Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval

Restricted Use Drug -A Prescription Medication or Drug that may require Prior Approval and/or be subject to a limited dispensing amount.

Key Definitions		
CE	Coverage Exception	For Qualified Health Plans (QHP), this is a Non-Formulary drug excluded from coverage. If seeking coverage, a Coverage Exception Form must be submitted for review. The coverage exception form can be found on the link below: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSND/COMMERCIAL/NDIVLDRUG/ND_HIM_Coverage_Exception.pdf OR https://www.myprime.com/en/coverage-exception-form.html
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data.
MED	Medical Drug	A medical benefit drug that requires Prior Approval (Precertification) to be completed by the Medical Pharmacy Solutions Team at Prime Therapeutics. Precertification information for medical drugs can be found on the link below: www.gatewaypa.com/policydisplay/52
MED+	Medical Drug Available on Pharmacy Benefit	A drug that requires Prior Approval (Precertification) through the medical benefit prior authorization process but is payable under the pharmacy benefit. Precertification information for medical drugs can be found on the link below: www.bcbsnd.com/providers/policies-precertification/prior-authorization
MEDND	Medical Drug review BCBSND	A medical benefit drug that requires Prior Approval (Precertification) through BCBSND. Precertification information for medical drugs can be found on the link below: www.bcbsnd.com/providers/policies-precertification/prior-authorization
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug
PA	Prior Approval	A drug that requires Prior Approval. Prior authorization form for pharmacy drugs can be found on the link below: https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html
QHP	Qualified Health Plan	Health Insurance Market Individual, Small Group Formulary and BlueValue Formulary

The following List of Drugs represents the drugs requiring Prior Approval (PA)

- **This entire list applies to the commercial population.** Unless otherwise noted, if a prior approval is granted for a commercial member, the drug will be allowed at the Formulary benefit level.
- Both brand name drugs and generic equivalents require Prior Approval. Please see separate documents for drugs requiring Prior Approval, due to a Utilization Management Quantity Limit or a Step Therapy edit.

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
ABECMA	IDCABTAGENE VICLEUCEL	MED	Q2055
ABRAXANE	PACLITAXEL PROTEIN-BOUND	MED	J9264
ABRILADA	ADALIMUMAB-AFZB	CE, PA	
ACTEMRA IV vial (Healthcare Administered)	TOCILIZUMAB	MED	J3262
ACTEMRA prefilled syringe (Self-Administered)	TOCILIZUMAB	PA	
ADAKVEO	CRIZANLIZUMAB-TMCA	MED	J0791
ADALIMUMAB-AATY	ADALIMUMAB-AATY	CE, PA	
ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ	CE, PA	
ADALIMUMAB-ADBM	ADALIMUMAB-ADBM	CE, PA	
ADALIMUMAB-FKJP	ADALIMUMAB-FKJP	CE, PA	
ADALIMUMAB-RYVK	ADALIMUMAB-RYVK	CE, PA	
ADAPALENE/BENZOYL PEROXIDE	ADAPALENE-BENZOYL PEROXIDE	CE, PA	
ADBRY	TRALOKINUMAB-LDRM	PA	
ADCETRIS	BRENTUXIMAB	MED	J9042
ADCIRCA	TADALAFIL	PA, CE (Brand only)	
ADEMPAS	RIOCIGUAT	PA	
ADLYXIN	LIXISENATIDE	CE, PA	
ADMELOG	INSULIN LISPRO	CE, PA	
ADMELOG SOLOSTAR	INSULIN LISPRO	CE, PA	
ADSTILADRIN	NADOFARAGENE FIRADENOV-VNCG	MED	J9029
ADVAIR DISKUS (Brand only)	FLUTICASONE/SALMETEROL	CE (Brand only)	
ADVATE	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM)	PA	
ADYNOVATE	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED	PA	
ADZYNMA	ADAMTS13 RECOMBINANT-KRHN	MED	J7171
AFINITOR/AFINITOR DISPERZ	EVEROLIMUS	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
AFREZZA	INSULIN REGULAR (HUMAN) INHALATION POWDER	CE, PA	
AFSTYLA	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN	PA	
AGAMREE	VAMOROLONE	CE, PA	
AHZANTIVE	AFLIBERCEPT-MRBB	MED	Q5150
AIMOVIG	ERENUMAB	PA	
AJOVY	FREMANEZUMAB	PA	
AKEEGA	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE	CE, PA	
AKLIEF	TRIFAROTENE	CE, PA	
AKYNZEO IV	FOSNETUPITANT/PALONOSETRON	MED	J1454
ALDURAZYME	LARONIDASE SOLN	MED	J1931
ALHEMO	CONCIZUMAB-MTCI	CE, PA	
ALECENSA	ALECTINIB	PA	
ALOGLIPTIN	ALOGLIPTIN BENZOATE	CE, PA	
ALOGLIPTIN/METFORMIN HCL	ALOGLIPTIN-METFORMIN	CE, PA	
ALOGLIPTIN/PIOGLITAZONE	ALOGLIPTIN-PIOGLITAZONE	CE, PA	
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA	
ALPHANINE SD	COAGULATION FACTOR IX	PA	
ALPROLIX	COAGULATION FACTOR IX	PA	
ALTRENO	TRETINOIN	CE, PA	
ALTUVIIIO	ANTIHEMOPHILIC FACT RCMB	PA	
ALUNBRIG	BRIGATINIB	PA	
ALVAIZ	ELTROMBOPAG CHOLINE	CE, PA	
ALVESCO	CICLESONIDE	CE	
ALYFTREK	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR	CE, PA	
ALYGLO	IMMUNE GLOBULIN (IV)	MED	J1552
ALYMSYS	BEVACIZUMAB	MED	Q5126
ALYQ	TADALAFIL	PA	
AMJEVITA	ADALIMUMAB-ATTO	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
AMONDYS-45	CASIMERSEN	MED	J1426
AMTAGVI	LIFILEUCEL	MED	J9999; C9399
AMVUTTRA	VUTRISIRAN	MED	J0225
ANDEMBRY	GARADACIMAB-GXII SOLN AUTO-INJ	CE, PA	
ANKTIVA	NOGAPENDEKIN ALFA INBAK-PMLN	MED	J9028
ANZUPGO	DELGOCITINIB CREAM	CE, PA	
APHEXDA	MOTIXAFORTIDE ACETATE	MED	J2277
APIDRA	INSULIN GLULISINE	CE, PA	
APIDRA SOLOSTAR	INSULIN GLULISINE	CE, PA	
AQNEURSA	LEVACETYLLEUCINE	PA	
AQVESME	MITAPIVAT SULFATE	PA	
ARALAST NP	ALPHA-1 PROTEINASE INHIBITOR	MED	J0256
ARAZLO	TAZAROTENE	PA, CE (Brand only)	
ARCALYST	RILONACEPT	PA	
ARMLUPEG	PEGFILGRASTIM	MED	Q5169
ASCENIV	IMMUNE GLOBULIN (HUMAN)-SLRA IV	MED	J1554
ATRALIN	TRETINOIN	CE, PA	
ATTRUBY	ACORAMIDIS HCL	CE, PA	
AUBAGIO	TERIFLUNOMIDE	PA, CE (Brand only)	
AUCATZYL	OBECABTAGENE AUTOLEUCEL	MED	Q2058
AUGTYRO	REPOTRECTINIB	CE, PA	
AUKELSO	DENOSUMAB-KYQQ	MED	Q5161
AUSTEDO	DEUTETRABENAZINE	PA	
AUSTEDO XR	DEUTETRABENAZINE	PA	
AVASTIN (cancer indications only require PA)	BEVACIZUMAB	MED	J9035
AVGEMSI	GEMCITABINE	MED	J9184
AVITA	TRETINOIN	PA	
AVLAYAH	TIVIDENOFUSP ALFA-EKNM	MED	J3590; C9399

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
AVMAPKI FAKZYNJA CO-PACK	AVUTOMETINIB & DEFACTINIB THERAPY PACK	CE, PA	
AVONEX	INTERFERON β-1a	PA	
AVSOLA	INFLIXIMAB-AXXQ	MED	Q5121
AVTOZMA	TOCILIZUMAB-ANOH	CE, PA	
AVTOZMA IV	TOCILIZUMAB-ANOH	MED	Q5156
AVZIVI	BEVACIZUMAB-TNJN	MED	J9999; C9399
AXTLE	PEMETREXED DIPOTASSIUM	MED	J9292
AYVAKIT	AVAPRITINIB	PA	
AZEDRA	IOBENGUANE	MED	A9590
BAFIERTAM	MONOMETHYL FUMARATE	CE, PA	
BALVERSA	ERDAFITINIB	PA	
BASAGLAR KWIKPEN	INSULIN GLARGINE	CE, PA	
BASAGLAR TEMPO PEN	INSULIN GLARGINE	CE, PA	
BAVENCIO	AVELUMAB	MED	J9023
BELRAPZO	BENDAMUSTINE	MED	J9036
BENDEKA	BENDAMUSTINE	MED	J9034
BENEFIX	COAGULATION FACTOR IX	PA	
BENLYSTA (IV) vial (Healthcare Administered)	BELIMUMAB	MED	J0490
BENLYSTA auto-injector or prefilled syringe (Self-Administered)	BELIMUMAB	PA	
BEOVU	BROLUCIZUMAB-DBLL	MED	J0179
BEQVEZ	FIDANACOGENE ELAPARVOVEC-DZKT	MED	J1414
BERINERT	C1 ESTERASE INHIBITOR (HUMAN)	MED	J0597
BESREMI	ROPEGINTERFERON ALFA-2B-NJFT	PA	
BESREMI PEN	ROPEGINTERFERON ALFA-2B-NJFT	PA	
BETASERON	INTERFERON β-1b	PA	
BILDYOS	DENOSUMAB-NXXP	MED	Q5162
BILPREVDA	DENOSUMAB-NXXP	MED	Q5162
BIMZELX	BIMEKIZUMAB-BKZX	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
BIVIGAM	IMMUNE GLOBULIN (HUMAN) IV	MED	J1556
BIZENGRI	ZENOCUTUZUMAB-ZBCO	MED	J9382
BKEMV	ECULIZUMAB-AEEB	MED	Q5152
BLENREP	BELANTAMAB MAFODOTIN-BLMF	MED	J9053
BLINCYTO	BLINATUMOMAB	MED	J9039
BOMYNTRA	DENOSUMAB-BNHT	MED	Q5158
BONCRESA	DENOSUMAB-MOBZ	MED	Q5171
BOSAYA	DENOSUMAB-KYQQ	MED	Q5161
BOSENTAN	BOSENTAN	PA	
BOSULIF	BOSUTINIB	CE, PA	
BRAFTOVI	ENCORAFENIB	PA	
BRENZAVVY	BEXAGLIFLOZIN TAB	CE, PA	
BREXAFEMME	IBREXAFUNGERP CITRATE	CE, PA	
BREYANZI	LISOCABTAGENE MARALEUCEL	MED	Q2054
BRIUMVI	UBLITUXIMAB-XIIY	MED	J2329
BRUKINSA	ZANUBRUTINIB	PA	
BRYNOVIN	SITAGLIPTIN HYDROCHLORIDE ORAL SOLN	CE, PA	
BYDUREON BCISE	EXENATIDE	CE, PA	
BYDUREON PEN	EXENATIDE	CE, PA	
BYETTA	EXENATIDE	CE, PA	
BYOOVIZ	RANIBIZUMAB-NUNA	MED	Q5124
CABAZITAXEL	CABAZITAXEL	MED	J9064
CABOMETYX	CABOZANTINIB	PA	
CABTREO	ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN	CE, PA	
CALQUENCE	ACALABRUTINIB	PA	
CAMZYOS	MAVACAMTEN	PA	
CAPRELSA	VANDETANIB	PA	
CARBAGLU	CARGLUMIC ACID	PA, CE (Brand only)	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
CARVYKTI	CILTACABTAGENE AUTOLEUCEL	MED	Q2056
CASGEVY	EXAGAMGLOGENE AUTOTEMCEL	MED	J3392
CERDELGA	ELIGLUSTAT TARTRATE	PA	
CEREZYME	IMIGLUCERASE	MED	J1786
CIBINQO	ABROCITINIB	PA, CE	
CIMERLI	RANIBIZUMAB-EQRN	MED	Q5128
CIMZIA lyophilized powder vial (Healthcare Administered)	CERTOLIZUMAB	MED	J0717
CIMZIA prefilled syringe (Self-Administered)	CERTOLIZUMAB	PA	
CINQAIR	RESLIZUMAB	MED	J2786
CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)	MED	J0598
COLUMVI	GLOFITAMAB-GXBM	MED	J9286
COMETRIQ	CABOZANTINIB S-MAL	PA	
CONEXXENCE	DENOSUMAB-BNHT	MED	Q5158
COPAXONE	GLATIRAMER	PA, CE (Brand only)	
COPIKTRA	DUVELSIB	PA	
CORLANOR	IVABRADINE HCL	PA	
CORTROPHIN	CORTICOTROPIN INJ GEL 80 UN	CE, PA	
COSELA	TRILACICLIB	MED	J1448
COSENTYX IV (Healthcare Administered)	SECUKINUMAB	MED	J3247
COSENTYX, COSENTYX UNOREADY	SECUKINUMAB	PA	
COTELLIC	COBIMETINIB	PA	
CRENESSITY	CRINECERFONT	PA	
CRESEMBA cap	ISAVUCONAZONIUM	PA	
CRESEMBA injection	ISAVUCONAZONIUM SULF FOR IV SOL	CE, PA	
CRYSVITA	BUROSUMAB -TWZA	MED	J0584
CUTAQUIG	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED	J1551
CUVITRU	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED	J1555
CYLTEZO	ADALIMUMAB-ADBM	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
CYRAMZA	RAMUCIRUMAB	MED	J9308
DANYELZA	NAXITAMAB-GQGK	MED	J9348
DANZITEN	NILOTINIB TARTRATE	CE, PA	
DARZALEX	DARATUMUMAB	MED	J9145
DARZALEX FASPRO	TARATUMUMAB AND HYALURONIDASE-FIHJ	MED	J9144
DASATINIB	DASATINIB	CE, PA	
DATROWAY	DATOPOTAMAB DERUXTECAN-DLNK	MED	J9011
DAURISMO	GLASDEGIB	PA	
DAWNZERA	DONIDALORSEN SODIUM	CE, PA	
DECNUPAZ	PIVEKIMAB SUNIRINE-PVZY	MED	J9999; C9399
DENOSUMAB-BNHT	DENOSUMAB-BNHT	MED	J3590; C9399
DENOSUMAB-DSSB	DENOSUMAB-DSSB	MED	J3590; C9399
DEFLAZACORT	DEFLAZACORT	CE, PA	
DEXCOM G5 CGM RECEIVER, TRANSMITTER, SENSOR		PA	
DEXCOM G6 CGM RECEIVER, TRANSMITTER, SENSOR		PA	
DEXCOM G7 RECEIVER, TRANSMITTER, SENSOR		PA	
DIFFERIN	ADAPALENE	CE, PA	
DIHYDROERGOTAMINE NASAL SPRAY	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY	CE, PA	
DOPTELET	AVATROMBOPAG MALEATE	CE, PA	
DOPTELET SPRINKLE	AVATROMBOPAG MALEATE	CE, PA	
DUPIXENT	DUPILUMAB	PA	
DUROLANE	SODIUM HYALURONATE	MED	J7318
DUVYZAT	GIVINOSTAT	PA	
EBGLYSS	LEBRIKIZUMAB-LBKZ	CE, PA	
ECULIZUMAB-AAGH	ECULIZUMAB-AAGH	MED	Q5151
EKTERLY	SEBETRALSTAT	CE, PA	
ELAHERE	MIREVETUXIMAB SORAVTANSINE-GYNX	MED	J9063
ELAPRASE	IDURSULFASE	MED	J1743

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
ELELYSO	TALIGLUCERASE ALFA	MED	J3060
ELEVIDYS	DELANDISTROGENE MOXEPARVOVEC-ROKL	MED	J1413
ELFABRIO	PEGUNIGALSIDASE ALFA-IWXJ	MED	J2508
ELOCTATE	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC)	PA	
ELREXFIO	ELRANATAMAB-BCMM	MED	J1323
ELTROMBOPAG OLAMINE	ELTROMBOPAG OLAMINE	PA	
ELYXYB ORAL SOLUTION	CELECOXIB ORAL SOLUTION	CE, PA	
ELZONRIS	TAGRAXOFUSP	MED	J9269
EMFLAZA	DEFLAZACORT	CE, PA	
EMGALITY	GALCANEZUMAB	PA	
EMPAVELI	PEGCETACOPLAN	PA	
EMRELIS	TELISOTUZUMAB VEDOTIN-TLLV	MED	J9326
ENBREL	ETANERCEPT	PA	
ENCELTO	REVAKINAGENE TARORETCEL-LWEY	MED	J3403
ENDARI	GLUTAMINE	PA	
ENHERTU	FAM-TRASTUZUMAB DERUXTECAN-NXKI	MED	J9358
ENJAYMO	SUTIMLIMAB-JOME	MED	J1302
ENOBY	DENOSUMAB-QBDE	MED	Q5167
ENSACOVE	ENSARTINIB HCL	CE, PA	
ENSPRYNG	SATRALIZUMAB-MWGE	PA	
ENTYVIO IV (Healthcare Administered)	VEDOLIZUMAB	MED	J3380
ENTYVIO pen-injector (Self-administered)	VEDOLIZUMAB	CE, PA	
ENZEEVU	AFLIBERCEPT-ABZV	MED	Q5149
EPCLUSA	SOFOSBUVIR-VELPATASVIR 200-50 MG	PA	
EPCLUSA	SOFOSBUVIR-VELPATASVIR 400-100 MG	CE, PA	
EPCLUSA PELLET PACK	SOFOSBUVIR-VELPATASVIR	PA	
EPIDIOLEX	CANNABIDIOL SOLN	PA	
EPIDUO	ADAPALENE-BENZOYL PEROXIDE	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
EPIDUO FORTE	ADAPALENE-BENZOYL PEROXIDE	CE, PA	
EPKINLY	EPCORITAMAB-BYSP	MED	J9321
EPYSQLI	ECULIZUMAB-AAGH	MED	Q5151
ERBITUX	CETUXIMAB	MED	J9055
ERIVEDGE	VISMODEGIB	PA	
ERLEADA	APALUTAMIDE	PA	
ESBRIET	PIRFENIDONE	PA	
ESPEROCT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI	PA	
EUFLEXXA	SODIUM HYALURONATE	MED	J7323
EVENITY	ROMOSOZUMAB	MED	J3111
EVKEEZA	EVINACUMAB-DGNB	MED	J1305
EVRYSDI	RISDIPLAM	PA	
EXDENSUR	DEPEMOKIMAB-ULAA	MED	J2361
EXKIVITY	MOBOCERTINIB SUCCINATE	PA	
EXONDYS-51	ETEPLIRSEN	MED	J1428
EXTAVIA	INTERFERON β-1b	PA	
EYDENZELT	AFLIBERCEPT-BOAV	MED	Q5170
EYLEA	AFLIBERCEPT	MED	J0178
EYLEA HD	AFLIBERCEPT	MED	J0177
FABHALTA	IPTACOPAN	PA	
FABIOR	TAZAROTENE	PA, CE (Brand only)	
FABRAZYME	AGALSIDASE BETA	MED	J0180
FARYDAK	PANOBINOSTAT LACTATE	CE, PA	
FASENRA	BENRALIZUMAB	MED	J0517
FASENRA prefilled autoinjector pen (Self-Administered)	BENRALIZUMAB	PA	
FERAHEME	FURUMOXYTOL	MED	Q0138
FILSPARI	SPARSENTAN	PA	
FIRAZYR	ICATIBANT ACETATE	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
FIRDAPSE	AMIFAMPRIDINE	PA	
FLEBOGAMMA	IMMUNE GLOBULIN	MED	J1572
FLOVENT DISKUS	FLUTICASONE	CE	
FLOVENT HFA	FLUTICASONE	CE	
FOLOTYN	PRALATREXATE	MED	J9307
FORTEO	TERIPARATIDE	PA	
FOTIVDA	TIVOZANIB HCL	PA	
FOUNDAYO	ORFORGLIPRON CALCIUM (WEIGHT MANAGEMENT)	CE, PA	
FREESTYLE LIBRE READER, SENSOR		PA	
FRUZAQLA	FRUQUINTINIB CAP	CE, PA	
FUROSCIX	FUROSEMIDE	PA	
FUROSCIX READYFLOW	FUROSEMIDE	PA	
FUSILEV	LEVOLEUCOVORIN CALCIUM	MED	J0641
FYARRO	SIROLIMUS-ALBUMIN-BOUND	MED	J9331
FYLNETRA	PEGFILGRASTIM-PBBK	MED	Q5130
GALAFOLD	MIGALASTAT	PA	
GAMIFANT	EMAPALUMAB-LZSG	MED	J9210
GAMMAGARD LIQUID	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED	J1569
GAMMAGARD LIQUID ERC	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED	J1569
GAMMAGARD S/D	IMMUNE GLOBULIN (HUMAN) IV	MED	J1566
GAMMAKED	IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED	J1561
GAMMAPLEX	IMMUNE GLOBULIN (HUMAN) IV	MED	J1557
GAMUNEX-C	MMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS	MED	J1561
GAVRETO	PRALSETINIB	PA	
GAZYVA	OBINUTUZUMAB	MED	J9301
GEL-ONE	CROSS-LINKED HYALURONATE	MED	J7326
GELSYN-3	SODIUM HYALURONATE	MED	J7328
GENOTROPIN	SOMATROPIN	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
GENVISC 850	SODIUM HYALURONATE	MED	J7320
GILENYA	FINGOLIMOD	PA	
GILOTRIF	AFATINIB DIMALEATE	PA	
GIVLAARI	GIVOSIRAN SODIUM	MED	J0223
GLASSIA	ALPHA-1 PROTEINASE INHIBITOR	MED	J0257
GLATOPA	GLATIRAMER	PA, CE (Brand only)	
GLEEVEC	IMATINIB MESYLATE	PA, CE (Brand only)	
GOMEKLI	MIRDAMETINIB	CE, PA	
H P ACTHAR GEL	CORTICOTROPIN INJ GEL	PA	
HADLIMA	ADALIMUMAB-BWWD SOLN	PA	
HAEGARDA	C1 ESTERASE INHIBITOR	PA	
HALAVEN	ERIBULIN MESYLATE	MED	J9179
HARVONI	LEDIPASVIR-SOFOSBUVIR	PA	
HEMGENIX	ETRANACOGENE DEZAPARVOVEC-DRLB	MED	J1411
HEMLIBRA	EMICIZUMAB-KXWH	PA	
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN)	PA	
HERCEPTIN	TRASTUZUMAB	MED	J9355
HERCEPTIN HYLECTA	TRASTUZUMAB & HYALURONIDASE-OYSK	MED	J9356
HERCESSI	TRASTUZUMAB-STRF	MED	Q5146
HERZUMA	TRASTUZUMAB-PKRB	MED	Q5113
HETLIOZ/ HETLIOZ LQ	TASIMELTEON	PA	
HIZENTRA	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED	J1559
HULIO	ADALIMUMAB-FKJP	CE, PA	
HUMALOG JUNIOR KWIKPEN (0.5 UNIT DIAL)	INSULIN LISPRO (HUMAN) SOLN	CE, PA	
HUMALOG MIX, HUMALOG MIX KWIKPEN	INSULIN LISPRO PROTAMINE & LISPRO	CE, PA	
HUMALOG TEMPO	INSULIN LISPRO SOLN PEN-INJ W/TRANSMITTER PORT	CE, PA	
HUMALOG, HUMALOG KWIKPEN (1 UNIT DIAL)	INSULIN LISPRO (HUMAN) SOLN	CE, PA	
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
HUMATROPE	SOMATROPIN	CE, PA	
HUMIRA	ADALIMUMAB	PA	
HUMULIN N, HUMULIN N KWIKPEN	INSULIN NPH (HUMAN) (ISOPHANE)	PA	
HUMULIN R	INSULIN REGULAR (HUMAN) 100 UNIT/ML	PA	
HYALGAN	SODIUM HYALURONATE	MED	J7321
HYCAMTIN	TOPOTECAN	PA	
HYMOVIS	HYALURONAN	MED	J7322
HYMPAVZI	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ	PA	
HYQVIA	IMMUNE GLOBULIN-HYALURONIDASE	MED	J1575
HYRIMOZ	ADALIMUMAB-ADAZ SOLN	CE, PA	
IBRANCE	PALBOCICLIB	PA	
IBTROZI	TALETRECTINIB ADIPATE	CE, PA	
ICOTYDE	ICOTROKINRA	CE, PA	
ICLUSIG	PONATINIB	PA	
IDACIO	ADALIMUMAB-AACF	CE, PA	
IDELVION	COAGULATION FACTOR IX (RECOMB) (RIX-FP)	PA	
IDHIFA	ENASIDENIB	PA	
ILARIS	CANAKINUMAB	MED	J0638
ILET	INSULIN INFUSION DISPOSABLE PUMP	MED+	
ILUMYA	TILDRAKIZUMAB	MED	J3245
IMAAVY	NIPOCALIMAB-AAHU	MED	J9256
IMBRUVICA	IBRUTINIB	PA	
IMDELLTRA	TARLATAMAB-DLLE	MED	J9026
IMFINZI	DURVALUMAB	MED	J9173
IMJUDO	TREMELIMUMAB	MED	J9347
IMKELDI	IMATINIB MESYLATE ORAL SOLN	CE, PA	
IMULDOSA prefilled autoinjector pen (Self-Administered)	USTEKINUMAB-SRLF SOLN AUTO-INJ	CE, PA	
IMULDOSA IV (Healthcare Administered)	USTEKINUMAB-SRLF	MED	Q5098

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
INFLECTRA	INFLIXIMAB-DYYB	MED	Q5103
INFLIXIMAB (UNBRANDED)	INFLIXIMAB	MED	J1745
INGREZZA	VALBENAZINE	PA	
INJECTAFER	FERRIC CARBOXYMALTOSE	MED	J1439
INLEXZO	GEMCITABINE	MED	J9183
INLURIYO	IMLUNESTRANT TOSYLATE	CE, PA	
INLYTA	AXITINIB	PA	
INPEFA	SOTAGLIFLOZIN	CE, PA	
INQOVI	DECITABINE-CEDAZURIDINE	PA	
INREBIC	FEDRATINIB	PA	
INSULIN ASPART PROTAMINE/ INSULIN ASPART, INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	INSULIN ASPART PROTAMINE/ INSULIN ASPART	CE, PA	
INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL	INSULIN ASPART	CE, PA	
INSULIN GLARGINE, INSULIN GLARGINE SOLOSTAR, INSULIN GLARGINE MAX SOLOSTAR	INSULIN GLARGINE	CE, PA	
INSULIN LISPRO JUNIOR KWIKPEN (0.5 UNIT DIAL)	INSULIN LISPRO	CE, PA	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	CE, PA	
INSULIN LISPRO, INSULIN LISPRO KWIKPEN (1 UNIT DIAL)	INSULIN LISPRO	CE, PA	
INVOKAMET/ INVOKAMET XR	CANAGLIFLOZIN – METFORMIN	CE, PA	
INVOKANA	CANAGLIFLOZIN	CE, PA	
IQIRVO	ELAFIBRANOR	CE, PA	
IRESSA	GEFITINIB	PA	
ISTODAX	ROMIDEPSIN	MED	J9319
ISTURISA	OSILODROSTAT PHOSPHATE	PA	
ITOVEBI	INAVOLISIB	CE, PA	
ITVISMA	ONASEMNOGENE ABEPARVOVEC-BRVE	MED	J3405
IV IMMUNE GLOBULIN	INTRAVENOUS IMMUNE GLOBULIN	MED	J1599; J1566
IVABRADINE	IVABRADINE	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
IWILFIN	EFLORNITHINE HCL TAB	CE, PA	
IXEMPRA	IXABEPILONE	MED	J9207
IXINITY	COAGULATION FACTOR IX (RECOMBINANT)	PA	
IZERVAY	AVACINCAPTAD PEGOL	MED	J2782
JAKAFI	RUXOLITINIB	PA	
JAKAFI XR	RUXOLITINIB	CE, PA	
JASCAYD	NERANDOMILAS	CE, PA	
JAVYGTOR	SAPROPTERIN	PA	
JAYPIRCA	PIRTOBRUTINIB	CE, PA	
JELMYTO	MITOMYCIN	MED	J9281
JEMPERLI	DOSTARLIMAB-GXLY	MED	J9272
JENTADUETO	LINAGLIPTIN-METFORMIN	CE, PA	
JENTADUETO XR	LINAGLIPTIN-METFORMIN	CE, PA	
JEVTANA	CABAZITAXEL	MED	J9043
JIVI	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII PEG-AUCL)	PA	
JOBEVNE	BEVACIZUMAB-NWGD	MED	Q5160
JUBBONTI	DENOSUMAB-BBDZ	MED	Q5136
JUBEREQ	DENOSUMAB-DESU	MED	Q5166
JYNARQUE	TOLVAPTAN	PA	
KADCYLA	ADO-TRASTUZUMAB EMTANSINE	MED	J9354
KALBITOR	ECALLANTIDE	MED	J1290
KALYDECO GRANULES 5.8 MG	IVACAFTOR	CE, PA	
KALYDECO PAK, TAB, GRANULES 13.4 mg	IVACAFTOR	PA	
KANJINTI	TRASTUZUMAB-ANNS	MED	Q5117
KANUMA	SEBELIPASE ALFA	MED	J2840
KAZANO	ALOGLIPTIN-METFORMIN HCL	CE, PA	
KEBILIDI	ELADOCAGENE EXUPARVOVEC-TNEQ	MED	J3590; C9399
KERENDIA	FINERENONE	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
KESIMPTA	OFATUMUMAB	PA	
KEVZARA	SARILUMAB	PA	
KEYTRUDA	PEMBROLIZUMAB	MED	J9271
KEYTRUDA QLEX	PEMBROLIZUMAB AND BERAHYALURONIDASE ALFA-PMPH	MED	J9277
KHAPZORY	LEVOLEUCOVORIN SODIUM	MED	J0642
KIMMTRAK	TEBENTAFUSP-TEBN	MED	J9274
KINERET	ANAKINRA	PA	
KIRSTY	INSULIN ASPART-XJHZ	CE, PA	
KISQALI	RIBOCICLIB	PA	
KISQALI/FEMARA DOSE PAK	RIBOCICLIB/LETROZOLE	PA	
KISUNLA	DONANEMAB-AZBT	MED	J0175
KOATE	ANTIHEMOPHILIC FACTOR (HUMAN)	PA	
KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN)	PA	
KOGENATE FS	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII)	PA	
KOMBIGLYZE XR	SAXAGLIPTIN-METFORMIN HCL	CE, PA	
KORLYM	MIFEPRISTONE (HYPERGLYCEMIA)	PA	
KOSELUGO	SELUMETINIB	PA	
KOVALTRY	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM)	PA	
KRAZATI	ADAGRASIB	PA	
KRESLADI	MARNETEGRAGENE AUTOMECEL	MED	J3590; C9399
KRYSTEXXA	PEGLOTICASE	MED	J2507
KUVAN	SAPROPTERIN	PA, CE (Brand only)	
KYMRIAH	TISAGENLECLEUCEL	MED	Q2042
KYPROLIS	CARFILZOMIB	MED	J9047
KYXATA	CARBOPLATIN	MED	J9278
LAMZEDE	VELMANASE ALFA-TYCV	MED	J0217
LANTIDRA	DONISLECEL-JUJN	MED	J3590; C9399
LANTUS, LANTUS SOLOSTAR	INSULIN GLARGINE	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
LASIX ONYU	FUROSEMIDE	PA	
LAPATINIB DITOSYLATE	LAPATINIB DITOSYLATE	PA	
LAZCLUZE	LAZERTINIB MESYLATE	CE, PA	
LEDIPASVIR/SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR	PA	
LEMTRADA	ALEMTUZUMAB	MED	J0202
LENMELDY	ATIDARSAGENE AUTOTEMCEL	MED	J3391
LENVIMA	LENVATINIB MESYLATE	PA	
LEQEMBI	LECANEMAB	MED	J0174
LEQEMBI IQLK	LECANEMAB-IRMB	CE, PA	
LEQSELVI	DEURUXOLITINIB PHOSPHATE	CE, PA	
LEQVIO	INCLISIRAN SODIUM	MED	J1306
LETAIRIS	AMBRISENTAN	PA	
L-GLUTAMINE	GLUTAMINE (SICKLE CELL) POWD PACK	PA	
LIBTAYO	CEMIPLIMAB-RWLC	MED	J9119
LIFYORLI	RELACORILANT	CE, PA	
LIQREV	SILDENAFIL CITRATE ORAL SUSP	CE, PA	
LIRAGLUTIDE	LIRAGLUTIDE SOLN PEN-INJECTOR	CE, PA	
LIVDELZI	SELADELPAR LYSINE	CE, PA	
LOARGYS	PEGZILARGINASE-NBLN	MED	J3590; C9399
LONSURF	TRIFLURIDINE-TIPIRACIL	PA	
LOQTORZI	TORIPALIMAB-TPZI	MED	J3263
LORBRENA	LORLATINIB	PA	
LUCENTIS	RANIBIZUMAB	MED	J2778
LUMAKRAS	SOTORASIB	PA	
LUMIZYME	ALGLUCOSIDASE ALFA	MED	J0221
LUMRYZ	SODIUM OXYBATEFOR ORAL ER SUSP	CE, PA	
LUNSUMIO	MOSUNETUZUMAB-AXGB	MED	J9350
LUNSUMIO VELO	MOSUNETUZUMAB-AXGB	MED	J9350

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
LUPKYNIS	VOCLOSPORIN	PA	
LUTATHERA	LUTETIUM LU 177	MED	A9513
LUXTURNA	VORETIGENE	MED	J3398
LYFGENIA	LOVOTIBEGLOGENE AUTOTEMCEL	MED	J3394
LYMPHIR	DENILEUKIN DIFTITOX-CXDL	MED	J9161
LYNOZYFIC	LINVOSELTAMAB-GCPT	MED	J9601
LYNPARZA	OLAPARIB	PA	
LYSODREN	MITOTANE	PA	
LYTGOBI	FUTIBATINIB	PA	
LYUMJEV TEMPO PEN	INSULIN LISPRO-AABC SOLN PEN-INJ W/TRANSMIT PORT	CE, PA	
LYUMJEV, LYUMJEV KWIKPEN	INSULIN LISPRO	CE, PA	
MACI	AUTOLOGOUS CULTURED CHONDROCYTE ON COLLAGEN MEMBRANE SHEET	MED[ND]	J7330
MARGENZA	MARGETUXIMAB-CMKB	MED	J9353
MATULANE	PROCARBAZINE	PA	
MAVENCLAD	CLADRIBINE	PA	
MAVYRET	GLECAPREVIR-PIBRENTASVIR	PA	
MAYZENT	SIPONIMOD	PA	
MEKINIST	TRAMETINIB	PA	
MEKTOVI	BINIMETINIB	PA	
MEPSEVII	VESTRONIDASE ALFA	MED	J3397
MERILOG, MERILOG SOLOSTAR	INSULIN ASPART-SZJJ	CE, PA	
MIFEPREX	MIFEPRISTONE	CE, PA	
MIGRANAL	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY	CE, PA	
MIPLYFFA	ARIMOCLOMOL CITRATE	CE, PA	
MONJUVI	TAFASITAMAB - CXIX	MED	J9349
MONOFERRIC	FERRIC DERISOMALTOSE	MED	J1437
MONOVISC	HYALURON	MED	J7327
MOUNJARO	TIRZEPATIDE	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
MOZOBIL	PLERIXAFOR	MED	J2562
MULPLETA	LUSUTROMBOPAG	PA	
MVASI	BEVACIZUMAB-AWWB	MED	Q5107
MYALEPT	METRELEPTIN	PA	
MYFEMBREE	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE	PA	
MYQORZO	AFICAMTEN	CE, PA	
NAGLAZYME	GALSULFASE	MED	J1458
NEMLUVIO	NEMOLIZUMAB-ILTO	CE, PA	
NERLYNX	NERATINIB	PA	
NESINA	ALOGLIPTIN BENZOATE	CE, PA	
NEXAVAR	SORAFENIB	PA	
NEXLETOL	BEMPEDOIC ACID	PA	
NEXLIZET	BEMPEDOIC ACID	PA	
NEXVIAZYME	AVALGLUCOSIDASE ALFA	MED	J0219
NGENLA	SOMATROGON-GHLA SOLUTION PEN-INJECTOR	CE, PA	
NIKTIMVO	AXATILIMAB-CSFR	MED	J9038
NILOTINIB	NILOTINIB D-TARTRATE	CE, PA	
NILOTINIB HCL	NILOTINIB HCL	PA	
NINLARO	IXAZOMIB	PA	
NORDITROPIN	SOMATROPIN	PA	
NORTHERA	DROXIDOPA	CE, PA	
NOVOEIGHT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII)	PA	
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMB)	PA	
NOXAFIL packet, suspension	POSACONAZOLE packet, suspension	PA	
NOXAFIL tab	POSACONAZOLE tab	PA, CE (Brand only)	
NPLATE	ROMIPLOSTIM	MED	J2802
NUBEQA	DAROLUTAMIDE	PA	
NUCALA autoinjector or prefilled syringe (Self-Administered)	MEPOLIZUMAB	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
NUCALA vial (Healthcare Administered)	MEPOLIZUMAB	MED	J2182
NUFYMCO	RANIBIZUMAB-LEYK	MED	Q5168
NURTEC	RIMEGEPANT SULFATE	PA	
NUTROPIN/NUTROPIN AQ	SOMATROPIN	CE, PA	
NUWIQ	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM)	PA	
NYVEPRIA	PEGFILGRASTIM-APGF	MED	Q5122
OCREVUS	OCRELIZUMAB	MED	J2350
OCREVUS ZUNOVO	OCRELIZUMAB;HYALURONIDASE-OCSQ	MED	J2351
OCTAGAM	IMMUNE GLOBULIN (HUMAN) IV	MED	J1568
ODOMZO	SONIDEGIB	PA	
OFEV	NINTEDANIB	PA	
OGIVRI	TRASTUZUMAB-DKST	MED	Q5114
OGSIVEO	NIROGACESTAT HYDROBROMIDE	CE, PA	
OJEMDA	TOVORAFENIB	CE, PA	
OJJAARA	MOMELOTINIB DIHYDROCHLORIDE	CE, PA	
OLUMIANT	BARICITINIB	PA	
OMALIZUMAB-IGEC	OMALIZUMAB-IGEC	MED	J3590; C9399
OMISIRGE	OMIDUBICEL-ONLV	MED	J3590; C9399
OMLYCLO	OMALIZUMAB-IGEC	MED	Q5154
OMNIPOD 5 G6	INSULIN INFUSION DISPOSABLE PUMP	MED+	N/A
OMNIPOD CLASSIC	INSULIN INFUSION DISPOSABLE PUMP	MED+	N/A
OMNIPOD DASH	INSULIN INFUSION DISPOSABLE PUMP	MED+	N/A
OMNITROPE	SOMATROPIN	PA	
OMVOH auto-injector (Self-Administered)	MIRIKIZUMAB-MRKZ	CE, PA	
OMVOH IV vial (Healthcare Administered)	MIRIKIZUMAB-MRKZ	MED	J2267
ONCASPAR	PEGASPARGASE	MED	J9266
ONGLYZA	SAXAGLIPTIN HCL	CE, PA	
ONIVYDE	IRINOTECAN LIPOSOMAL	MED	J9205

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
ONPATTRO	PATISIRAN	MED	J0222
ONTRUZANT	TRASTUZUMAB-DTTB	MED	Q5112
ONUREG	AZACITIDINE TAB	PA	
OPDIVO	NIVOLUMAB	MED	J9299
OPDIVO QVANTIG	NIVOLUMAB AND HYALURONIDASE-NVHY	MED	J9289
OPDUALAG	NIVOLUMAB-RELATLIMAB-RMBW	MED	J9298
OPFOLDA	MIGLUSTAT (GAA DEFICIENCY)	PA	
OSPOMYV	DENOSUMAB-DSSB	PA	Q5159
OPSUMIT	MACITENTAN	PA	
OPSYNVI	MACITENTAN-TADALAFIL	CE, PA	
OPUVIZ	AFLIBERCEPT-YSZY	MED	Q5153
ORENCIA IV vial (Healthcare Administered)	ABATACEPT	MED	J0129
ORENCIA prefilled syringe or auto-injector (Self-Administered)	ABATACEPT	PA	
ORENITRAM	TREPROSTINIL	PA	
ORGOVYX	ELEXACAF-TEZACAF-IVACATOR	PA	
ORIAHNN	RELUGOLIX	PA	
ORILISSA	ELAGOLIX	PA	
ORKAMBI	LUMACAFTOR-IVACAFTOR	PA	
ORLADEYO	BEROTRALSTAT	CE, PA	
ORSERDU	ELACESTRANT HYDROCHLORIDE	CE, PA	
ORTHOVISC	HYALURONAN	MED	J7324
OSENI	ALOGLIPTIN-PIOGLITAZONE	CE, PA	
OSENVELT	DENOSUMAB-BMWO	MED	Q5157
OSVYRTI	DENOSUMAB-DESU	MED	Q5166
OTEZLA	APREMILAST	PA	
OTEZLA XR	APREMILAST ER 24HR	PA	
OTULFI IV	USTEKINUMAB-AAUZ	MED	Q9999
OTULFI prefilled syringe or auto-injector (Self-Administered)	USTEKINUMAB-AAUZ	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
OXERVATE	CENEGERMIN-BKBJ	PA	
OXLUMO	LUMASIRAN	MED	J0224
OZEMPIC	SEMAGLUTIDE	PA	
OZILTUS	DENOSUMAB-MOBZ	MED	Q5165
PACLITAXEL ALBUMIN-BOUND	PACLITAXEL ALBUMIN-BOUND	MED	J9264
PADCEV	ENFORTUMAB VEDOTIN-EJFV	MED	J9177
PALYNZIQ	PEGVALIASE-PQPZ	PA	
PANCREAZE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA	
PANZYGA	IMMUNE GLOBULIN (HUMAN)-IFAS IV	MED	J1576
PAPZIMEOS	ZOPAPOGENE IMADENOVEC-DRBA	MED	J3404
PAVBLU	AFLIBERCEPT-AYYH	MED	Q5147
PAZOPANIB	PAZOPANIB	CE, PA	
PEGFILGRASTIM-FPGK	PEGFILGRASTIM-FPGK	MED	Q5127
PEMAZYRE	PEMIGATINIB	PA	
PEMFEXY	PEMETREXED	MED	J9304
PEMRYDI RTU	PEMETREXED	MED	J9324
PENPULIMAB-KCQX	PENPULIMAB-KCQX	MED	J9999; C9399
PERJETA	PERTUZUMAB	MED	J9306
PERTZYE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA	
PHESGO	PERTUZUMAB – TRASTUZUMAB – HYALURONIDASE – ZZXF	MED	J9316
PIASKY	CROVALIMAB-AKKZ	MED	J1307
PIQRAY	ALPELISIB	PA	
PIRFENIDONE	PIRFENIDONE	PA	
PLEGRIDY	PEGINTERFERON BETA-1A	PA	
PLUVICTO	LUTETIUM LU 177	MED	A9607
POLIVY	POLATUZUMAB	MED	J9309
POMALYST	POMALIDOMIDE	PA	
POMBILITI	CIPAGLUCOSIDASE ALFA-ATGA	MED	J1203

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
PONVORY	PONESIMOD	CE, PA	
POSFREA	PALONOSETRON	MED	J2468
POTELIGEO	MOGAMULIZUMAB	MED	J9204
PRALUENT	ALIROCUMAB	CE, PA	
PRIVIGEN	IMMUNE GLOBULIN (HUMAN) IV	MED	J1459
PROCYSBI	CYSTEAMINE BITARTRATE	CE, PA	
PROFILNINE	FACTOR IX COMPLEX	PA	
PROLASTIN-C	ALPHA-1 PROTEINASE INHIBITOR	MED	J0256
PROLIA	DENOSUMAB	MED	J0897
PROMACTA	ELTROMBOPAG OLAMINE	CE, PA	
PROVENGE	SIPULEUCEL-T	MED	Q2043
PYZCHIVA IV	USTEKINUMAB-TTWE	MED	Q9997
PYZCHIVA prefilled syringe or auto-injector (Self-Administered)	USTEKINUMAB-TTWE	CE, PA	
PYRUKYND	MITAPIVAT	PA	
QALSODY	TOFERSEN	MED	J1304
QINLOCK	RIPRETINIB	PA	
QFITLA	FITUSIRAN SODIUM SUBCUTANEOUS SOLN	CE, PA	
QFITLA	FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ	CE, PA	
QTERN	DAPAGLIFLOZIN – SAXAGLIPTIN	CE, PA	
QTERN	DAPAGLIFLOZIN – SAXAGLIPTIN	CE, PA	
QULIPTA	ATOGEPANT	PA	
QUTENZA	CAPSAICIN PATCH	MED	J7336
QIVIGY	IMMUNE GLOBULIN IV, HUMAN-KTHM	MED	J1577
RADICAVA	EDARAVONE	MED	J1301
RADICAVA ORS	EDARAVONE	PA	
REBIF	INTERFERON β-1a	PA	
REBINYN	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED	PA	
REBLOZYL	LUSPATERCEPT-AAMT	MED	J0896

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
RECOMBINATE	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII)	PA	
RECORLEV	LEVOKETOCONAZOLE	CE, PA	
REDEMPLO	PLOZASIRAN SODIUM	PA	
RELYVRIO	SODIUM PHENYLBUTYRATE-TAURURSODIOL	PA	
REMICADE	INFLIXIMAB	MED	J1745
RENFLEXIS	INFLIXIMAB-ABDA	MED	Q5104
REPATHA	EVOLOCUMAB	PA	
RETEVMO	SELPERCATINIB	PA	
RETHYMIC	ALLOGENEIC PROCESSED THYMUS TISSUE-AGDC	MED	J3590; C9399
RETIN-A, RETIN-A MICRO	TRETINOIN	PA, CE (Brand only)	
REVATIO	SILDENAFIL	PA, CE (Brand only)	
REVCOVI	ELAPEADEMASE-LVLR	MED	J3590; C9399
REVLIMID	LENALIDOMIDE	PA	
REVUFORJ	REVUMENIB CITRATE	CE, PA	
REYVOW	LASMIDITAN SUCCINATE	PA	
REZDIFFRA	RESMETIROM	CE, PA	
REZLIDHIA	OLUTASIDENIB	PA	
REZUROCK	BELUMOSUDIL MESYLATE	PA	
REZVOGLAR KWIKPEN	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR	CE, PA	
RHAPSIDO	REMIBRUTINIB	PA	
RIABNI	RITUXIMAB-ARRX	MED	Q5123
RINVOQ	UPADACITINIB	PA	
RINVOQ LQ	UPADACITINIB	CE, PA	
RITUXAN	RITUXIMAB	MED	J9312
RITUXAN HYCELA	RITUXIMAB-HYALURONIDASE	MED	J9311
RIXUBIS	COAGULATION FACTOR IX (RECOMBINANT)	PA	
ROCTAVIAN	VALOCTOCOGENE ROXAPARVOVEC-RVOX	MED	J1412
ROLVEDON	EFLAPEGRASTIM-XNST	MED	J1449

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
ROMIDEPSIN	ROMIDEPSIN	MED	J9318
ROMVIMZA	VIMSELTINIB	CE, PA	
ROZLYTREK	ENTRECTINIB	PA	
RUBRACA	RUCAPARIB	CE, PA	
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	MED	J0596
RUXIENCE	RITUXIMAB-PVVR	MED	Q5119
RUZURGI	AMIFAMPRIDINE	PA	
RYBELSUS	SEMAGLUTIDE	PA	
RYBREVANT	AMIVANTAMAB-VMJW	MED	J9061
RYBREVANT FASPRO	AMIVANTAMAB AND HYALURONIDASE-LPUJ	MED	J9062
RYDAPT	MIDOSTAURIN	PA	
RYLAZE	ASPARAGINASE ERWINIA CHRYS	MED	J9021
RYONCIL	REMESTEMCEL-L-RKND	MED	J3402
RYPLAZIM	PLASMINOGEN, HUMAN-TVMH	MED	J2998
RYSTIGGO	ROZANOLIXIZUMAB-NOLI	MED	J9333
RYTELO	IMETELSTAT	MED	J0870
RYZNEUTA	EFBEMALENOGRASTIM ALFA-VUXW	MED	J9361
SAIZEN	SOMATROPIN	CE, PA	
SAIZENPREP RECONSTITUTIONKIT	SOMATROPIN	CE, PA	
SAJAZIR	ICATIBANT ACETATE	PA	
SAMSCA	TOLVAPTAN	PA	
SAPHNELO	ANIFROLUMAB-FNIA	MED	J0491
SAPROPTERIN DIHYDROCHLORIDE	SAPROPTERIN DIHYDROCHLORIDE	PA	
SARCLISA	ISATUXIMAB-IRFC	MED	J9227
SCENESSE	AFAMELANOTIDE	MED	J7352
SCEMBLIX	ASCIMINIB HCL	PA	
SEGLUROMET	ERTUGLIFLOZIN – METFORMIN	CE, PA	
SELARSDI IV	USTEKINUMAB-AEKN	MED	Q9998

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
SELARSDI prefilled syringe or auto-injector (Self-Administered)	USTEKINUMAB-AEKN	CE, PA	
SEMGLEE (ONLY NDCs 49502-0196-71, 49502-0196-75, 49502-0195-80)	INSULIN GLARGINE	CE, PA	
SENSIPAR	CINACALCET	PA, CE (Brand only)	
SEPHIENCE	SEPIAPTERIN POWDER PACKET	CE, PA	
SEROSTIM	SOMATROPIN	CE, PA	
SEVENFACT	COAGULATION FACTOR VIIA (RECOM)-JNCW	PA	
SILIQ	BRODALUMAB	CE, PA	
SIMLANDI	ADALIMUMAB-RYVK	PA	
SIMPONI (Self-Administered)	GOLIMUMAB	PA	
SIMPONI ARIA (Healthcare Administered)	GOLIMUMAB	MED	J1602
SITAGLIPTIN/METFORMIN HYDROCHLORIDE	SITAGLIPTIN FREE BASE-METFORMIN HCL	CE, PA	
SKYRIZI IV vial (Healthcare Administered)	RISANKIZUMAB-RZAA	MED	J2327
SKYRIZI prefilled syringe or cartridge (Self-Administered)	RISANKIZUMAB-RZAA	PA	
SKYSONA	ELIVALDOGENE AUTOTEMCEL	MED	J3387
SKYTROFA	LONAPEGSOMATROPIN-TCGD	PA	
SOFOSBUVIR/VELPATASVIR	SOFOSBUVIR-VELPATASVIR	PA	
SOGROYA	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR	CE, PA	
SOHONOS	PALOVAROTENE	PA	
SOLIRIS	ECULIZUMAB	MED	J1299
SOTYKTU	DEUCRAVACITINIB	CE, PA	
SOVALDI	SOFOSBUVIR	PA	
SPEVIGO	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR	PA	
SPEVIGO IV	SPESOLIMAB	MED	J1747
SPINRAZA	NUSINERSEN	MED	J2326
SPRYCEL	DASATINIB	PA	
STARJEMZA prefilled syringe (Self-Administered)	USTEKINUMAB-HMNY	CE, PA	
STARJEMZA IV	USTEKINUMAB-HMNY	MED	Q5164

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
STEGLATRO	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID	CE, PA	
STEGLUJAN	ERTUGLIFLOZIN – SITAGLIPTIN	CE, PA	
STELARA IV vial (Healthcare Administered)	USTEKINUMAB	MED	J3358
STELARA prefilled syringe (Self-Administered)	USTEKINUMAB	PA	
STEQEYMA IV vial (Healthcare Administered)	USTEKINUMAB-STBA	MED	Q5099
STEQEYMA prefilled syringe (Self-Administered)	USTEKINUMAB-STBA	CE, PA	
STIMUFEND	PEGFILGRASTIM-FPGK	MED	Q5127
STIVARGA	REGORAFENIB	PA	
STOBOCLO	DENOSUMAB-BMWO	MED	Q5157
STRENSIQ	ASFOTASE ALFA	PA	
SUNOSI	SOLRIAMFETOL HCL	PA	
SUPARTZ FX	SODIUM HYALURONATE	MED	J7321
SUSTOL	GRANISETRON EXTENDED RELEASE	MED	J1627
SUSVIMO	RANIBIZUMAB	MED	J2779
SUTENT	SUNITINIB	PA	
SYFOVRE	PEGCETACOPLAN	MED	J2781
SYLATRON	PEGINTERFERON ALFA-2B	PA	
SYLVANT	SILTUXIMAB	MED	J2860
SYMDEKO	TEZACAFTOR-IVACAFTOR	CE, PA	
SYNAGIS	PALIVIZUMAB IM SOLUTION	MED	90378
SYNOJOYNT	SODIUM HYALURONATE	MED	J7331
SYNRIBO	OMACETAXINE MEPESUCCINATE	MED	J9262
SYNVISC	HYLAN INTRA-ARTICULAR	MED	J7325
SYNVISC-ONE	HYLAN INTRA-ARTICULAR	MED	J7325
TABRECTA	CAPMATINIB	PA	
TADLIQ	TADALAFIL	CE, PA	
TAFINLAR	DABRAFENIB	PA	
TAGRISSO	OSIMERTINIB	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
TAKHZYRO	LANADELUMAB	PA	
TALTZ	IXEKIZUMAB	CE, PA	
TALVEY	TALQUETAMAB-TGVS	MED	J3055
TALZENNA	TALAZOPARIB	PA	
TARCEVA	ERLOTINIB	PA	
TARGRETIN	BEXAROTENE	PA, CE (Brand only)	
TARPEYO	BUDESONIDE DR	CE, PA	
TASCENSO ODT	FINGOLIMOD LAURYL	CE, PA	
TASIGNA	NILOTINIB	PA	
TASIMELTEON	TASIMELTEON	PA	
TAVALISSE	FOSTAMATINIB DISODIUM	PA	
TAZORAC	TAZAROTENE	PA, CE (Brand only)	
TAZVERIK	TAZEMETOSTAT	PA	
TECARTUS	BREXUCABTAGENE AUTOLEUCEL	MED	Q2053
TECELRA	AFAMITRESGENE AUTOLEUCEL	MED	Q2057
TECENTRIQ	ATEZOLIZUMAB	MED	J9022
TECENTRIQ HYBREZA	ATEZOLIZUMAB and HYALURONIDASE-TQJS	MED	J9024
TECFIDERA	DIMETHYL FUMARATE	PA, CE (Brand only)	
TECVAYLI	TECLISTAMAB-CQYV	MED	J9380
TEGSEDI	INOTERSEN	PA	
TEMODAR	TEMOZOLOMIDE	PA, CE (Brand only)	
TEPEZZA	TEPROTUMUMAB-TRBW	MED	J3241
TEPMETKO	TEPOTINIB	PA	
TERIPARATIDE	TERIPARATIDE (RECOMBINANT)	PA	
TEVIMBRA	TISLELIZUMAB-JSGR	MED	J9329
TEZSPIRE (Healthcare Administered)	TEZEPELUMAB-EKKO	MED	J2356
TEZSPIRE (Self-Administered)	TEZEPELUMAB-EKKO	PA	
THALOMID	THALIDOMIDE	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
TIBSOVO	IVOSIDENIB	PA	
TIVDAK	TISOTUMAB VEDOTIN TFTV	MED	J9273
TOCILIZUMAB-AAZG	TOCILIZUMAB-AAZG	MED	Q5135
TOFIDENCE	TOCILIZUMAB-BAVI	MED	Q5133
TOLVAPTAN	TOLVAPTAN	CE, PA	
TRACLEER	BOSENTAN	PA	
TRADJENTA	LINAGLIPTIN	CE, PA	
TRAZIMERA	TRASTUZUMAB-QYYP	MED	Q5116
TREANDA	BENDAMUSTINE	MED	J9033
TREMFYA	GUSELKUMAB	PA	
TREMFYA IV	GUSELKUMAB	MED	J1628
TRETINOIN MICROSPHERE	TRETINOIN MICROSPHERE GEL	CE, PA	
TRIKAFTA	ELEXACAFTOR/ TEZECAFTOR/ IVACAFTOR AND IVACAFTOR	PA	
TRILURON	SODIUM HYALURONATE	MED	J7332
TRIVISC	SODIUM HYALURONATE	MED	J7329
TRODELVY	SACITUZUMAB	MED	J9317
TRUDHESA	DIHYDROERGOTAMINE MESYLATE	CE, PA	
TRULICITY	DULAGLUTIDE	PA	
TRUQAP	CAPIVASERTIB	CE, PA	
TRUSELTIQ	INFIGRATINIB	PA	
TRUXIMA	RITUXUMAB-ABBS	MED	Q5115
TRYNGOLZA	OLEZARSEN	PA	
TUKYSA	TUCATINIB	PA	
TURALIO	PXIDARTINIB	PA	
TWIIST	INSULIN INFUSION DISPOSABLE PUMP	MED+	
TWYNEO	TRETINOIN-BENZOYL PEROXIDE	CE, PA	
TYENNE	TOCILIZUMAB-AAZG	CE, PA	
TYENNE IV	TOCILIZUMAB-AAZG	MED	Q5135

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
TYKERB	LAPATINIB	PA	
TYMLOS	ABALOPARATIDE	PA	
TYRUKO	NATALIZUMAB-SZTN	MED	Q5134
TYSABRI	NATALIZUMAB	MED	J2323
TYVASO	TREPROSTINOL	PA	
TZIELD	TEPLIZUMAB-MZWV	MED	J9381
UBRELVY	UBROGEPANT	PA	
UDENYCA/UDENYCA ONBODY	PEGFILGRASTIM-CBQV	MED	Q5111
ULTOMIRIS	RAVUILIZUMAB	MED	J1303
UNLOXCYT	COSIBELIMAB-IPDL	MED	J9275
UPLIZNA	INEBILIZUMAB	MED	J1823
UPTRAVI	SELEXIPAG	PA	
USTEKINUMAB IV vial (Healthcare Administered)	USTEKINUMAB	MED	J3358
USTEKINUMAB-AAUZ IV vial (Healthcare Administered)	USTEKINUMAB-AAUZ	MED	Q9999
USTEKINUMAB-AEKN IV vial (Healthcare Administered)	USTEKINUMAB-AEKN	MED	Q9998
USTEKINUMAB-STBA IV vial (Healthcare Administered)	USTEKINUMAB-STBA	MED	Q5099
USTEKINUMAB-TTWE IV vial (Healthcare Administered)	USTEKINUMAB-TTWE	MED	Q9997
USTEKINUMAB-TTWE prefilled syringe (Self-Administered)	USTEKINUMAB-TTWE	CE, PA	
VABYSMO	FARICIMAB-SVOA	MED	J2777
VANFLYTA	QUIZARTINIB DIHYDROCHLORIDE TAB	CE, PA	
VANRAFIA	ATRASENTAN HCL	PA	
VASCEPA	ICOSAPENT ETHYL	PA	
VECTIBIX	PANITUMUMAB	MED	J9303
VEGZELMA	BEVACIZUMAB-ADCD	MED	Q5129
VELSIPITY	ETRASIMOD ARGININE TAB	CE, PA	
VENCLEXTA	VENETOCLAX	PA	
VENTAVIS	ILOPROST	PA	
VEOPOZ	POZELIMAB-BBFG	MED	J9376

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
VERZENIO	ABEMACICLIB	PA	
VFEND	VORICONAZOLE	PA, CE (Brand only)	
VICTOZA	LIRAGLUTIDE	CE, PA	
VILTEPSO	VILTOLARSEN	MED	J1427
VIMIZIM	ELOSULFASE ALFA	MED	J1322
VIOKACE	PANCRELIPASE (LIP-PROT-AMYL)	CE, PA	
VISCO-3	SODIUM HYALURONATE	MED	J7321
VITRAKVI	LAROTRECTINIB	PA	
VIVIMUSTA	BENDAMUSTINE	MED	J9056
VIVJOA	OTESECONAZOLE	CE, PA	
VIZIMPRO	DACOITINIB	PA	
VONJO	PACRITINIB	PA	
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT)	PA	
VORANIGO	VORASIDENIB	CE, PA	
VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	PA	
VOTRIENT	PAZOPANIB	PA	
VPRIV	VELAGLUCERASE ALFA	MED	J3385
VUMERITY	DIROXIMEL FUMARATE	PA	
VYEPTI	EPTINEZUMAB-JJMR	MED	J3032
VYJUVEK	BEREMAGENE GEPERPAVEC-SVDT	MED	J3401
VYKAT XR	DIAZOXIDE CHOLINE	PA	
VYLOY	ZOLBETUXIMAB-CLZB	MED	J1326
VYNDAMAX	TAFAMIDIS	PA	
VYNDAQEL	TAFAMIDIS	PA	
VYONDYS-53	GOLODIRSEN	MED	J1429
VYVGART	EFGARTIGIMOD ALFA-FCAB	MED	J9332
VYVGART HYTRULO	EFGARTIGIMOD ALFA-HYALURONIDASE-QVFC	MED	J9334
WAINUA	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ	CE, PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
WAKIX	PITOLISANT	CE, PA	
WAYRILZ	RILZABRUTINIB	CE, PA	
WELIREG	BELZUTIFAN	PA	
WEZLANA	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE	CE, PA	
WEZLANA IV	USTEKINUMAB-AUUB	MED	Q5138
WILATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA	
WINREVAIR	SOTATERCEPT-CSRK FOR SUBCUTANEOUS SOLN KIT	CE, PA	
WYOST	DENOSUMAB-BBDZ	MED	Q5136
XALKORI	CRIZOTINIB	PA, CE	
XBRYK	DENOSUMAB-DSSB	MED	Q5159
XELJANZ, XELJANZ XR	TOFACITINIB	PA	
XELODA	CAPECITABINE	PA, CE (Brand only)	
XEMBIFY	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS	MED	J1558
XENAZINE	TETRABENAZINE	PA, CE (Brand only)	
XENPOZYME	OLIPUDASE ALFA-RPCP	MED	J0218
XERMELO	TELOTRISTAT	PA	
XGEVA	DENOSUMAB	MED	J0897
XOLAIR prefilled syringe, auto-injector (Self-Administered)	OMALIZUMAB	PA	
XOLAIR vial (Healthcare Administered)	OMALIZUMAB	MED	J2357
XOLREMDI	MAVORIXAFOR	PA	
XOSPATA	GILTERITINIB	PA	
XPOVIO	SELINEXOR	PA	
XTANDI	ENZALUTAMIDE	PA	
XTRENBO	DENOSUMAB-QBDE	MED	Q5167
XYNTHA	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR)	PA	
XYNTHA SOLOFUSE	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR)	PA	
XYREM	SODIUM OXYBATE	CE, PA	
XYWAV	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES	PA	

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
YARGESA	MIGLUSTAT	CE, PA	
YARTEMLEA	NARSOPLIMAB-WUUG	MED	J1289
YERVOY	IPILIMUMAB	MED	J9228
YESAFILI	AFLIBERCEPT-JBVF	MED	Q5155
YESCARTA	AXICABTAGENE CILOLEUCEL	MED	Q2041
YESINTEK IV vial (Healthcare Administered)	USTEKINUMAB-KFCE	MED	Q5100
YESINTEK prefilled syringe (Self-Administered)	USTEKINUMAB-KFCE	CE, PA	
YIMMUGO	IMMUNE GLOBULIN	MED	J1553
YONDELIS	TRABECTEDIN	MED	J9352
YONSA	ABIRATERONE	PA	
YORVIPATH	PALOPEGTERIPARATIDE (TERIPARATIDE EQ)	PA	
YUFLYMA	ADALIMUMAB-AATY	CE, PA	
YUSIMRY	ADALIMUMAB-AQVH	CE, PA	
YUTREPIA	TREPROSTINIL SODIUM INHAL	CE, PA	
ZALTRAP	ZIV-AFLIBERCEPT	MED	J9400
ZAVESCA	MIGLUSTAT	PA, CE (Brand only)	
ZAVZPRET	ZAVEGEPANT	CE, PA	
ZEJULA	NIRAPARIB	PA	
ZELBORAF	VEMURAFENIB	PA	
ZELSUVMI	BERDAZIMER SODIUM GEL 10.3%	PA	
ZEMAIRA	ALPHA-1 PROTEINASE INHIBITOR	MED	J0256
ZEPATIER	ELBASVIR-GRAZOPREVIR	CE, PA	
ZEPBOUND	TIRZEPATIDE (WEIGHT MNGMT)	CE, PA	
ZEPOSIA	OZANIMOD	PA	
ZEPOSIA	OZANIMOD	PA	
ZEPZELCA	LURBINECTEDIN	MED	J9223
ZEVASKYN	PRADEMAGENE ZAMKIKERACEL	MED	J3389
ZIEXTENZO	PEGFILGRASTIM-BMEZ	MED	Q5120

BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2025 AND 2026	PROCEDURE CODE (MED ONLY)
ZIIHERA	ZANIDATAMAB-HRII	MED	J9276
ZILRETTA	TRIAMCINOLONE ACETONIDE	MED	J3304
ZIRABEV	BEVACIZUMAB-BVZR	MED	Q5118
ZITUVIO	SITAGLIPTIN TAB	CE, PA	
ZITUVIMET	SITAGLIPTIN FREE BASE-METFORMIN HCL	CE, PA	
ZITUVIMET XR	SITAGLIPTIN FREE BASE-METFORMIN HCL	CE, PA	
ZOKINVY	LONAFARNIB	PA	
ZOLGENSMA	ONASEMNOGENE	MED	J3399
ZOLINZA	VORINOSTAT	PA	
ZOMACTON	SOMATROPIN	CE, PA	
ZORBTIVE	SOMATROPIN	CE, PA	
ZUSDURI	MITOMYCIN	MED	J9282
ZYDELIG	IDELALISIB	PA	
ZYKADIA	CERITINIB	PA	
ZYMFENTRA	INFLIXIMAB-DYYB	CE, PA	
ZYNLONTA	LONCASTUXIMA TESIRINE-LPYL	MED	J9359
ZYNTEGLO	BETIBEGLOGENE AUTOTEMCEL	MED	J3393
ZYNYZ	RETIFANLIMAB-DLWR IV	MED	J9345
ZYTIGA	ABIRATERONE	PA	

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2024	QHP 2025
WEIGHT LOSS Not all benefit plans cover Weight Loss medications. Please contact a	ADIPEX-P	PHENTERMINE	BENEFIT EXCLUSION	CE, PA
	BENZPHETAMINE	BENZPHETAMINE	BENEFIT EXCLUSION	CE, PA
	CONTRAVE	NALTREXONE/BUPROPION	BENEFIT EXCLUSION	CE, PA
	DIETHYLPROPION	DIETHYLPROPION	BENEFIT EXCLUSION	CE, PA

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2024	QHP 2025
Member Services representative for specific coverage information.	IMCIVREE	SETMELANOTIDE	BENEFIT EXCLUSION	PA
	LIRAGLUTIDE	LIRAGLUTIDE	BENEFIT EXCLUSION	PA
	LOMAIRA	PHENTERMINE	BENEFIT EXCLUSION	PA
	QSYMIA	PHENTERMINE/TOPIRAMATE	BENEFIT EXCLUSION	PA
	ORLISTAT	ORLISTAT	BENEFIT EXCLUSION	PA
	PHENDIMETRAZINE	PHENDIMETRAZINE	BENEFIT EXCLUSION	CE, PA
	XENICAL	ORLISTAT	BENEFIT EXCLUSION	PA
	PHENTERMINE	PHENTERMINE	BENEFIT EXCLUSION	PA
	PHENTERMINE/TOPIRAMATE ER	PHENTERMINE HCL-TOPIRAMATE ER	BENEFIT EXCLUSION	CE, PA

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2024	QHP 2025
WEIGHT MANAGEMENT Not all benefit plans cover Weight Management medications. Please contact a Member Services representative for specific coverage information.	SAXENDA	LIRAGLUTIDE	BENEFIT EXCLUSION	PA
	WEGOVY	SEMAGLUTIDE	BENEFIT EXCLUSION	PA
	WEGOVY HD	SEMAGLUTIDE	BENEFIT EXCLUSION	PA
	ZEPBOUND	TIRZEPATIDE	BENEFIT EXCLUSION	CE, PA
	ZEPBOUND KWIKPEN	TIRZEPATIDE	BENEFIT EXCLUSION	CE, PA

Drugs with Benefit Quantity Limits: The following list represents the drugs subject to a limited dispensing amount.				
SEXUAL DYSFUNCTION, ORAL**		**Daily and as-needed use prescriptions are not allowed concomitantly**		
BRAND NAME	**GENERIC NAME**	**FORMULARY STATUS**	**Quantity Limit**	
CIALIS 10 mg, 20 mg	TADALAFIL	NF	**A Combined Total of 18 tablets per 90 Days**	A member can receive **up to** a combined total of 18 tablets per 90 days. The claims system **will not allow** any quantity >18 in **any** 90-day claims period.
LEVITRA	VARDENAFIL	NF		
STAXYN	VARDENAFIL	NF		
STENDRA	AVANAFIL	NF		
VIAGRA	SILDENAFIL	NF		
CIALIS Once-Daily Use 2.5 mg, 5 mg**	TADALAFIL	NF	1 tab/day	
ADDYI	FLIBANSERIN	NF	1 tab/day	
VYLEESI (Injectable)	BREMELANOTID	NF	6 doses/30 days	

****Medications used to treat sexual dysfunction are a benefit exclusion under Qualified Health Plans. Cialis Once Daily 5mg may be eligible for a Coverage Exception under Qualified Health Plans to treat benign prostatic hypertrophy (BPH).**

Blue Cross Blue Shield of North Dakota
4510 13th Avenue South • Fargo, ND 58121

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as: written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711. If you believe BCBSND has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with: Civil Rights Coordinator, 4510 13th Ave. S. Fargo, ND 58121, 701-297-1638 or North Dakota Relay at 800-366-6888 or 711, 701-282-1804 (fax), CivilRightsCoordinator@bcbsnd.com (email) (unencrypted emails present a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at http://www.bcbsnd.com/report or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. S.W. Room 509F, HHH Building, Washington, DC 20201, 800-368-1019 or 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Español (Spanish) – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. También hay disponibles ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles sin cargo. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711) o hable con su proveedor.

Deutsch (German) – ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen kostenfreie fremdsprachliche Unterstützung zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich. Rufen Sie 1-844-363-8457 (TTY: 1-800-366-6888 oder 711) an oder sprechen Sie mit Ihrem Anbieter.

中文 (Chinese) – 注意：如果您說中文，我們可以為您提供免費的語言協助服務。亦免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-844-363-8457（聽障服務專線TTY：1-800-366-6888 或 711）或與您的醫療服務提供者討論。

Oromoo (Oromo) – XIYYEEFFANNOO: Afaan Oromoo dubbattu yoo ta'e, tajaajilli gargaarsa afaan hiikuu kaffaltii malee ni argama. Gargaarsi dabalataa gargaaraadhaaf tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbili 1-844-363-8457 (TTY: 1-800-366-6888 or 711) ykn dhiyeessaa kee waliin haasa'i.

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận. Xin gọi 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711) hoặc nói chuyện với nhà cung cấp của quý vị.

Ikirundi (Bantu – Kirundi) – Wiyubare: Nimba uvuga Ikirundi, wemerewe ubufasha bwo kuronka ururimi ku buntu. Wemerewe kandi ubufasha bukwiye bw'inyongera na serivisi vyo gutanga amakuru mu buryo bworoshe ku buntu. Hamagara kuri 1-844-363-8457 (TTY: 1-800-366-6888 canke 711) canke uvugane n'ujejwe kugufasha.

العربية (Arabic) – تنبيه: إذا كنت تتحدث العربية، فتتوفر لك خدمات المساعدة اللغوية المجانية. تتوفر أيضًا وسائل وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات سهلة الاستخدام من دون أي تكلفة. اتصل على الرقم: 1-844-363-8457 (الهاتف النصي: 1-800-366-6888 أو 711) أو تحدث إلى مقدم الرعاية المتابع لك.

Kiswahili (Swahili) – ZINGATIA: Ikiwa unazungumza Kiswahili, huduma za msaada wa lugha bila malipo zinapatikana kwa ajili yako. Vifaa na huduma saidizi zinazofaa ili kutoa taarifa katika miundo inayoweza kufikiwa pia hupatikana bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711) au zungumza na mtoa huduma wako.

Русский (Russian) – ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах. Позвоните по телефону 1-844-363-8457 (TTY: 1-800-366-6888 или 711) или обратитесь к своему поставщику услуг.

日本語 (Japanese) – お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。情報を利用可能な形式で提供するための適切な補助具やサービスも無料でご利用いただけます。1-844-363-8457（TTY：1-800-366-6888 または 711）にお電話いただくか、医療提供者にご相談ください。

नेपाली (Nepali) – ध्यान दिनुहोस्: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-844-363-8457 (TTY: 1-800-366-6888 वा 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Français (French) – ATTENTION : Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés dans des formats accessibles. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711) ou adressez-vous à votre fournisseur.

한국어 (Korean) – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 수단 및 서비스도 무료로 이용하실 수 있습니다. 1-844-363-8457(TTY: 1-800-366-6888 또는 711)번으로 전화하거나 담당 의료 서비스 제공자와 상의하십시오.

Tagalog (Tagalog) – PAUNAWA: Kung nagsasalita kayo ng Tagalog, mayroong kayong magagamit na libreng tulong na mga serbisyo sa wika. Mayroon ding mga angkop na auxiliary na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format na makukuha ng walang singil. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711) o makipag-usap sa iyong provider.

Norsk (Norwegian) – OBS: Hvis du snakker norsk, er gratis språkhjelp tilgjengelig for deg. Passende ytterligere hjelpemidler og tjenester for å oppgi informasjon i tilgjengelige formater er også tilgjengelig kostnadsfritt. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711) eller snakk med leverandøren din.

Diné (Navajo) – YÁ'ÁT'ÉÉH NITSÁHÁKEES: Díí Diné bizaad bee yáníłti'go, t'áá íiyisí t'áá bee yáhoot'éél dóó baa áháyá' át'é. T'áá jíík'ehígíí bee na'ách'ąą' holne' dóó t'áá shikaadéé' danilį́į'ígíí t'áá jíík'ehgo bee hóló, dóó t'áá íiyisí doo béésh bee hadooleeł da. 1-844-363-8457 bee hojiiį' (TTY: 1-800-366-6888 dóó 711), dóó naaltsoos nínízingo bee iiná bee nił hane'ígíí nihił ch'á hodool'į'.