Benefits at a Glance

LEVEL CARE HEALTH

REQUESTED DATE OF SERVICE:6/2/2026

007326 MARCC FUND - PPO ACTIVE

MARCC PPO

Please read the important information at the end of this Benefits at a Glance.

This summary shows the Coinsurance percentage the Plan pays for various services. All payments are based on the Plan's allowance for the services performed.

Benefit	Tier 1	Tier 2[1]
BENEFIT PERIOD	Calendar year*	Calendar year*
DEDUCTIBLE (EMBEDDED)[2 3]		
• Individual	$250	$250
• Family	$750	$750
OUT OF POCKET MAXIMUM (EMBEDDED)[4 5]		
• Individual	$3,250	$0
• Family	$9,750	$0
LIFETIME MAXIMUM	Unlimited	Unlimited
PREVENTIVE SERVICES		
• Preventive Services	100%	70%
• Adult Immunizations	100%	70%
• Pediatric Immunizations	100%	70%
OUTPATIENT MEDICAL SERVICES		
• Primary Office Visit/Consultation	80% after deductible	70% after deductible
• Specialist Office Visit/Consultation	80% after deductible	70% after deductible
URGENT CARE		

Independence

Independence Administrators

Benefit	Tier 1	Tier 2[1]
• Urgent Care	80% after deductible	70% after deductible
RETAIL CLINIC (MINUTE CLINIC)	80% after deductible	70% after deductible
TELEMEDICINE		
• Telemedicine	100%	Not Covered
• Telemedicine Dermatology	100%	Not Covered
• Telemedicine Behavioral Health	100%	Not Covered
THERAPY/COUNSELING SERVICES		
• Physical Therapy $100 per day[6]	80% after deductible	70% after deductible
• Occupational Therapy	80% after deductible	70% after deductible
• Speech Therapy	80% after deductible	70% after deductible
• Cardiac Rehabilitation	80% after deductible	70% after deductible
• Pulmonary Therapy	80% after deductible	70% after deductible
• Orthoptic/Pleoptic Therapy (Vision Therapy)	80% after deductible	70% after deductible
EMERGENCY MEDICAL FACILITY		
• Emergency Medical	80% after deductible	70% after deductible
• Non Emergency	80% after deductible	70% after deductible
AMBULANCE SERVICES		
• Emergency Ambulance	80% after deductible	70% after deductible
• Non-Emergency Ambulance	80% after deductible	70% after deductible
INPATIENT MEDICAL SERVICES		
• Inpatient Hospital Services	80% after deductible	70% after deductible
• Inpatient Professional Services	80% after deductible	70% after deductible
OUTPATIENT SURGICAL PROCEDURES		
• Outpatient Surgical Procedures	80% after deductible	70% after deductible
• Short Procedure Facility	80% after deductible	70% after deductible
DIAGNOSTIC TESTING OUTPATIENT		
• Diagnostic Medical	80% after deductible	70% after deductible
• Simple Radiology	80% after deductible	70% after deductible
• Advanced Radiology	80% after deductible	70% after deductible
• Lab and Pathology	80% after deductible	70% after deductible
MATERNITY CARE		
• Initial Prenatal Care Visit	100%	70% after deductible
• Subsequent Prenatal Care Visit	100%	70% after deductible
CRANIAL PROSTHESIS - WIG/HAIRPIECE	80% after deductible	70% after deductible

Benefit	Tier 1	Tier 2[1]
CHIROPRACTIC SERVICES		
• Chiropractic Services $62 per day[6]	80% after deductible	70% after deductible
ALLERGY TESTS	80% after deductible	70% after deductible
ALLERGY INJECTIONS	80% after deductible	70% after deductible
NUTRITIONAL COUNSELING	100%	70% after deductible
DIALYSIS/HEMODIALYSIS	80% after deductible	70% after deductible
PRIVATE DUTY NURSING	80% after deductible	70% after deductible
SKILLED NURSING FACILITY	80% after deductible	70% after deductible
HOME HEALTH CARE	80% after deductible	70% after deductible
INPATIENT HOSPICE CARE	80% after deductible	70% after deductible
HOME INFUSION THERAPY	80% after deductible	70% after deductible
DURABLE MEDICAL EQUIPMENT	80% after deductible	70% after deductible
ORTHOTICS/PROSTHETICS DEVICES	80% after deductible	70% after deductible
OUTPATIENT MENTAL NERVOUS		
• Psychotherapy Office Visit/Consultation	80% after deductible	70% after deductible
• Psychotherapy Visit	80% after deductible	70% after deductible
DIABETIC SERVICES		
• Diabetic Education	80% after deductible	70% after deductible
• Diabetic Equipment	80% after deductible	70% after deductible
• Diabetic Supplies	80% after deductible	70% after deductible

This summary represents only a partial listing of benefits and exclusions of the Group Health Plan described in this summary. Benefits and exclusions may be further defined by medical policy. As a result, this Group Health Plan may not cover all of your health care expenses. Read your member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the Group Health Plan. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibxtpa.com.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to www.ibxtpa.com or call the phone number that is listed on the back of your identification card.

*****A calendar year benefit period begins on the first day of the calendar year and ends on the last day of the calendar year. The deductible and out-of-pocket maximum amount starts at $0 at the beginning of each calendar year.

[1]It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

[2]The in- and out-of-network deductibles cross-apply.

[3]Each member contributes towards his or her own deductible. The deductible is considered met when he or she reaches the individual deductible or the family deductible is met.

[4]Out of pocket includes medical only.

[5]Each member contributes towards his or her own out-of-pocket maximum. The out-of-pocket maximum is considered met when he or she reaches the individual out-of-pocket maximum or the family out-of-pocket maximum is met.

[6]Service limits combined across tiers.

Services that require precertification

Level Care Enhanced Precertification list effective date: January 1, 2026

This applies to services performed on an elective, non-emergency basis. Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded. For your reference, we have published a list of medical codes for services that require precertification, which is available on our Medical Policy Portal.

Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long-term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

Cardiology procedures†

- Arterial ultrasound
- Diagnostic coronary angiography
- Percutaneous coronary intervention

Procedures

- Bone graft substitutes and bone morphogenetic proteins for spine surgery†
- Cervical decompression with or without fusion†
- Cervical disc arthroplasty†
- Cochlear implant surgery
- Hip arthroplasty†
- Hip arthroscopy and open procedures†
- Knee arthroplasty†
- Knee arthroscopy and open procedures†
- Lumbar disc arthroplasty†
- Lumbar discectomy, foraminotomy, and laminotomy†
- Lumbar fusion and treatment of spinal deformity (including scoliosis and kyphosis)†
- Lumbar laminectomy†
- Meniscal allograft transplantation of the knee†
- Obesity surgery
- Shoulder arthroplasty†
- Shoulder arthroscopy and open procedures†
- Treatment of osteochondral defects†
- Vertebroplasty/kyphoplasty†

Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or subcutaneous tissue
- Gender-affirming interventions
- Genetically and bioengineered skin substitutes for wound care
- Gynecomastia
- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin flaps
  - Skin grafts
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

Day rehabilitation programs

Elective (nonemergency) ground, air, and sea ambulance transportation

Independence

Independence Administrators

† Precertification may be performed by Carelon Medical Benefits Management (Carelon), an independent company. Precertification review benefit varies based on decision by member's employer group.

Outpatient private-duty nursing

Outpatient radiation therapy*

Interventional pain management services†

- Epidural injection procedures and diagnostic selective nerve root blocks
- Implanted spinal cord stimulators
- Paravertebral facet injection/nerve block/neurolysis
- Regional sympathetic nerve block
- Sacroiliac joint injections

Radiology†

- Computed tomography (CT)
- Computed tomography angiography (CTA)
- Echocardiography services
  - Resting transthoracic echocardiography (TTE)
  - Stress echocardiography (SE)
  - Transesophageal echocardiography (TEE)
- Magnetic resonance angiography (MRA)
- Magnetic resonance imaging (MRI)
- Nuclear cardiology
- Positron emission tomography (PET) scans

Home-care services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy

Prosthetics/orthoses

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components
- Repair or replacement of all prosthetics/orthoses that require precertification

Select durable medical equipment (DME)

- Bone growth stimulators
  - Low intensity ultrasound noninvasive bone growth stimulation
  - Other than spinal noninvasive electrical bone growth stimulation
  - Spinal noninvasive electrical bone growth stimulation†
- Bone-anchored (osseointegrated) hearing aids
  - Bone conduction hearing aids
  - Cochlear implants
- Continuous positive airway pressure (CPAP) devices and bi-level positive airway pressure (Bi-PAP) devices, and all supplies†
- Dynamic adjustable and static progressive stretching devices (excludes continuous passive motion [CPM] machines)
- Electric, power, and motorized wheelchairs, including custom accessories
- Insulin pumps
- Manual wheelchairs with the exception of those that are rented
- Negative-pressure wound therapy
- Neuromuscular stimulators
- Power-operated vehicles (POVs)
- Pressure-reducing support surfaces, including:
  - Air-fluidized beds
  - Non-powered advanced pressure reducing mattresses
  - Powered air-flotation beds (low air loss therapy)
  - Powered pressure-reducing mattresses
- Push rim activated power assist devices
- Repair or replacement of all DME items that require precertification
- Speech-generating devices

Medical foods

Hyperbaric oxygen therapy

Proton beam therapy*

In-lab/facility sleep studies†

Transplants

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/ substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (rTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

Applied behavioral analysis

* Precertification review may be provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member's employer group.

† Precertification may be performed by Carelon Medical Benefits Management (Carelon), an independent company. Precertification review benefit varies based on decision by member's employer group.

Genetic and genomic tests requiring precertification*

The following list is a guide to the types of genetic and genomic tests that require precertification. Due to the volume of tests, it is not possible to list each test separately. To determine if a test requires precertification, please see the complete procedure code list for details.

Hereditary cancer syndromes

- BRCA gene testing (breast and ovarian cancer syndrome)
- Lynch syndrome gene testing
- Familial adenomatous polyposis gene testing
- PTEN gene testing (Cowden syndrome)
- General cancer type panels (such as colon, breast, or neuroendocrine cancers)

Hereditary heart diseases

- Long QT syndrome gene testing
- Aortic dilation or aneurysm syndrome testing (includes Marfan syndrome)

Other full gene analysis testing

- Cystic fibrosis full gene sequencing and deletion/duplication analysis
- PMP22 full gene sequencing and deletion/duplication analysis (Charcot-Marie-Tooth, hereditary neuropathy)

Tests for many genetic disorders simultaneously

- Expanded carrier screening panels (such as Carrier Status DNA Insight®, Counsyl Family Prep Screen, Pan-Ethnic Carrier Screening)
- Hearing loss panels
- Intellectual disability panels
- Noonan spectrum disorders panels

Specialty oncology tests

- Cancer gene expression or protein signature tests (such as OncotypeDX®, MammaPrint®, Afirma®, Prosigna®, HeproDX™)
- Tumor molecular profiling (such as FoundationOne®, neoTYPE™, OncoPlexDx®, and many others)
- Tissue of origin testing (for cancer of unknown primary)
- PCA3 testing for prostate cancer

Pharmacogenomic tests

- Cytochrome P450 metabolism gene testing (CYP2D6, CYP2C9, CYP2C19)
- Specialized drug response gene panels (such as Assurex GeneSight®, GeneTrait, Genecept®, Millennium PGTSM)
- Warfarin response testing
- MGMT methylation analysis for glioblastoma

Other specialty tests

- Coronary artery disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6, MTHFR)

Genome-wide tests

- Microarray studies
- Whole exome testing
- Whole genome testing
- Mitochondrial genome or nuclear testing

ANY genetic test for more than one gene or condition (often includes words like “panel” or “comprehensive” in the name)

ANY genetic test that will be billed with a non-specific procedure code

- Billed with CPT® codes 81400 – 81408
- Billed with an unlisted code: 81479, 81599, 84999

* Precertification review may be provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member’s employer group.

Specialty drugs that require precertification

All listed brands and their generic equivalents require precertification. This list is subject to change.

See this list for information on Direct Ship.

Alzheimer's disease agents

- Kisunla™§ (donanemab-azbt)
- Leqembi®§ (lecanemab-irmb)

Amyotrophic lateral sclerosis agents

- debamestrocel*
- Qalsody®§ (tofersen)

Antineoplastic agents/chemotherapy

- Abraxane® (paclitaxel protein-bound particles)
- Adcetris® (brentuximab vedotin)
- Adstiladrin® (nadofaragene firadenovec)
- Alymsys® (bevacizumab) (except for ophthalmological conditions)
- Anktiva® (nogapendekin alfa-inbakicept)
- Avastin®† (bevacizumab) (except for ophthalmological conditions)
- Avzivi® (bevacizumab-tnjn)
- Azedra®‡ (iobenguane I-131)
- Blenrep® (belantamab mafodotin-blmf)
- Blincyto® (blinatumomab)
- Bizengri® (zenocutuzumab)
- Columvi™ (glofitamab)
- Cyramza® (ramucirumab)
- Darzalex® (daratumumab)
- Darzalex Faspro™ (daratumumab/hyaluronidase-fihj)
- Datroway (datopotamab deruxtecan)
- Elahere® (mirvetuximab soravtansine-gynx)
- Elrexfio™ (elranatamab-bcmm)
- Emrelis® (telisotuzumab vedotin)
- Enhertu (fam-trastuzumab-deruxtecan-nxki)
- Epklinly™ (epicortimab-bysp)
- Erbitux® (cetuximab)
- Herceptin®† (trastuzumab)
- Herceptin Hylecta™ (trastuzumab)
- Hercessi™ (trastuzumab-strf)
- Herzuma® (trastuzumab-pkrb)
- Imjudo® (tremelimumab)
- Jobevne™ (bevacizumab-nwgd)
- Kadcyla® (ado-trastuzumab emtansinel)
- Kimmtrak® (tebentafusp-tebn)
- Kyprolis® (carfilzomib)
- Lunsumio™ (mosumetuzumab-axgb)
- Lynozyfic® (linvoseltamab-gcpt)
- Margenza™ (margetuximab)
- Monjuvi® (tafasitamab-cxix)
- odronextamab*
- Ogivri™ (trastuzumab-dkst)
- Ontruzant® (trastuzumab-dttb)
- Opdualag™ (nivolumab and relatlimab-rmbw)
- Padcev™ (enfortumab vedotin-ejfv)
- patritumab deruxtecan*
- Pemfexy™ (pemetrexed)
- Perjeta®† (pertuzumab)
- Phesgo™ (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Pluvicto™‡ (lutetium Lu 177 vipivotide tetraxetan)
- Polivy™ (polatuzumab vedotin-piiq)
- Poteligeo™ (mogamulizumab)
- Provenge® (sipuleucel-T)
- Riabni (rituximab-arrx)
- Rituxan®† (rituximab)
- Rituxan Hycela™ (rituximab/hyaluronidase human)
- Rybrevant (amivantamab-vmjw)
- Rylaze™ (asparaginase Erwinia chrysanthemi [recombinant]-rywn)
- Sarclisa (isatuximab-irfc)
- Taclantis* (paclitaxel injection concentrate for suspension)
- Talvey™ (talquetamab-tgvs)
- Tecvayli™ (teclistamab)
- Tivdak™ (tisotumab vedotin-tftv)
- trastuzumab-duocarmazine*
- Trazimera™ (trastuzumab-qyyp)
- Trodelvy™ (sacituzumab govitecan-hziy)
- Vegzelma® (bevacizumab-adcd) (except for ophthalmological conditions)
- vusolimogene oderparepvec*
- Vyloy® (zolbetuximab)
- Xofigo®‡ (radium Ra 223)
- Yervoy™ (ipilimumab)
- Zepzelca™ (lurbinectedin)
- Zevalin®‡ (ibritumomab tiuxetan)
- Ziihera® (zanidatamab)
- Zynlonta (loncastuximab tesirine)

Anti-PD-1/PD-L1 human monoclonal antibodies*/chemotherapy

- Bavencio® (avelumab)
- balstilimab*
- camrelizumab*
- Imfinzi™ (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda® (pembrolizumab)
- Keytruda® Qlex (pembrolizumab and berahyaluronidase alfa-pmph)
- Libtayo® (cemiplimab-rwlc)
- Loqtorzi® (toripalimab-tpzi)
- Opdivo® (nivolumab)
- Opdivo Qvantig™ (nivolumab and hyaluronidase-nvhy)
- penpulimab*
- Tecentriq™ (atezolizumab)
- Tecentriq Hybreza™ (atezolizumab and hyaluronidase-tqjs)
- Tevimbra® (tislelizumab-jsgr)
- Unloxcyt (cosibelimab)
- Zynyz® (retifanlimab)

Bone-modifying agents

- Aukelso™ (denosumab-kyqq)
- Bildyos® (denosumab-nxxp)
- Bilprevda® (denosumab-nxxp)
- Bosaya™ (denosumab-kyqq)
- Bomyntra® (denosumab-bnht)
- Connexence® (denosumab-bnht)
- Enoby® (denosumab-qbde)
- Evenity® (romosozumab-aqqg)
- Ospomyv (denosumab-dssb)

- Prolia® (denosumab)
- Xbryk (denosumab-dssb)
- Xgeva® (denosumab)
- Xtrenbo® (denosumab-qbde)

Botulinum toxin agents

- Botox® (onabotulinumtoxinA)

Chimeric antigen receptor (CAR-T) therapies/chemotherapy**

- Abecma (idecabtagene vicleucel)
- Aucatzyl (obecabtagene autotemcel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti™ (ciltacabtagene autoleucel)
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

Duchenne Muscular Dystrophy

- Amondys 45§ (casimersen)
- Exondys 51§ (eteplirsen)
- Vyondys 53§ (golodirsen)

Endocrine/metabolic agents

- Acthar H.P.® (corticotropin)
- Lutathera®‡ (lutetium Lu 177 dotatate)/chemotherapy
- Sandostatin® LAR (octreotide)/chemotherapy
- Somatuline® depot (lanreotide)/chemotherapy

Enzyme replacement agents**

- Adzynma (ADAMTS13, recombinant-krhn)
- Aldurazyme® (laronidase)
- Brineura™ (cerliponase alfa)
- Cerezyme® (imiglucerase)
- Elaprase® (idursulfase)
- Elelyso® (taliglucerase alfa)
- Elfabrio® (pegunigalsidase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lamzede® (velmanase alfa-tycv)
- Lumizyme® (alglucosidase alfa)
- Mepsevii™ (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)
- Nexviazyme® (avalglucosidase alfa)
- pegzilarginase*
- Pombiliti™ (cipaglucosidase alfa-atga)
- Revcovi™ (elapegademase-lvlr)
- tividenofusp alfa*
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)
- Xenpozyme® (olipudase alfa)

Gene replacement/gene editing therapy**

- Casgevy (exagamglogene autotemcel)
- clemidsogene lanparvovec*
- Elevidys§ (delandistrogene moxparvovec-rokl)
- etuvetidigene autotemcel*
- Hemgenix® (etranacogene dezparvec)
- Itvisma® (onasemnogene abeparvovec-brve)
- Kebilidi™ (eladocagene exuparvovec)
- Lenmeldy™ (atidarsagene autotemcel)
- Luxturna™ (voretigene neparvovec-rzyl)
- Lyfgenia™ (lovotibeglogene autotemcel)
- marnetegragene autotemcel*
- Papzimeos® (zopapogene imadenovec)
- rebisufligene etisparvovec*
- Roctavian® (valoctocogene roxaparvovec)
- Skysona™ (elivaldogene autotemcel)
- Vyjuvek® (beremagene geperpavec)
- Zevaskyn™ (prademagene zamikeracel)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo® (betibeglogene autotemcel)

Hemophilia/coagulation factors**

Hyaluronate acid products

- Cingal®
- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synojoynt™
- Triluron™
- TriVisc™
- VISCO-3®

Immunological agents**

- Actemra® IV (tocilizumab)
- Avsola™ (infliximab-axxq)
- Avtozma (toxilizumab-anoh)
- Benlysta® IV (belimumab)
- Cosentyx® IV (secukinumab)
- Entyvio™ IV (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab-asmn)
- Infliximab (unbranded)
- Ixifi™ (infliximab-qbtx)
- Omvoh™ IV (mirikizumab)
- Orencia® IV (abatacept)
- Pyzchiva® IV (ustekinumab-ttwe)
- Remicade®† (infliximab)
- Renflexis™ (infliximab-abda)
- Saphnelo™ (anifrolumab)
- Selarsdi™ IV (ustekinumab-aekn)
- Simponi® Aria (golimumab for infusion)
- Skyrizi® IV (risankizumab-rzaa)
- Spevigo® (spesolimab)
- Starjemza™ (ustekinumab-hmny)
- Stelara®† (ustekinumab)
- Tofidence™ (tocilizumab-bavi)
- Tremfya® IV (guselkumab)
- Tyenne® IV (tocilizumab-aazg)
- Wezlana™ (ustekinumab-auub)
- Yesintek™ (ustekinumab-kfce)

Intravenous immune globulin/subcutaneous immune globulin (IVIG/SCIG)**

Multiple sclerosis agents**

- Briumvi™ (ublituximab-xiiy)
- Lemtrada® (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Tyruko® (natalizumab-sztn)
- Tysabri® (natalizumab)

Myasthenia Gravis Agents**

- Imaavy® (nipocalimab)
- Rystiggo® (rozanolixizumab-noli)
- Vyvgart® (efgartigimod alfa-fcab)
- Vyvgart® Hytrulo (efgartigimod alfa-fcab and hyaluronidase-gvfc)

Neutropenia

- Fylnetra® (pegfilgrastim-pbbk)
- Granix® (tbo-filgrastim)
- Grastofil* (filgrastim-xxxx)
- Lapelga* (pegfilgrastim-jmbd)
- Neupogen® (filgrastim)
- Nypozi™ (filgrastim-txid)
- Releuko™ (filgrastim-ayow)
- Rolvedon® (eflapegrastim)
- Ryzneuta® (efbemalenograstim-alfa)
- Stimufend® (pegfilgrastim-fpgk)
- Udenyca® (pegfilgrastim-cbqv)
- Udenyca® OnBody (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

Ophthalmic agents

- Ahzantive® (aflibercept-mrbb)
- Beovu® (brolucizumab-dbll)
- bevacizumab-vikg*
- Byooviz™ (ranibizumab-nuna)
- Cimerli™ (ranibizumab-eqrn)
- Enzeevu™ (aflibercept-abzv)
- Eydenzelt® (aflibercept-boav)
- Eylea®† (aflibercept)
- Eylea® HD (aflibercept)
- Lucentis®† (ranibizumab)
- Opuviz™ (aflibercept-yszy)
- Pavblu™ (aflibercept-ayyh)
- revakinagene taroretcel*
- Susvimo™ (ranibizumab injection, port delivery system)
- Tepezza™ (teprotumumab-trbw)
- Vabysmo® (faricimab-svoa)
- Xlucane* (ranibizumab-xxxx)
- Yesafili™ (aflibercept-jbvf)

Pulmonary arterial hypertension**

- Flolan® (epoprostenol GM)
- Remodulin® (treprostinil)
- Revatio® (sildenafil)
- Tyvaso® (treprostinil)
- Uptravi IV (selexipag)
- Veletri® (epoprostenol AS)
- Ventavis® (iloprost)

Respiratory agents

- Cinqair® (reslizumab)
- depemokimab*
- Omlyclo (omalizumab-igec)
- Synagis® (respiratory syncytial virus [RSV], monoclonal antibody, recombinant)
- Xolair® (omalizumab)

Respiratory enzymes (alpha-1 antitrypsin)**

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

Tumor-infiltrating lymphocyte (TIL) and T-cell therapies

- Amtagvi™ (lifleucel)
- Imdelltra™ (tarlatamab-dlle)
- linvoseltamab*
- Tecelra® (afamitresgene autoleucel)

Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Amvuttra™ (vutrisiran)
- apitegromab*
- Bkemv™ (eculizumab-aeeb)
- Cosela® (trilaciclib)
- Crysvita® (burosumab-twza)
- deramiocel*
- Epysqli® (eculizumab-aagh)
- Enjaymo (sutimlimab-jome)
- Evkeeza™ (evinacumab)
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Injectafer® (ferric carboxymaltose injection)
- Krystexxa® (pegloticase)
- Leqvio® (inclisiran)
- Monoferric® (ferric derisomaltose)
- narsoplimab*
- Niktimvo™ (axatilimab-csfr)
- olezarsen*
- Onpattro™ (patisiran)
- Oxlumo® (lumasiran)
- Panhemitin® (hemin for injection)
- PiaSky® (crovalimab-akkz)
- Reblozyl® (luspatercept-aamt)
- Remune
- Rethymic™ (allogeneic processed thymus tissue-agdc)
- Rytelo™ (imetelstat)
- Soliris®† (eculizumab)
- Spinraza™ (nusinersen)
- Tab-cel® (tabelecleucel)
- Tzield™ (teplizumab)
- Ultomiris™ IV (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Veopoz™ (pozelimab-bbfg)
- Vyepti™ (eptinezumab-jjmr)
- Xiaflex® (collagenase clostridium histolyticum)

* Pending FDA approval.

** All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

† Precertification requirements apply to all FDA-approved biosimilars to this reference product.

‡ Precertification review may be provided by CareCore National, LLC d/b/a eviCore healthcare (eviCore), an independent company. Precertification review benefit varies based on decision by member's employer group.

§ Some commercial groups/members have a benefit exclusion for these drugs.

Independence

Independence Administrators

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