



# Self-Administered Oncology Agents Prior Authorization with Quantity Limit Program Summary

## POLICY REVIEW CYCLE

**Effective Date**

4/1/2023

**Date of Origin**

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

CLINICAL RATIONALE	For the purposes of the Self-Administered Oncology Agents criteria, indications deemed appropriate are those approved in FDA labeling and/or supported by NCCN Drugs & Biologics compendia with a category 1 or 2A recommendation, AHFS, or DrugDex with level of evidence of 1 or 2A.																																	
Safety (3-111)	<table border="1"> <thead> <tr> <th data-bbox="487 940 803 982"><b>Agent(s)</b></th> <th data-bbox="803 940 1546 982"><b>Contraindication(s)</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="487 982 803 1045">Afinitor/Afinitor Disperz (everolimus)</td> <td data-bbox="803 982 1546 1045">Hypersensitivity to everolimus, to other rapamycin derivatives</td> </tr> <tr> <td data-bbox="487 1045 803 1077">Alecensa (alectinib)</td> <td data-bbox="803 1045 1546 1077">None</td> </tr> <tr> <td data-bbox="487 1077 803 1108">Alunbrig (brigatinib)</td> <td data-bbox="803 1077 1546 1108">None</td> </tr> <tr> <td data-bbox="487 1108 803 1140">Ayvakit (avapritinib)</td> <td data-bbox="803 1108 1546 1140">None</td> </tr> <tr> <td data-bbox="487 1140 803 1182">Balversa (erdafitinib)</td> <td data-bbox="803 1140 1546 1182">None</td> </tr> <tr> <td data-bbox="487 1182 803 1444">BESREMi (ropeginterferon alfa- 2b-njft)</td> <td data-bbox="803 1182 1546 1444">Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients</td> </tr> <tr> <td data-bbox="487 1444 803 1476">Bosulif (bosutinib)</td> <td data-bbox="803 1444 1546 1476">Hypersensitivity to bosutinib</td> </tr> <tr> <td data-bbox="487 1476 803 1507">Braftovi (encorafenib)</td> <td data-bbox="803 1476 1546 1507">None</td> </tr> <tr> <td data-bbox="487 1507 803 1570">Brukinsa (zanubrutinib)</td> <td data-bbox="803 1507 1546 1570">None</td> </tr> <tr> <td data-bbox="487 1570 803 1633">Cabometyx (cabozantinib)</td> <td data-bbox="803 1570 1546 1633">None</td> </tr> <tr> <td data-bbox="487 1633 803 1696">Calquence (acalabrutinib)</td> <td data-bbox="803 1633 1546 1696">None</td> </tr> <tr> <td data-bbox="487 1696 803 1801">Caprelsa  (vandetanib)</td> <td data-bbox="803 1696 1546 1801">Congenital long QT syndrome</td> </tr> <tr> <td data-bbox="487 1801 803 1864">Cometriq (cabozantinib)</td> <td data-bbox="803 1801 1546 1864">None</td> </tr> <tr> <td data-bbox="487 1864 803 1906">Copiktra (duvelisib)</td> <td data-bbox="803 1864 1546 1906">None</td> </tr> <tr> <td data-bbox="487 1906 803 1982">Cotellic (cobimetinib)</td> <td data-bbox="803 1906 1546 1982"></td> </tr> </tbody> </table>		<b>Agent(s)</b>	<b>Contraindication(s)</b>	Afinitor/Afinitor Disperz (everolimus)	Hypersensitivity to everolimus, to other rapamycin derivatives	Alecensa (alectinib)	None	Alunbrig (brigatinib)	None	Ayvakit (avapritinib)	None	Balversa (erdafitinib)	None	BESREMi (ropeginterferon alfa- 2b-njft)	Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients	Bosulif (bosutinib)	Hypersensitivity to bosutinib	Braftovi (encorafenib)	None	Brukinsa (zanubrutinib)	None	Cabometyx (cabozantinib)	None	Calquence (acalabrutinib)	None	Caprelsa  (vandetanib)	Congenital long QT syndrome	Cometriq (cabozantinib)	None	Copiktra (duvelisib)	None	Cotellic (cobimetinib)	
<b>Agent(s)</b>	<b>Contraindication(s)</b>																																	
Afinitor/Afinitor Disperz (everolimus)	Hypersensitivity to everolimus, to other rapamycin derivatives																																	
Alecensa (alectinib)	None																																	
Alunbrig (brigatinib)	None																																	
Ayvakit (avapritinib)	None																																	
Balversa (erdafitinib)	None																																	
BESREMi (ropeginterferon alfa- 2b-njft)	Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt; Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi; Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; History or presence of active serious or untreated autoimmune disease; Immunosuppressed transplant recipients																																	
Bosulif (bosutinib)	Hypersensitivity to bosutinib																																	
Braftovi (encorafenib)	None																																	
Brukinsa (zanubrutinib)	None																																	
Cabometyx (cabozantinib)	None																																	
Calquence (acalabrutinib)	None																																	
Caprelsa  (vandetanib)	Congenital long QT syndrome																																	
Cometriq (cabozantinib)	None																																	
Copiktra (duvelisib)	None																																	
Cotellic (cobimetinib)																																		

	None
Daurismo (glasdegib)	None
Erivedge (vismodegib)	None
Erleada (apalutamide)	None
Exkivity (mobocertinib)	None
Farydak (panobinostat)	None
Fotivda (tivozanib)	None
Gavreto (pralsetinib)	None
Gilotrif (afatinib)	None
Gleevec (imatinib)	None
Hycamtin (topotecan)	Severe hypersensitivity to topotecan
Ibrance (palbociclib)	None
Iclusig (ponatinib)	None
Idhifa (enasidenib)	None
Imbruvica (ibrutinib)	None
Inlyta (axitinib)	None
Inqovi (decitabine/cedazuridine)	None
Inrebic (fedratinib)	None
Iressa (gefitinib)	None
Jakafi (ruxolitinib)	None
Jaypirca (pirtobrutinib)	None
Kisqali (ribociclib)	None
Kisqali Femara Pack (ribociclib and letrozole co-packaged)	Hypersensitivity to letrozole, or any excipients of Femara
Koselugo (selumetinib)	None
Krazati (adagrasib)	None
Lenvima (lenvatinib)	None
Lonsurf (trifluridine/tipiracil)	None
Lorbrena (lorlatinib)	Concomitant use with a strong CYP3A inducer, due to potential for serious hepatotoxicity
Lumakras (sotorasib)	None
Lynparza (olaparib) tablets	None
Lysodren (mitotane)	None
Lytgobi (futibatinib)	None
Matulane	Known hypersensitivity to procarbazine, inadequate marrow reserve

(procarbazine)	
Mekinist (trametinib)	None
Mektovi (binimetinib)	None
Nerlynx (neratinib)	None
Nexavar (sorafenib)	Known severe hypersensitivity to sorafenib or its components, use in combination with carboplatin and paclitaxel in patients with squamous cell lung cancer
Ninlaro (ixazomib)	None
Nubeqa (darolutamide)	None
Odomzo (sonidegib)	None
Onureg (azacitidine)	Known severe hypersensitivity to azacitidine or its components
Orgovyx (relugolix)	None
Orserdu (elacestrant)	None
Pemazyre (pemigatinib)	None
Piqray (alpelisib)	Severe hypersensitivity to Piqray or to any of its components
Pomalyst (pomalidomide)	Pregnancy, severe hypersensitivity to pomalidomide or any of the excipients
Qinlock (ripretinib)	None
Retevmo (selpercatinib)	None
Revlimid (lenalidomide)	Pregnancy, severe hypersensitivity to lenalidomide
Rezlidhia (olutasidenib)	None
Rozlytrek (entrectinib)	None
Rubraca (rucaparib)	None
Rydapt (midostaurin)	Hypersensitivity to midostaurin or any of the excipients
Scemblix (asciminib)	None
Sprycel (dasatinib)	None
Stivarga (regorafenib)	None
Sutent (sunitinib)	None
Tabrecta (capmatinib)	None
Tafinlar (dabrafenib)	None
Tagrisso (osimertinib)	None
Talzenna (talazoparib)	None
Tarceva (erlotinib)	None

Targretin (bexarotene) capsules	Pregnancy; known serious hypersensitivity to bexarotene or other components of the product
Targretin (bexarotene) gel	known serious hypersensitivity to bexarotene or other components of the product
Tasigna (nilotinib)	Hypokalemia, hypomagnesemia, long QT syndrome
Tazverik (tazemetostat)	None
Temodar (temozolomide)	Hypersensitivity to dacarbazine (DTIC) or Temodar components
Tepmetko (tepotinib)	None
Thalomid (thalidomide)	Pregnancy, hypersensitivity to thalidomide or its components
Tibsovo (ivosidenib)	None
Tretinoin (oral)	known hypersensitivity to tretinoin, any of its components, or other retinoids; sensitivity to parabens
Truseltiq (infigratinib)	None
Tukysa (tucatinib)	None
Turalio (pexidartinib)	None
Tykerb (lapatinib)	Known hypersensitivity to lapatinib or its components
Venclexta (venetoclax)	Concomitant use with strong CYP3A inhibitors at initiation and during ramp-up phase in patients with CLL/SLL
Verzenio (abemaciclib)	None
Vitrakvi (larotrectinib)	None
Vizimpro (dacomitinib)	None
Vonjo (pacritinib)	Concomitant use of a strong CYP3A4 inhibitor or inducer
Votrient (pazopanib)	None
Welireg (belzutifan)	None
Xalkori (crizotinib)	None
Xeloda (capecitabine)	Severe renal failure, hypersensitivity to capecitabine or any of its components, hypersensitivity to 5-fluorouracil
Xospata (gilteritinib)	Hypersensitivity to gilteritinib or any of the excipients
Xpovio (selinexor)	None
Xtandi (enzalutamide)	None
Yonsa (abiraterone acetate)	None
Zejula (niraparib)	None
Zelboraf (vemurafenib)	None
Zolinza (vorinostat)	None
Zydelig (idelalisib)	History of serious allergic reactions including anaphylaxis and toxic epidermal necrolysis
Zykadia (ceritinib)	None

	Zytiga (abiraterone)	None
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## REFERENCES

Number	Reference
1	Sacco Jj, Botten J, Macbeth F, et al. The average body surface area of adult cancer patients in the UK: A multicentre retrospective study. <i>PLoS ONE</i> 5(1):e8933. Doi:10.1371/journal.pone.0008933.
2	Verbraecken J et al. Body surface area in normal-weight, overweight, and obese adults. A Comparison study. <i>Metabolism Clinical and Experimental</i> 2006;55:515-524.
3	Afinitor/Afinitor Disperz prescribing information. Novartis. February 2022.
4	Alecensa prescribing information. Hoffmann-La Roche. September 2021.
5	Alunbrig prescribing information. Takeda Pharms USA. February 2022.
6	Ayvakit prescribing information. Blueprint Medicines Corp. June 2021.
7	Balversa prescribing information. Janssen Pharmaceutical Companies. April 2022.
8	BESREMi prescribing information. Pharmaessentia Corp. November 2021.
9	Bosulif prescribing information. Pfizer Inc. May 2021.
10	Braftovi prescribing information. Array BioPharma Inc. February 2022.
11	Brukinsa prescribing information. BeiGene, Ltd. September 2021.
12	Cabometyx prescribing information. Exelixis Inc. July 2022.
13	Calquence prescribing information. AstraZeneca. March 2022.
14	Caprelsa prescribing information. AstraZeneca Pharmaceuticals. March 2022.
15	Cometriq prescribing information. Exelixis, Inc. October 2020.
16	Copiktra prescribing information. Verastem, Inc. February 2022.
17	Cotellic prescribing information. Genentech. January 2018.
18	Daurismo prescribing information. Pfizer Inc. March 2020.
19	Erivedge prescribing information. Genentech. July 2020.
20	Erleada prescribing information. Janssen Ortho LLC. February 2023.
21	Exkivity prescribing information. Takeda Pharms USA. September 2021.
22	Farydak prescribing information. Novartis. December 2017.
23	Fotivda prescribing information. Aveo Pharmaceuticals, Inc. March 2021.
24	Gavreto prescribing information. Genentech Inc. February 2022.
25	Gilotrif prescribing information. Boehringer Ingelheim Pharmaceuticals. April 2022.
26	Gleevec prescribing information. Novartis. March 2022.
27	Hycamtin prescribing Information. Novartis. September 2018.
28	Ibrance prescribing information. Pfizer. November 2019.
29	Iclusig prescribing Information. Takeda Pharms USA. February 2022.
30	Idhifa prescribing information. Celgene. November 2020.
31	Imbruvica prescribing information. Pharmacyclics, Inc. August 2022.
32	Inlyta prescribing information. Pfizer. New York, NY. June 2020.
33	Inqovi prescribing information. Otsuka Pharmaceutical Co., LTD. March 2022.
34	Inrebic prescribing information. Impact Biomedicines, Inc. December 2021.
35	Iressa prescribing information. AstraZeneca. May 2021.
36	Jakafi prescribing information. Incyte. September 2021.
37	Kisqali Femara Pack prescribing information. Novartis. December 2021.

Number	Reference
38	Kisqali prescribing information. Novartis. December 2021.
39	Koselugo prescribing information. AstraZeneca. December 2021.
40	Lenvima prescribing information. Eisai. December 2021.
41	Lonsurf prescribing information. Taiho Oncology. January 2020.
42	Lorbrena prescribing information. Pfizer Inc. March 2021.
43	Lumakras prescribing information. Amgen Inc. May 2021.
44	Lynparza tablets prescribing information. AstraZeneca. March 2022.
45	Lysodren prescribing Information. E.R. Squibb & Sons, L.L.C. June 2021.
46	Matulane prescribing Information. Sigma-tau. August 2018.
47	Mekinist prescribing information. Novartis. June 2022.
48	Mektovi prescribing information. Array BioPharma Inc. January 2019.
49	Nerlynx prescribing information. Puma Biotech. June 2021.
50	Nexavar prescribing information. Bayer. May 2021.
51	Ninlaro prescribing information. Millennium. April 2022.
52	Nubeqa prescribing information. Bayer HealthCare Pharmaceuticals Inc. January 2021.
53	Odomzo prescribing information. Sun Pharm. May 2019.
54	Onureg prescribing information. Celgene Corporation. May 2021.
55	Orgovyx prescribing information. Myovant Sciences, Inc. December 2020.
56	Pemazyre prescribing information. Incyte Corp. February 2021.
57	Piqray prescribing information. Novartis Pharmaceuticals Corp. May 2022.
58	Pomalyst prescribing information. Celgene Corporation. October 2021.
59	Qinlock prescribing information. Deciphera Pharmaceuticals, LLC. June 2021.
60	Retevmo prescribing information. Lilly USA, LLC. January 2021.
61	Revlimid prescribing information. Celgene Corporation. May 2022.
62	Rozlytrek prescribing information. Genentech USA, Inc. November 2021.
63	Rubraca prescribing information. Clovis Oncology. June 2022.
64	Rydapt prescribing information. Novartis. November 2021.
65	Scemblix prescribing information. Novartis Pharms Corp. October 2021.
66	Sprycel prescribing information. E.R. Squibb & Sons, L.L.C. June 2021.
67	Stivarga prescribing information. Bayer Healthcare Pharmaceuticals. December 2020.
68	Sutent prescribing information. CPPI CV. August 2021.
69	Tabrecta prescribing information. Novartis Pharmaceuticals Corp. January 2022.
70	Tafinlar prescribing information. Novartis. June 2022.
71	Tagrisso prescribing information. AstraZeneca. January 2022.
72	Talzenna prescribing information. Pfizer Inc. September 2021.
73	Tarceva prescribing information. Genentech. October 2016.
74	Targretin capsule prescribing information. Valeant. April 2020.
75	Targretin gel prescribing information. Bausch Health US, LLC. February 2020.
76	Tasigna prescribing information. Novartis. September 2021.
77	Tazverik prescribing information. Epizyme Inc. January 2020.
78	Temodar prescribing Information. Merck Sharp & Dohme Corp. November 2020.
79	Tepmetko prescribing information. EMD Serono, Inc. February 2021.
80	Thalomid prescribing information. Celgene Corporation. February 2021.
81	Tibsovo prescribing information. Agios Pharmaceuticals, Inc. May 2022.

<b>Number</b>	<b>Reference</b>
82	Tretinoin prescribing information. Glenmark Pharmaceuticals, Inc. January 2018.
83	Truseltiq prescribing information. QED Therapeutics Inc. May 2021.
84	Tukysa prescribing information. Seattle Genetics. April 2020.
85	Turalio prescribing information. Daiichi Sankyo, Inc. December 2022.
86	Tykerb prescribing information. GSK. March 2022.
87	<del>Ukoniq prescribing information. TG Therapeutics. February 2021. Reference is no longer used</del>
88	Venclexta prescribing information. AbbVie Inc. June 2022.
89	Verzenio prescribing information. Eli Lilly and Company. October 2021.
90	Vittrakvi prescribing information. Loxo Oncology, Inc. March 2021.
91	Vizimpro prescribing information. Pfizer Inc. December 2020.
92	Votrient prescribing information. GSK. December 2021.
93	Welireg prescribing information. Merck Sharp & Dohme Corp. August 2021.
94	Xalkori prescribing information. Pfizer. July 2022.
95	Xeloda prescribing information. Hoffmann La Roche. May 2021.
96	Xospata prescribing information. Astellas Pharma Inc. January 2022.
97	Xpovio prescribing information. Karyopharm Therapeutics Inc. March 2022.
98	Xtandi prescribing information. Astellas Pharma US, Inc. January 2022.
99	Yonsa prescribing information. Sun Pharmaceuticals Inc. March 2022.
100	Zejula prescribing information. GSK. July 2021.
101	Zelboraf prescribing information. Genentech, USA. May 2020.
102	Zolinza prescribing information. Merck Sharp & Dohme Corp. December 2018.
103	Zydelig prescribing information. Gilead Sciences, Inc. October 2020.
104	Zykadia prescribing information. Novartis Pharmaceuticals. October 2021.
105	Zytiga prescribing information. Janssen Biotech, Inc. August 2021.
106	Vonjo prescribing information. CTI Biopharma Corp. February 2022.
107	Lytgobi prescribing information. Taiho Pharmaceutical Co., LTD. September 2022.
108	Rezlidhia prescribing information. Forma Therapeutics, Inc. December 2022.
109	Krazati prescribing information. Mirati Therapeutics, Inc. December 2022.
110	Jaypirca prescribing information. Eli Lilly and Company. January 2023.
111	Orserdu prescribing information. Stemline Therapeutics, Inc. January 2023.

## POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Preferred Status	Effective Date
Yonsa	abiraterone acetate tab	125 MG	M ; N ; O ; Y	N		
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	M ; N ; O ; Y	O ; Y		
Calquence	acalabrutinib cap	100 MG	M ; N ; O ; Y	N		
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 MG	M ; N ; O ; Y	N		
Erleada	apalutamide tab	240 MG ; 60 MG	M ; N ; O ; Y	N		
Scemblix	asciminib hcl tab	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%	1 %	M ; N ; O ; Y	O ; Y		
Targretin	Bexarotene Gel 1%	1 %	M ; N ; O ; Y	O ; Y		06-03-2022
Mektovi	binimetinib tab	15 MG	M ; N ; O ; Y	N		
Alunbrig	brigatinib tab	180 MG ; 30 MG ; 90 MG	M ; N ; O ; Y	N		
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 MG	M ; N ; O ; Y	N		
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG ; 3 80 MG ; 80 MG	M ; N ; O ; Y	N		
Cabometyx	cabozantinib s-malate tab	20 MG ; 40 MG ; 60 MG	M ; N ; O ; Y	N		
Xeloda	capecitabine tab	150 MG ; 500 MG	M ; N ; O ; Y	O ; Y		
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		
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 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		



Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Preferred Status	Effective Date
Inqovi	Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab	0 ; 35 MG	M ; N ; O ; Y	N		
Copiktra	duvelisib cap	15 MG ; 25 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		
Xtandi	enzalutamide cap	40 MG	M ; N ; O ; Y	N		
Xtandi	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	N ; 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		
Lytgobi	futibatinib tab therapy pack	4 MG	M ; N ; O ; Y	N		
Iressa	gefitinib tab	250 MG	M ; N ; O ; Y	N		
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		
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		
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	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	N ; O ; Y		
Vittrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	M ; N ; O ; Y	N		
Vittrakvi	larotrectinib sulfate oral soln	20 MG/ML	M ; N ; O ; Y	N		
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG ; 15 MG ; 2.5 ; 2.5 MG ; 20 ; 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	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 2 x 4 MG ; 10 MG ; 2 4 MG ; 4 MG	M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Preferred Status	Effective Date
24 mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose						
Lorbrena	lorlatinib tab	100 MG ; 25 MG	M ; N ; O ; Y	N		
Rydapt	midostaurin cap	25 MG	M ; N ; O ; Y	N		
Lysodren	mitotane tab	500 MG	M ; N ; O ; Y	N		
Exkivity	mobocertinib succinate cap	40 MG	M ; N ; O ; Y	N		
Nerlynx	neratinib maleate tab	40 MG	M ; N ; O ; Y	N		
Zejula	niraparib tosylate cap	100 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		
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	M ; N ; O ; Y	N		
Votrient	pazopanib hcl tab	200 MG	M ; N ; O ; Y	N		
Pemazyre	pemigatinib tab	13.5 MG ; 4.5 MG ; 9 MG	M ; N ; O ; Y	N		
Turalio	pexidartinib hcl cap	125 MG ; 200 MG	M ; N ; O ; Y	N		
Jaypirca	pirtobrutinib tab	100 MG ; 50 MG	M ; N ; O ; Y	N		
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	M ; N ; O ; Y	N		
Iclusig	ponatinib hcl tab	10 MG ; 15 MG ; 30 MG ; 45 MG	M ; N ; O ; Y	M ; N		
Gavreto	pralsetinib cap	100 MG	M ; N ; O ; Y	N		
Matulane	procarbazine hcl cap	50 MG	M ; N ; O ; Y	N		
Stivarga	regorafenib tab	40 MG	M ; N ; O ; Y	N		
Orgovyx	relugolix tab	120 MG	M ; N ; O ; Y	N		
Kisqali	ribociclib succinate tab pack	200 MG	M ; N ; O ; Y	N		
Qinlock	ripretinib tab	50 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 ; 20 MG ; 25 MG ; 5 MG	M ; N ; O ; Y	N		
Xpovio ; Xpovio 100 mg once weekly ; Xpovio 40 mg once weekly ; Xpovio 40 mg twice weekly ; Xpovio 60 mg once weekly ; Xpovio 60 mg twice weekly ; Xpovio 80 mg once weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	20 MG ; 40 MG ; 50 MG ; 60 MG	M ; N ; O ; Y	N		
Retevmo	selpercatinib cap	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		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Preferred Status	Effective Date
Nexavar	sorafenib tosylate tab	200 MG	M ; N ; O ; Y	O ; Y		
Lumakras	sotorasib tab	120 MG ; 320	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	0.25 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		
Temodar	temozolomide cap	100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG	M ; N ; O ; Y	O ; Y		
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		
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	M ; N ; O ; Y	N		
	tretinoin cap	10 MG	M ; N ; O ; Y	Y		
Lonsurf	trifluridine-tipiracil tab	15 MG ; 20 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 MG	M ; N ; O ; Y	N		
Erivedge	vismodegib cap	150 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		
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Sprycel	dasatinib tab	100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	M ; N ; O ; Y	O ; Y	See Preferred Agents Detail	
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Ibrance	palbociclib cap ; palbociclib tab	100 MG ; 125 MG ; 75 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 MG	M ; N ; O ; Y	N	See Preferred Agents Detail	
Besremi	ropeginterferon alfa-	500 MCG/ML	M ; N ; O ; Y	N	See Preferred Agents Detail	

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	30	TABS	30	DAYS				
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	60	TABS	30	DAYS	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose			
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	90	TABS	30	DAYS				
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	60	TABS	30	DAYS				
Alecensa	alectinib hcl cap	150 MG	240	CAPS	30	DAYS				
Alunbrig	Brigatinib Tab	30 MG	120	TABS	30	DAYS				
Alunbrig	Brigatinib Tab	90 MG	30	TABS	30	DAYS				
Alunbrig	Brigatinib Tab	180 MG	30	TABS	30	DAYS				
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 MG	30	TABS	180	DAYS				
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	30	TABS	30	DAYS				
Balversa	Erdafitinib Tab 3 MG	3 MG	90	TABS	30	DAYS				
Balversa	Erdafitinib Tab 4 MG	4 MG	60	TABS	30	DAYS				
Balversa	Erdafitinib Tab 5 MG	5 MG	30	TABS	30	DAYS				
Besremi	Ropeginterferon alfa-	500 MCG/ML	2	SYRNGS	28	DAYS				
Bosulif	Bosutinib Tab	100 MG	90	TABS	30	DAYS				
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	30	TABS	30	DAYS				
Braftovi	encorafenib cap	75 MG	180	CAPS	30	DAYS				
Brukinsa	Zanubrutinib Cap	80 MG	120	CAPS	30	DAYS				
Cabometyx	Cabozantinib S-Malate Tab	40 MG	30	TABS	30	DAYS				
Cabometyx	Cabozantinib S-Malate Tab	20 MG	30	TABS	30	DAYS				
Cabometyx	Cabozantinib S-Malate Tab	60 MG	30	TABS	30	DAYS				
Calquence	acalabrutinib cap	100 MG	60	CAPS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Calquence	acalabrutinib maleate tab	100 MG	60	TABS	30	DAYS				08-19-2022
Caprelsa	Vandetanib Tab	300 MG	30	TABS	30	DAYS				
Caprelsa	Vandetanib Tab	100 MG	60	TABS	30	DAYS				
Cometriq	Cabozantinib S-Mal Cap	3 80 MG	1	CARTON	28	DAYS				
Cometriq	Cabozantinib S-Mal Cap	80 MG	1	CARTON	28	DAYS				
Cometriq	Cabozantinib S-Malate Cap	20 MG	1	CARTON	28	DAYS				
Copiktra	duvelisib cap	15 MG ; 25 MG	56	CAPS	28	DAYS				
Cotellic	cobimetinib fumarate tab	20 MG	63	TABS	28	DAYS				
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	30	TABS	30	DAYS				
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	60	TABS	30	DAYS				
Erivedge	Vismodegib Cap 150 MG	150 MG	30	CAPS	30	DAYS				
Erleada	apalutamide tab	240 MG	30	TABS	30	DAYS				
Erleada	Apalutamide Tab 60 MG	60 MG	120	TABS	30	DAYS				
Exkivity	Mobocertinib Succinate Cap	40 MG	120	CAPS	30	DAYS				
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	6	CAPS	21	DAYS				
Fotivda	Tivozanib HCl Cap	1.34 MG	21	CAPS	28	DAYS				
Fotivda	Tivozanib HCl Cap	0.89 MG	21	CAPS	28	DAYS				
Gavreto	pralsetinib cap	100 MG	120	CAPS	30	DAYS				
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	30	TABS	30	DAYS				
Gleevec	Imatinib Mesylate Tab	100 MG	90	TABS	30	DAYS				
Gleevec	Imatinib Mesylate Tab	400 MG	60	TABS	30	DAYS				
Ibrance	palbociclib cap ; palbociclib tab	100 MG ; 125 MG ; 75 MG	21	CAPS	28	DAYS				
Iclusig	Ponatinib HCl Tab	10 MG	30	TABS	30	DAYS				
Iclusig	Ponatinib HCl Tab	45 MG	30	TABS	30	DAYS				
Iclusig	Ponatinib HCl Tab	15 MG	60	TABS	30	DAYS				
Iclusig	Ponatinib HCl Tab	30 MG	30	TABS	30	DAYS				
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	30	TABS	30	DAYS				
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	30	TABS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Imbruvica	Ibrutinib Cap	70 MG	30	CAPS	30	DAYS				
Imbruvica	Ibrutinib Cap	140 MG	90	CAPS	30	DAYS				
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	2	BOTTS	30	DAYS				
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	30	TABS	30	DAYS				
Inlyta	Axitinib Tab	5 MG	120	TABS	30	DAYS				
Inlyta	Axitinib Tab	1 MG	180	TABS	30	DAYS				
Inqovi	Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab	0 ; 35 MG	5	TABS	28	DAYS				
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	120	CAPS	30	DAYS				
Iressa	gefitinib tab	250 MG	30	TABS	30	DAYS				
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	60	TABS	30	DAYS				
Jaypirca	pirtobrutinib tab	100 MG	60	TABS	30	DAYS				
Jaypirca	pirtobrutinib tab	50 MG	30	TABS	30	DAYS				
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	21	TABS	28	DAYS				
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	42	TABS	28	DAYS				
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	63	TABS	28	DAYS				
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 MG	49	TABS	28	DAYS				
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 MG	70	TABS	28	DAYS				
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 MG	91	TABS	28	DAYS				
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	240	CAPS	30	DAYS				
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	120	CAPS	30	DAYS				
Krazati	Adagrasib Tab	200 MG	180	TABS	30	DAYS				
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	30	CAPS	30	DAYS				
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	90	CAPS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	60	CAPS	30	DAYS				
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 2 x 4 MG	90	CAPS	30	DAYS				
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	60	CAPS	30	DAYS				
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 4 MG	90	CAPS	30	DAYS				
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	30	CAPS	30	DAYS				
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	60	CAPS	30	DAYS				
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15 MG	60	TABS	28	DAYS				
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20 MG	80	TABS	28	DAYS				
Lorbrena	Lorlatinib Tab	100 MG	30	TABS	30	DAYS				
Lorbrena	Lorlatinib Tab	25 MG	90	TABS	30	DAYS				
Lumakras	sotorasib tab	320	90	TABS	30	DAYS				
Lumakras	Sotorasib Tab	120 MG	240	TABS	30	DAYS				
Lynparza	olaparib tab	100 MG ; 150 MG	120	TABS	30	DAYS				
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	84	TABS	28	DAYS				
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	140	TABS	28	DAYS				
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	112	TABS	28	DAYS				
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	90	TABS	30	DAYS				
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	60	TABS	30	DAYS				
Mektovi	binimetinib tab	15 MG	180	TABS	30	DAYS				
Nerlynx	Neratinib Maleate Tab	40 MG	180	TABS	30	DAYS				
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	120	TABS	30	DAYS				
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	120	TABS	30	DAYS				
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	3	CAPS	28	DAYS				
Nubeqa	Darolutamide Tab 300 MG	300 MG	120	TABS	30	DAYS				
Odomzo	sonidegib phosphate cap	200 MG	30	CAPS	30	DAYS				
Onureg	azacitidine tab	200 MG ; 300 MG	14	TABS	28	DAYS				
Orgovyx	relugolix tab	120 MG	30	TABS	30	DAYS				
Orserdu	elacestrant hydrochloride tab	345 MG	30	TABS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Orserdu	elacestrant hydrochloride tab	86 MG	90	TABS	30	DAYS				
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	14	TABS	21	DAYS				
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	14	TABS	21	DAYS				
Pemazyre	Pemigatinib Tab 9 MG	9 MG	14	TABS	21	DAYS				
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	28	TABS	28	DAYS				
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 MG	56	TABS	28	DAYS				
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	56	TABS	28	DAYS				
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	21	CAPS	28	DAYS	The quantity limits for Pomalyst are based on dosing for multiple myeloma, which is given daily for 21 days of a 28 day cycle			
Qinlock	Ripretinib Tab	50 MG	90	TABS	30	DAYS				
Retevmo	Selpercatinib Cap	80 MG	120	CAPS	30	DAYS				
Retevmo	Selpercatinib Cap	40 MG	180	CAPS	30	DAYS				
Revlimid	Lenalidomide Cap 10 MG	10 MG	30	CAPS	30	DAYS				
Revlimid	Lenalidomide Cap 10 MG	10 MG	30	CAPS	30	DAYS				
Revlimid	Lenalidomide Cap 15 MG	15 MG	21	CAPS	28	DAYS	The quantity limits for Revlimid 15 mg & 25 mg capsules are based on dosing for multiple myeloma, which is 25 mg daily for 21 days of a 28 day cycle			
Revlimid	Lenalidomide Cap 15 MG	15 MG	21	CAPS	28	DAYS				
Revlimid	Lenalidomide Cap 20 MG	20 ; 20 MG	21	CAPS	21	DAYS				
Revlimid	Lenalidomide Cap 20 MG	20 ; 20 MG	21	CAPS	28	DAYS				
Revlimid	Lenalidomide Cap 25 MG	25 MG	21	CAPS	28	DAYS	The quantity limits for Revlimid 15 mg & 25 mg capsules are based on			



Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
							dosing for multiple myeloma, which is 25 mg daily for 21 days of a 28 day cycle			
Revlimid	Lenalidomide Cap 25 MG	25 MG	21	CAPS	28	DAYS				
Revlimid	Lenalidomide Cap 5 MG	5 MG	30	CAPS	30	DAYS				
Revlimid	Lenalidomide Cap 5 MG	5 MG	30	CAPS	30	DAYS				
Revlimid	Lenalidomide Caps 2.5 MG	2.5 ; 2.5 MG	30	CAPS	30	DAYS				
Revlimid	Lenalidomide Caps 2.5 MG	2.5 ; 2.5 MG	30	CAPS	30	DAYS				
Rezlidhia	Olutasidenib Cap	150 MG	60	CAPS	30	DAYS				
Rozlytrek	Entrectinib Cap 100 MG	100 MG	30	CAPS	30	DAYS				
Rozlytrek	Entrectinib Cap 200 MG	200 MG	90	CAPS	30	DAYS				
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	120	TABS	30	DAYS				
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	120	TABS	30	DAYS				
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	120	TABS	30	DAYS				
Rydapt	Midostaurin Cap 25 MG	25 MG	240	CAPS	30	DAYS				
Scemblix	Asciminib HCl Tab	20 MG	60	TABS	30	DAYS				
Scemblix	Asciminib HCl Tab	40 MG	300	TABS	30	DAYS				
Sprycel	Dasatinib Tab	100 MG	30	TABS	30	DAYS				
Sprycel	Dasatinib Tab	80 MG	30	TABS	30	DAYS				
Sprycel	Dasatinib Tab	50 MG	30	TABS	30	DAYS				
Sprycel	Dasatinib Tab	140 MG	30	TABS	30	DAYS				
Sprycel	Dasatinib Tab	20 MG	90	TABS	30	DAYS				
Sprycel	Dasatinib Tab	70 MG	30	TABS	30	DAYS				
Stivarga	regorafenib tab	40 MG	84	TABS	28	DAYS	based 160 mg daily for 21 days of a 28 day cycle			
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	90	CAPS	30	DAYS				
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	30	CAPS	30	DAYS				
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	30	CAPS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	30	CAPS	30	DAYS				
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	120	TABS	30	DAYS				
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	120	CAPS	30	DAYS				
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	30	TABS	30	DAYS				
Talzenna	Talazoparib Tosylate Cap	0.5 MG	30	CAPS	30	DAYS				
Talzenna	Talazoparib Tosylate Cap	0.75 MG	30	CAPS	30	DAYS				
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	90	CAPS	30	DAYS				
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	30	CAPS	30	DAYS				
Tarceva	Erlotinib HCl Tab	25 MG	60	TABS	30	DAYS				
Tarceva	Erlotinib HCl Tab	100 MG	30	TABS	30	DAYS				
Tarceva	Erlotinib HCl Tab	150 MG	30	TABS	30	DAYS				
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	120	CAPS	30	DAYS				
Tazverik	tazemetostat hbr tab	200 MG	240	TABS	30	DAYS				
Thalomid	Thalidomide Cap 100 MG	100 MG	30	TABS	30	DAYS				
Thalomid	Thalidomide Cap 150 MG	150 MG	60	CAPS	30	DAYS				
Thalomid	Thalidomide Cap 200 MG	200 MG	60	CAPS	30	DAYS				
Thalomid	Thalidomide Cap 50 MG	50 MG	30	CAPS	30	DAYS				
Tibsovo	Ivosidenib Tab 250 MG	250 MG	60	TABS	30	DAYS				
Truseltiq	Infigratinib Phos Cap Pack	100 MG	42	CAPS	28	DAYS				
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	21	CAPS	28	DAYS				
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	42	CAPS	28	DAYS				
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	63	CAPS	28	DAYS				
Tukysa	Tucatinib Tab	150 MG	120	TABS	30	DAYS				
Tukysa	Tucatinib Tab	50 MG	300	TABS	30	DAYS				
Turalio	Pexidartinib HCl Cap	200 MG	120	CAPS	30	DAYS				
Turalio	Pexidartinib HCl Cap	125 MG	120	CAPS	30	DAYS				
Tykerb	Lapatinib Ditosylate Tab	250 MG	180	TABS	30	DAYS				
Ukoniq	umbralisib tosylate tab	200 MG	120	TABS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Venclexta	Venetoclax Tab 10 MG	10 MG	60	TABS	30	DAYS				
Venclexta	Venetoclax Tab 100 MG	100 MG	180	TABS	30	DAYS				
Venclexta	Venetoclax Tab 50 MG	50 MG	30	TABS	30	DAYS				
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 MG	1	PACK	180	DAYS				
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	60	TABS	30	DAYS				
Vitakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	60	CAPS	30	DAYS				
Vitakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	180	CAPS	30	DAYS				
Vitakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	300	MLS	30	DAYS				
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	30	TABS	30	DAYS				
Vonjo	pacritinib citrate cap	100 MG	120	CAPS	30	DAYS				03-18-2022
Votrient	Pazopanib HCl Tab	200 MG	120	TABS	30	DAYS				
Welireg	Belzutifan Tab	40 MG	90	TABS	30	DAYS				
Xalkori	crizotinib cap	200 MG ; 250 MG	120	CAPS	30	DAYS				
Xospata	Gilteritinib Fumarate Tablet	40 MG	90	TABS	30	DAYS				
Xpovio	Selinexor Tab Therapy Pack	40 MG	4	TABS	28	DAYS				
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	TABS	28	DAYS				
Xpovio	Selinexor Tab Therapy Pack	50 MG	8	TABS	28	DAYS				
Xpovio	Selinexor Tab Therapy Pack	60 MG	4	TABS	28	DAYS				
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	TABS	28	DAYS				
Xpovio 100 mg once weekly	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)	20 MG	20	TABS	28	DAYS				
Xpovio 40 mg once weekly	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)	20 MG	8	TABS	28	DAYS				
Xpovio 40 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)	20 MG	16	TABS	28	DAYS				
Xpovio 60 mg once weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)	20 MG	12	TABS	28	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	24	TABS	28	DAYS				
Xpovio 80 mg once weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)	20 MG	16	TABS	28	DAYS				
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	32	TABS	28	DAYS				
Xtandi	enzalutamide cap	40 MG	120	CAPS	30	DAYS				
Xtandi	Enzalutamide Tab	80 MG	60	TABS	30	DAYS				
Xtandi	Enzalutamide Tab	40 MG	120	TABS	30	DAYS				
Yonsa	abiraterone acetate tab 125 mg	125 MG	120	TABS	30	DAYS				
Zejula	niraparib tosylate cap	100 MG	90	CAPS	30	DAYS				
Zelboraf	Vemurafenib Tab 240 MG	240 MG	240	TABS	30	DAYS				
Zolanza	Vorinostat Cap 100 MG	100 MG	120	CAPS	30	DAYS				
Zydelig	idelalisib tab	100 MG ; 150 MG	60	TABS	30	DAYS				
Zykadia	ceritinib tab	150 MG	90	TABS	30	DAYS				
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	120	TABS	30	DAYS				
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	60	TABS	30	DAYS				

## CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	tretinoin cap	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Afinitor disperz	everolimus tab for oral susp	2 MG ; 3 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alecensa	alectinib hcl cap	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	brigatinib tab	180 MG ; 30 MG ; 90 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Balversa	erdafitinib tab	3 MG ; 4 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Braftovi	encorafenib cap	75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Brukinsa	zanubrutinib cap	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cabometyx	cabozantinib s-malate tab	20 MG ; 40 MG ; 60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Calquence	acalabrutinib cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Calquence	acalabrutinib maleate tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Caprelsa	vandetanib tab	100 MG ; 300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG ; 3 80 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Copiktra	duvelisib cap	15 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cotellic	cobimetinib fumarate tab	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Daurismo	glasdegib maleate tab	100 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Erivedge	vismodegib cap	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Erleada	apalutamide tab	240 MG ; 60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Exkivity	mobocertinib succinate cap	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Fotivda	tivozanib hcl cap	0.89 MG ; 1.34 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Gavreto	pralsetinib cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Hycamtin	topotecan hcl cap	0.25 MG ; 1 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iclusig	ponatinib hcl tab	10 MG ; 15 MG ; 30 MG ; 45 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Idhifa	enasidenib mesylate tab	100 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	ibrutinib cap	140 MG ; 70 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	ibrutinib oral susp	70 MG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inlyta	axitinib tab	1 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inqovi	Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab	0 ; 35 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inrebic	fedratinib hcl cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iressa	gefitinib tab	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Jaypirca	pirtobrutinib tab	100 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali	ribociclib succinate tab pack	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Koselugo	selumetinib sulfate cap	10 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Krazati	adagrasib tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
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	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 2 x 4 MG ; 10 MG ; 2 4 MG ; 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose			
Lonsurf	trifluridine-tipiracil tab	15 MG ; 20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lorbrena	lorlatinib tab	100 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lumakras	sotorasib tab	120 MG ; 320	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lynparza	olaparib tab	100 MG ; 150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lysodren	mitotane tab	500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lytgobi	futibatinib tab therapy pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Matulane	procarbazine hcl cap	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Mektovi	binimetinib tab	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nerlynx	neratinib maleate tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nexavar	sorafenib tosylate tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nubeqa	darolutamide tab	300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Odomzo	sonidegib phosphate cap	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Onureg	azacitidine tab	200 MG ; 300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Orgovyx	relugolix tab	120 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Orserdu	elacestrant hydrochloride tab	345 MG ; 86 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Pemazyre	pemigatinib tab	13.5 MG ; 4.5 MG ; 9 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose	alpelisib tab pack ; alpelisib tab therapy pack	150 MG ; 200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Qinlock	ripretinib tab	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Retevmo	selpercatinib cap	40 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG ; 15 MG ; 2.5 ; 2.5 MG ; 20 ; 20 MG ; 25 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rezlidhia	olutasidenib cap	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rozlytrek	entrectinib cap	100 MG ; 200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rubraca	rucaparib camsylate tab	200 MG ; 250 MG ; 300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rydapt	midostaurin cap	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Scemblix	asciminib hcl tab	20 MG ; 40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Stivarga	regorafenib tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sutent	sunitinib malate cap	12.5 MG ; 25 MG ; 37.5 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Talzenna	talazoparib tosylate cap	0.25 MG ; 0.5 MG ; 0.75 MG ; 1 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tarceva	erlotinib hcl tab	100 MG ; 150 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A



Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Targretin	bexarotene cap	75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Targretin	Bexarotene Gel 1%	1 %	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Targretin	Bexarotene Gel 1%	1 %	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tazverik	tazemetostat hbr tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Temodar	temozolomide cap	100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Thalomid	thalidomide cap	100 MG ; 150 MG ; 200 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tibsovo	ivosidenib tab	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	100 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tukysa	tucatinib tab	150 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Turalio	pexidartinib hcl cap	125 MG ; 200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tykerb	lapatinib ditosylate tab	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ukoniq	umbralisib tosylate tab	200 MG	
Venclexta	venetoclax tab	10 MG ; 100 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Venclexta starting pack	venetoclax tab therapy starter pack	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vitrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vitrakvi	larotrectinib sulfate oral soln	20 MG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vonjo	pacritinib citrate cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Votrient	pazopanib hcl tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Welireg	belzutifan tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xalkori	crizotinib cap	200 MG ; 250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xeloda	capecitabine tab	150 MG ; 500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xospata	gilteritinib fumarate tablet	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio ; Xpovio 100 mg once weekly ; Xpovio 40 mg once weekly ; Xpovio 40 mg twice weekly ; Xpovio 60 mg once weekly ; Xpovio 60 mg twice weekly ; Xpovio 80 mg once weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	20 MG ; 40 MG ; 50 MG ; 60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xtandi	enzalutamide cap	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xtandi	enzalutamide tab	40 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Yonsa	abiraterone acetate tab	125 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zejula	niraparib tosylate cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zelboraf	vemurafenib tab	240 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zolinza	vorinostat cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zydelig	idelalisib tab	100 MG ; 150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zykadia	ceritinib tab	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Besremi	ropeginterferon alfa-	500 MCG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ibrance	palbociclib cap ; palbociclib tab	100 MG ; 125 MG ; 75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	dasatinib tab	100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alecensa	alectinib hcl cap	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	Brigatinib Tab	30 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	Brigatinib Tab	90 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	Brigatinib Tab	180 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Balversa	Erdafitinib Tab 3 MG	3 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Balversa	Erdafitinib Tab 4 MG	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Balversa	Erdafitinib Tab 5 MG	5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Besremi	Ropeginterferon alfa-	500 MCG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Bosulif	Bosutinib Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Braftovi	encorafenib cap	75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Brukinsa	Zanubrutinib Cap	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cabometyx	Cabozantinib S-Malate Tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cabometyx	Cabozantinib S-Malate Tab	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cabometyx	Cabozantinib S-Malate Tab	60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Calquence	acalabrutinib cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Calquence	acalabrutinib maleate tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Caprelsa	Vandetanib Tab	300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Caprelsa	Vandetanib Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cometriq	Cabozantinib S-Mal Cap	3 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cometriq	Cabozantinib S-Mal Cap	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cometriq	Cabozantinib S-Malate Cap	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Copiktra	duvelisib cap	15 MG ; 25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Cotellic	cobimetinib fumarate tab	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Erivedge	Vismodegib Cap 150 MG	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Erleada	apalutamide tab	240 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Erleada	Apalutamide Tab 60 MG	60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Exkivity	Mobocertinib Succinate Cap	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Fotivda	Tivozanib HCl Cap	1.34 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Fotivda	Tivozanib HCl Cap	0.89 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Gavreto	pralsetinib cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Gleevec	Imatinib Mesylate Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Gleevec	Imatinib Mesylate Tab	400 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ibrance	palbociclib cap ; palbociclib tab	100 MG ; 125 MG ; 75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iclusig	Ponatinib HCl Tab	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Iclusig	Ponatinib HCl Tab	45 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iclusig	Ponatinib HCl Tab	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iclusig	Ponatinib HCl Tab	30 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	Ibrutinib Cap	70 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	Ibrutinib Cap	140 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inlyta	Axitinib Tab	5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inlyta	Axitinib Tab	1 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inqovi	Decitabine-Cedazuridine Tab ; decitabine-cedazuridine tab	0 ; 35 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Iressa	gefitinib tab	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Jaypirca	pirtobrutinib tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Jaypirca	pirtobrutinib tab	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Krazati	Adagrasib Tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 2 x 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lorbrena	Lorlatinib Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lorbrena	Lorlatinib Tab	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lumakras	sotorasib tab	320	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lumakras	Sotorasib Tab	120 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lynparza	olaparib tab	100 MG ; 150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Mektovi	binimetinib tab	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nerlynx	Neratinib Maleate Tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Nubeqa	Darolutamide Tab 300 MG	300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Odomzo	sonidegib phosphate cap	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A



Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Onureg	azacitidine tab	200 MG ; 300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Orgovyx	relugolix tab	120 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Orserdu	elacestrant hydrochloride tab	345 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Orserdu	elacestrant hydrochloride tab	86 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Pemazyre	Pemigatinib Tab 9 MG	9 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Qinlock	Ripretinib Tab	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Retevmo	Selpercatinib Cap	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Retevmo	Selpercatinib Cap	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 10 MG	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 10 MG	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 15 MG	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Revlimid	Lenalidomide Cap 15 MG	15 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 20 MG	20 ; 20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 20 MG	20 ; 20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 25 MG	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 25 MG	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 5 MG	5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Cap 5 MG	5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Caps 2.5 MG	2.5 ; 2.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Revlimid	Lenalidomide Caps 2.5 MG	2.5 ; 2.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rezlidhia	Olutasidenib Cap	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rozlytrek	Entrectinib Cap 100 MG	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rozlytrek	Entrectinib Cap 200 MG	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Rydapt	Midostaurin Cap 25 MG	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Scemblix	Asciminib HCl Tab	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Scemblix	Asciminib HCl Tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	140 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sprycel	Dasatinib Tab	70 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Stivarga	regorafenib tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Talzenna	Talazoparib Tosylate Cap	0.5 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Talzenna	Talazoparib Tosylate Cap	0.75 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tarceva	Erlotinib HCl Tab	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tarceva	Erlotinib HCl Tab	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tarceva	Erlotinib HCl Tab	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tazverik	tazemetostat hbr tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Thalomid	Thalidomide Cap 100 MG	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Thalomid	Thalidomide Cap 150 MG	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Thalomid	Thalidomide Cap 200 MG	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Thalomid	Thalidomide Cap 50 MG	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tibsovo	Ivosidenib Tab 250 MG	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Truseltiq	Infigratinib Phos Cap Pack	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tukysa	Tucatinib Tab	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tukysa	Tucatinib Tab	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Turalio	Pexidartinib HCl Cap	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Turalio	Pexidartinib HCl Cap	125 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Tykerb	Lapatinib Ditosylate Tab	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Ukoniq	umbralisib tosylate tab	200 MG	
Venclexta	Venetoclax Tab 10 MG	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Venclexta	Venetoclax Tab 100 MG	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Venclexta	Venetoclax Tab 50 MG	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vittrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vittrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vittrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Vonjo	pacritinib citrate cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Votrient	Pazopanib HCl Tab	200 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Welireg	Belzutifan Tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xalkori	crizotinib cap	200 MG ; 250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xospata	Gilteritinib Fumarate Tablet	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio	Selinexor Tab Therapy Pack	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Choice NetR-F ; Choice NetR-HIM
Xpovio	Selinexor Tab Therapy Pack	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio	Selinexor Tab Therapy Pack	50 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio	Selinexor Tab Therapy Pack	60 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio	Selinexor Tab Therapy Pack	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 100 mg once weekly	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 40 mg once weekly	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 40 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 60 mg once weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 80 mg once weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xtandi	enzalutamide cap	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xtandi	Enzalutamide Tab	80 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Xtandi	Enzalutamide Tab	40 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Yonsa	abiraterone acetate tab 125 mg	125 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zejula	niraparib tosylate cap	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zelboraf	Vemurafenib Tab 240 MG	240 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Zolanza	Vorinostat Cap 100 MG	100 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zydelig	idelalisib tab	100 MG ; 150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zykadia	ceritinib tab	150 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	Accord Enhanced ; Accord Standard ; Choice NetR-A ; Choice NetR-F ; Choice NetR-HIM

## PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval																				
PA QL	<p>Preferred agent options are as follows. Application is determined by client:</p> <table border="1"> <thead> <tr> <th>Indication(s)</th> <th>Number of Preferred Required</th> <th>Preferred Agent(s)</th> <th>Non-Preferred Agent(s)</th> </tr> </thead> <tbody> <tr> <td>Advanced or metastatic breast cancer</td> <td>1 preferred agent</td> <td>Kisqali, Kisqali Femara Pack, Verzenio</td> <td>Ibrance</td> </tr> <tr> <td>Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase</td> <td>1 preferred agent</td> <td>Imatinib (generic), Sprycel</td> <td>Bosulif, Tasigna</td> </tr> <tr> <td>Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation</td> <td>1 preferred agent</td> <td>Iclusig</td> <td>Scemblix</td> </tr> <tr> <td>Polycythemia Vera</td> <td>1 preferred agent</td> <td>Peginterferon*</td> <td>BESREMi</td> </tr> </tbody> </table> <p>NOTE: brand Gleevec to be managed through generic before brand requirement</p> <p>*- preferred agent may be targeted in another utilization management program and require Prior Authorization</p> <p><b>Initial Evaluation</b></p>	Indication(s)	Number of Preferred Required	Preferred Agent(s)	Non-Preferred Agent(s)	Advanced or metastatic breast cancer	1 preferred agent	Kisqali, Kisqali Femara Pack, Verzenio	Ibrance	Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase	1 preferred agent	Imatinib (generic), Sprycel	Bosulif, Tasigna	Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation	1 preferred agent	Iclusig	Scemblix	Polycythemia Vera	1 preferred agent	Peginterferon*	BESREMi
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Module	Clinical Criteria for Approval
	<p><b>Target Agent(s)</b> will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. ONE of the following: <ol style="list-style-type: none"> <li>A. Information has been provided that indicates the patient is currently being treated with the requested agent within the past 180 days <b>OR</b></li> <li>B. The prescriber states the patient is being treated with the requested agent within the past 180 days AND is at risk if therapy is changed <b>OR</b></li> <li>C. ALL of the following: <ol style="list-style-type: none"> <li>1. ONE of the following: <ol style="list-style-type: none"> <li>A. The patient has an FDA approved indication for the requested agent <b>OR</b></li> <li>B. The patient has an indication that is supported by NCCN 1 or 2A recommended use, AHFS, or DrugDex level of evidence of 1 or 2A [i.e., this indication must be supported by ALL requirements in the compendia (e.g., performance status, disease severity, previous failures, monotherapy vs combination therapy, etc.)] for the requested agent <b>AND</b></li> </ol> </li> <li>2. ONE of the following: <ol style="list-style-type: none"> <li>A. The patient's age is within FDA labeling for the requested indication for the requested agent <b>OR</b></li> <li>B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication <b>AND</b></li> </ol> </li> <li>3. ONE of the following: <ol style="list-style-type: none"> <li>A. ALL of the following: <ol style="list-style-type: none"> <li>1. The requested indication requires genetic/specific diagnostic testing per FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested agent <b>AND</b></li> <li>2. Genetic/specific diagnostic testing has been completed <b>AND</b></li> <li>3. The results of the genetic/specific diagnostic testing indicate therapy with the requested agent is appropriate <b>OR</b></li> </ol> </li> <li>B. The requested indication does NOT require specific genetic/diagnostic testing per FDA labeling or supported by compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested agent <b>AND</b></li> </ol> </li> <li>4. ONE of the following: <ol style="list-style-type: none"> <li>A. The requested agent is being used as monotherapy AND is approved for use as monotherapy in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>OR</b></li> <li>B. The requested agent will be used as combination therapy with all agent(s) and/or treatments (e.g., radiation) listed for concomitant use in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>AND</b></li> </ol> </li> <li>5. ONE of the following: <ol style="list-style-type: none"> <li>A. The requested agent will be used as a first-line agent AND is FDA labeled or supported by compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) as a first-line agent for the requested indication <b>OR</b></li> <li>B. The patient has tried and had an inadequate response to the appropriate number and type(s) of prerequisite agent(s) listed in the FDA labeling or compendia (NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>OR</b></li> <li>C. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to the appropriate number and type(s) of prerequisite agent(s) listed in the FDA labeling or compendia</li> </ol> </li> </ol> </li> </ol> </li> </ol>



Module	Clinical Criteria for Approval															
	<p>(NCCN 1 or 2A recommended use, AHFS, DrugDex level of evidence of 1 or 2A) for the requested indication <b>AND</b></p> <p>6. If the client has preferred products* for the requested indication (*Preferred agents are determined by the client and may include both brand and generic agents), then ONE of the following:</p> <table border="1" data-bbox="326 365 1321 930"> <thead> <tr> <th data-bbox="329 369 618 403">Indication</th> <th data-bbox="618 369 971 403">Preferred Agents</th> <th data-bbox="971 369 1318 403">Non-Preferred Agents</th> </tr> </thead> <tbody> <tr> <td data-bbox="329 403 618 499">Advanced or metastatic breast cancer</td> <td data-bbox="618 403 971 499">Kisqali, Kisqali Femara Pack, Verzenio</td> <td data-bbox="971 403 1318 499">Ibrance</td> </tr> <tr> <td data-bbox="329 499 618 709">Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase</td> <td data-bbox="618 499 971 709">Imatinib (generic), Sprycel</td> <td data-bbox="971 499 1318 709">Bosulif, Tassigna</td> </tr> <tr> <td data-bbox="329 709 618 894">Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation</td> <td data-bbox="618 709 971 894">Iclusig</td> <td data-bbox="971 709 1318 894">Scemblix</td> </tr> <tr> <td data-bbox="329 894 618 930">Polycythemia Vera</td> <td data-bbox="618 894 971 930">Peginterferon*</td> <td data-bbox="971 894 1318 930">BESREMi</td> </tr> </tbody> </table> <p>A. The requested agent is a preferred agent for the requested indication <b>OR</b></p> <p>B. The requested agent is a non-preferred agent for the requested indication (as determined by the client) <b>AND</b> ONE of the following:</p> <ol style="list-style-type: none"> <li>1. The patient's medication history indicates use of a preferred agent for the requested indication <b>OR</b></li> <li>2. The patient has an intolerance or hypersensitivity to a preferred agent(s) for the requested indication <b>OR</b></li> <li>3. The patient has an FDA labeled contraindication to ALL preferred agent(s) for the requested indication <b>OR</b></li> <li>4. BOTH of the following: <ol style="list-style-type: none"> <li>A. NCCN does NOT specify the plan preferred agent(s) as a preferred regimen for the requested indication <b>AND</b></li> <li>B. NCCN specifies the requested agent as a preferred regimen for the requested indication <b>OR</b></li> </ol> </li> <li>5. The prescriber has provided information in support of use of the non-preferred agent over the preferred agent(s) for the requested indication <b>OR</b></li> <li>6. If the requested agent is Bosulif or Tassigna for CML, the patient has been previously treated with either Bosulif OR Tassigna for the requested indication <b>AND</b></li> </ol> <p>7. If the requested agent is Imbruvica 140 mg or 280 mg tablets, ONE of the following:</p> <ol style="list-style-type: none"> <li>A. The patient has tried and had an inadequate response to Imbruvica 140 mg capsules <b>OR</b></li> <li>B. The patient has an intolerance or hypersensitivity to Imbruvica capsules that is not expected to occur with Imbruvica tablets <b>OR</b></li> <li>C. The patient has an FDA labeled contraindication to Imbruvica capsules that is not expected to occur with Imbruvica tablets <b>AND</b></li> </ol> <p>8. If the requested agent is Zytiga/abiraterone 500 mg, ONE of the following:</p> <ol style="list-style-type: none"> <li>A. The patient has tried and had an inadequate response to generic abiraterone 250 mg tablets <b>OR</b></li> </ol>	Indication	Preferred Agents	Non-Preferred Agents	Advanced or metastatic breast cancer	Kisqali, Kisqali Femara Pack, Verzenio	Ibrance	Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia in chronic phase	Imatinib (generic), Sprycel	Bosulif, Tassigna	Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase with the T315I mutation	Iclusig	Scemblix	Polycythemia Vera	Peginterferon*	BESREMi
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Module	Clinical Criteria for Approval																										
	<p data-bbox="565 184 1406 268">B. The patient has an intolerance or hypersensitivity to generic abiraterone 250 mg tablets that is not expected to occur with the requested agent <b>OR</b></p> <p data-bbox="565 270 1406 354">C. The patient has an FDA labeled contraindication to generic abiraterone 250 mg tablets that is not expected to occur with the requested agent <b>AND</b></p> <p data-bbox="280 357 1393 415">2. If the requested agent is for one of the following brand agents with a generic equivalent (listed below), then ONE of the following:</p> <table border="1" data-bbox="428 453 1221 840"> <thead> <tr> <th>Brand</th> <th>Generic Equivalent</th> </tr> </thead> <tbody> <tr> <td>Afinitor</td> <td>everolimus</td> </tr> <tr> <td>Afinitor Disperz</td> <td>everolimus</td> </tr> <tr> <td>Gleevec</td> <td>imatinib</td> </tr> <tr> <td>Sutent</td> <td>sunitinib</td> </tr> <tr> <td>Tarceva</td> <td>erlotinib</td> </tr> <tr> <td>Targretin</td> <td>bexarotene</td> </tr> <tr> <td>Temodar</td> <td>temozolomide</td> </tr> <tr> <td>Tykerb</td> <td>lapatinib</td> </tr> <tr> <td>Xeloda</td> <td>capecitabine</td> </tr> <tr> <td>Zytiga</td> <td>abiraterone</td> </tr> </tbody> </table> <p data-bbox="354 919 1414 978">A. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></p> <p data-bbox="354 980 1393 1039">B. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the requested brand agent <b>OR</b></p> <p data-bbox="354 1041 1341 1100">C. The prescriber has provided information to support the use of the requested brand agent over the generic equivalent <b>AND</b></p> <p data-bbox="280 1102 1409 1131">3. The patient does not have any FDA labeled contraindications to the requested agent <b>AND</b></p> <p data-bbox="280 1134 1338 1192">4. The patient does not have any FDA labeled limitation(s) of use that is otherwise not supported in NCCN to the requested agent</p> <p data-bbox="228 1220 1414 1304"><b>Length of Approval:</b> Up to 3 months for dose titration requests over the program quantity limit and Vitrakvi; Up to 12 months for all other requests, approve starter packs and loading doses where appropriate and maintenance dose for the remainder of the authorization</p> <p data-bbox="228 1346 1101 1375">NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p data-bbox="228 1472 500 1501"><b>Renewal Evaluation</b></p> <p data-bbox="228 1539 1084 1568"><b>Target Agent(s)</b> will be approved when ALL of the following are met:</p> <p data-bbox="280 1606 1354 1665">1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process <b>AND</b></p> <p data-bbox="280 1667 586 1696">2. ONE of the following:</p> <p data-bbox="354 1698 1393 1778">A. The requested agent is Vitrakvi AND the patient has experienced clinical benefit (i.e., partial response, complete response, or stable disease) with the requested agent <b>OR</b></p> <p data-bbox="354 1780 927 1810">B. The requested agent is NOT Vitrakvi <b>AND</b></p> <p data-bbox="280 1812 1393 1871">3. If the requested agent is for one of the following brand agents with a generic equivalent (listed below), then ONE of the following:</p> <table border="1" data-bbox="428 1908 1221 1976"> <thead> <tr> <th>Brand</th> <th>Generic Equivalent</th> </tr> </thead> <tbody> <tr> <td>Afinitor</td> <td>everolimus</td> </tr> </tbody> </table>	Brand	Generic Equivalent	Afinitor	everolimus	Afinitor Disperz	everolimus	Gleevec	imatinib	Sutent	sunitinib	Tarceva	erlotinib	Targretin	bexarotene	Temodar	temozolomide	Tykerb	lapatinib	Xeloda	capecitabine	Zytiga	abiraterone	Brand	Generic Equivalent	Afinitor	everolimus
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## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) is greater than the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does not have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b> up to 12 months, approve starter packs/loading doses where appropriate and maintenance doses for the remainder of the authorization</p>
QL with PA	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p>

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. ALL of the following: <ol style="list-style-type: none"> <li>A. The requested quantity (dose) is greater than the program quantity limit <b>AND</b></li> <li>B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>3. ALL of the following: <ol style="list-style-type: none"> <li>A. The requested quantity (dose) is greater than the program quantity limit <b>AND</b></li> <li>B. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>C. The prescriber has provided information in support of therapy with a higher dose for the requested indication</li> </ol> </li> </ol> <p><b>Length of Approval:</b> Up to 3 months for dose titration requests over the program quantity limit and Vitrakvi; Up to 12 months for all other requests, approve starter packs/loading doses where appropriate and maintenance doses for the remainder of the authorization</p>

Your health benefit plan may not cover certain prescription drug products or drug categories included in this document. Please consult your benefit plan materials for details about your particular benefit. This document may include drugs that are not included on your plan's formulary. For drug coverage status, please consult your plan's formulary