

ATTACHMENT 94



**DCS "Brands Classified as Generics" Drugs - RFP entitled:
"Pharmacy Benefit Services for The Empire Plan, Excelsior
Plan, Student Employee Health Plan, and NYS Insurance Fund
Workers' Compensation Prescription Drug Programs"**

**Empire Plan Prescription Drug Program
DCS Classified Generic Drugs**

(List of Medi-Span Classified Brand Drugs That Are Classified As Generic Drugs by DCS - as of 12/31/22)

NDC	Drug Description
00009027101	DEPO-ESTRADI INJ 5MG/ML
00009034702	DEPO-TESTOST INJ 100MG/ML
00009041701	DEPO-TESTOST INJ 200MG/ML
00009041702	DEPO-TESTOST INJ 200MG/ML
00023031304	BLEPHAMIDE OIN S.O.P.
00054306844	ALPRAZOLAM CON 1 MG/ML
00054317644	DEXAMETHASON CON 1MG/ML
00054372144	PREDNISONE CON 5MG/ML
00065039515	CYCLOGYL SOL 0.5% OP
00065039602	CYCLOGYL SOL 1% OP
00065039605	CYCLOGYL SOL 1% OP
00065039615	CYCLOGYL SOL 1% OP
00065039702	CYCLOGYL SOL 2% OP
00065039705	CYCLOGYL SOL 2% OP
00065039715	CYCLOGYL SOL 2% OP
00065064305	TOBEX SOL 0.3% OP
00068050960	RIFAMATE CAP
00071241823	ZARONTIN SOL 250/5ML
00299576504	DESOWEN LOT 0.05%
00430375414	ESTRACE VAG CRE 0.1MG/GM
00496071603	PRAMOSONE CRE 1%
00496071604	PRAMOSONE CRE 1%
00496072604	PRAMOSONE LOT 2.5%
00496072606	PRAMOSONE LOT 2.5%
00496072904	PRAMOSONE LOT 1%
00496072906	PRAMOSONE LOT 1%
00496077804	ANALPRAM-HC CRE 1-1%
00998063006	MAXITROL SUS 0.1% OP
11980001105	BLEPH-10 SOL 10% OP
13551050105	PRIMSOL SOL 50MG/5ML
27437020602	SUPRAX SUS 200/5ML
27437020603	SUPRAX SUS 200/5ML
50474010001	THEO-24 CAP 100MG CR
50474020001	THEO-24 CAP 200MG CR
50474030001	THEO-24 CAP 300MG CR
50474040001	THEO-24 CAP 400MG ER
51285052302	ANTABUSE TAB 250MG
51672520501	TOPICORT CRE 0.05%

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NDC	Drug Description
57844000901	ADIPEX-P TAB 37.5MG
58914001210	BENTYL CAP 10MG
61570007201	MENEST TAB 0.3MG
61570007301	MENEST TAB 0.625MG
61570007401	MENEST TAB 1.25MG
65649023141	AZASAN TAB 75 MG
65649024141	AZASAN TAB 100MG
66220071930	KRISTALOSE PAK 10GM
66220072930	KRISTALOSE PAK 20GM
67457017750	RIMSO-50 SOL 50%