



## Health Partners Plans

### Health Partners Plans Specialty Medication List

*\*Specialty medications are added as they come to market, this list is not all-inclusive of all coded specialty medications*

| Brand Name             | Generic Name   |
|------------------------|--|
| ABIRATERONE TAB 250MG  | ABIRATERONE ACETATE TAB 250 MG                           |
| ABIRATERONE TAB 500MG  | ABIRATERONE ACETATE TAB 500 MG                           |
| ACTEMRA INJ 162/0.9    | TOCILIZUMABSUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/   |
| ACTEMRA INJ ACTPEN     | TOCILIZUMABSUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9M   |
| ACTHAR INJ 80UNIT      | CORTICOTROPIN INJ GEL 80 UNIT/ML                         |
| ACTIMMUNE INJ 2MU/0.5  | INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5) |
| ADCIRCA TAB 20MG       | TADALAFIL TAB 20 MG (PAH)                                |
| ADEMPAS TAB 0.5MG      | RIOCIGUAT TAB 0.5 MG                                     |
| ADEMPAS TAB 1.5MG      | RIOCIGUAT TAB 1.5 MG                                     |
| ADEMPAS TAB 1MG        | RIOCIGUAT TAB 1 MG                                       |
| ADEMPAS TAB 2.5MG      | RIOCIGUAT TAB 2.5 MG                                     |
| ADEMPAS TAB 2MG        | RIOCIGUAT TAB 2 MG                                       |
| ADVATE INJ 1000UNIT    | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1000 UNIT         |
| ADVATE INJ 1500UNIT    | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 1500 UNIT         |
| ADVATE INJ 2000UNIT    | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 2000 UNIT         |
| ADVATE INJ 250UNIT     | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 250 UNIT          |
| ADVATE INJ 3000UNIT    | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 3000 UNIT         |
| ADVATE INJ 4000UNIT    | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 4000 UNIT         |
| ADVATE INJ 500UNIT     | ANTIHEMOPHILIC FACTOR RAHF-PFM FOR INJ 500 UNIT          |
| ADYNOVATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNI  |
| ADYNOVATE INJ 1500UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNI  |
| ADYNOVATE INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNI  |
| ADYNOVATE INJ 250UNIT  | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT  |
| ADYNOVATE INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNI  |
| ADYNOVATE INJ 500UNIT  | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT  |
| ADYNOVATE INJ 750UNIT  | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT  |
| AFINITOR TAB 10MG      | EVEROLIMUSTAB 10 MG                                      |
| AFINITOR TAB 2.5MG     | EVEROLIMUSTAB 2.5 MG                                     |
| AFINITOR TAB 5MG       | EVEROLIMUSTAB 5 MG                                       |
| AFINITOR TAB 7.5MG     | EVEROLIMUSTAB 7.5 MG                                     |
| AFINITOR DISTAB 2MG    | EVEROLIMUSTAB FOR ORAL SUSP 2 MG                         |
| AFINITOR DISTAB 3MG    | EVEROLIMUSTAB FOR ORAL SUSP 3 MG                         |

Updated November 2021

|                           |   |
|---------------------------|---|
| AFINITOR DISTAB 5MG       | EVEROLIMUSTAB FOR ORAL SUSP 5 MG                        |
| AFSTYLA KIT 1000UNIT      | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000  |
| AFSTYLA KIT 1500UNIT      | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500  |
| AFSTYLA KIT 2000UNIT      | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000  |
| AFSTYLA KIT 2500UNIT      | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500  |
| AFSTYLA KIT 250UNIT       | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 U |
| AFSTYLA KIT 3000UNIT      | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000  |
| AFSTYLA KIT 500UNIT       | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 U |
| AIMOVIG INJ 140MG/ML      | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML |
| AIMOVIG INJ 70MG/ML       | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML  |
| AJOVY INJ 225/1.5         | FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN PREF SYR 225 MG/1.5 |
| ALKINDI SPRI CAP 0.5MG    | HYDROCORTISONE CAP SPRINKLE 0.5 MG                      |
| ALKINDI SPRI CAP 1MG      | HYDROCORTISONE CAP SPRINKLE 1 MG                        |
| ALKINDI SPRI CAP 2MG      | HYDROCORTISONE CAP SPRINKLE 2 MG                        |
| ALKINDI SPRI CAP 5MG      | HYDROCORTISONE CAP SPRINKLE 5 MG                        |
| ALPHANATE INJ 1000UNIT    | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT     |
| ALPHANATE INJ 1500UNIT    | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT     |
| ALPHANATE INJ 2000UNIT    | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT     |
| ALPHANATE INJ 250 UNIT    | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT      |
| ALPHANATE INJ 500 UNIT    | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT      |
| ALPHANATE INJ VWF/HUM     | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT     |
| ALPHANATE INJ VWF/HUM     | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT     |
| ALPHANATE INJ VWF/HUM     | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT     |
| ALPHANATE INJ VWF/HUM     | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT      |
| ALPHANATE INJ VWF/HUM     | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT      |
| ALPHANINE SD INJ 1000UNIT | COAGULATION FACTOR IX FOR INJ 1000 UNIT                 |
| ALPHANINE SD INJ 1500UNIT | COAGULATION FACTOR IX FOR INJ 1500 UNIT                 |
| ALPHANINE SD INJ 500UNIT  | COAGULATION FACTOR IX FOR INJ 500 UNIT                  |
| ALPROLIX INJ 1000UNIT     | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 1000 UN  |
| ALPROLIX INJ 2000UNIT     | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 2000 UN  |
| ALPROLIX INJ 250UNIT      | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 250 UNI  |
| ALPROLIX INJ 3000UNIT     | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 3000 UN  |
| ALPROLIX INJ 4000UNIT     | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 4000 UN  |
| ALPROLIX INJ 500UNIT      | COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ 500 UNI  |
| ALYQ TAB 20MG             | TADALAFIL TAB 20 MG (PAH)                               |
| AMBRISANTAN TAB 10MG      | AMBRISANTAN TAB 10 MG                                   |
| AMBRISANTAN TAB 5MG       | AMBRISANTAN TAB 5 MG                                    |
| AMPYRA TAB 10MG           | DALFAMPRIDINE TAB ER 12HR 10 MG                         |
| APOKYN INJ 10MG/ML        | APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML                |
| ARANESP INJ 100MCG        | DARBEPOETIN ALFA SOLN INJ 100 MCG/ML                    |
| ARANESP INJ 100MCG        | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML   |

Updated November 2021

|                  |              |   |
|------------------|--------------|---|
| ARANESP          | INJ 10MCG    | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML      |
| ARANESP          | INJ 150MCG   | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML     |
| ARANESP          | INJ 200MCG   | DARBEPOETIN ALFA SOLN INJ 200 MCG/ML                      |
| ARANESP          | INJ 200MCG   | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML     |
| ARANESP          | INJ 25MCG    | DARBEPOETIN ALFA SOLN INJ 25 MCG/ML                       |
| ARANESP          | INJ 25MCG    | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML     |
| ARANESP          | INJ 300MCG   | DARBEPOETIN ALFA SOLN INJ 300 MCG/ML                      |
| ARANESP          | INJ 300MCG   | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML     |
| ARANESP          | INJ 40MCG    | DARBEPOETIN ALFA SOLN INJ 40 MCG/ML                       |
| ARANESP          | INJ 40MCG    | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML      |
| ARANESP          | INJ 500MCG   | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML        |
| ARANESP          | INJ 60MCG    | DARBEPOETIN ALFA SOLN INJ 60 MCG/ML                       |
| ARANESP          | INJ 60MCG    | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML      |
| ARCALYST         | INJ 220MG    | RILONACEPT FOR INJ 220 MG                                 |
| ARIKAYCE         | SUS          | AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE   |
| AUBAGIO          | TAB 14MG     | TERIFLUNOMIDE TAB 14 MG                                   |
| AUBAGIO          | TAB 7MG      | TERIFLUNOMIDE TAB 7 MG                                    |
| AUSTEDO          | TAB 12MG     | DEUTETRABENAZINE TAB 12 MG                                |
| AUSTEDO          | TAB 6MG      | DEUTETRABENAZINE TAB 6 MG                                 |
| AUSTEDO          | TAB 9MG      | DEUTETRABENAZINE TAB 9 MG                                 |
| AVONEX PEN       | KIT 30MCG    | INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML      |
| AVONEX PREFL KIT | 30MCG        | INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5M   |
| AYVAKIT          | TAB 25MG     | AVAPRITINIB TAB 25 MG                                     |
| AYVAKIT          | TAB 50MG     | AVAPRITINIB TAB 50 MG                                     |
| BAFIERTAM        | CAP 95MG     | MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG         |
| BALVERSA         | TAB 3MG      | ERDAFITINIB TAB 3 MG                                      |
| BALVERSA         | TAB 4MG      | ERDAFITINIB TAB 4 MG                                      |
| BALVERSA         | TAB 5MG      | ERDAFITINIB TAB 5 MG                                      |
| BENEFIX          | INJ 1000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT |
| BENEFIX          | INJ 2000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT |
| BENEFIX          | INJ 250UNIT  | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT  |
| BENEFIX          | INJ 3000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT |
| BENEFIX          | INJ 500UNIT  | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT  |
| BENLYSTA         | INJ 200MG/ML | BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML   |
| BENLYSTA         | INJ 200MG/ML | BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 M   |
| BETASERON        | INJ 0.3MG    | INTERFERON BETA-1B FOR INJ KIT 0.3 MG                     |
| BEXAROTENE       | CAP 75MG     | BEXAROTENE CAP 75 MG                                      |
| BONIVA           | INJ 3MG/3ML  | IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BASE EQUIVALENT)     |
| BOSENTAN         | TAB 125MG    | BOSENTAN TAB 125 MG                                       |
| BOSENTAN         | TAB 62.5MG   | BOSENTAN TAB 62.5 MG                                      |
| BOTOX            | INJ 100UNIT  | ONABOTULINUMTOXINA FOR INJ 100 UNIT                       |

Updated November 2021

|                           |   |
|---------------------------|---|
| BOTOX INJ 200UNIT         | ONABOTULINUMTOXINA FOR INJ 200 UNIT                     |
| BRAFTOVI CAP 75MG         | ENCORAFENIB CAP 75 MG                                   |
| BYLVAY CAP 1200MCG        | ODEVIXIBAT CAP 1200 MCG                                 |
| BYLVAY CAP 200MCG         | ODEVIXIBAT PELLETS CAP SPRINKLE 200 MCG                 |
| BYLVAY CAP 400MCG         | ODEVIXIBAT CAP 400 MCG                                  |
| BYLVAY CAP 600MCG         | ODEVIXIBAT PELLETS CAP SPRINKLE 600 MCG                 |
| BYNFEZIA PEN INJ 2500MCG  | OCTREOTIDE ACETATE SOLN PEN-INJECTOR 2500 MCG/ML (2.8 M |
| CABENUVA SUS 400-600      | CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUS |
| CABENUVA SUS 600-900      | CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUS |
| CAPECITABINE TAB 150MG    | CAPECITABINE TAB 150 MG                                 |
| CAPECITABINE TAB 500MG    | CAPECITABINE TAB 500 MG                                 |
| CAYSTON INH 75MG          | AZTREONAM LYSINE FOR INHAL SOLN 75 MG (BASE EQUIVALENT) |
| CHENODAL TAB 250MG        | CHENODIOL TAB 250 MG                                    |
| CIMZIA KIT 200MG          | CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG               |
| CIMZIA PREFL KIT 200MG/ML | CERTOLIZUMAB PEGOL INJ KIT 2 X 200 MG/ML                |
| CIMZIA START KIT 200MG/ML | CERTOLIZUMAB PEGOL INJ KIT 6 X 200 MG/ML                |
| CLOVIQUE CAP 250MG        | TRIENTINE HCL CAP 250 MG                                |
| COAGADEX INJ 250UNIT      | COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT           |
| COAGADEX INJ 500UNIT      | COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT           |
| COPAXONE INJ 20MG/ML      | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML      |
| COPAXONE INJ 40MG/ML      | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML      |
| COPIKTRA CAP 15MG         | DUVELISIB CAP 15 MG                                     |
| COPIKTRA CAP 25MG         | DUVELISIB CAP 25 MG                                     |
| COSENTYX INJ 150MG/ML     | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ |
| COSENTYX INJ 300DOSE      | SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOS |
| COSENTYX INJ 75MG/0.5     | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0 |
| COSENTYX PEN INJ 150MG/ML | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML   |
| COSENTYX PEN INJ 300DOSE  | SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOS |
| COTELLIC TAB 20MG         | COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)        |
| DALFAMPRIDIN TAB 10MG ER  | DALFAMPRIDINE TAB ER 12HR 10 MG                         |
| DAURISMO TAB 100MG        | GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)          |
| DAURISMO TAB 25MG         | GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)           |
| DEFERASIROX GRA 180MG     | DEFERASIROX GRANULES PACKET 180 MG                      |
| DEFERASIROX GRA 360MG     | DEFERASIROX GRANULES PACKET 360 MG                      |
| DEFERASIROX GRA 90MG      | DEFERASIROX GRANULES PACKET 90 MG                       |
| DEFERASIROX TAB 125MG     | DEFERASIROX TAB FOR ORAL SUSP 125 MG                    |
| DEFERASIROX TAB 180MG     | DEFERASIROX TAB 180 MG                                  |
| DEFERASIROX TAB 250MG     | DEFERASIROX TAB FOR ORAL SUSP 250 MG                    |
| DEFERASIROX TAB 360MG     | DEFERASIROX TAB 360 MG                                  |
| DEFERASIROX TAB 500MG     | DEFERASIROX TAB FOR ORAL SUSP 500 MG                    |
| DEFERASIROX TAB 90MG      | DEFERASIROX TAB 90 MG                                   |

Updated November 2021

|                           |   |
|---------------------------|---|
| DEFERIPRONE TAB 500MG     | DEFERIPRONE TAB 500 MG                                  |
| DIBENZYLINE CAP 10MG      | PHENOXYBENZAMINE HCL CAP 10 MG                          |
| DIMETHYL FUM CAP 120MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG        |
| DIMETHYL FUM CAP 240MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG        |
| DIMETHYL FUM MIS STARTER  | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240  |
| DOJOLVI LIQ 100%          | TRiheptanoIn ORAL LIQUID 100%                           |
| DUOPA SUS 4.63-20         | CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML           |
| DUPIXENT INJ 200/1.14     | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1. |
| DUPIXENT INJ 300/2ML      | DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2ML     |
| DUPIXENT INJ 300/2ML      | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2M |
| DYSPORT INJ 300UNIT       | ABOBOTULINUMTOXINA FOR IM INJ 300 UNIT                  |
| DYSPORT INJ 500UNIT       | ABOBOTULINUMTOXINA FOR IM INJ 500 UNIT                  |
| EGRIFTA SOL 1MG           | TESAMORELIN ACETATE FOR INJ 1 MG (BASE EQUIV)           |
| ELIGARD INJ 22.5MG        | LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 2 |
| ELIGARD INJ 30MG          | LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 3 |
| ELIGARD INJ 45MG          | LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 4 |
| ELIGARD INJ 7.5MG         | LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG      |
| ELOCTATE INJ 1000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1000 UN |
| ELOCTATE INJ 1500UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 1500 UN |
| ELOCTATE INJ 2000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 2000 UN |
| ELOCTATE INJ 250UNIT      | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 250 UNI |
| ELOCTATE INJ 3000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 3000 UN |
| ELOCTATE INJ 4000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 4000 UN |
| ELOCTATE INJ 5000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 5000 UN |
| ELOCTATE INJ 500UNIT      | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 500 UNI |
| ELOCTATE INJ 6000UNIT     | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 6000 UN |
| ELOCTATE INJ 750UNIT      | ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC FOR INJ 750 UNI |
| EMCYT CAP 140MG           | ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG                |
| EMFLAZA SUS 22.75/ML      | DEFLAZACORT SUSP 22.75 MG/ML                            |
| EMFLAZA TAB 18MG          | DEFLAZACORT TAB 18 MG                                   |
| EMFLAZA TAB 30MG          | DEFLAZACORT TAB 30 MG                                   |
| EMFLAZA TAB 36MG          | DEFLAZACORT TAB 36 MG                                   |
| EMFLAZA TAB 6MG           | DEFLAZACORT TAB 6 MG                                    |
| EMGALITY INJ 100MG/ML     | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 M |
| EMGALITY INJ 120MG/ML     | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 M |
| EMGALITY INJ 120MG/ML     | GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 M |
| ENBREL INJ 25/0.5ML       | ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0. |
| ENBREL INJ 25MG           | ETANERCEPT FOR SUBCUTANEOUS INJ 25 MG                   |
| ENBREL INJ 50MG/ML        | ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML |
| ENBREL MINI INJ 50MG/ML   | ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML     |

Updated November 2021

|                          |   |
|--------------------------|---|
| ENBREL SRCLK INJ 50MG/ML | ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML |
| ENDARI POW 5GM           | GLUTAMINE (SICKLE CELL) POWD PACK 5 GM                  |
| ENSPRYNG INJ             | SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG |
| EPCLUSA TAB 400-100      | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG                   |
| EPIDIOLEX SOL 100MG/ML   | CANNABIDIOL SOLN 100 MG/ML                              |
| EPOGEN INJ 10000/ML      | EPOETIN ALFA INJ 10000 UNIT/ML                          |
| EPOGEN INJ 2000/ML       | EPOETIN ALFA INJ 2000 UNIT/ML                           |
| EPOGEN INJ 20000/ML      | EPOETIN ALFA INJ 20000 UNIT/ML                          |
| EPOGEN INJ 3000/ML       | EPOETIN ALFA INJ 3000 UNIT/ML                           |
| EPOGEN INJ 4000/ML       | EPOETIN ALFA INJ 4000 UNIT/ML                           |
| ERLEADA TAB 60MG         | APALUTAMIDE TAB 60 MG                                   |
| ESBRIET CAP 267MG        | PIRFENIDONE CAP 267 MG                                  |
| ESBRIET TAB 267MG        | PIRFENIDONE TAB 267 MG                                  |
| ESBRIET TAB 801MG        | PIRFENIDONE TAB 801 MG                                  |
| EVEROLIMUS TAB 2.5MG     | EVEROLIMUS TAB 2.5 MG                                   |
| EVEROLIMUS TAB 5MG       | EVEROLIMUS TAB 5 MG                                     |
| EVEROLIMUS TAB 7.5MG     | EVEROLIMUS TAB 7.5 MG                                   |
| EVKEEZA INJ 1200/8       | EVINACUMAB-DGNB IV SOLN 1200 MG/8ML (150 MG/ML)         |
| EVKEEZA INJ 345/2.3      | EVINACUMAB-DGNB IV SOLN 345 MG/2.3ML (150 MG/ML)        |
| EVRYSDI SOL              | RISDIPLAM FOR SOLN 0.75 MG/ML                           |
| EXJADE TAB 125MG         | DEFERASIROX TAB FOR ORAL SUSP 125 MG                    |
| EXJADE TAB 250MG         | DEFERASIROX TAB FOR ORAL SUSP 250 MG                    |
| EXJADE TAB 500MG         | DEFERASIROX TAB FOR ORAL SUSP 500 MG                    |
| EXSERVAN MIS 50MG        | RILUZOLE ORAL FILM 50 MG                                |
| EXTAVIA INJ 0.3MG        | INTERFERON BETA-1B FOR INJ KIT 0.3 MG                   |
| FASENRA INJ 30MG/ML      | BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ |
| FASENRA PEN INJ 30MG/ML  | BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML   |
| FEIBA INJ                | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT   |
| FEIBA INJ                | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT   |
| FEIBA INJ                | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT    |
| FERRIPROX SOL 100MG/ML   | DEFERIPRONE ORAL SOLN 100 MG/ML                         |
| FERRIPROX TAB 500MG      | DEFERIPRONE TAB 500 MG                                  |
| FIBRYGA INJ 1GM          | FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-130 |
| FINTEPLA SOL 2.2MG/ML    | FENFLURAMINE HCL ORAL SOLN 2.2 MG/ML                    |
| FIRAZYR INJ 30MG/3ML     | ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)       |
| FORTEO INJ 620/2.48      | TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML  |
| FOTIVDA CAP 0.89MG       | TIVOZANIB HCL CAP 890 MCG (BASE EQUIVALENT)             |
| FOTIVDA CAP 1.34MG       | TIVOZANIB HCL CAP 1340 MCG (BASE EQUIVALENT)            |
| FUZEON INJ 90MG          | ENFUVIRTIDE FOR INJ 90 MG                               |
| GALAFOLD CAP 123MG       | MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)             |
| GATTEX KIT 5MG           | TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG                     |

Updated November 2021

|                        |  |
|------------------------|--|
| GENOTROPIN INJ 0.2MG   | SOMATROPIN FOR INJ 0.2 MG                                  |
| GENOTROPIN INJ 0.4MG   | SOMATROPIN FOR INJ 0.4 MG                                  |
| GENOTROPIN INJ 0.6MG   | SOMATROPIN FOR INJ 0.6 MG                                  |
| GENOTROPIN INJ 0.8MG   | SOMATROPIN FOR INJ 0.8 MG                                  |
| GENOTROPIN INJ 1.2MG   | SOMATROPIN FOR INJ 1.2 MG                                  |
| GENOTROPIN INJ 1.4MG   | SOMATROPIN FOR INJ 1.4 MG                                  |
| GENOTROPIN INJ 1.6MG   | SOMATROPIN FOR INJ 1.6 MG                                  |
| GENOTROPIN INJ 1.8MG   | SOMATROPIN FOR INJ 1.8 MG                                  |
| GENOTROPIN INJ 12MG    | SOMATROPIN FOR INJ 12 MG (13.8 MG OVERFILL)                |
| GENOTROPIN INJ 1MG     | SOMATROPIN FOR INJ 1 MG                                    |
| GENOTROPIN INJ 2MG     | SOMATROPIN FOR INJ 2 MG                                    |
| GENOTROPIN INJ 5MG     | SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG                       |
| GILENYA CAP 0.5MG      | FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)                     |
| GIVLAARI INJ 189MG/ML  | GIVOSIRAN SODIUM SUBCUTANEOUS SOLN 189 MG/ML               |
| GLATIRAMER INJ 20MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML         |
| GLATIRAMER INJ 40MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML         |
| GLATOPA INJ 20MG/ML    | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML         |
| GLATOPA INJ 40MG/ML    | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML         |
| GRANIX INJ 300/0.5     | TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML        |
| GRANIX INJ 480/0.8     | TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML        |
| HARVONI PAK            | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG            |
| HARVONI PAK 45-200MG   | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG               |
| HARVONI TAB 90-400MG   | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG                        |
| HEMIFIL M INJ 500UNIT  | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT |
| HEMLIBRA INJ 105/0.7   | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/    |
| HEMLIBRA INJ 150/ML    | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML                |
| HEMLIBRA INJ 30MG/ML   | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML                 |
| HEMLIBRA INJ 60/0.4    | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/M    |
| HEMIFIL M INJ 1000UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT            |
| HEMIFIL M INJ 1700UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT            |
| HEMIFIL M INJ 250UNIT  | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT             |
| HEMIFIL M INJ 500UNIT  | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT             |
| HUMATE-P SOL 2400UNIT  | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNI    |
| HUMATE-P SOL 250-600   | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT     |
| HUMATE-P SOL 500-1200  | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT    |
| HUMATROPE INJ 12MG     | SOMATROPIN FOR INJ 12 MG (36 UNIT)                         |
| HUMATROPE INJ 24MG     | SOMATROPIN FOR INJ 24 MG                                   |
| HUMATROPE INJ 5MG      | SOMATROPIN FOR INJ 5 MG                                    |
| HUMATROPE INJ 6MG      | SOMATROPIN FOR INJ 6 MG (18 UNIT)                          |
| HUMIRA INJ 10/0.1ML    | ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML               |
| HUMIRA INJ 10MG/0.2    | ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.2ML               |

Updated November 2021

|                          |   |
|--------------------------|---|
| HUMIRA INJ 20/0.2ML      | ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML            |
| HUMIRA INJ 40/0.4ML      | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML            |
| HUMIRA KIT 20MG/0.4      | ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.4ML            |
| HUMIRA KIT 40MG/0.8      | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML            |
| HUMIRA PEDIA INJ CROHNS  | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML            |
| HUMIRA PEDIA INJ CROHNS  | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0. |
| HUMIRA PEN INJ 40/0.4ML  | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.4ML                 |
| HUMIRA PEN INJ 40MG/0.8  | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                 |
| HUMIRA PEN INJ 80/0.8ML  | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                 |
| HUMIRA PEN INJ CD/UC/HS  | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                 |
| HUMIRA PEN INJ PS/UV     | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML                 |
| HUMIRA PEN KIT CD/UC/HS  | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                 |
| HUMIRA PEN KIT PED UC    | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML                 |
| HUMIRA PEN KIT PS/UV     | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML   |
| HYCAMTIN CAP 0.25MG      | TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)                  |
| HYCAMTIN CAP 1MG         | TOPOTECAN HCL CAP 1 MG (BASE EQUIV)                     |
| HYDROXYCAPR INJ 1.25/5ML | HYDROXYPROGESTERONE CAPROATE IM IN OIL 1.25 GM/5ML      |
| HYDROXYPROG INJ 250MG/ML | HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML        |
| IBANDRONATE INJ 3MG/3ML  | IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BASE EQUIVALENT)   |
| IBRANCE CAP 100MG        | PALBOCICLIB CAP 100 MG                                  |
| IBRANCE CAP 125MG        | PALBOCICLIB CAP 125 MG                                  |
| IBRANCE CAP 75MG         | PALBOCICLIB CAP 75 MG                                   |
| IBRANCE TAB 100MG        | PALBOCICLIB TAB 100 MG                                  |
| IBRANCE TAB 125MG        | PALBOCICLIB TAB 125 MG                                  |
| IBRANCE TAB 75MG         | PALBOCICLIB TAB 75 MG                                   |
| ICATIBANT INJ 30MG/3ML   | ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)       |
| IDELVION SOL 1000UNIT    | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UN |
| IDELVION SOL 2000UNIT    | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UN |
| IDELVION SOL 250UNIT     | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNI |
| IDELVION SOL 3500UNIT    | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UN |
| IDELVION SOL 500UNIT     | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNI |
| ILARIS INJ 150MG/ML      | CANAKINUMAB SUBCUTANEOUS INJ 150 MG/ML                  |
| ILUMYA SOL 100MG/ML      | TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 M |
| INCRELEX INJ 40MG/4ML    | MECASERMIN INJ 40 MG/4ML (10 MG/ML)                     |
| INFED INJ 50MG/ML        | IRON DEXTRAN INJ 50 MG/ML (ELEMENTAL IRON)              |
| INGREZZA CAP 40-80MG     | VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG |
| INGREZZA CAP 40MG        | VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)             |
| INGREZZA CAP 60MG        | VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)             |
| INGREZZA CAP 80MG        | VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)             |
| INQOVI TAB 35-100MG      | DECITABINE-CEDAZURIDINE TAB 35-100 MG                   |
| INREBIC CAP 100MG        | FEDRATINIB HCL CAP 100 MG                               |



Updated November 2021

|          |                 |   |
|----------|-----------------|---|
| INTRON A | INJ 10MU        | INTERFERON ALFA-2B FOR INJ 10000000 UNIT                |
| INTRON A | INJ 18MU        | INTERFERON ALFA-2B FOR INJ 18000000 UNIT                |
| INTRON A | INJ 18MU        | INTERFERON ALFA-2B INJ 6000000 UNIT/ML                  |
| INTRON A | INJ 25MU        | INTERFERON ALFA-2B INJ 10000000 UNIT/ML                 |
| INTRON A | INJ 50MU        | INTERFERON ALFA-2B FOR INJ 50000000 UNIT                |
| ISTURISA | TAB 1MG         | OSILODROSTAT PHOSPHATE TAB 1 MG                         |
| ISTURISA | TAB 5MG         | OSILODROSTAT PHOSPHATE TAB 5 MG                         |
| IXINITY  | INJ 1000UNIT    | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT   |
| IXINITY  | INJ 1500UNIT    | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT   |
| IXINITY  | INJ 2000UNIT    | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT   |
| IXINITY  | INJ 250UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT    |
| IXINITY  | INJ 3000UNIT    | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT   |
| IXINITY  | INJ 500UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT    |
| JADENU   | TAB 180MG       | DEFERASIROX TAB 180 MG                                  |
| JADENU   | TAB 360MG       | DEFERASIROX TAB 360 MG                                  |
| JADENU   | TAB 90MG        | DEFERASIROX TAB 90 MG                                   |
| JADENU   | SPRKL GRA 180MG | DEFERASIROX GRANULES PACKET 180 MG                      |
| JADENU   | SPRKL GRA 360MG | DEFERASIROX GRANULES PACKET 360 MG                      |
| JADENU   | SPRKL GRA 90MG  | DEFERASIROX GRANULES PACKET 90 MG                       |
| JAKAFI   | TAB 10MG        | RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)       |
| JAKAFI   | TAB 15MG        | RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)       |
| JAKAFI   | TAB 20MG        | RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)       |
| JAKAFI   | TAB 25MG        | RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)       |
| JAKAFI   | TAB 5MG         | RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)        |
| JIVI     | INJ 1000UNIT    | ANTIHEMOPHILIC FACTOR RECOM PEGYLATED-AUCL FOR INJ 1000 |
| JIVI     | INJ 2000UNIT    | ANTIHEMOPHILIC FACTOR RECOM PEGYLATED-AUCL FOR INJ 2000 |
| JIVI     | INJ 3000UNIT    | ANTIHEMOPHILIC FACTOR RECOM PEGYLATED-AUCL FOR INJ 3000 |
| JIVI     | INJ 500 UNIT    | ANTIHEMOPHILIC FACTOR RECOM PEGYLATED-AUCL FOR INJ 500  |
| JUXTAPID | CAP 10MG        | LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)              |
| JUXTAPID | CAP 20MG        | LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)              |
| JUXTAPID | CAP 30MG        | LOMITAPIDE MESYLATE CAP 30 MG (BASE EQUIV)              |
| JUXTAPID | CAP 40MG        | LOMITAPIDE MESYLATE CAP 40 MG (BASE EQUIV)              |
| JUXTAPID | CAP 5MG         | LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)               |
| JUXTAPID | CAP 60MG        | LOMITAPIDE MESYLATE CAP 60 MG (BASE EQUIV)              |
| KALYDECO | PAK 25MG        | IVACAFTOR PACKET 25 MG                                  |
| KALYDECO | PAK 50MG        | IVACAFTOR PACKET 50 MG                                  |
| KALYDECO | PAK 75MG        | IVACAFTOR PACKET 75 MG                                  |
| KALYDECO | TAB 150MG       | IVACAFTOR TAB 150 MG                                    |
| KCENTRA  | KIT 1000UNIT    | PROTHROMBIN COMPLEX CONC HUMAN FOR INJ KIT 1000 UNIT    |
| KCENTRA  | KIT 500UNIT     | PROTHROMBIN COMPLEX CONC HUMAN FOR INJ KIT 500 UNIT     |
| KEVZARA  | INJ 150/1.14    | SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/1. |

Updated November 2021

|                           |   |
|---------------------------|---|
| KEVZARA INJ 150/1.14      | SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.     |
| KEVZARA INJ 200/1.14      | SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.     |
| KEVZARA INJ 200/1.14      | SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.     |
| KINERET INJ               | ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.6     |
| KOATE INJ 1000UNIT        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT             |
| KOATE INJ 250UNIT         | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT              |
| KOATE INJ 500 UNIT        | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT              |
| KOATE-DVI INJ 1000UNIT    | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT             |
| KOATE-DVI INJ 500UNIT     | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT              |
| KOGENATE FS INJ 1000UNIT  | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT |
| KOGENATE FS INJ 2000UNIT  | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT |
| KOGENATE FS INJ 250UNIT   | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT  |
| KOGENATE FS INJ 3000UNIT  | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT |
| KOGENATE FS INJ 500UNIT   | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT  |
| KORLYM TAB 300MG          | MIFEPRISTONE TAB 300 MG                                     |
| KOSELUGO CAP 10MG         | SELUMETINIB SULFATE CAP 10 MG                               |
| KOSELUGO CAP 25MG         | SELUMETINIB SULFATE CAP 25 MG                               |
| KOVALTRY INJ 1000UNIT     | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT   |
| KOVALTRY INJ 2000UNIT     | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT   |
| KOVALTRY INJ 250UNIT      | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT    |
| KOVALTRY INJ 3000UNIT     | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT   |
| KOVALTRY INJ 500UNIT      | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT    |
| KUVAN POW 100MG           | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG            |
| KUVAN POW 500MG           | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG            |
| LEDIP-SOFOSB TAB 90-400MG | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG                         |
| LETAIRIS TAB 10MG         | AMBRISENTAN TAB 10 MG                                       |
| LETAIRIS TAB 5MG          | AMBRISENTAN TAB 5 MG  |
| LEUPROLIDE INJ 1MG/0.2    | LEUPROLIDE ACETATE INJ KIT 5 MG/ML                          |
| LONSURF TAB 15-6.14       | TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG                       |
| LONSURF TAB 20-8.19       | TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG                       |
| LUMAKRAS TAB 120MG        | SOTORASIB TAB 120 MG  |
| LUPANETA KIT 11.25-5      | LEUPROLIDE (3 MON) INJ 11.25 MG & NORETHINDRONE TAB 5 M     |
| LUPANETA KIT 3.75-5       | LEUPROLIDE (1 MON) INJ 3.75 MG & NORETHINDRONE TAB 5 MG     |
| LUPKYNIS CAP 7.9MG        | VOCLOSPORIN CAP 7.9 MG                                      |
| LUPR DEP-PED INJ 11.25MG  | LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 11.2     |
| LUPR DEP-PED INJ 11.25MG  | LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 11.25 MG           |
| LUPR DEP-PED INJ 15MG     | LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 15 MG              |
| LUPR DEP-PED INJ 3M 30MG  | LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 30 M     |
| LUPR DEP-PED INJ 7.5MG    | LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 7.5 MG             |
| LUPRON DEPOT INJ 11.25MG  | LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG           |
| LUPRON DEPOT INJ 22.5MG   | LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG            |

Updated November 2021

|                         |   |
|-------------------------|---|
| LUPRON DEPOT INJ 3.75MG | LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG                  |
| LUPRON DEPOT INJ 30MG   | LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG          |
| LUPRON DEPOT INJ 45MG   | LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT 45 MG          |
| LUPRON DEPOT INJ 7.5MG  | LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG                   |
| LYNPARZA TAB 100MG      | OLAPARIB TAB 100 MG                                     |
| LYNPARZA TAB 150MG      | OLAPARIB TAB 150 MG                                     |
| MAKENA INJ 250MG/ML     | HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML        |
| MAKENA INJ 275MG        | HYDROXYPROGESTERONE CAPROATE SOLN AUTO-INJECTOR 275 MG/ |
| MATULANE CAP 50MG       | PROCARBAZINE HCL CAP 50 MG                              |
| MAVENCLAD PAK 10MG(10)  | CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)             |
| MAVENCLAD PAK 10MG(4)   | CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)              |
| MAVENCLAD PAK 10MG(5)   | CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)              |
| MAVENCLAD PAK 10MG(6)   | CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)              |
| MAVENCLAD PAK 10MG(7)   | CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)              |
| MAVENCLAD PAK 10MG(8)   | CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)              |
| MAVENCLAD PAK 10MG(9)   | CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)              |
| MAVYRET TAB 100-40MG    | GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG                  |
| MAYZENT TAB 0.25MG      | SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)             |
| MAYZENT TAB 2MG         | SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)                |
| MEKINIST TAB 0.5MG      | TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALE |
| MEKINIST TAB 2MG        | TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT |
| MEKTOVI TAB 15MG        | BINIMETINIB TAB 15 MG                                   |
| MESNEX TAB 400MG        | MESNA TAB 400 MG  |
| METHOXSALEN CAP 10MG    | METHOXSALEN RAPID CAP 10 MG                             |
| MIGLUSTAT CAP 100MG     | MIGLUSTAT CAP 100 MG                                    |
| MONONINE INJ 1000UNIT   | COAGULATION FACTOR IX FOR INJ 1000 UNIT                 |
| MULPLETA TAB 3MG        | LUSUTROMBOPAG TAB 3 MG                                  |
| MYCAPSSA CAP 20MG       | OCTREOTIDE ACETATE CAP DELAYED RELEASE 20 MG            |
| MYFEMBREE TAB           | RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5  |
| MYOBLOC INJ 10000/2     | RIMABOTULINUMTOXINB IM INJ 10000 UNIT/2ML               |
| MYOBLOC INJ 2500/0.5    | RIMABOTULINUMTOXINB IM INJ 2500 UNIT/0.5ML              |
| MYOBLOC INJ 5000/ML     | RIMABOTULINUMTOXINB IM INJ 5000 UNIT/ML                 |
| MYTESI TAB 125MG        | CROFELEMER TAB DELAYED RELEASE 125 MG                   |
| NATPARA INJ 100MCG      | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 100 |
| NATPARA INJ 25MCG       | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 25  |
| NATPARA INJ 50MCG       | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 50  |
| NATPARA INJ 75MCG       | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 75  |
| NEBUPENT INH 300MG      | PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG    |
| NERLYNX TAB 40MG        | NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)           |
| NEULASTA INJ 6MG/0.6M   | PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML         |
| NEULASTA KIT 6MG/0.6M   | PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG/0.6ML     |

Updated November 2021

|                          |  |
|--------------------------|--|
| NEUPOGEN INJ 300/0.5     | FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML              |
| NEUPOGEN INJ 300MCG      | FILGRASTIM INJ 300 MCG/ML                                    |
| NEUPOGEN INJ 480/0.8     | FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MC      |
| NEUPOGEN INJ 480MCG      | FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)                    |
| NEXAVAR TAB 200MG        | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)              |
| NILANDRON TAB 150MG      | NILUTAMIDE TAB 150 MG  |
| NILUTAMIDE TAB 150MG     | NILUTAMIDE TAB 150 MG  |
| NINLARO CAP 2.3MG        | IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)                |
| NINLARO CAP 3MG          | IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)                  |
| NINLARO CAP 4MG          | IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)                  |
| NITISINONE CAP 10MG      | NITISINONE CAP 10 MG   |
| NITISINONE CAP 2MG       | NITISINONE CAP 2 MG  |
| NITISINONE CAP 5MG       | NITISINONE CAP 5 MG  |
| NIVESTYM INJ 300/0.5     | FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML         |
| NIVESTYM INJ 300MCG      | FILGRASTIM-AAFI INJ 300 MCG/ML                               |
| NIVESTYM INJ 480/0.8     | FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML         |
| NIVESTYM INJ 480MCG      | FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)               |
| NORDITROPIN INJ 10/1.5ML | SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML                 |
| NORDITROPIN INJ 15/1.5ML | SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML                 |
| NORDITROPIN INJ 30/3ML   | SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML                   |
| NORDITROPIN INJ 5/1.5ML  | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML                  |
| NOURIANZ TAB 20MG        | ISTRADEFYLLINE TAB 20 MG                                     |
| NOURIANZ TAB 40MG        | ISTRADEFYLLINE TAB 40 MG                                     |
| NOVOEIGHT INJ 1000UNIT   | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT |
| NOVOEIGHT INJ 1500UNIT   | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT |
| NOVOEIGHT INJ 2000UNIT   | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT |
| NOVOEIGHT INJ 250UNIT    | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT  |
| NOVOEIGHT INJ 3000UNIT   | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT |
| NOVOEIGHT INJ 500UNIT    | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT  |
| NOVOSEVEN RT INJ 1MG     | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG      |
| NOVOSEVEN RT INJ 2MG     | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG      |
| NOVOSEVEN RT INJ 5MG     | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG      |
| NOVOSEVEN RT INJ 8MG     | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG      |
| NOXAFIL INJ 300/16.7     | POSACONAZOLE IV SOLN 300 MG/16.7ML (18 MG/ML)                |
| NPLATE INJ 250MCG        | ROMIPLOSTIM FOR INJ 250 MCG                                  |
| NPLATE INJ 500MCG        | ROMIPLOSTIM FOR INJ 500 MCG                                  |
| NUCALA INJ 100MG         | MEPOLIZUMAB FOR INJ 100 MG                                   |
| NUCALA INJ 100MG/ML      | MEPOLIZUMAB SUBCUTANEOUSSOLUTION AUTO-INJECTOR 100 MG/       |
| NUCALA INJ 100MG/ML      | MEPOLIZUMAB SUBCUTANEOUSSOLUTION PREFSYRINGE 100 MG/M        |
| NURTEC TAB 75MG ODT      | RIMEGEPANT SULFATE TAB DISINT 75 MG                          |
| NUTROPIN AQ INJ 10MG/2ML | SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/2ML                   |

|                              |  |
|------------------------------|--|
| NUTROPIN AQ INJ<br>20MG/2ML  | SOMATROPIN SOLUTION PEN-INJECTOR 20 MG/2ML                   |
| NUTROPIN AQ INJ NUSPIN 5     | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/2ML                    |
| NUWIQ INJ 1000UNIT           | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT  |
| NUWIQ INJ 2000UNIT           | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT  |
| NUWIQ INJ 2500UNIT           | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT  |
| NUWIQ INJ 250UNIT            | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT |
| NUWIQ INJ 3000UNIT           | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT  |
| NUWIQ INJ 4000UNIT           | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT  |
| NUWIQ INJ 500UNIT            | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT |
| NUWIQ KIT 1000UNIT           | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT |
| NUWIQ KIT 2000UNIT           | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT |
| NUWIQ KIT 2500UNIT           | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT |
| NUWIQ KIT 250UNIT            | ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT |
| NUWIQ KIT 3000UNIT           | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT |
| NUWIQ KIT 4000UNIT           | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT |
| NUWIQ KIT 500UNIT            | ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT |
| OBIZUR INJ 500 UNIT          | ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500      |
| OCALIVA TAB 10MG             | OBETICHOLIC ACID TAB 10 MG                                   |
| OCALIVA TAB 5MG              | OBETICHOLIC ACID TAB 5 MG                                    |
| OCTREOTIDE INJ 1000/5ML      | OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)                |
| OCTREOTIDE INJ 1000MCG       | OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)                 |
| OCTREOTIDE INJ 100MCG        | OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)                |
| OCTREOTIDE INJ 200MCG        | OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)                |
| OCTREOTIDE INJ 5000/5ML      | OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)                 |
| OCTREOTIDE INJ 500MCG        | OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)                |
| OCTREOTIDE INJ 50MCG/ML      | OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)                |
| OFEV CAP 100MG               | NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)              |
| OFEV CAP 150MG               | NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)              |
| OLUMIANT TAB 2MG             | BARICITINIB TAB 2 MG   |
| OMNITROPE INJ 10/1.5ML       | SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML                    |
| OMNITROPE INJ 5.8MG          | SOMATROPIN FOR INJ 5.8 MG                                    |
| OMNITROPE INJ 5/1.5ML        | SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML                     |
| ONUREG TAB 200MG             | AZACITIDINE TAB 200 MG                                       |
| ONUREG TAB 300MG             | AZACITIDINE TAB 300 MG                                       |
| OPSUMIT TAB 10MG             | MACITENTAN TAB 10 MG   |
| ORENCIA INJ 125MG/ML         | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML      |
| ORENCIA INJ 50/0.4ML         | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4      |
| ORENCIA INJ 87.5/0.7         | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0      |
| ORENCIA CLCK INJ<br>125MG/ML | ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML          |
| ORENITRAM TAB 0.125MG        | TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)          |

Updated November 2021

|                        |  |
|------------------------|--|
| ORENITRAM TAB 0.25MG   | TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)       |
| ORENITRAM TAB 1MG      | TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)          |
| ORENITRAM TAB 2.5MG    | TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)        |
| ORENITRAM TAB 5MG      | TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)          |
| ORFADIN CAP 10MG       | NITISINONE CAP 10 MG                                     |
| ORFADIN CAP 20MG       | NITISINONE CAP 20 MG                                     |
| ORFADIN CAP 2MG        | NITISINONE CAP 2 MG                                      |
| ORFADIN CAP 5MG        | NITISINONE CAP 5 MG                                      |
| ORFADIN SUS 4MG/ML     | NITISINONE SUSP 4 MG/ML                                  |
| ORGOVYX TAB 120MG      | RELUGOLIX TAB 120 MG                                     |
| ORLISSA TAB 150MG      | ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)                  |
| ORLISSA TAB 200MG      | ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)                  |
| ORKAMBI GRA 100-125    | LUMACAFITOR-IVACAFITOR GRANULES PACKET 100-125 MG        |
| ORKAMBI GRA 150-188    | LUMACAFITOR-IVACAFITOR GRANULES PACKET 150-188 MG        |
| ORKAMBI TAB 100-125    | LUMACAFITOR-IVACAFITOR TAB 100-125 MG                    |
| ORKAMBI TAB 200-125    | LUMACAFITOR-IVACAFITOR TAB 200-125 MG                    |
| ORTHOVISC INJ 15MG/ML  | HYALURONAN INTRA-ARTICULAR SOLN PREFILLED SYRINGE 30 MG  |
| OTEZLA TAB 10/20/30    | APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30   |
| OTEZLA TAB 30MG        | APREMILAST TAB 30 MG                                     |
| OTREXUP INJ 10MG       | METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.4ML           |
| OTREXUP INJ 12.5/0.4   | METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.4ML         |
| OTREXUP INJ 15MG       | METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.4ML           |
| OTREXUP INJ 17.5/0.4   | METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.4ML         |
| OTREXUP INJ 20MG       | METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML           |
| OTREXUP INJ 22.5/0.4   | METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.4ML         |
| OTREXUP INJ 25MG       | METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.4ML           |
| OXBRYTA TAB 500MG      | VOXELOTOR TAB 500 MG                                     |
| OXLUMO INJ 94.5/0.5    | LUMASIRAN SODIUM SUBCUTANEOUS SOLN 94.5 MG/0.5ML         |
| OXSORALEN-UL CAP 10MG  | METHOXSALLEN RAPID CAP 10 MG                             |
| PALFORZIA CAP ESCALAT  | PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 M  |
| PALFORZIA CAP LEVEL 1  | PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOS  |
| PALFORZIA CAP LEVEL 10 | PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG   |
| PALFORZIA CAP LEVEL 2  | PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOS  |
| PALFORZIA CAP LEVEL 3  | PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)    |
| PALFORZIA CAP LEVEL 4  | PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)  |
| PALFORZIA CAP LEVEL 5  | PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG D  |
| PALFORZIA CAP LEVEL 6  | PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG D  |
| PALFORZIA CAP LEVEL 7  | PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)     |
| PALFORZIA CAP LEVEL 8  | PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE) |
| PALFORZIA CAP LEVEL 9  | PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)         |
| PALFORZIA POW LEVEL 11 | PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG    |

Updated November 2021

|                          |   |
|--------------------------|---|
| PALFORZIA POW LEVEL 11   | PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG     |
| PALYNZIQ INJ 10/0.5ML    | PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 10 MG/0. |
| PALYNZIQ INJ 2.5/0.5     | PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 2.5 MG/0 |
| PALYNZIQ INJ 20MG/ML     | PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 20 MG/ML |
| PEGASYS INJ              | PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML                 |
| PEGASYS INJ 180MCG/M     | PEGINTERFERON ALFA-2A INJ 180 MCG/ML                    |
| PEGASYS INJ PROCLICK     | PEGINTERFERON ALFA-2A INJ 180 MCG/0.5ML                 |
| PEGINTRON KIT 50MCG      | PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML          |
| PEMAZYRE TAB 13.5MG      | PEMIGATINIB TAB 13.5 MG                                 |
| PEMAZYRE TAB 4.5MG       | PEMIGATINIB TAB 4.5 MG                                  |
| PEMAZYRE TAB 9MG         | PEMIGATINIB TAB 9 MG                                    |
| PENTAMIDINE INH 300MG    | PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG    |
| PHENOXYBENZA CAP 10MG    | PHENOXYBENZAMINE HCL CAP 10 MG                          |
| PHESGO SOL               | PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 60 MG-60 MG-2000 U |
| PHESGO SOL               | PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 80 MG-40 MG-2000 U |
| PIQRAY 200MG TAB DOSE    | ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE            |
| PIQRAY 250MG TAB DOSE    | ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TA |
| PIQRAY 300MG TAB DOSE    | ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)     |
| PLEGRIDY INJ             | PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0. |
| PLEGRIDY INJ PEN         | PEGINTERFERON BETA-1A SOLN PEN-INJECTOR 125 MCG/0.5ML   |
| PLEGRIDY INJ STARTER     | PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML P |
| PLEGRIDY PEN INJ STARTER | PEGINTERFERON BETA-1A SOLN PEN-INJ 63 & 94 MCG/0.5ML PA |
| POMALYST CAP 1MG         | POMALIDOMIDE CAP 1 MG                                   |
| POMALYST CAP 2MG         | POMALIDOMIDE CAP 2 MG                                   |
| POMALYST CAP 3MG         | POMALIDOMIDE CAP 3 MG                                   |
| POMALYST CAP 4MG         | POMALIDOMIDE CAP 4 MG                                   |
| PONVORY TAB 20MG         | PONESIMOD TAB 20 MG                                     |
| PONVORY TAB STARTER      | PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG      |
| PREVMIS TAB 240MG        | LETERMOVIR TAB 240 MG                                   |
| PREVMIS TAB 480MG        | LETERMOVIR TAB 480 MG                                   |
| PROCRIT INJ 10000/ML     | EPOETIN ALFA INJ 10000 UNIT/ML                          |
| PROCRIT INJ 2000/ML      | EPOETIN ALFA INJ 2000 UNIT/ML                           |
| PROCRIT INJ 20000/ML     | EPOETIN ALFA INJ 20000 UNIT/ML                          |
| PROCRIT INJ 3000/ML      | EPOETIN ALFA INJ 3000 UNIT/ML                           |
| PROCRIT INJ 4000/ML      | EPOETIN ALFA INJ 4000 UNIT/ML                           |
| PROCRIT INJ 40000/ML     | EPOETIN ALFA INJ 40000 UNIT/ML                          |
| PROCYSBI CAP 25MG        | CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 25 MG (BASE E |
| PROCYSBI CAP 75MG        | CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 75 MG (BASE E |
| PROFILNINE INJ 1000UNIT  | FACTOR IX COMPLEX FOR INJ 1000 UNIT                     |
| PROFILNINE INJ 1500UNIT  | FACTOR IX COMPLEX FOR INJ 1500 UNIT                     |
| PROFILNINE INJ 500UNIT   | FACTOR IX COMPLEX FOR INJ 500 UNIT                      |

Updated November 2021

|                          |   |
|--------------------------|---|
| PROMACTA POW 12.5MG      | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE  |
| PROMACTA TAB 12.5MG      | ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)            |
| PROMACTA TAB 25MG        | ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)              |
| PROMACTA TAB 50MG        | ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)              |
| PROMACTA TAB 75MG        | ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)              |
| RASUVO INJ 10MG          | METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML          |
| RASUVO INJ 12.5MG        | METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML       |
| RASUVO INJ 15MG          | METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML          |
| RASUVO INJ 17.5MG        | METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML       |
| RASUVO INJ 20MG          | METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML          |
| RASUVO INJ 22.5MG        | METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML       |
| RASUVO INJ 25MG          | METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML          |
| RASUVO INJ 30MG          | METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML          |
| RASUVO INJ 7.5MG         | METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML        |
| RAVICTI LIQ1.1GM/ML      | GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML                |
| REBIF INJ 22/0.5         | INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML (12MU/ML) |
| REBIF INJ 44/0.5         | INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML (24MU/ML) |
| REBIF REBIDO INJ 22/0.5  | INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML (12MU/ML) |
| REBIF REBIDO INJ 44/0.5  | INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML (24MU/ML) |
| REBIF REBIDO INJ TITRATN | INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/ |
| REBIF TITRTN INJ PACK    | INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/ |
| REBINYN SOL 1000UNIT     | COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 100 |
| REBINYN SOL 2000UNIT     | COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 200 |
| REBINYN SOL 500UNIT      | COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 500 |
| RECOMBINATE INJ          | ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1241-1800 U |
| RECOMBINATE INJ          | ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 1801-2400 U |
| RECOMBINATE INJ 220-400  | ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 220-400 UNI |
| RECOMBINATE INJ 401-800  | ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 401-800 UNI |
| RECOMBINATE INJ 801-1240 | ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ 801-1240 UN |
| RELISTOR INJ 12/0.6ML    | METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)     |
| RELISTOR INJ 8/0.4ML     | METHYLNALTREXONE BROMIDE INJ 8 MG/0.4ML (20 MG/ML)      |
| RELISTOR TAB 150MG       | METHYLNALTREXONE BROMIDE TAB 150 MG                     |
| RETACRIT INJ 10000UNT    | EPOETIN ALFA-EPBX INJ 10000 UNIT/ML                     |
| RETACRIT INJ 2000UNIT    | EPOETIN ALFA-EPBX INJ 2000 UNIT/ML                      |
| RETACRIT INJ 3000UNIT    | EPOETIN ALFA-EPBX INJ 3000 UNIT/ML                      |
| RETACRIT INJ 40000UNT    | EPOETIN ALFA-EPBX INJ 40000 UNIT/ML                     |
| RETACRIT INJ 4000UNIT    | EPOETIN ALFA-EPBX INJ 4000 UNIT/ML                      |
| REVATIO SUS 10MG/ML      | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML              |
| REVLIMID CAP 10MG        | LENALIDOMIDE CAP 10 MG                                  |
| REVLIMID CAP 15MG        | LENALIDOMIDE CAP 15 MG                                  |
| REVLIMID CAP 2.5MG       | LENALIDOMIDE CAPS 2.5 MG                                |



Updated November 2021

|                          |   |
|--------------------------|---|
| REVLIMID CAP 20MG        | LENALIDOMIDE CAP 20 MG                                  |
| REVLIMID CAP 25MG        | LENALIDOMIDE CAP 25 MG                                  |
| REVLIMID CAP 5MG         | LENALIDOMIDE CAP 5 MG                                   |
| REZUROCK TAB 200MG       | BELUMOSUDIL MESYLATE TAB 200 MG                         |
| RIASTAP SOL 1GM          | FIBRINOGEN CONC (HUMAN) INJ APPROXIMATELY 1 GM (900-130 |
| RILUTEK TAB 50MG         | RILUZOLE TAB 50 MG                                      |
| RILUZOLE TAB 50MG        | RILUZOLE TAB 50 MG                                      |
| RINVOQ TAB 15MG ER       | UPADACITINIB TAB ER 24HR 15 MG                          |
| RIXUBIS INJ 1000UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT   |
| RIXUBIS INJ 2000UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT   |
| RIXUBIS INJ 250 UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT    |
| RIXUBIS INJ 3000UNIT     | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT   |
| RIXUBIS INJ 500UNIT      | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT    |
| ROZLYTREK CAP 100MG      | ENTRECTINIB CAP 100 MG                                  |
| ROZLYTREK CAP 200MG      | ENTRECTINIB CAP 200 MG                                  |
| RYDAPT CAP 25MG          | MIDOSTAURIN CAP 25 MG                                   |
| SABRIL POW 500MG         | VIGABATRIN POWD PACK 500 MG                             |
| SABRIL TAB 500MG         | VIGABATRIN TAB 500 MG                                   |
| SAIZEN INJ 5MG           | SOMATROPIN (NON-REFRIGERATED) FOR INJ 5 MG              |
| SAIZEN INJ 8.8MG         | SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG            |
| SAIZENPREP INJ 8.8MG     | SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG            |
| SAJAZIR INJ 30MG/3ML     | ICATIBANT ACETATE INJ 30 MG/3ML (BASE EQUIVALENT)       |
| SANDOSTATIN INJ 100MCG   | OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)           |
| SANDOSTATIN INJ 500MCG   | OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)           |
| SANDOSTATIN INJ 50MCG/ML | OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)           |
| SANDOSTATIN KIT LAR 10MG | OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG                 |
| SANDOSTATIN KIT LAR 20MG | OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG                 |
| SANDOSTATIN KIT LAR 30MG | OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG                 |
| SAPROPTERIN POW 100MG    | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG        |
| SAPROPTERIN POW 500MG    | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG        |
| SEROSTIM INJ 4MG         | SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG |
| SEROSTIM INJ 6MG         | SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG |
| SEVENFACT INJ 1MG        | COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 1 MG (1000 |
| SEVENFACT INJ 5MG        | COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 5 MG (5000 |
| SIGNIFOR INJ 0.3MG/ML    | PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (BASE EQUIV)      |
| SIGNIFOR INJ 0.6MG/ML    | PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (BASE EQUIV)      |
| SIGNIFOR INJ 0.9MG/ML    | PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (BASE EQUIV)      |
| SIGNIFOR LAR INJ 10MG    | PASIREOTIDE PAMOATE FOR IM ER SUSP 10 MG (BASE EQUIV)   |
| SIGNIFOR LAR INJ 20MG    | PASIREOTIDE PAMOATE FOR IM ER SUSP 20 MG (BASE EQUIV)   |
| SIGNIFOR LAR INJ 30MG    | PASIREOTIDE PAMOATE FOR IM ER SUSP 30 MG (BASE EQUIV)   |
| SIGNIFOR LAR INJ 40MG    | PASIREOTIDE PAMOATE FOR IM ER SUSP 40 MG (BASE EQUIV)   |

Updated November 2021

|                          |   |
|--------------------------|---|
| SIGNIFOR LAR INJ 60MG    | PASIREOTIDE PAMOATE FOR IM ER SUSP 60 MG (BASE EQUIV)   |
| SILDENAFIL SUS 10MG/ML   | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML              |
| SILIQ INJ 210/1.5        | BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1 |
| SIMPONI INJ 100MG/ML     | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML     |
| SIMPONI INJ 100MG/ML     | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML |
| SIMPONI INJ 50/0.5ML     | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML   |
| SIMPONI INJ 50/0.5ML     | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5 |
| SKYRIZI INJ 150DOSE      | RISANKIZUMAB-RZAA SOL PREFILLED SYRINGE 2 X 75 MG/0.83M |
| SKYRIZI INJ 150MG/ML     | RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML      |
| SKYRIZI PEN INJ 150MG/ML | RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML          |
| SOFOS/VELPAT TAB 400-100 | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG                   |
| SOMATULINE INJ 120/.5ML  | LANREOTIDE ACETATE EXTENDED RELEASE INJ 120 MG/0.5ML    |
| SOMATULINE INJ 60/0.2ML  | LANREOTIDE ACETATE EXTENDED RELEASE INJ 60 MG/0.2ML     |
| SOMATULINE INJ 90/0.3ML  | LANREOTIDE ACETATE EXTENDED RELEASE INJ 90 MG/0.3ML     |
| SOMAVERT INJ 10MG        | PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)                  |
| SOMAVERT INJ 15MG        | PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)                  |
| SOMAVERT INJ 20MG        | PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)                  |
| SOMAVERT INJ 25MG        | PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)                  |
| SOMAVERT INJ 30MG        | PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)                  |
| SOVALDI PAK 150MG        | SOFOSBUVIR PELLETT PACK 150 MG                          |
| SOVALDI PAK 200MG        | SOFOSBUVIR PELLETT PACK 200 MG                          |
| SOVALDI TAB 400MG        | SOFOSBUVIR TAB 400 MG                                   |
| SPRAVATO SOL 56MG DOS    | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE  |
| SPRAVATO SOL 84MG DOS    | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE  |
| STELARA INJ 45MG/0.5     | USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML          |
| STELARA INJ 90MG/ML      | USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML             |
| STIVARGA TAB 40MG        | REGORAFENIB TAB 40 MG                                   |
| STRENSIQ INJ 18/0.45     | ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML             |
| STRENSIQ INJ 28/0.7ML    | ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML              |
| STRENSIQ INJ 40MG/ML     | ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML                 |
| STRENSIQ INJ 80/0.8ML    | ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML              |
| SUNITINIB CAP 12.5MG     | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)          |
| SUNITINIB CAP 25MG       | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)            |
| SUNITINIB CAP 37.5MG     | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)          |
| SUNITINIB CAP 50MG       | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)            |
| SUTENT CAP 12.5MG        | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)          |
| SUTENT CAP 25MG          | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)            |
| SUTENT CAP 37.5MG        | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)          |
| SUTENT CAP 50MG          | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)            |
| SYMDEKO TAB 100-150      | TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB  |
| SYMDEKO TAB 50-75MG      | TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBP |

Updated November 2021

|                         |   |
|-------------------------|---|
| SYNAGIS INJ 100MG/ML    | PALIVIZUMAB IM SOLN 100 MG/ML                           |
| SYNAGIS INJ 50MG        | PALIVIZUMAB IM SOLN 50 MG/0.5ML                         |
| SYNAREL SOL 2MG/ML      | NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BAS |
| SYNVISC INJ 8MG/ML      | HYLAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/ |
| SYNVISC ONE INJ 8MG/ML  | HYLAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/ |
| SYPRINE CAP 250MG       | TRIENTINE HCL CAP 250 MG                                |
| TADALAFIL TAB 20MG      | TADALAFIL TAB 20 MG (PAH)                               |
| TAFINLAR CAP 50MG       | DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)         |
| TAFINLAR CAP 75MG       | DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)         |
| TAKHZYRO INJ 300/2ML    | LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)             |
| TALTZ INJ 80MG/ML       | IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML     |
| TALTZ INJ 80MG/ML       | IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML |
| TALZENNA CAP 0.25MG     | TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)      |
| TALZENNA CAP 1MG        | TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)         |
| TARGRETIN CAP 75MG      | BEXAROTENE CAP 75 MG                                    |
| TARGRETIN GEL 1%        | BEXAROTENE GEL 1%                                       |
| TAVALISSE TAB 100MG     | FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)      |
| TAVALISSE TAB 150MG     | FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)      |
| TAZVERIK TAB 200MG      | TAZEMETOSTAT HBR TAB 200 MG                             |
| TECFIDERA CAP 120MG     | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG        |
| TECFIDERA CAP 240MG     | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG        |
| TECFIDERA MISSTARTER    | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240  |
| TEMODAR CAP 100MG       | TEMOZOLOMIDE CAP 100 MG                                 |
| TEMODAR CAP 140MG       | TEMOZOLOMIDE CAP 140 MG                                 |
| TEMODAR CAP 180MG       | TEMOZOLOMIDE CAP 180 MG                                 |
| TEMODAR CAP 20MG        | TEMOZOLOMIDE CAP 20 MG                                  |
| TEMODAR CAP 250MG       | TEMOZOLOMIDE CAP 250 MG                                 |
| TEMODAR CAP 5MG         | TEMOZOLOMIDE CAP 5 MG                                   |
| TEMOZOLOMIDE CAP 100MG  | TEMOZOLOMIDE CAP 100 MG                                 |
| TEMOZOLOMIDE CAP 140MG  | TEMOZOLOMIDE CAP 140 MG                                 |
| TEMOZOLOMIDE CAP 180MG  | TEMOZOLOMIDE CAP 180 MG                                 |
| TEMOZOLOMIDE CAP 20MG   | TEMOZOLOMIDE CAP 20 MG                                  |
| TEMOZOLOMIDE CAP 250MG  | TEMOZOLOMIDE CAP 250 MG                                 |
| TEMOZOLOMIDE CAP 5MG    | TEMOZOLOMIDE CAP 5 MG                                   |
| TERIPARATIDE INJ        | TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML  |
| TETRABENAZIN TAB 12.5MG | TETRABENAZINE TAB 12.5 MG                               |
| TETRABENAZIN TAB 25MG   | TETRABENAZINE TAB 25 MG                                 |
| THALOMID CAP 100MG      | THALIDOMIDE CAP 100 MG                                  |
| THALOMID CAP 150MG      | THALIDOMIDE CAP 150 MG                                  |
| THALOMID CAP 200MG      | THALIDOMIDE CAP 200 MG                                  |
| THALOMID CAP 50MG       | THALIDOMIDE CAP 50 MG                                   |

Updated November 2021

|                          |   |
|--------------------------|---|
| THYROGEN INJ 1.1MG       | THYROTROPIN ALFA FOR INJ 1.1 MG                         |
| TIBSOVO TAB 250MG        | IVOSIDENIB TAB 250 MG                                   |
| TIGLUTIK SUS 50/10ML     | RILUZOLE SUSP 50 MG/10ML                                |
| TRACLEER TAB 125MG       | BOSENTAN TAB 125 MG                                     |
| TRACLEER TAB 32MG        | BOSENTAN TAB FOR ORAL SUSP 32 MG                        |
| TRACLEER TAB 62.5MG      | BOSENTAN TAB 62.5 MG                                    |
| TRELSTAR MIX INJ 11.25MG | TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG                |
| TRELSTAR MIX INJ 22.5MG  | TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG                 |
| TRELSTAR MIX INJ 3.75MG  | TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG                 |
| TREMFYA INJ 100MG/ML     | GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML                  |
| TREMFYA INJ 100MG/ML     | GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML             |
| TRETINOIN CAP 10MG       | TRETINOIN CAP 10 MG                                     |
| TRIENTINE CAP 250MG      | TRIENTINE HCL CAP 250 MG                                |
| TRIKAFTA TAB             | ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAFTOR 150 MG |
| TRUSELTIQ CAP 100MG      | INFIGRATINIB PHOS CAP THER PACK 100 MG (100 MG DAILY DO |
| TRUSELTIQ CAP 125MG      | INFIGRATINIB PHOS CAP PACK 100 & 25 MG (125 MG DAILY DO |
| TRUSELTIQ CAP 50MG       | INFIGRATINIB PHOS CAP THER PACK 2 X 25 MG (50 MG DAILY  |
| TRUSELTIQ CAP 75MG       | INFIGRATINIB PHOS CAP THER PACK 3 X 25 MG (75 MG DAILY  |
| TYMLOS INJ               | ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1 |
| TYSABRI INJ 300/15ML     | NATALIZUMAB FOR IV INJ CONC 300 MG/15ML                 |
| UBRELVY TAB 100MG        | UBROGEPANT TAB 100 MG                                   |
| UBRELVY TAB 50MG         | UBROGEPANT TAB 50 MG                                    |
| UDENYCA INJ 6MG/.6ML     | PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML    |
| UKONIQ TAB 200MG         | UMBRALISIB TOSYLATE TAB 200 MG                          |
| UPTRAVI TAB 1000MCG      | SELEXIPAG TAB 1000 MCG                                  |
| UPTRAVI TAB 1200MCG      | SELEXIPAG TAB 1200 MCG                                  |
| UPTRAVI TAB 1400MCG      | SELEXIPAG TAB 1400 MCG                                  |
| UPTRAVI TAB 1600MCG      | SELEXIPAG TAB 1600 MCG                                  |
| UPTRAVI TAB 200/800      | SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60) |
| UPTRAVI TAB 200MCG       | SELEXIPAG TAB 200 MCG                                   |
| UPTRAVI TAB 400MCG       | SELEXIPAG TAB 400 MCG                                   |
| UPTRAVI TAB 600MCG       | SELEXIPAG TAB 600 MCG                                   |
| UPTRAVI TAB 800MCG       | SELEXIPAG TAB 800 MCG                                   |
| VENCLEXTA TAB 100MG      | VENETOCLAX TAB 100 MG                                   |
| VENCLEXTA TAB 10MG       | VENETOCLAX TAB 10 MG                                    |
| VENCLEXTA TAB 50MG       | VENETOCLAX TAB 50 MG                                    |
| VENCLEXTA TAB START PK   | VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG    |
| VERZENIO TAB 100MG       | ABEMACICLIB TAB 100 MG                                  |
| VERZENIO TAB 150MG       | ABEMACICLIB TAB 150 MG                                  |
| VERZENIO TAB 200MG       | ABEMACICLIB TAB 200 MG                                  |
| VERZENIO TAB 50MG        | ABEMACICLIB TAB 50 MG                                   |

Updated November 2021

|                           |  |
|---------------------------|--|
| VIEKIRA PAK TAB           | OMBITAS-PARITAPRE-RITON & DASAB TAB PAK 12.5-75-50 & 25    |
| VIGABATRIN PAK 500MG      | VIGABATRIN POWD PACK 500 MG                                |
| VIGABATRIN TAB 500MG      | VIGABATRIN TAB 500 MG                                      |
| VIGADRONE POW 500MG       | VIGABATRIN POWD PACK 500 MG                                |
| VITRAKVI CAP 100MG        | LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)         |
| VITRAKVI CAP 25MG         | LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)          |
| VITRAKVI SOL 20MG/ML      | LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT) |
| VONVENDI INJ 1300UNIT     | VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT      |
| VONVENDI INJ 650UNIT      | VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT       |
| VOSEVI TAB                | SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG     |
| VUMERITY CAP 231MG        | DIROXIMEL FUMARATE CAPSULE DR STARTER BOTTLE 231 MG        |
| WAKIX TAB 17.8MG          | PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT)               |
| WAKIX TAB 4.45MG          | PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT)               |
| WILATE INJ                | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNI    |
| WILATE INJ                | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT     |
| XELJANZ TAB 10MG          | TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)            |
| XELJANZ TAB 5MG           | TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)             |
| XELJANZ XR TAB 11MG       | TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)    |
| XELODA TAB 150MG          | CAPECITABINE TAB 150 MG                                    |
| XELODA TAB 500MG          | CAPECITABINE TAB 500 MG                                    |
| XENAZINE TAB 12.5MG       | TETRABENAZINE TAB 12.5 MG                                  |
| XENAZINE TAB 25MG         | TETRABENAZINE TAB 25 MG                                    |
| XEOMIN INJ 100UNIT        | INCOBOTULINUM TOXINA FOR IM INJ 100 UNIT                   |
| XEOMIN INJ 200UNIT        | INCOBOTULINUM TOXINA FOR IM INJ 200 UNIT                   |
| XEOMIN INJ 50 UNIT        | INCOBOTULINUM TOXINA FOR IM INJ 50 UNIT                    |
| XGEVA INJ                 | DENOSUMAB INJ 120 MG/1.7ML                                 |
| XOLAIR INJ 150MG/ML       | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/M    |
| XOLAIR INJ 75/0.5         | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.    |
| XOLAIR SOL 150MG          | OMALIZUMAB FOR INJ 150 MG                                  |
| XTANDI CAP 40MG           | ENZALUTAMIDE CAP 40 MG                                     |
| XYNTHA INJ 1000UNIT       | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 1000     |
| XYNTHA INJ 2000UNIT       | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 2000     |
| XYNTHA INJ 250UNIT        | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 250 U    |
| XYNTHA INJ 500UNIT        | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 500 U    |
| XYNTHA SOLOF INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 1000     |
| XYNTHA SOLOF INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 2000     |
| XYNTHA SOLOF INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 3000     |
| XYNTHA SOLOF INJ 500UNIT  | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 500 U    |
| XYNTHA SOLOF KIT 250UNIT  | ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 250 U    |
| XYREM SOL 500MG/ML        | SODIUM OXYBATE ORAL SOLUTION 500 MG/ML                     |
| XYWAV SOL 0.5GM/ML        | CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 M    |

Updated November 2021

|           |                   |   |
|-----------|-------------------|---|
| YONSA     | TAB 125MG         | ABIRATERONE ACETATE TAB 125 MG                          |
| ZARXIO    | INJ 300/0.5       | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML    |
| ZARXIO    | INJ 480/0.8       | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML    |
| ZAVESCA   | CAP 100MG         | MIGLUSTAT CAP 100 MG                                    |
| ZEJULA    | CAP 100MG         | NIRAPARIB TOSYLATE CAP 100 MG (BASE EQUIVALENT)         |
| ZELBORAF  | TAB 240MG         | VEMURAFENIB TAB 240 MG                                  |
| ZEPATIER  | TAB 50-100MG      | ELBASVIR-GRAZOPREVIR TAB 50-100 MG                      |
| ZEPOSIA   | CAP .92MG         | OZANIMOD HCL CAP 0.92 MG                                |
| ZEPOSIA   | CAP STR KIT       | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 30 X 0.92 |
| ZEPOSIA   | 7DAY CAP STR PACK | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG             |
| ZIEXTENZO | INJ 6/0.6ML       | PEGFILGRASTIM-BMEZ SOLN PREFILLED SYRINGE 6 MG/0.6ML    |
| ZOLADEX   | IMP 10.8MG        | GOSERELIN ACETATE IMPLANT 10.8 MG                       |
| ZOLADEX   | IMP 3.6MG         | GOSERELIN ACETATE IMPLANT 3.6 MG                        |
| ZOLINZA   | CAP 100MG         | VORINOSTAT CAP 100 MG                                   |
| ZOMACTON  | INJ 10MG          | SOMATROPIN FOR INJ 10 MG                                |
| ZOMACTON  | INJ 5MG           | SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG                    |
| ZORBTIVE  | INJ 8.8MG         | SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 8.8  |
| ZYTIGA    | TAB 250MG         | ABIRATERONE ACETATE TAB 250 MG                          |
| ZYTIGA    | TAB 500MG         | ABIRATERONE ACETATE TAB 500 MG                          |