistent with best		
	practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported		
	by peer-reviewed, evidence-based literature; and		
	approved by the United States Food and Drug Administration OR		
	C. The patient is currently being treated with the requested agent		
	and the patient is currently stable on the requested agent [chart notes are required] OR		
	D. The patient has tried and had an inadequate response to Mekinist		
	oral tablets [chart notes are required] OR E. Mekinist oral tablets were discontinued due to lack of efficacy or		
	effectiveness, diminished effect, or an adverse event [chart notes		
	are required] OR The patient has an intelerance or hypersoneitivity to Mekinist eral.		
	F. The patient has an intolerance or hypersensitivity to Mekinist oral tablets that is not expected to occur with the requested		
	agent [chart notes are required] OR		
	G. The patient has an FDA labeled contraindication to Mekinist oral tablets that is not expected to occur with the requested		
	agent [chart notes are required] OR		
	н. Mekinist oral tablets are expected to be ineffective based on the known clinical characteristics of the patient and the known		
	characteristics of the prescription drug; OR cause a significant		
	barrier to the patient's adherence of care; OR worsen a comorbid		
	condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR		
	cause an adverse reaction or cause physical or mental harm		
	[chart notes are required] OR I. Mekinist oral tablets are not in the best interest of the patient		
	based on medical necessity [chart notes are required] OR		
	J. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as		
	Mekinist oral tablets and that prescription drug was discontinued		
	due to lack of efficacy or effectiveness, diminished effect, or an		
	adverse event [chart notes are required] OR K. There is support for the use of the requested agent over Mekinist		
	oral tablets (e.g., swallowing difficulties) AND		

Module	Clinical Criteria for Approval
	10. If the requested agent is Bosulif capsules, then ONE of the following:
	A. The requested dose is less than 500 mg OR
	B. BOTH of the following: 1. ONE of the following:
	A. The prescriber has stated that the patient has
	been diagnosed with stage four advanced,
	metastatic cancer and the requested agent is
	being used to treat the cancer OR B. The prescriber has submitted documentation that
	the patient has been diagnosed with stage four
	advanced, metastatic cancer and the requested
	agent is being used to treat an associated
	condition related to stage four advanced metastatic cancer [chart notes are required] AND
	2. The use of the requested agent is consistent with best
	practices for the treatment of stage four advanced,
	metastatic cancer, or an associated condition; supported
	by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug
	Administration OR
	C. The patient is currently being treated with the requested agent
	and the patient is currently stable on the requested agent [chart
	notes are required] OR D. The patient has tried and had an inadequate response to
	Bosulif oral tablets [chart notes are required] OR
	E. Bosulif oral tablets were discontinued due to lack of efficacy or
	effectiveness, diminished effect, or an adverse event [chart notes
	are required] OR F. The patient has an intolerance or hypersensitivity to Bosulif oral
	tablets that is not expected to occur with the requested
	agent [chart notes are required] OR
	G. The patient has an FDA labeled contraindication to Bosulif oral tablets that is not expected to occur with the requested
	agent [chart notes are required] OR
	н. Bosulif oral tablets are expected to be ineffective based on the
	known clinical characteristics of the patient and the known
	characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid
	condition; OR decrease the patient's ability to achieve or maintain
	reasonable functional ability in performing daily activities; OR
	cause an adverse reaction or cause physical or mental harm
	[chart notes are required] OR I. Bosulif oral tablets are not in the best interest of the patient
	based on medical necessity [chart notes are required] OR
	 The patient has tried another prescription drug in the same
	pharmacologic class or with the same mechanism of action as Bosulif oral tablets and that prescription drug was discontinued
	due to lack of efficacy or effectiveness, diminished effect, or an
	adverse event [chart notes are required] OR
	K. There is support for the use of the capsules over Bosulif tablets
	(e.g., swallowing difficulties) OR C. BOTH of the following:
	1. The requested agent has an FDA approved indication that targets a
	specific mutation AND
	2. The patient has the specific mutation the requested agent is FDA
	approved to treat in a different location or type of cancer than the patient's indication [chart notes are required] AND
	2. If the request is for one of the following brand agents with an available generic equivalent
	(listed below), then ONE of the following:
	Brand Generic Equivalent

Module	Clinical Criteria for Appr	
	Afinitor	everolimus
	Afinitor Disperz	everolimus
	Gleevec	imatinib
	Iressa	gefitinib
	Nexavar	sorafenib tosylate
	Sprycel	dasatinib
	Sutent	sunitinib
	Tarceva	erlotinib
	Targretin	bexarotene
	Temodar	temozolomide
	Tykerb	lapatinib
	Votrient	pazopanib
	Xeloda	capecitabine
	Zytiga	abiraterone

A. BOTH of the following:

- 1. ONE of the following:
 - A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer **OR**
 - B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND
- The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR
- B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes required] **OR**
- C. The patient has tried and had an inadequate response to the generic equivalent [chart notes are required] **OR**
- D. The generic equivalent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] **OR**
- E. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the brand agent [chart notes required] **OR**
- F. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the brand agent [chart notes required] **OR**
- G. The generic equivalent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR
- H. The generic equivalent is not in the best interest of the patient based on medical necessity [chart notes are required]
- The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the generic equivalent and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR
- There is support for the use of the requested brand agent over the generic equivalent AND
- 3. The patient does not have any FDA labeled contraindications to the requested agent **AND**

	••
4.	The patient does not have any FDA labeled limitations of use that are otherwise not
	supported in NCCN for the requested agent

Compendia Allowed: NCCN 1, 2A, or 2B recommended use, AHFS, or DrugDex level of evidence of 1, 2A, or 2B, Clinical Pharmacology, phase III clinical trials

Clinical Criteria for Approval

Length of Approval:

Module

BCBSIL: 12 months (if approving starter pack that has separate GPI-14, approve both starter pack and maintenance product for 12 months each)

Other plans: titration requests or Vitrakvi - 3 months; all other requests - 12 months, approve starter packs and loading doses where appropriate and maintenance dose for the remainder of the authorization

NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

The requested agent will also be approved when the following are met:

- 1. The member resides in OH, AR, or, IN AND
- 2. The plan is Fully Insured or HIM Shop (SG) AND All of the following:
 - A. The patient does NOT have any FDA labeled contraindications to the requested agent **AND**
 - B. ONE of the following:
 - The patient has another FDA labeled indication for the requested agent and route of administration OR
 - 2. The patient has another indication that is supported in compendia for the requested agent and route of administration **OR**
 - 3. The prescriber has submitted ONE article from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]

Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)

Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature

Length of Approval: 12 months

NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria

Renewal Evaluation

Target Agent(s) will be approved when ALL of the following are met:

1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process [NOTE: Patients NOT previously approved for the requested agent will require initial evaluation review] **AND**

Module	Clinical Criteria for Approval
	2. If the requested agent is Imbruvica 140 mg or 280 mg tablets, then ONE of the following:
	A. BOTH of the following:
	1. ONE of the following:
	A. The prescriber has stated that the patient has been diagnosed
	with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR
	B. The prescriber has submitted documentation that the patient has
	been diagnosed with stage four advanced, metastatic cancer and
	the requested agent is being used to treat an associated condition
	related to stage four advanced metastatic cancer [chart notes are
	required] AND
	The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated
	condition; supported by peer-reviewed, evidence-based literature; and
	approved by the United States Food and Drug Administration OR
	B. The patient is currently being treated with the requested agent and the patient is
	currently stable on the requested agent [chart notes required] OR
	C. The patient has tried and had an inadequate response to Imbruvica 140 mg
	capsules [chart notes are required] OR D. Imbruvica 140 mg capsules were discontinued due to lack of efficacy or
	effectiveness, diminished effect, or an adverse event [chart notes are required]
	OR
	E. The patient has an intolerance or hypersensitivity to Imbruvica 140 mg capsules
	that is not expected to occur with Imbruvica tablets [chart notes are required] OR
	F. The patient has an FDA labeled contraindication to Imbruvica 140 mg capsules that is not expected to occur with Imbruvica tablets [chart notes are required] OR
	G. Imbruvica capsules are expected to be ineffective based on the known clinical
	characteristics of the patient and the known characteristics of the prescription
	drug; OR cause a significant barrier to the patient's adherence of care; OR worsen
	a comorbid condition; OR decrease the patient's ability to achieve or maintain
	reasonable functional ability in performing daily activities; OR cause an adverse
	reaction or cause physical or mental harm [chart notes are required] OR H. Imbruvica capsules are not in the best interest of the patient based on medical
	necessity [chart notes are required] OR
	I. The patient has tried another prescription drug in the same pharmacologic class
	or with the same mechanism of action as Imbruvica capsules and that
	prescription drug was discontinued due to lack of efficacy or effectiveness,
	diminished effect, or an adverse event [chart notes are required] AND 3. If the requested agent is Zytiga/abiraterone 500 mg, then ONE of the following:
	A. BOTH of the following:
	1. ONE of the following:
	A. The prescriber has stated that the patient has been diagnosed
	with stage four advanced, metastatic cancer and the requested
	agent is being used to treat the cancer OR B. The prescriber has submitted documentation that the patient has
	been diagnosed with stage four advanced, metastatic cancer and
	the requested agent is being used to treat an associated condition
	related to stage four advanced metastatic cancer [chart notes are
	required] AND
	2. The use of the requested agent is consistent with best practices for the
	treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and
	approved by the United States Food and Drug Administration OR
	B. The patient is currently being treated with the requested agent and the patient is
	currently stable on the requested agent [chart notes are required] OR
	C. The patient has tried and had an inadequate response to generic abiraterone 250
	mg tablets [chart notes are required] OR D. Generic abiraterone 250 mg tablets were discontinued due to lack of efficacy or
	D. Generic abiraterone 250 mg tablets were discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required]
	OR
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Module	Clinical Criteria for Approval	
	E. The patient has an intolerance or hypersensitivity to generic abiraterone 250 mg	
	tablets that is not expected to occur with the requested agent [chart notes are required] OR	
	F. The patient has an FDA labeled contraindication to generic abiraterone 250 mg tablets that is not expected to occur with the requested agent [chart notes are	
	required] OR	
	G. Generic abiraterone 250 mg tablets are expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of	
	care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR	
	н. Generic abiraterone 250 mg tablets are not in the best interest of the patient based on medical necessity [chart notes are required] OR	
	I. The patient has tried another prescription drug in the same pharmacologic class	
	or with the same mechanism of action as generic abiraterone 250 mg tablets and that prescription drug was discontinued due to lack of efficacy or effectiveness,	
	diminished effect, or an adverse event [chart notes are required] AND	
	4. If the requested agent is Mekinist oral solution, then ONE of the following:	
	A. The patient weighs less than 26 kg OR	
	B. BOTH of the following: 1. ONE of the following:	
	A. The prescriber has stated that the patient has been diagnosed	
	with stage four advanced, metastatic cancer and the requested	
	agent is being used to treat the cancer OR	
	B. The prescriber has submitted documentation that the patient has	
	been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition	
	related to stage four advanced metastatic cancer [chart notes are required] AND	
	2. The use of the requested agent is consistent with best practices for the	
	treatment of stage four advanced, metastatic cancer, or an associated	
	condition; supported by peer-reviewed, evidence-based literature; and	
	approved by the United States Food and Drug Administration OR C. The patient is currently being treated with the requested agent and the patient is	
	currently stable on the requested agent [chart notes are required] OR	
	D. The patient has tried and had an inadequate response to Mekinist oral	
	tablets [chart notes are required] OR	
	 Mekinist oral tablets were discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR 	
	F. The patient has an intolerance or hypersensitivity to Mekinist oral tablets that is	
	not expected to occur with the requested agent [chart notes are required] OR	
	G. The patient has an FDA labeled contraindication to Mekinist oral tablets that is not	
	expected to occur with the requested agent [chart notes are required] OR H. Mekinist oral tablets are expected to be ineffective based on the known clinical	
	H. Mekinist oral tablets are expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription	
	drug; OR cause a significant barrier to the patient's adherence of care; OR worsen	
	a comorbid condition; OR decrease the patient's ability to achieve or maintain	
	reasonable functional ability in performing daily activities; OR cause an adverse	
	reaction or cause physical or mental harm [chart notes are required] OR I. Mekinist oral tablets are not in the best interest of the patient based on medical	
	necessity [chart notes are required] OR	
	J. The patient has tried another prescription drug in the same pharmacologic class	
	or with the same mechanism of action as Mekinist oral tablets and that	
	prescription drug was discontinued due to lack of efficacy or effectiveness,	
	diminished effect, or an adverse event [chart notes are required] OR K. There is support for the use of the requested agent over Mekinist oral tablets	
	(e.g., swallowing difficulties) AND	
	5. If the requested agent is Bosulif capsules, then ONE of the following:	
	A. The requested dose is less than 500 mg OR	
	B. BOTH of the following:	

	Clinical Criteria for Approval
	1. ONE of the following:
	A. The prescriber has stated that the patient has been diagnosed
	with stage four advanced, metastatic cancer and the requested
	agent is being used to treat the cancer OR
	B. The prescriber has submitted documentation that the patient has
	been diagnosed with stage four advanced, metastatic cancer and
	the requested agent is being used to treat an associated condition
	related to stage four advanced metastatic cancer [chart notes are required] AND
	2. The use of the requested agent is consistent with best practices for the
	treatment of stage four advanced, metastatic cancer, or an associated
	condition; supported by peer-reviewed, evidence-based literature; and
	approved by the United States Food and Drug Administration OR
	C. The patient is currently being treated with the requested agent and the patient is
	currently stable on the requested agent [chart notes are required] OR
	D. The patient has tried and had an inadequate response to Bosulif oral
	tablets [chart notes are required] OR
	E. Bosulif oral tablets were discontinued due to lack of efficacy or effectiveness,
	diminished effect, or an adverse event [chart notes are required] OR
	F. The patient has an intolerance or hypersensitivity to Bosulif oral tablets that is not
	expected to occur with the requested agent [chart notes are required] OR
	G. The patient has an FDA labeled contraindication to Bosulif oral tablets that is not
	expected to occur with the requested agent [chart notes are required] OR H. Bosulif oral tablets are expected to be ineffective based on the known clinical
	characteristics of the patient and the known characteristics of the prescription
	drug; OR cause a significant barrier to the patient's adherence of care; OR worsen
	a comorbid condition; OR decrease the patient's ability to achieve or maintain
	reasonable functional ability in performing daily activities; OR cause an adverse
	reaction or cause physical or mental harm [chart notes are required] OR
	I. Bosulif oral tablets are not in the best interest of the patient based on medical
	necessity [chart notes are required] OR
	J. The patient has tried another prescription drug in the same pharmacologic class
	or with the same mechanism of action as Bosulif oral tablets and that prescription
	drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR
	K. There is support for the use of the capsules over Bosulif tablets (e.g., swallowing
	difficulties) AND
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	A. The requested agent is Vitrakvi AND the patient has had clinical benefit (partial
	response, complete response, or stable disease) with the requested agent OR
	B. The requested agent is NOT Vitrakvi AND
7	. If the request is for one of the following brand agents with a generic equivalent (listed
	below), then ONE of the following:
Brar	d Generic Equivalent

Brand	Generic Equivalent
Afinitor	everolimus
Afinitor Disperz	everolimus
Gleevec	imatinib
Iressa	gefitinib
Nexavar	sorafenib tosylate
Sprycel	dasatinib
Sutent	sunitinib
Tarceva	erlotinib
Targretin	bexarotene
Temodar	temozolomide
Tykerb	lapatinib
Votrient	pazopanib
Xeloda	capecitabine

Module		Clinical Criteria for Approval
	Zytiga	abiraterone
	Α.	BOTH of the following:
		 ONE of the following: A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR
		B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND
		2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR
	В.	The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes required] OR
	C.	The patient has tried and had an inadequate response to the generic equivalent [chart notes are required] OR
	D.	The generic equivalent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR
	E.	The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the brand agent [chart notes required] OR
	F.	The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the brand agent [chart notes required] OR
	G.	The generic equivalent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR
	Н.	The generic equivalent is not in the best interest of the patient based on medical necessity [chart notes are required]
	J.	The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the generic equivalent and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR There is support for the use of the requested brand agent over the generic
		equivalent AND
	9. The p	patient does not have any FDA labeled contraindications to the requested agent AND patient does not have any FDA labeled limitations of use that are otherwise not orted in NCCN for the requested agent
	Length of A	pproval: 12 months
	NOTE: If Qua	antity Limit applies, please refer to Quantity Limit Criteria.
		ion Diagnostics: https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-companion-diagnostic-devices-vitro-and-imaging-tools

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval	
	Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:	
	 The requested quantity (dose) does NOT exceed the program quantity limit OR The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: A. BOTH of the following: 	

Module	Clinical Criteria for Approval
	1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR B. BOTH of the following: 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR C. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose
	for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication
	Length of Approval: BCBSIL: 12 months All other plans: 3 months for dose titration requests over the program quantity limit and Vitrakvi; 12 months for all other requests, approve starter packs/loading doses where appropriate and maintenance doses for the remainder of the authorization