December 2023

Dear SummaCare Member,

Enclosed you will find updates for 2024 to the SummaCare Comprehensive Formulary for Small Group and Individual plans.

Preventive Vaccine for 2024:
- Members are able to get many preventive vaccines at their retail pharmacy for a zero dollar copay. Please refer to the formulary for a complete listing of covered vaccines and restrictions.

Save on your key medications for 2024:
- Members can utilize our Mail Order Pharmacy for additional savings and convenience. Please refer to your member handbook for specific copay information.
- Members can purchase a 90-day supply of generic medications at their retail pharmacy. This allows members to enjoy the convenience of filling a 90-day prescription while taking advantage of generic discounts at retail pharmacies.

Please note: Since benefits and formularies differ among plans, please refer to your benefit materials to see which formulary applies to your plan and if these programs are included in your plan. If your pharmacy benefit has a deductible, this benefit may apply only after the deductible is met.

Visit www.summacare.com for all formulary updates along with comprehensive information regarding the tier status, applicable limitations and possible alternatives for all covered drugs. The 2024 formulary can be located by clicking on the “Find a Drug” button on the right-hand side of the homepage.

If you have any questions about your pharmacy benefit or would like a copy of the formulary that applies to your plan, please contact Customer Service at the number listed on the back of your SummaCare ID card. For persons with hearing and/or speech disabilities, please call 800-750-0750.

Thank you for being a SummaCare member.

Tiffanie Mrakovich, Pharm.D.
Pharmacy Director

Enclosure
2024 SummaCare Comprehensive Formulary Changes

Formulary Tier Changes

**Please refer to the comprehensive formulary document posted on the SummaCare website, www.summacare.com, to determine if any of the drugs listed below have utilization management (i.e. Prior Authorization, Step Therapy, Quantity Limits) requirements.

- Prior Authorization = PA
- Step Therapy = ST
- Quantity Limits = QL
- Non-Formulary = The drug is not covered on the 2024 formulary

ABOUT 2024 TIERS

NON-STANDARD PLANS

<table>
<thead>
<tr>
<th>Prescription Drug Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Zero Cost Share Preventive Drugs (This tier will contain low cost medications that may be preferred generic, single source, or multi-source Brand Drugs.)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-Preferred Generics</td>
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<tr>
<td>Tier 4</td>
<td>Preferred Brand</td>
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<tr>
<td>Tier 5</td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>Tier 6</td>
<td>Specialty Drugs</td>
</tr>
</tbody>
</table>

STANDARD PLANS

<table>
<thead>
<tr>
<th>Prescription Drug Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Zero Cost Share Preventive Drugs (This tier will contain low cost medications that may be preferred generic, single source, or multi-source Brand Drugs.)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Preferred Generics and Non-Preferred Generics</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Preferred Brand</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Specialty Drugs</td>
</tr>
</tbody>
</table>

The list below represents the changes made for the 2024 Plan Year.

These formulary changes are for the 2024 SummaCare Comprehensive Drug Formulary only. Because benefits and formularies vary, please refer to your benefit documents to see if these programs/restrictions are included in your plan. If your pharmacy benefit has a deductible, benefits may apply only after the deductible is met.
<table>
<thead>
<tr>
<th>NAME</th>
<th>2023 Tier</th>
<th>2024 Tier</th>
<th>2024 Utilization Management Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADALIMUMAB-ADAZ(CF) 40MG/0.4ML SYRINGE SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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<tr>
<td>ADALIMUMAB-ADAZ(CF) PEN 40MG/0.4ML PEN INJCTR SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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</tr>
<tr>
<td>AMMONIUM LACTATE 12 % LOTION TOPICAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Generic</td>
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</tr>
<tr>
<td>ASMANEX HFA HFA AER AD INHALATION (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>BREZTRI AEROSPHERE HFA AER AD INHALATION (ALL STRENGTHS)</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
<td></td>
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<tr>
<td>BRIVIACT TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT 10 MG/ML SOLUTION ORAL</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>CARGLUMIC ACID 200 MG TAB DISPER ORAL</td>
<td>No change</td>
<td>Add Prior Authorization</td>
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<td>CYCLOSPORINE 250 MG CAPSULE ORAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Generic</td>
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<tr>
<td>DIFLUPREDNATE 0.05 % DROPS OPHTHALMIC</td>
<td>No change</td>
<td>QL 10 PER 14 DAYS</td>
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<tr>
<td>DIGOXIN 62.5 MCG TABLET ORAL</td>
<td>No change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUAEE 0.45-20 MG TABLET ORAL</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
<td>Add Prior Authorization</td>
</tr>
<tr>
<td>EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG TABLET ORAL</td>
<td>Specialty</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>ERTACZO 2 % CREAM (G) TOPICAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Brand</td>
<td>Add Prior Authorization</td>
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<tr>
<td>ETHACRYNIC ACID 25 MG TABLET ORAL</td>
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<tr>
<td>EURAX 10 % LOTION TOPICAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>GLYXAMBI TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
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</tr>
<tr>
<td>HYRIMOZ(CF) 10MG/0.1ML SYRINGE SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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<tr>
<td>HYRIMOZ(CF) 20MG/0.2ML SYRINGE SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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<tr>
<td>HYRIMOZ(CF) 40MG/0.4ML SYRINGE SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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</tr>
<tr>
<td>HYRIMOZ(CF) PEDIATRIC CROHN'S 80 MG-40MG SYRINGE SUBCUTANE</td>
<td>Non-Formulary</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>HYRIMOZ(CF) PEDIATRIC CROHN'S 80MG/0.8ML SYRINGE SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>HYRIMOZ(CF) PEN 40MG/0.4ML PEN INJCTR SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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</tr>
<tr>
<td>HYRIMOZ(CF) PEN 80MG/0.8ML PEN INJCTR SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
<td></td>
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<tr>
<td>HYRIMOZ(CF) PEN CROHN-UC START 80MG/0.8ML PEN INJCTR SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>HYRIMOZ(CF) PEN PSORIASIS 80 MG-40MG PEN INJCTR SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Specialty</td>
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<tr>
<td>INSULIN LISPRO 100/ML VIAL SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
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<tr>
<td>INSULIN LISPRO JUNIOR KWIKPEN 100/ML INS PEN HF SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
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<tr>
<td>INSULIN LISPRO KWIKPEN U-100 100/ML INSULN PEN SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
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<tr>
<td>INSULIN LISPRO PROTAMINE MIX 75-25/ML INSULN PEN SUBCUTANE.</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
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<tr>
<td>IVERMECTIN 1 % CREAM (G) TOPICAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Generic</td>
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</tr>
<tr>
<td>MENEST TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
<td>Add PA &amp; QL 2 PER 28 DAYS</td>
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<tr>
<td>MOUNJARO PEN INJCTR SUBCUTANE. (ALL STRENGTHS)</td>
<td>No change</td>
<td></td>
<td></td>
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<tr>
<td>MYTESI 125 MG ORAL TABLET DR</td>
<td>No change</td>
<td>QL 60 PER 30 DAYS</td>
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<tr>
<td>NEXLIZE 180MG-10MG TABLET ORAL</td>
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<td>Add Prior Authorization</td>
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<tr>
<td>OMNIPOD CLASSIC PODS (GEN 3)</td>
<td>No change</td>
<td>QL 15 PER 30 DAYS</td>
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<tr>
<td>NAME</td>
<td>2023 Tier</td>
<td>2024 Tier</td>
<td>2024 Utilization Management Change</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<td>-----------</td>
<td>-----------------------------------</td>
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<tr>
<td>OMNIPOD DASH INTRO KIT (GEN 4)</td>
<td>No change</td>
<td>QL 1 PER 365 DAYS</td>
<td></td>
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<tr>
<td>OMNIPOD DASH PDM KIT (GEN 4)</td>
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<td>QL 1 PER 365 DAYS</td>
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<tr>
<td>OZEMPIC .25 OR 0.5 PEN INJCTR SUBCUTANE.</td>
<td>No change</td>
<td>Add Prior Authorization</td>
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</tr>
<tr>
<td>OZEMPIC 0.25 OR .5 PEN INJCTR SUBCUTANE.</td>
<td>No change</td>
<td>Add Prior Authorization</td>
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<tr>
<td>OZEMPIC 1/0.75 (3) PEN INJCTR SUBCUTANE.</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>OZEMPIC 2MG/0.75ML PEN INJCTR SUBCUTANE.</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>PENCICLOVIR 1 % CREAM (G) TOPICAL</td>
<td>Non-Formulary</td>
<td>Non-Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>PREMPRO TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>PROBENECID-COLCHICINE 500-0.5 MG TABLET ORAL</td>
<td>Preferred Generic</td>
<td>Non-Preferred Generic</td>
<td></td>
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<tr>
<td>QVAR REDIHALER 40 MCG HFA AEROBA INHALATION</td>
<td>Non-Formulary</td>
<td>Non-Preferred Brand</td>
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</tr>
<tr>
<td>RAMELTEON 8 MG TABLET ORAL</td>
<td>Non-Preferred Generic</td>
<td>Non-Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>REYVOW TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>RYBELSUS TABLET ORAL (ALL STRENGTHS)</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>TAFLUPROST 0.0015 % DROPERETTE OPHTHALMIC</td>
<td>Non-Preferred Generic</td>
<td>Non-Preferred Generic</td>
<td></td>
</tr>
<tr>
<td>TRIJARYD XR TAB BP 24H ORAL (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>TRULICITY PEN INJCTR SUBCUTANE. (ALL STRENGTHS)</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>UBRELVY TABLET ORAL (ALL STRENGTHS)</td>
<td>Non-Preferred Brand</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VASCEPA CAPSULE ORAL (ALL STRENGTHS)</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>VICTOZA 3-PAK 0.6 MG/0.1 PEN INJCTR SUBCUTANE.</td>
<td>No change</td>
<td>Add Prior Authorization</td>
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<tr>
<td>VIGABATRIN 500 MG POWD PACK ORAL</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>VIGABATRIN 500 MG TABLET ORAL</td>
<td>No change</td>
<td>Add Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>VYVANSE CAPSULE ORAL (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
</tr>
<tr>
<td>VYVANSE TAB CHEW ORAL (ALL STRENGTHS)</td>
<td>Non-Formulary</td>
<td>Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

**DRUGS REMOVED FROM FORMULARY FOR 2024**

- ABILIFY MYCITE ORAL (ALL STRENGTHS)
- ACTHAR 80 UNIT/ML VIAL INJECTION
- ACUVAIL 0.45 % DROPERETTE OPHTHALMIC
- ADBRY 150 MG/ML SYRINGE SUBCUTANE.
- AFINITOR TABLET ORAL (ALL STRENGTHS)
- AFINITOR DISPERZ TAB SUSP ORAL (ALL STRENGTHS)
- AKTEN 3.5 % GEL (ML) OPHTHALMIC
- ALA-SCALP 2 % LOTION TOPICAL
- ALINIA 100 MG/5ML SUSP RECON ORAL
- ALPHAGAN P 0.15 % DROPS OPHTHALMIC
- ALREX 0.2 % DROPS SUSP OPHTALMHC
- ALTRENO 0.05 % LOTION TOPICAL
- ALUNBRIG TABLET ORAL (ALL STRENGTHS)
- ALUNBRIG 90MG-180MG TAB DS PK ORAL
- AMABELZ TABLET ORAL (ALL STRENGTHS)
- ANACAINE 10 % OINT. (G) TOPICAL
- ANDRODERM PATCH TD24 TRANSDERM. (ALL STRENGTHS)
- ANGELIQA TABLET ORAL (ALL STRENGTHS)
- ARANESP INJECTION (ALL STRENGTHS)
- ARIPIPRAZOLE 1 MG/ML SOLUTION ORAL
- ASMANEX 220MCG(60) AER POW BA INHALATION
- AUBAGIO (ALL STRENGTHS)
- AZELEX 20 % CREAM (G) TOPICAL
- BALCOTRA 0.1-0.02MG TABLET ORAL
- BALVERSA TABLET ORAL (ALL STRENGTHS)
- BAQSIMI 3 MG SPRAY NASAL
- BASAGLAR KWIKPEN U-100 100/ML (3) INSULN PEN SUBCUTANE.
- BASAGLAR TEMPO PEN U-100 100/ML (3) INSULN PEN SUBCUTANE.
- BENZONATATE 150 MG CAPSULE ORAL
- BESREMI 500 MCG/ML SYRINGE SUBCUTANE.
- BIJUVA 1 MG-100MG CAPSULE ORAL
- CAFFEINE CITRATE 60 MG/3 ML SOLUTION ORAL
- CAPEX SHAMPOO 0.01 % SHAMPOO TOPICAL
- CARBAMAZEPINE 100 MG/5ML ORAL SUSP ORAL
- CARDIZEM LA 120 MG TAB ER 24H ORAL
- CEQR SIMPLICITY 2 UNIT EACH MISCELL.
- CERDELGA 84 MG CAPSULE ORAL
- CETACAIN 2%-14%-2% SPRAY TOPICAL
- CETACAIN ANESTHETIC 2%-14%-2% LIQUID TOPICAL
- CHANTIX 0.5 (11)-1 TAB DS PK ORAL
- CHANTIX 1 MG TABLET ORAL
- CHENODAL 250 MG TABLET ORAL
- CHOLBAM CAPSULE ORAL (ALL STRENGTHS)
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
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</thead>
<tbody>
<tr>
<td>CIPRO HC 0.2 %-1 % DROPS SUSP OTIC</td>
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<tr>
<td>CLIMARA PRO 45-15/24H PATCH TDWK TRANSDERM.</td>
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</tr>
<tr>
<td>CLOBAZAM 2.5 MG/ML ORAL SUSP ORAL</td>
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<tr>
<td>COARTEM 20MG-120MG TABLET ORAL</td>
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</tr>
<tr>
<td>COLCHICINE 0.6 MG CAPSULE ORAL</td>
<td></td>
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<tr>
<td>CONDYLOX 0.5 % GEL (GRAM) TOPICAL</td>
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<tr>
<td>COPIKTRA CAPSULE ORAL (ALL STRENGTHS)</td>
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<tr>
<td>CORDRAN 0.025 % CREAM (G) TOPICAL</td>
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<tr>
<td>CORDRAN 4 MCG/CM2 MED. TAPE TOPICAL</td>
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<tr>
<td>CORLANOR 5 MG/5 ML SOLUTION ORAL</td>
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<tr>
<td>CORLANOR TABLET ORAL (ALL STRENGTHS)</td>
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<tr>
<td>CORTIFOAM 10 % FOAM/APPL RECTAL</td>
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<tr>
<td>CORTESPORIN-T 3.3-3-10/1 DROPS SUSP OTIC</td>
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<tr>
<td>COTELLIC 20 MG TABLET ORAL</td>
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<tr>
<td>CRINONE GEL/PF APP VAGINAL (ALL STRENGTHS)</td>
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<tr>
<td>CRONAN 10 % LOTION TOPICAL</td>
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<tr>
<td>CUVITRU VIAL SUBCUTANATE. (ALL STRENGTHS)</td>
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<tr>
<td>CYCLOSET 0.8 MG TABLET ORAL</td>
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<tr>
<td>CYSTAGON CAPSULE ORAL (ALL STRENGTHS)</td>
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</tr>
<tr>
<td>DAPSONE 5 % GEL (GRAM) TOPICAL</td>
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<td>DAPSONE 7.5 % GEL W/PUMP TOPICAL</td>
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<tr>
<td>DEBACTEROL 30%-50% MED. SWAB MUCOUS MEM</td>
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<tr>
<td>DENTAGEL 1.1 % GEL (GRAM) DENTAL</td>
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<td>DESRX 0.05 % GEL (GRAM)</td>
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<td>DEXAMETHASONE INTENSOL 1 MG/ML DROPS ORAL</td>
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<tr>
<td>DIACOMIT CAPSULE ORAL (ALL STRENGTHS)</td>
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<tr>
<td>DIACOMIT POWD PACK ORAL (ALL STRENGTHS)</td>
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<tr>
<td>DICYCLOMINE HCL 10 MG/5 ML SOLUTION ORAL</td>
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<td>DIOXIN 50 MG/ML SOLUTION ORAL</td>
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<tr>
<td>DIURIL 250 MG/5ML ORAL SUSP ORAL</td>
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<td>DOXETELE 20 MG TABLET ORAL</td>
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<tr>
<td>DOXYCYCLINE HYCLATE 150 MG TABLET ORAL</td>
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<td>DOXYCYCLINE HYCLATE 50 MG TABLET ORAL</td>
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<td>DOXYCYCLINE HYCLATE 75 MG TABLET ORAL</td>
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<td>DROXIA CAPSULE ORAL (ALL STRENGTHS)</td>
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<td>EFFER-K TABLET EFF ORAL (ALL STRENGTHS)</td>
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<td>EGATEN 250 MG TABLET ORAL</td>
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<td>ELESTRIN 0.87G GEL MD PMP TRANSDERM.</td>
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<td>EMFLAZA TABLET ORAL (ALL STRENGTHS)</td>
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<td>EMFLAZA 22.75MG/ML ORAL SUSP ORAL</td>
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<td>EMSAM PATCH TD24 TRANSDERM. (ALL STRENGTHS)</td>
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<tr>
<td>EPOGEN 10000/ML VIAL INJECTION</td>
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<td>EPOGEN 20000/ML VIAL INJECTION</td>
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<td>EPOGEN 3000/ML VIAL INJECTION</td>
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<td>EPOGEN 4000/ML VIAL INJECTION</td>
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<tr>
<td>ERGOMAR 2 MG TAB SUBL SUBLINGUAL</td>
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<tr>
<td>EVEKEO ODT TAB RAPDIS ORAL (ALL STRENGTHS)</td>
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<tr>
<td>FIRDAPSE 10 MG TABLET ORAL</td>
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<tr>
<td>FIRMAGON 120 MG VIAL SUBCUTANATE.</td>
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<tr>
<td>FLOVENT DISKUS BLST W/DEV INHALATION (ALL STRENGTHS)</td>
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<tr>
<td>FLUVOXAMINE MALEATE ER CAP ER 24H ORAL (ALL STRENGTHS)</td>
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<tr>
<td>FML FORTE 0.25 % DROPS SUSP OPHTHALMIC</td>
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<tr>
<td>FULPHILA 6 MG/0.6ML SYRINGE SUBCUTANAE.</td>
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<tr>
<td>GALAFOLD 123 MG CAPSULE ORAL</td>
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<td>GAVRETO 100 MG CAPSULE ORAL</td>
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<tr>
<td>GELFILM 25X50MM EACH OPHTHALMIC</td>
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<tr>
<td>GLEOSTINE CAPSULE ORAL (ALL STRENGTHS)</td>
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<tr>
<td>HALOBETASOL PROPIONATE 0.05 % FOAM TOPICAL</td>
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<tr>
<td>HALOG 0.1 % OINT. (G) TOPICAL</td>
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<td>HEMADY 20 MG TABLET ORAL</td>
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<tr>
<td>HEMANGEOL 4.28 MG/ML SOLUTION ORAL</td>
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<tr>
<td>HUMALOG 100/ML VIAL SUBCUTANATE.</td>
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<tr>
<td>HUMALOG JUNIOR KWIKPEN 100/ML INS PEN HF SUBCUTAN.</td>
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<tr>
<td>HUMALOG KWIKPEN U-100 100/ML INSULN PEN SUBCUTAN.</td>
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<td>HUMALOG MIX 75-25 KWIKPEN 75-25/ML INSULN PEN SUBCUTAN.</td>
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<tr>
<td>HUMALOG TEMPO PEN U-100 100/ML INSULN PEN SUBCUTAN.</td>
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<td>HYPER-SAL 3.5 % VIAL-NEB INHALATION</td>
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<td>HYQVIA VIAL SUBCUTANATE. (ALL STRENGTHS)</td>
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<td>HYQVIA IG COMPONENT VIAL SUBCUTANATE. (ALL STRENGTHS)</td>
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<td>IBUPROFEN 800 MG TABLET ORAL</td>
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<td>INTELENCE 100 MG TABLET ORAL</td>
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<td>INTELENCE 200 MG TABLET ORAL</td>
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<td>INVELTYS 1 % DROPS SUSP OPHTHALMIC</td>
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<tr>
<td>IOPIDINE 1 % DROPERETTE OPHTHALMIC</td>
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<tr>
<td>JYNARQUE TABLET ORAL (ALL STRENGTHS)</td>
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<tr>
<td>KERALYT SCALP 6 % 6-6-6 % KT SHM GEL TOPICAL</td>
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<tr>
<td>KOVANAZE 6-0.1MG./.2 NAS SP SYR NASAL</td>
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<td>K-PHOS NO.2 700-305MG TABLET ORAL</td>
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<td>K-PHOS ORIGINAL 500 MG TABLET SOL ORAL</td>
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<td>LACRISERT 5 MG INSERT OPHTHALMIC</td>
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<tr>
<td>LANOXIN 62.5 MCG TABLET ORAL</td>
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<td>LAVADA TABLET ORAL (ALL STRENGTHS)</td>
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<td>LEVOCARNITINE 100 MG/ML SOLUTION ORAL</td>
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<td>LEVOCARNITINE 330 MG TABLET ORAL</td>
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<td>LIALDA 1.2 G TABLET DR ORAL</td>
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<td>LIDO BKD 21 G X 1” KIT MISCELL.</td>
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<td>LIDOCAINE 5 % OINT. (G) TOPICAL</td>
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<td>LIDOCAINE HCL 3 % CREAM (G) TOPICAL</td>
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<td>LIDOCAINE-HYDROCORTISONE 2%-2% (7G) KIT RECTAL</td>
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<td>LIDOCAINE-PRILOCAINE 2.5 %-2.5% CREAM (G) TOPICAL</td>
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<td>LIVMARLI 9.5 MG/ML SOLUTION ORAL</td>
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<td>LOKELMA POWD PACK ORAL (ALL STRENGTHS)</td>
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<td>LONHALA MAGNAIR STARTER 25 MCG/ML VIAL-NEB INHALATION</td>
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<td>LUMAKRAS 120 MG TABLET ORAL</td>
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<td>LUMIGAN 0.01 % DROPS OPHTHALMIC</td>
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<td>LUPANETA PACK 3.75MG-SMG KT SYR TAB MISCELL.</td>
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<td>LYMIEJ TEMPO PEN U-100 100/ML INSULN PEN SUBCUTAN.</td>
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<td>MAVYRET 50 MG-20MG PELET PACK ORAL</td>
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<td>MAXIDEX 0.1 % DROPS SUSP OPHTHALMIC</td>
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<td>MAYZENT TABLET ORAL (ALL STRENGTHS)</td>
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<td>MELOXICAM 15 MG TABLET ORAL</td>
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<td>MENOSTAR 14MCG/24HR PATCH TDWK TRANSDERM.</td>
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<td>MENTAX 1 % CREAM (G) TOPICAL</td>
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<td>MESNEX 400 MG TABLET ORAL</td>
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<td>METHITEST 10 MG TABLET ORAL</td>
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<td>METHOCARBAMOL 1000 MG TABLET ORAL</td>
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<td>MULPLETA 3 MG TABLET ORAL</td>
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<td>MULTAQ 400 MG TABLET ORAL</td>
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<td>NAPROXEN 500 MG TABLET ORAL</td>
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<td>NATACYN 5 % DROPS SUSP OPHTHALMIC</td>
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<td>NATPARA CARTRIDGE SUBCUTANE. (ALL STRENGTHS)</td>
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<td>NAYZILAM 5 MG/SPRAY SPRAY NASAL</td>
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<td>NEBUSAL 6 % VIAL-NEB INHALATION</td>
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<td>NERLYNX 40 MG TABLET ORAL</td>
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<td>NEVANAC 0.1 % DROPS SUSP OPHTHALMIC</td>
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<td>NITRO-DUR PATCH TD24 TRANSDERM. (ALL STRENGTHS)</td>
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<td>NIVESTYM VIAL INJECTION (ALL STRENGTHS)</td>
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<td>NIVESTYM SYRINGE SUBCUTANE. (ALL STRENGTHS)</td>
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<td>NOVOPEN ECHO INSULN PEN SUBCUTANE.</td>
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<td>OBEQA 300 MG TABLET ORAL</td>
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<td>OBEQEXTA 20 MG-10MG CAPSULE ORAL</td>
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<td>OBEQPRIA 6 MG/0.6ML SYRINGE SUBCUTANE.</td>
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<td>OFEV CAPSULE ORAL (ALL STRENGTHS)</td>
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<td>OMECLAMOX-PACK 20(20)-500 COMBO. PKG ORAL</td>
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<td>ORGOVYX 120 MG TABLET ORAL</td>
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<td>OXBYTRA 300 MG TAB SUSP ORAL</td>
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<td>OXBYTRA TABLET ORAL (ALL STRENGTHS)</td>
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<td>OXERVATE 0.002 % DROPS OPHTHALMIC</td>
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<td>OXCYCODONE-ACETAMINOPHEN 10MG-300MG TABLET ORAL</td>
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<td>OXCYCODONE-ACETAMINOPHEN 5 MG-300MG TABLET ORAL</td>
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<td>OXCYCODONE-ACETAMINOPHEN 7.5-300MG TABLET ORAL</td>
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<tr>
<td>PACNEX HP 7 % MED. PAD TOPICAL</td>
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<td>PACNEX LP 4.25 % MED. PAD TOPICAL</td>
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<td>PALYNZIQ SYRINGE SUBCUTANE. (ALL STRENGTHS)</td>
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<td>PANRETIN 0.1 % GEL (GRAM) TOPICAL</td>
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<td>PAXLOVID TAB DS PK ORAL (ALL STRENGTHS)</td>
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<td>PENTASA 500 MG CAPSULE ER ORAL</td>
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<td>PHENOBARBITAL 32.4 MG TABLET ORAL</td>
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<td>PHENOBARBITAL 64.8 MG TABLET ORAL</td>
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<td>PHOSLYRA 667 MG/5ML SOLUTION ORAL</td>
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<td>PLENVU 140-9-5.2G POWD PK SQ ORAL</td>
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<td>POSACONAZOLE 100 MG TABLET DR ORAL</td>
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<td>PRED MILD 0.12 % DROPS SUSP OPHTHALMIC</td>
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<td>PRED-G 0.3%-1% DROPS SUSP OPHTHALMIC</td>
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<td>PREFEST 1-1-0.09MG TABLET ORAL</td>
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<td>PREVNAAR 20 0.5 ML SYRINGE INTRAMUSC.</td>
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<td>PRIFTIN 150 MG TABLET ORAL</td>
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<td>PROCRT VIAL INJECTION (ALL STRENGTHS)</td>
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<td>PROLATE 10MG-300MG TABLET ORAL</td>
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<td>PROLATE 7.5-300MG TABLET ORAL</td>
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<td>PROLENSA 0.07 % DROPS OPHTHALMIC</td>
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<td>PROMACTAPOWD PACK ORAL (ALL STRENGTHS)</td>
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<td>PROMACTA MG TABLET ORAL (ALL STRENGTHS)</td>
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<td>QUINIDINE GLUCONATE 324 MG TABLET ER ORAL</td>
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<td>QUILPTA TABLET ORAL (ALL STRENGTHS)</td>
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<td>RECOREL 150 MG TABLET ORAL</td>
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<td>RELenza 5 MG BLST W/DEV INHALATION</td>
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<td>REVCOV2 2.4 MG/1.5 VIAL INTRAMUSC.</td>
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<td>ZOSAN 0.75 % CREAM (G) TOPICAL</td>
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<td>ROZLYTREK CAPSULE ORAL (ALL STRENGTHS)</td>
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<td>RUBRACA TABLET ORAL (ALL STRENGTHS)</td>
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<td>RYDAPT 25 MG CAPSULE ORAL</td>
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<td>SCMBLIX TABLET ORAL (ALL STRENGTHS)</td>
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<td>SF 5000 PLUS 1.1 % CREAM (G) DENTAL</td>
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<td>SIGNIFOR AMPUL SUBCUTANE. (ALL STRENGTHS)</td>
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<td>SIMBRINZA 1 %-0.2 % DROPS SUSP OPHTHALMIC</td>
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<td>SUKRAID 8500/ML SOLUTION ORAL</td>
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<td>SULFAMYLON 50 G PACKET TOPICAL</td>
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<td>SULFAMYLON 8.5 % CREAM (G) TOPICAL</td>
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<td>SUPREP 17.5-3.13G SOLN RECON ORAL</td>
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<td>SUTAB 1.479 G TABLET ORAL</td>
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<td>SYNAREL 2 MG/ML SPRAY NASAL</td>
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<td>SYNRIBO 3.5 MG VIAL SUBCUTANE.</td>
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<td>TAKHYZRO 300 MG/2ML SYRINGE SUBCUTANE.</td>
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<td>TAKHYZRO 300 MG/2ML VIAL SUBCUTANE.</td>
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<td>TARPEYO 4 MG CAPSULE DR ORAL</td>
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<td>TAVALISSE TABLET ORAL (ALL STRENGTHS)</td>
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<td>TEGSIDI 284 MG/1.5 SYRINGE SUBCUTANE.</td>
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<td>TEKTURNA HCT TABLET ORAL (ALL STRENGTHS)</td>
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<td>TERSI FOAM 2.25 % FOAM TOPICAL</td>
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<td>TIOPRONIN 100 MG TABLET ORAL</td>
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<td>TOBRAXEST 0.3%-0.05% DROPS SUSP OPHTHALMIC</td>
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<td>TOBRAMYCIN 0.3 % DROPS OPHTHALMIC</td>
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<td>TYVASO 1.74MG/2.9 AMPUL-NEB INHALATION</td>
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<td>TYVASO REFILL KIT 1.74MG/2.9 AMPUL-NEB INHALATION</td>
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<td>TYVASO STARTER KIT 1.74MG/2.9 AMPUL-NEB INHALATION</td>
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<td>ULESFIA 5 % LOTION TOPICAL</td>
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<td>UNITHERIOD TABLET ORAL (ALL STRENGTHS)</td>
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<td>UROQID-ACID NO.2 500-500 MG TABLET ORAL</td>
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<td>URSODIOL CAPSULE ORAL (ALL STRENGTHS)</td>
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<td>VALCHLOR 0.016 % GEL (GRAM) TOPICAL</td>
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<td>VALTOCO SPRAY NASAL (ALL STRENGTHS)</td>
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<td>VARUBI 90 MG TABLET ORAL</td>
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<td>VAXNEUVANCE 0.5 ML SYRINGE INTRAMUSC.</td>
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<td>VIIBRYD TABLET ORAL (ALL STRENGTHS)</td>
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<td>VIIBRYD 10 MG-20MG TAB DS PK ORAL</td>
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<td>XCLAIR CREAM(ML) TOPICAL</td>
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<td>XIFAXAN 200 MG TABLET ORAL</td>
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<td>XIIDRA 5 % DROPERETTE OPHTHALMIC</td>
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<td>XPOVIO TABLET ORAL (ALL STRENGTHS)</td>
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<td>XYREM 500 MG/ML SOLUTION ORAL</td>
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<td>ZONTIVITY 2.08 MG TABLET ORAL</td>
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<td>ZORTRESS TABLET ORAL (ALL STRENGTHS)</td>
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<td>ZYLET 0.3%-0.5% DROPS SUSP OPHTHALMIC</td>
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<td>ZYPIVAMAG TABLET ORAL (ALL STRENGTHS)</td>
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