



**STATE OF MICHIGAN**  
**CENTRAL PROCUREMENT SERVICES**  
 Department of Technology, Management, and Budget  
 320 S. WALNUT ST., LANSING, MICHIGAN 48933  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number **8**  
 to  
 Contract Number **071B770009**

<b>CONTRACTOR</b>	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
	beauchineb@michigan.gov		
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
(517) 249-0438			
ostrowskim@michigan.gov			

**CONTRACT SUMMARY**

ADMIN OF PRESCRIPTION DRUG SERVICES FOR CSC

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2022
PAYMENT TERMS		DELIVERY TIMEFRAME	
NET 45		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card	<input type="checkbox"/> PRC	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**MINIMUM DELIVERY REQUIREMENTS**

N/A

**DESCRIPTION OF CHANGE NOTICE**

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>		<input type="checkbox"/>		N/A
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$2,568,509,005.41	\$0.00	\$2,568,509,005.41		

**DESCRIPTION**

Effective December 12, 2022, Exhibit C, Pricing is updated to include the language in Change Notice 8, Attachment 1 which incorporates over-the-counter Covid-19 Test Kits.

All other terms, conditions, specifications, and pricing remain the same. Per Contractor and Agency agreement, and DTMB Central Procurement Services approval.

**Change Notice 8, Attachment 1**  
**Contract No. 071B7700009**

- 1.) **Exhibit C, Pricing is updated to incorporate the language below which includes a \$2.00 administrative fee and \$.50 dispensing fee per Covid-19 Test Kit Claim with a service date from February 4, 2022, to the end of the national public health emergency related to the Covid-19 pandemic:**

During the COVID-19 public health emergency period and pursuant to the January 10, 2022 Affordable Care Act Implementation Part 51 FAQ and February 4, 2022 Affordable Care Act Implementation Part 52 FAQ jointly issued by the Departments of Labor, Health and Human Services, and the Treasury (“Tri-Agency Guidance”), effective February 4, 2022, OptumRx will establish and maintain a network of pharmacies to dispense over the counter at-home COVID-19 diagnostic tests with the pricing and limitations set forth in this section. Pricing will be the U & C price submitted by the dispensing pharmacy plus a \$0.50 dispensing fee, which will be passed through to the dispensing pharmacy, plus a \$2.00 per Claim administration fee, plus any applicable tax. There will be \$0 Coinsurance and Members will be limited to 8 tests per Member per month. Effective February 2, 2022, OptumRx launched a direct coverage offering with a direct-to-consumer shipping option with the Optum Store. The pricing above shall apply, in addition to standard shipping rates. This pricing applies to both traditional and pass through retail pricing. Members who purchase such kits outside of this network may submit a Direct Member Reimbursement (DMR) claim form and will only be eligible for reimbursement of the actual cost of the test up to \$12 per test. Customary DMR fees continue to apply. In the event that the terms applicable to this service change based on updates to the Tri-Agency guidance, the parties will reasonably work together to implement a Change Notice to reflect updated terms. OTC COVID-19 tests are subject to availability. Claims filled through this section are excluded from performance and financial guarantees under this Agreement, including but not limited to Rebates and discount and dispensing fee guarantees.

**FOR THE CONTRACTOR:**

**OPTUMRX INSURANCE COMPANY OF OHIO**

---

Company Name

---

Authorized Agent Signature

---

Authorized Agent (Print or Type)

---

Date

**FOR THE STATE:**

---

Signature

---

Name and Title

**DTMB Central Procurement Services**

---

Agency

---

Date



**STATE OF MICHIGAN**  
**CENTRAL PROCUREMENT SERVICES**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number 7

to

Contract Number 071B770009

<b>CONTRACTOR</b>	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

**CONTRACT SUMMARY**

ADMIN OF PRESCRIPTION DRUG SERVICES FOR CSC			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2022
PAYMENT TERMS		DELIVERY TIMEFRAME	
NET 45		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card <input type="checkbox"/> PRC <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

MINIMUM DELIVERY REQUIREMENTS
N/A

**DESCRIPTION OF CHANGE NOTICE**

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>		<input type="checkbox"/>		N/A
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$2,568,509,005.41	\$0.00	\$2,568,509,005.41		

**DESCRIPTION**

Effective 1/1/2022, the following updates are made:  
 1. The attached Amendment to Exhibit C – Pricing, replaces year 6 pricing.  
 2. The Variable Copay (VCS) program is incorporated as part of the PPO Commercial plan effective 1/1/2022 with a Program fee of \$95 per VCS claim.

All other services, conditions and fees not listed in the Amendment to Exhibit C – Pricing but included in the current Contract's Exhibit C – Pricing will continue to apply.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB, Central Procurement Services approval.

STATE OF MICHIGAN  
 Contract No. 071B7700009  
 Administration of Prescription Drug Service for the CSC-Non-Medicare-Eligible Members  
 Amendment to EXHIBIT C – PRICING

Client: State of Michigan Commercial		
Members: 67,000	Pricing Model: Pass-Through	Implementation Date: January 1, 2022

Term of Contract: Year 6: 01/01/2022 to 12/31/2022
---

### Administrative Fee

Administrative Fee	
Base Administrative Fee	\$1.57 PMPM

PMPM = Per Member Per Month

### Broad Retail Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-19.10%	\$0.60 PNPC	AWP-84.50%	\$0.60 PNPC

### Broad Retail 90 Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-22.95%	\$0.00 PNPC	AWP-86.00%	\$0.00 PNPC

### Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-26.00%	\$0.00 PNPC	AWP-87.50%	\$0.00 PNPC

### Specialty Pharmacy

	Aggregate Guarantee	Discount	Dispensing Fee
Year 6		AWP-21.00%	\$0.00 PNPC

### Rebate Management – Select Comprehensive

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 6	\$254.00 PNPB	\$500.00 PNPB	\$700.00 PNPB	\$3,000.00 PNPB

PNPB = Per Net Paid Brand

### Specialty Variable Copay Card Program (VCS)

Year 6:	\$95.00 per VCS Claim
---------	-----------------------

## Credits and Allowances

Pharmacy Management Allowance	<p>Plan Sponsor shall receive a pharmacy management allowance (PMA) of up to \$4.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA allowance is to be used by Plan Sponsor to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results. Plan Sponsor will be required to submit documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement in breach before the end of the Initial Term, Plan Sponsor shall refund to Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.</p>
-------------------------------	---

---

Client: State of Michigan EGWP		
Members: 61,000	Pricing Model: Pass-Through	Implementation Date: January 1, 2022

Term of Contract:
Year 6: 01/01/2022 to 12/31/2022

### Administrative Fee

Administrative Fee	
EGWP Administrative Fee	\$8.40 PMPM

PMPM = Per Member Per Month

### Broad Retail Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-18.65%	\$0.60 PNPC	AWP-84.50%	\$0.60 PNPC

### Broad Retail 90 Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-22.95%	\$0.00 PNPC	AWP-86.00%	\$0.00 PNPC

### Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 6	AWP-26.00%	\$0.00 PNPC	AWP-87.50%	\$0.00 PNPC

### Specialty Pharmacy

	Aggregate Guarantee	Discount	Dispensing Fee
Year 6		AWP-20.00%	\$2.50 PNPC

### Rebate Management – Silver

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 6	\$183.00 PNPB	\$455.00 PNPB	\$550.00 PNPB	\$1,750.00 PNPB

PNPB = Per Net Paid Brand

## Credits and Allowances

Pharmacy Management Allowance	Plan Sponsor shall receive a pharmacy management allowance (PMA) of up to \$4.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA allowance is to be used by Plan Sponsor to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results. Plan Sponsor will be required to submit documentation to support the expenses for which it seeks reimbursement. If Plan Sponsor terminates this Agreement in breach before the end of the Initial Term, Plan Sponsor shall refund to Contractor within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Plan Sponsor agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.
-------------------------------	--

---



**FOR THE CONTRACTOR:**

**OPTUMRX INSURANCE COMPANY OF OHIO**

---

Company Name

---

Authorized Agent Signature

---

Authorized Agent (Print or Type)

---

Date

**FOR THE STATE:**

---

Signature

---

Name and Title

**DTMB Central Procurement Services**

---

Agency

---

Date

**STATE OF MICHIGAN**  
**CENTRAL PROCUREMENT SERVICES**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909



**CONTRACT CHANGE NOTICE**

Change Notice Number **6**  
 to  
 Contract Number **071B770009**

<b>CONTRACTOR</b>	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
	beauchineb@michigan.gov		
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
(517) 249-0438			
ostrowskim@michigan.gov			

<b>CONTRACT SUMMARY</b>				
ADMIN OF PRESCRIPTION DRUG SERVICES FOR CSC				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE	
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2022	
PAYMENT TERMS		DELIVERY TIMEFRAME		
NET 45		N/A		
ALTERNATE PAYMENT OPTIONS				EXTENDED PURCHASING
<input type="checkbox"/> P-Card	<input type="checkbox"/> PRC	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$1,020,500,000.00	\$2,568,509,005.41		
DESCRIPTION				
Effective April 28, 2021, this Contract is increased by \$1,020,500,000.00 for Michigan Civil Service Commission (MCSC) use.				
All other terms, conditions, specifications, and pricing remain the same. Per Contractor and Agency agreement, DTMB Central Procurement Services approval, and State Administrative Board approval on April 27, 2021.				

**FOR THE CONTRACTOR:**

**OPTUMRX INSURANCE COMPANY OF OHIO**

---

Company Name

---

Authorized Agent Signature

---

Authorized Agent (Print or Type)

---

Date

**FOR THE STATE:**

---

Signature

---

Name and Title

**DTMB Central Procurement Services**

---

Agency

---

Date



**STATE OF MICHIGAN**  
**CENTRAL PROCUREMENT SERVICES**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number **5**

to

Contract Number **071B7700009**

<b>CONTRACTOR</b>	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	Program Manager	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
<b>STATE</b>	Contract Administrator	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

CONTRACT SUMMARY				
ADMIN OF PRESCRIPTION DRUG SERVICES FOR CSC				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE	
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2020	
PAYMENT TERMS		DELIVERY TIMEFRAME		
NET 45		N/A		
ALTERNATE PAYMENT OPTIONS				EXTENDED PURCHASING
<input type="checkbox"/> P-Card	<input type="checkbox"/> PRC	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input checked="" type="checkbox"/>	2 - 1 Year	<input type="checkbox"/>	N/A	December 31, 2022
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$0.00	\$1,548,009,005.41		
DESCRIPTION				

Effective January 1, 2021, the following amendments are hereby incorporated:

1. The State is exercising the two option years. The revised contract expiration date is December 31, 2022. Terms pertaining to Commercial (non-EGWP) coverage shall also include administration of the prescription drug plan for the High Deductible Health Plan.

2. **Exhibit A - Statement of Work** is updated as follows:

1.0 §K. Statement on Standards for Attestation Engagements (SSAE) No. 16 shall be amended and replaced and as follows:

**Section K. Service Organization Control (SOC) Audits**

a. Contractor must have a SOC 1 Type 2 evaluation conducted annually.

b. Contractor must supply Plan sponsor with an annual copy of the results of this audit including a corrective action plan (if applicable) with the quarterly reporting on the first date following report issuance by the auditor.

- c. Contractor must provide to Plan Sponsor additional information pertaining to internal controls upon request.
- d. Contractor must provide Plan Sponsor with a corrective action plan on all actionable items viewed as significant by the auditor and provide regular updates on those items until they are resolved.
- e. If Contractor's current SOC report has qualifications which are viewed as significant by the auditor, the Contractor must provide the Plan Sponsor with the corrective action plan and provide regular updates until issues have been corrected. If the SOC reporting does not cover through September 30 of the current fiscal year, a bridge/gap letter to cover the full fiscal year must accompany it.
- f. Contractor must obtain and review SOC 1 Type 2 and/or SOC 2 Type 2 or equivalent reports from subcontractors. For subcontractors that provide a service significant to the State, the contractor must review and attest to compliance with a corrective action plan for any qualified reports and for any exceptions noted for control activity applicable to operations applicable to Plan Sponsor.

**Section 3.5 C.a.i. Key Personnel** is updated:

SAM: Missy Pulfer  
Clinical Consultant: Jocelyn Hain, Pharm.D Client Service  
Manager: Mack T. Wilson  
Client Service Manager: Ligia Sanchez

3. Exhibit C – Pricing Years 5 and 6 as attached. Commercial Pricing Model will also include administration of the prescription drug plan for the High Deductible Health Plan. All other services, conditions and fees not listed in this Amendment but included in the current Contract's Exhibit C – Pricing will continue to apply.

4. Exhibit D – Service Level Agreements is amended as attached.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB Central Procurement Services approval.

**STATE OF MICHIGAN**

Contract No. 071B77000009  
Administration of Prescription Drug Service for the CSC-Non-Medicare-Eligible Members

**Amendment to EXHIBIT C – PRICING**

Client: State of Michigan Civil Service Commission (MiCSC) – Commercial		
Members: 69,412	Pricing Model: Pass-Through	Implementation Date: January 1, 2021

Term of Contract:	
Year 5:	01/01/2021 to 12/31/2021
Year 6:	01/01/2022 to 12/31/2022

<b>Administrative Fee</b>	
	Administrative Fee
Base Administrative Fee	\$1.67 PMPM

PMPM = Per Member Per Month

<b>Broad Retail Pharmacy Network</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5	AWP-18.55%	\$0.60 PNPC	AWP-83.85%	\$0.60 PNPC
Year 6	AWP-18.65%	\$0.60 PNPC	AWP-83.95%	\$0.60 PNPC

<b>Broad Retail 90 Pharmacy Network</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5	AWP-22.85%	\$0.00 PNPC	AWP-85.45%	\$0.00 PNPC
Year 6:	AWP-22.95%	\$0.00 PNPC	AWP-85.55%	\$0.00 PNPC

<b>Home Delivery Pharmacy</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5	AWP-26.00%	\$0.00 PNPC	AWP-86.35%	\$0.00 PNPC
Year 6 :	AWP-26.00%	\$0.00 PNPC	AWP-86.45%	\$0.00 PNPC

<b>Specialty Pharmacy</b>		
Aggregate Guarantee	Discount	Dispensing Fee
Year 5	AWP-19.10%	\$0.00 PNPC
Year 6	AWP-19.20%	\$0.00 PNPC

**Rebate Management – Select Comprehensive Formulary**

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 5:	\$133.00 PNPB	\$165.00 PNPB	\$465.00 PNPB	\$1,550.00 PNPB
Year 6:	\$156.00 PNPB	\$170.00 PNPB	\$515.00 PNPB	\$1,740.00 PNPB

PNPB = Per Net Paid Brand

Client: State of Michigan Civil Service Commission (MiCSC) – EGWP		
Members: 58,269	Pricing Model: Pass-Through	Implementation Date: January 1, 2020

Term of Contract:	
Year 5:	01/01/2021 to 12/31/2021
Year 6 :	01/01/2022 to 12/31/2022

## Administrative Fee

	Administrative Fee
Base Administrative Fee	\$0.00 PMPM
EGWP Administrative Fee	\$8.50 PMPM

PMPM = Per Member Per Month

## Broad Retail Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5	AWP-18.55%	\$0.60 PNPC	AWP-83.85%	\$0.60 PNPC
Year 6:	AWP-18.65%	\$0.60 PNPC	AWP-83.95%	\$0.60 PNPC

## Broad Retail 90 Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5:	AWP-22.85%	\$0.00 PNPC	AWP-85.45%	\$0.00 PNPC
Year 6:	AWP-22.95%	\$0.00 PNPC	AWP-85.55%	\$0.00 PNPC

## Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 5:	AWP-26.00%	\$0.00 PNPC	AWP-86.35%	\$0.00 PNPC
Year 6:	AWP-26.00%	\$0.00 PNPC	AWP-86.45%	\$0.00 PNPC

## Specialty Pharmacy

Aggregate Guarantee	Discount	Dispensing Fee
Year 5:	AWP-17.30%	\$2.50 PNPC
Year 6:	AWP-17.40%	\$2.50 PNPC



## Rebate Management – Silver Medicare Formulary

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 5:	\$125.00 PNPB	\$405.00 PNPB	\$485.00 PNPB	\$1,660.00 PNPB
Year 6:	\$130.00 PNPB	\$410.00 PNPB	\$495.00 PNPB	\$1,750.00 PNPB

PNPB = Per Net Paid Brand

## Allowances

### Pharmacy Management Allowance

Client shall receive a pharmacy management allowance (PMA) of up to \$4.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA allowance is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Client agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

## General Financial Terms

- All other services, conditions and fees not listed in the proposal but included in the current contract will continue to apply, with the exception of the term below, which will be modified as follows:

### 1.2 Pharmacy Requirements

F. The Contractor agrees to exercise the option year financial arrangement with an annual market check, with a 1% threshold for in Year 6 of the Contract term. **The annual Market Check will not apply to the Year 5 pricing shown above.**

## Contract # 071B77000009 -- EXHIBIT D Service Level Agreements

Contractor must ensure that the SLAs are measurable using the Contractor's standard management information systems. Contractor must also provide process documentation detailing out the Contractor's internal processes used to gather and measure the data used to verify the Contractor's performance. This process documentation must be provided to the Plan Sponsor no later than the end of the first quarter of the Contract period and anytime thereafter when a change is made to the process.

Every SLA must have a report provided that has been approved by the Plan Sponsor to verify the SLA has been met; SLAs without a corresponding report will be deemed unmet and subject to the penalty. Samples of reports that will be used for SLA compliance are required in advance for Plan Sponsor's prior approval. Please provide these reports as part of your response. The Plan Sponsor reserves the right to independently verify the Contractor's assessment of its performance, either by State employee or third-party review. Disagreements regarding SLAs will be subject to Standard Contract Terms – 47. Dispute Resolution.

Beginning January 1, 2021, SLA reports are due on the following schedule.

Any metric that is reported must be accompanied by supporting documentation at the request of the Plan Sponsor within 75 Days after the end of each calendar quarter.

Quarter Designation	Date Range (inclusive)	Report Due Date
First Quarter (Q1)	January 1 – March 31	May 15
Second Quarter (Q2)	April 1 – June 30	August 15
Third Quarter (Q3)	July 1 – September 30	November 15
Fourth Quarter (Q4) (includes annual reporting)	October 1 – December 31	March 31

Unless stated otherwise, any missed measurement period will result in the stated prorated amount of the stated penalty being assessed. For instance, if an SLA is measured monthly and reported/assessed quarterly and one month is missed, one third of the quarterly penalty will be assessed.

The following SLAs are related to ongoing Services and will apply throughout the duration of the Contract, including any optional renewal periods (if exercised). SLAs are for all Services provided under this Contract for the Plan Sponsor and are divided into seven categories: 1) EGWP, 2) Commercial, 3) Mail Order Pharmacy, 4) Specialty Pharmacy, 5) Combined EGWP and Commercial, 6) Specialty Clinical and 7) Implementation Guarantees. No individual SLA will be assessed more than one penalty for the month, quarter, or year in which performance was assessed.

Plan Sponsor has the right to reallocate the total amount at risk among the various individual guarantees annually. Reallocation cannot increase the annual value of any one component by more than 10% of the original value. Reallocation will not increase the overall aggregate value of the penalties. Any such reallocation must be received by Contractor at least 10 business days prior to the applicable calendar year, otherwise attempted reallocations will be of no effect.

For SLA purposes, the Non-EGWP group is defined as the active and pre-65 populations. The SLA reporting needs to be separate for the Non-EGWP group (actives versus pre-65). The

penalty factor for any missed SLA for this group, will be the total amount noted for the active and pre-65 population.

<b>Non-EGWP and EGWP Service Level Agreements</b>
<b>SLA #1A – 1B: Eligibility Uploads</b>
<b>Guarantee</b>
<p>A.) 100.00% of all records, provided by Plan Sponsor and that pass Contractor’s validation edits must be uploaded with one business day of receipt.</p> <p>B.) Any records that do not pass the Contractor’s validation test must be reported to the Plan Sponsor within two business days after the file has been uploaded, including the EGWP Load Report. Non-EGWP discrepancy reporting will be provided in the format specified by the Plan Sponsor. EGWP discrepancies will be provided on the weekly TRR report within four business days after the file has been uploaded. The quarterly SLA report must show the number of days from the time of the file upload to the submission of the defined discrepancy reports to the Plan Sponsor for both Non-EGWP and EGWP.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p>
<b>Credit</b>
<p>The credit due by the Contractor for failure to meet the requirement for SLA #1- 1B is as follows:</p> <p><b>Non-EGWP:</b> The credit for failure to meet this SLA is \$10,000.00 quarterly.</p> <p><b>EGWP:</b> The credit for failure to meet this SLA is \$15,000.00 quarterly.</p>
<b>SLA #2A – 2B: Membership Cards</b>
<b>Guarantee</b>
<p>A.) Membership Cards for all new Contract Holders must be mailed within seven business days of Contractor loading eligibility record. Performance must be substantiated by documentation providing proof of eligibility record receipt date and mailing date.</p> <p>B.) Membership Cards must have an accuracy rate of 100.00%. Accuracy must be measured by sampling no less than 25.00% of ID card production to ensure 100.00% accuracy of information.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p>

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #2A- 2B is as follows:

**Non-EWGP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #3: Average Speed of Answer****Guarantee**

The Contractor must maintain an average speed of answer (ASA) of 30 seconds for 100.00% of calls. The ASA standard must be applied to the speed at which the initial call is answered by a Customer Service Representative (CSR). Should the caller need to be transferred to another level CSR, the time associated with that transfer must not be included in the ASA calculation.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #3 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #4A – 4D: Response Time to Written Inquiries****Guarantee**

- A.) The Contractor must respond to 95.00% or more of written inquiries (i.e. emails, faxes, and letters) within five business days of receipt. Written inquiries also must include those submitted to the Contractor by the Plan Sponsor via the Client Information Center portal.
- B.) 98.00% of all member inquiries must be resolved within 10 business days unless it is identified as an EGWP grievance.
- C.) 100.00% of EGWP grievances must be resolved within 30 calendar days.
- D.) 100% of written inquiries must be resolved within 60 calendar days.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #4A – 4D is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$3,500.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**SLA #5: Point of Sale (POS) Claims Payment Accuracy – Retail****Guarantee**

The Contractor must process and pay 100.00% of POS claims accurately.

The Contractor must measure its performance on this SLA on a monthly basis and report on an annual basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #5 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$20,000.00 annually.

**EGWP:**

The credit for failure to meet this SLA is \$20,000.00 annually.

**SLA #6: Point-of Sale Pharmacy Network – Desk Audits****Guarantee**

The Contractor must perform desk audits on the top 10.00% of participating pharmacies by claim volume (with a minimum of 600 claims per year) at the end of each quarter.

The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #6 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$50,000.00 annually.

**EGWP:**

The credit for failure to meet this SLA is \$75,000.00 annually.

**SLA #7: Point-of-Sale Pharmacy Network – On-site Audits****Guarantee**

The Contractor must perform on-site audits on the top 3.00% of network participating pharmacies (Contractor National Network) by claim volume (with a minimum of 200 claims per year) through on-site compliance audits.

The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #7 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$50,000.00 annually.

**EGWP:**

The credit for failure to meet this SLA is \$75,000.00 annually.

**SLA #8: Timeliness of Data Transmission to Plan Sponsor’s Medical Contractor(s) for Out of Pocket Accumulation****Guarantee**

The Contractor must deliver daily files to the Plan Sponsor’s medical carrier(s) for integration of out-of-pocket accumulators in an agreed upon format.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #8 is as follows:

**Non-EGWP**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #9A – 9B: Timeliness of Rebates****Guarantee**

A.) All Rebate payments must be made to Plan Sponsor within 90 days of the close of the quarter.

B.) The Contractor must provide 100.00% of all manufacturer revenue, whereas the Contractor must remit to Plan Sponsor 100.00% of all such revenues or the minimum guaranteed values, whichever is greater, for Covered Products.

The Contractor must measure its performance on this SLA on a quarterly basis and provide a quarterly Rebate report as described in Exhibit A, Section 4.2A.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #9A – 9B is as follows:

**Non-EGWP:**

The credit for failure to meet this reporting requirement of the SLA is \$150,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

**EGWP:**

The credit for failure to meet this reporting requirement of the SLA is \$225,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

**SLA #10: Member Satisfaction Survey**

**Guarantee**

One random sample Member satisfaction survey must be completed annually at no additional cost.

The survey must be completed within each calendar year for the current calendar year. The survey instrument must be presented to the Plan Sponsor for approval of questions and scoring methodology 90 days prior to deployment. Plan Sponsor has the authority to request changes and customization to the survey and scoring methodology. The respondent pool must be statistically valid based on the Plan Sponsor's total population (randomly generated sample size sufficient to produce a 95.00% confidence interval with a margin of error of not greater than +/-5.00%). Survey results must be available to the Plan Sponsor by March 31st of the year following the year surveyed unless a different date is agreed upon.

The Contractor must achieve a score greater than 3.00 on a 5.00-point scale (other scoring scales may be used as long as they are equivalent) from 85.00% of the responders.

The Contractor must measure and report its performance on this SLA on an annual basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #10 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$150,000.00 annually.

**EGWP:**

The credit for failure to meet this SLA is \$200,000.00 annually.

**SLA #11A – 11B: Prior Authorizations (PA)**

**Guarantee**

- A.) The Contractor must provide a final determination of all requests for PA within 72 hours upon receiving all information required for review.
- B.) If completed information for making a final determination is not received on the initial PA request, the physician's office will be contacted within 48 business hours to request the missing information in order to close out the PA.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #11A – 11B is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$3,500.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**SLA #12A – 12C: Paper Claim Processing Time**

**Guarantee**

- A.) Non-EGWP: The Contractor guarantees 95.00% of all retail paper claims will be processed within seven business days
- B.) Non-EGWP: 100% will be processed within 15 business days, measured from the date of receipt to the date the claim is processed in the system.
- C.) EGWP: The Contractor guarantees 100% of all retail paper claims will be processed within 14 calendar days.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #12A – 12C is as follows:

**Non-EGWP**

The credit for failure to meet this SLA is \$50,000.00 annually.

**EGWP**

The credit for failure to meet this SLA is \$50,000.00 annually.

**Mail Order Pharmacy Service Level Agreements**



**SLA #13: Routine Claims Processing Time – Mail Order**

**Guarantee**

The Contractor must dispense and ship 97.50% of routine prescriptions (those prescriptions not requiring intervention) within two business days of receipt of the order at the Mail Service Pharmacy.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #13 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #14: Exception Claims Processing Time – Mail Order**

**Guarantee**

The Contractor must dispense and ship 99.00% of all prescriptions requiring intervention within five business days of receipt of the order at the Mail Service.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #14 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #15: All Claims Dispensing Accuracy – Mail Order**

**Guarantee**

The Contractor's mail order pharmacy must meet a Dispensing Accuracy Rate of 99.99%. "Dispensing Accuracy Rate" means (i) the number of all mail order pharmacy prescriptions dispensed by Contractor's Mail Service pharmacy less the number of those prescriptions dispensed by Contractor's Mail Service pharmacy which are reported to Contractor's Mail Service pharmacy and verified by Contractor's Mail Service pharmacy as having been dispensed with the incorrect drug, strength,

patient, form, or directions, divided by (ii) the number of all mail order pharmacy prescriptions dispensed by Contractor's Mail Service pharmacy. The SLA is measured on book of business results.

Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #15 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #16: Routine Claims Processing Time – Specialty**

**Guarantee**

The Contractor must dispense and ship 100% of routine prescriptions by the member requested "needs by" date.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #16 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #17: Exception Claims Processing Time – Specialty**

**Guarantee**

The Contractor must dispense and ship 98% of all prescriptions that require intervention by the member requested "needs by" date.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #17 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**SLA #18: All Claims Dispensing Accuracy – Specialty****Guarantee**

Contractor's Specialty Pharmacy guarantees 99.95% accuracy in prescription dispensing including correct patient, correct medication, correct strength, correct dosage, and correct signature.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #18 is as follows:

**Non-EGWP:**

The credit for failure to meet this SLA is \$5,000.00 quarterly.

**EGWP:**

The credit for failure to meet this SLA is \$7,500.00 quarterly.

**Combined EGWP and Non-EGWP Service Level Agreements****SLA #19: Account Management Satisfaction Survey****Guarantee**

Plan Sponsor's satisfaction with Contractor performance must be rated an average of 4.00 or above on a scale of 1.00 to 5.00. The Contractor will be measured using the agreed upon annual survey to assess the Contractor's Performance within the following categories:

Senior Account Manager Performance  
 Communications  
 Data Reporting  
 Clinical Management  
 Customer Service  
 Administrative Support

The Contractor's total performance score will be determined by weighting equally the overall satisfaction scores of each of the six categories.

The Contractor must measure and report its performance on this SLA on an annual basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #19 is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$45,833.33 per category annually for an overall score less than 4.00.

**SLA #20: Point-of-Sale Downtime**

**Guarantee**

The Contractor's POS system must be available 99.90% of the time with the exception of pre-established scheduled downtimes. Metric is based on book of business results.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #20 is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$275,000.00 annually.

**SLA #21: Network POS Guarantee**

**Guarantee**

The Contractor must provide one or more Participating Pharmacies located within a convenient distance of 100.00% of Member residences, provided there is a pharmacy available using the following parameters:

- Two-mile distance for urban areas – 99.90%
- Five-mile distance for suburban areas – 99.90%
- Fifteen-mile distance for rural areas – 98.30%

The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.

**Credit**

The credit for failure to meet the requirement for SLA #21 is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$275,000.00 annually.

**SLA #22: Member Access to Pharmacist in Call Center**

**Guarantee**

The Contractor must ensure that 100% of callers requesting to speak to a pharmacist are connected within an average of 60 seconds of making the request.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #22 is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$275,000.00 annually.

**SLA #23A – 23C: Timely Production of Reports**

**Guarantee**

A. Contractor must provide complete monthly reports on the 15th of the second subsequent month. (e.g., March reporting is due May 15th).

B. Contractor must provide complete quarterly reports on the following dates:

- Q1 – 1/1 through 3/31: Due 05/30 of the current calendar year
- Q2 – 4/1 through 6/30: Due 08/30 of the current calendar year
- Q3 – 7/1 through 9/30: Due 11/30 of the current calendar year
- Q4 – 10/1 through 12/31: Due 03/31 of the next calendar year

C. Contractor must provide complete annual reports on 03/31 of the next calendar year.

The Contractor must measure and report its performance on this SLA on a monthly, quarterly, or annual basis, depending on the report. Fourth quarter reports may be submitted with the annual reports.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #23A – 23C is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$75,000.00 annually.

**SLA #24: First Call Resolution**

**Guarantee**

The Contractor must resolve 92.00% of calls during the first call. Members following up on the same issue within seven calendar days cannot be considered resolved. SLA is measured on book of business results.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Credit**

The credit due by the Contractor for failure to meet the requirement for SLA #24 is as follows:

**Non-EGWP & EGWP:**

The credit for failure to meet this SLA is \$75,000.00 annually.

**FOR THE CONTRACTOR:**

**OPTUMRX INSURANCE COMPANY OF OHIO**

---

Company Name

---

Authorized Agent Signature

---

Authorized Agent (Print or Type)

---

Date

**FOR THE STATE:**

---

Signature

---

Name and Title

**DTMB Central Procurement Services**

---

Agency

---

Date



**STATE OF MICHIGAN**  
**CENTRAL PROCUREMENT SERVICES**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number **4**

to

Contract Number **071B770009**

<b>CONTRACTOR</b>	OPTUMRX INSURANCE COMPANY OF OHIO
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

**CONTRACT SUMMARY**

ADMINISTRATION OF PRESCRIPTION DRUG SERVICES FOR THE CIVIL SERVICE (CSC) NON-MEDICARE AND MEDICARE-ELIGIBLE MEMBERS

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2020
PAYMENT TERMS		DELIVERY TIMEFRAME	
NET 45		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card <input type="checkbox"/> PRC <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**MINIMUM DELIVERY REQUIREMENTS**  
 N/A

**DESCRIPTION OF CHANGE NOTICE**

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>		<input type="checkbox"/>		December 31, 2020
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$0.00	\$1,548,009,005.41		

**DESCRIPTION**

Effective January 1, 2020, please note attached Amendment to Exhibit C – Pricing, to replace year 4 pricing.

All other services, conditions and fees not listed in the Amendment to Exhibit C – Pricing but included in the current Contract's Exhibit C – Pricing will continue to apply.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB, Central Procurement Services approval.



**STATE OF MICHIGAN**

Contract No. 071B77000009  
Administration of Prescription Drug Service for the CSC-Non-Medicare-Eligible Members

**Amendment to EXHIBIT C – PRICING**

Client: State of Michigan Civil Service Commission	
Pricing Model: Commercial - Pass Through, Exclusive Specialty	Implementation Date: January 1, 2020

Year 4 (January 1, 2020 through December 31, 2020)

<b>Administrative Fee</b>	
	Administrative Fee
Base Administrative Fee	\$1.67 PMPM

PMPM = Per Member Per Month

<b>Broad Retail Pharmacy Network Guarantees</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-18.45%	\$0.60 PNPC	AWP-83.75%	\$0.60 PNPC

<b>Broad Retail 90 Pharmacy Network Guarantees</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-22.75%	\$0.00 PNPC	AWP-85.35%	\$0.00 PNPC

<b>Mail Order/Home Delivery Pharmacy Guarantees</b>				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-26.0%	\$0.00 PNPC	AWP-86.25%	\$0.00 PNPC

<b>Specialty Pharmacy Guarantees - Exclusive</b>		
	Discount	Dispensing Fee
Year 4	AWP-19.00%	\$0.00 PNPC

<b>Rebate Management Guarantees – Select Base Formulary</b>				
100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Mail Service	Specialty
Year 4	\$110.00 PNPB	\$160.00 PNPB	\$415.00 PNPB	\$1,360.00 PNPB

PNPB = Per Net Paid Brand

Client: State of Michigan Civil Service Commission	
Pricing Model: EGWP - Pass Through, Open Specialty	Implementation Date: January 1, 2020

Year 4 (January 1, 2020 through December 31, 2020)

Administrative Fee	
	Administrative Fee
Base Administrative Fee	\$0.00 PNPC
EGWP Administrative Fee	\$8.50 PMPM

PMPM = Per Member Per Month  
PNPC = Per Net Paid Claim

Broad Retail Pharmacy Network Guarantees				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-18.45%	\$0.60 PNPC	AWP-83.75%	\$0.60 PNPC

Broad Retail 90 Pharmacy Network Guarantees				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-22.75.0%	\$0.00 PNPC	AWP-85.35%	\$0.00 PNPC

Mail Order/Home Delivery Pharmacy Guarantees				
	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 4	AWP-26.0%	\$0.00 PNPC	AWP-86.25%	\$0.00 PNPC

Specialty Pharmacy Guarantees - Open				
	Discount		Dispensing Fee	
Year 4	AWP-17.20%		\$2.50 PNPC	

Rebate Management Guarantees – OptumRx Silver Formulary				
100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Mail Service	Specialty
Year 4	\$120.00 PNPB	\$400.00 PNPB	\$475.00 PNPB	\$1,650.00 PNPB

PNPB = Per Net Paid Brand

## Credits and Allowances

Pharmacy Management Allowance	<p>Client shall receive a Pharmacy Management Allowance (PMA) credit of up to \$4.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA credit is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. The parties acknowledge that the credit provided by OptumRx for such services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA credit applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A).</p>
-------------------------------	---

---

**FOR THE CONTRACTOR:**

**OPTUMRX INSURANCE COMPANY OF OHIO**

---

Company Name

---

Authorized Agent Signature

---

Authorized Agent (Print or Type)

---

Date

**FOR THE STATE:**

---

Signature

**Sue Ciecwiwa, Category Specialist**

---

Name and Title

**DTMB Central Procurement Services**

---

Agency

---

Date



# STATE OF MICHIGAN ENTERPRISE PROCUREMENT

Department of Technology, Management, and Budget  
525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
P.O. BOX 30026 LANSING, MICHIGAN 48909

## CONTRACT CHANGE NOTICE

Change Notice Number 3

to

Contract Number 071B7700009

<b>CONTRACTOR</b>	Optum Insurance of Ohio
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

### CONTRACT SUMMARY

ADMINISTRATION OF PRESCRIPTION DRUG SERVICES FOR THE CIVIL SERVICE (CSC) NON-MEDICARE AND MEDICARE-ELIGIBLE MEMBERS

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2020
PAYMENT TERMS		DELIVERY TIMEFRAME	
Net 45		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### MINIMUM DELIVERY REQUIREMENTS

N/A

### DESCRIPTION OF CHANGE NOTICE

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$0.00	\$1,548,009,005.41		

### DESCRIPTION

Effective January 1, 2019, please note attached Amendment to Exhibit C – Pricing, to replace years 3 and 4 pricing.

All other services, conditions and fees not listed in the Amendment to Exhibit C – Pricing but included in the current Contract's Exhibit C – Pricing will continue to apply.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB Procurement approval.

**STATE OF MICHIGAN**

Contract No. 071B77000009  
Administration of Prescription Drug Service for the CSC-Non-Medicare-Eligible Members

**Amendment to EXHIBIT C – PRICING**

Client: State of Michigan Civil Service Commission	
Pricing Model: Commercial - Pass Through, Exclusive Specialty	Implementation Date: January 1, 2019

Year 3 (January 1, 2019 through December 31, 2019) and  
Year 4 (January 1, 2020 through December 31, 2020)

**Administrative Fee**

	Administrative Fee
Base Administrative Fee	\$1.70 PMPM

PMPM = Per Member Per Month

**Broad Retail Pharmacy Network Guarantees**

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-18.0%	\$0.95 PNPC	AWP-83.25%	\$0.95 PNPC
Year 4	AWP-18.0%	\$0.95 PNPC	AWP-83.35%	\$0.95 PNPC

**Broad Retail 90 Pharmacy Network Guarantees**

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-21.0%	\$0.00 PNPC	AWP-85.25%	\$0.00 PNPC
Year 4	AWP-21.0%	\$0.00 PNPC	AWP-85.35%	\$0.00 PNPC

**Mail Order/Home Delivery Pharmacy Guarantees**

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-26.0%	\$0.00 PNPC	AWP-86.00%	\$0.00 PNPC
Year 4	AWP-26.0%	\$0.00 PNPC	AWP-86.10%	\$0.00 PNPC

**Specialty Pharmacy Guarantees - Exclusive**

	Discount	Dispensing Fee
Year 3	AWP-18.00%	\$0.00 PNPC
Year 4	AWP-18.25%	\$0.00 PNPC

### Rebate Management Guarantees – Select Base Formulary

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Mail Service	Specialty
Year 3	\$88.00 PNPB	\$125.00 PNPB	\$340.00 PNPB	\$1,180.00 PNPB
Year 4	\$93.00 PNPB	\$135.00 PNPB	\$360.00 PNPB	\$1,280.00 PNPB

PNPB = Per Net Paid Brand

Client: State of Michigan Civil Service Commission	
Pricing Model: EGWP - Pass Through, Open Specialty	Implementation Date: January 1, 2019

Year 3 (January 1, 2019 through December 31, 2019) and  
Year 4 (January 1, 2020 through December 31, 2020)

### Administrative Fee

	Administrative Fee
Base Administrative Fee	\$0.00 PNPC
EGWP Administrative Fee	\$9.00 PMPM

PMPM = Per Member Per Month

PNPC = Per Net Paid Claim

### Broad Retail Pharmacy Network Guarantees

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-18.0%	\$0.95 PNPC	AWP-83.25%	\$0.95 PNPC
Year 4	AWP-18.0%	\$0.95 PNPC	AWP-83.35%	\$0.95 PNPC

### Broad Retail 90 Pharmacy Network Guarantees

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-21.0%	\$0.00 PNPC	AWP-85.25%	\$0.00 PNPC
Year 4	AWP-21.0%	\$0.00 PNPC	AWP-85.35%	\$0.00 PNPC

### Mail Order/Home Delivery Pharmacy Guarantees

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 3	AWP-26.0%	\$0.00 PNPC	AWP-86.00%	\$0.00 PNPC
Year 4	AWP-26.0%	\$0.00 PNPC	AWP-86.10%	\$0.00 PNPC

### Specialty Pharmacy Guarantees - Open

	Discount	Dispensing Fee
Year 3	AWP-16.00%	\$2.50 PNPC
Year 4	AWP-16.10%	\$2.50 PNPC

### Rebate Management Guarantees – OptumRx Silver Formulary

100% Pass-Through	Retail Pharmacy	Retail 90 Pharmacy	Mail Service	Specialty
Year 3	\$118.00 PNPB	\$385.00 PNPB	\$455.00 PNPB	\$1,575.00 PNPB
Year 4	\$120.00 PNPB	\$400.00 PNPB	\$475.00 PNPB	\$1,650.00 PNPB

PNPB = Per Net Paid Brand

### Credits and Allowances

Pharmacy Management Allowance	<p>Client shall receive a Pharmacy Management Allowance (PMA) credit of up to \$4.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA credit is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. The parties acknowledge that the credit provided by OptumRx for such services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA credit applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A).</p>
-------------------------------	---



**FOR THE CONTRACTOR:**

**Optum Insurance of Ohio, Inc.**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Authorized Agent (Print or Type)**

\_\_\_\_\_  
**Date**

**OptumRx PBM of Maryland, Inc.**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Authorized Agent (Print or Type)**

\_\_\_\_\_  
**Date**

**FOR THE STATE:**

\_\_\_\_\_  
**Signature**

**Chelsea Lugibihl, Category Manager**

\_\_\_\_\_  
**Name and Title**

**DTMB Procurement**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Date**



**STATE OF MICHIGAN  
ENTERPRISE PROCUREMENT**  
Department of Technology, Management, and Budget  
525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number **2**

to

Contract Number **071B770009**

<b>CONTRACTOR</b>	Optum Insurance of Ohio
	1600 McConner Parkway
	Schaumburg, IL 60173
	Melissa Pulfer
	614-602-7794
	melissa.pulfer@optum.com
	CV0014010

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
		(517) 249-0438	
		ostrowskim@michigan.gov	

**CONTRACT SUMMARY**

ADMINISTRATION OF PRESCRIPTION DRUG SERVICES FOR THE CIVIL SERVICE (CSC) NON-MEDICARE AND MEDICARE-ELIGIBLE MEMBERS

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2020
PAYMENT TERMS		DELIVERY TIMEFRAME	
Net 45		N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**MINIMUM DELIVERY REQUIREMENTS**

N/A

**DESCRIPTION OF CHANGE NOTICE**

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$0.00	\$1,548,009,005.41		

**DESCRIPTION**

Effective June 1, 2018, the attached revised Exhibit D hereby replaces the original Exhibit D.

Please note: the attached adds clarification language and requirements to the Contract's SLA's.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB Procurement approval.

**STATE OF MICHIGAN**

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

**Amendment to EXHIBIT D  
Service Level Agreements**

The following will replace in its entirety Exhibit D of Contract No. 071B7700009.

Contractor must ensure that the SLAs are measurable using the Contractor's standard management information systems. Contractor must also provide process documentation detailing out the Contractor's internal processes used to gather and measure the data used to verify the Contractor's performance. This process documentation must be provided to the Plan Sponsor no later than the end of the first quarter of the Contract period and anytime thereafter when a change is made to the process.

Every SLA must have a report provided that has been approved by the Plan Sponsor to verify the SLA has been met; SLAs without a corresponding report will be deemed unmet and subject to the penalty. Samples of reports that will be used for SLA compliance are required in advance for Plan Sponsor's prior approval. Please provide these reports as part of your response. The Plan Sponsor reserves the right to independently verify the Contractor's assessment of its performance, either by State employee or third-party review. Disagreements regarding SLAs will be subject to Standard Contract Terms – 47. Dispute Resolution.

Quarterly SLA reports are due 45 Days after the end of each calendar quarter. Annual SLA reports are due 90 days after the close of the plan (calendar) year. Any penalty payments will be made on an annual basis and are due by May 1<sup>st</sup> of the following calendar year. Any metric that is reported must be accompanied by supporting documentation upon request by the Plan Sponsor within 75 Days after the end of each calendar quarter. Contractor must retain the supporting documentation for audit purposes.

Unless stated otherwise, any missed measurement period will result in the stated prorated amount of the stated penalty being assessed. For instance, if an SLA is measured monthly and reported/assessed quarterly and one month is missed, one third of the quarterly penalty will be assessed.

The following SLAs are related to ongoing Services and will apply throughout the duration of the Contract, including any optional renewal periods (if exercised). SLAs are for all Services provided under this Contract for the Plan Sponsor and are divided into seven categories: 1) EGWP, 2) Commercial, 3) Mail Order Pharmacy, 4) Specialty Pharmacy, 5) Combined EGWP and Commercial, 6) Specialty and 7) Implementation Guarantees. No individual SLA will be assessed more than one penalty for the month, quarter, or year in which performance was assessed.

Plan Sponsor has the right to reallocate the total amount at risk among the various individual guarantees annually. Reallocation cannot increase the annual value of any one component by more than 10% of the original value. Reallocation will not increase the overall aggregate value of the penalties. Any such reallocation must be received by Contractor at least 10 business days prior to the applicable calendar year, otherwise attempted reallocations will be of no effect. Plan Sponsor and Contractor can mutually agree in writing to alter SLA guarantee language, measurement period or reporting period at any time.

For SLA purposes, the Non-EGWP group is defined as the active and pre-65 populations. The SLA reporting needs to be separate for the Non-EGWP group (actives versus pre-65). The penalty factor for any missed SLA for this group, will be the total amount noted for the active and pre-65 population.

**Change Notice 2  
Contract 071B770009**

**EXHIBIT D  
Service Level Agreements (SLAs) Contract Performance Standards**

Performance Standard	Methodology
<b>1. Non-EGWP and EGWP Service Level Agreements</b>	
<p><b>SLA 1 – Eligibility Uploads</b></p>	<p><b>Guarantee</b> 100.00% of all records, provided by Plan Sponsor and that pass Contractor's validation edits must be uploaded with one business day of receipt. The SLA report must show weekly activity defined as the number of records uploaded within the above timeframe.</p> <p>Any records that do not pass the Contractor's validation test must be reported to the Plan Sponsor within two business days after the file has been uploaded in the format specified by the Plan Sponsor. The SLA report must show weekly activity defined as the number of records not accepted and the timeframe for presenting the Plan Sponsor defined discrepancy reports.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b> The penalty for failure to meet this SLA is \$10,000.00 quarterly.</p> <p><b>Penalty EGWP:</b> The penalty for failure to meet this SLA is \$15,000.00 quarterly.</p>
<p><b>SLA 2 – Membership Cards</b></p>	<p><b>Guarantee</b> Membership Cards for all new Contract Holders must be mailed within seven business days of Contractor loading eligibility record. Performance must be substantiated by documentation providing proof of eligibility record receipt date and mailing date.</p> <p>Membership Cards must have an accuracy rate of 100.00%. Accuracy must be measured by sampling no less than 25.00% of ID card production to ensure 100.00% accuracy of information.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EWGP:</b> The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b> The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>

<p><b>SLA 3 – Average Speed of Answer</b></p>	<p><b>Guarantee</b></p> <p>The Contractor must maintain an average speed of answer (ASA) of 30 seconds for 100.00% of calls. The ASA standard must be applied to the speed at which the initial call is answered by a Customer Service Representative (CSR). Should the caller need to be transferred to another level CSR, the time associated with that transfer must not be included in the ASA calculation.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The Penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>
<p><b>SLA 4 – Response Time to Written Inquiries</b></p>	<p><b>Guarantee</b></p> <p>The Contractor must respond to 95.00% or more of written inquiries (i.e. emails, faxes, and letters) within five business days of receipt. 98.00% of all member inquiries must be resolved within 10 business days unless it is identified as an EGWP grievance. 100.00% of EGWP grievances must be resolved within 30 calendar days. 100% of written inquiries must be resolved within 60 calendar days. Written inquiries must include those submitted to the Contractor by the Plan Sponsor via the Client Information Center portal.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$3,500.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p>
<p><b>SLA 5 – Point of Sale (POS) Claims Payment Accuracy – Retail</b></p>	<p><b>Guarantee</b></p> <p>The Contractor must process and pay 100.00% of POS claims accurately.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on an annual basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$20,000.00 annually.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$20,000.00 annually.</p>

<p><b>SLA 6</b> – Point-of Sale Pharmacy Network – Desk Audits</p>	<p><b>Guarantee</b></p> <p>The Contractor must perform desk audits on the top 10.00% of participating pharmacies by claim volume (with a minimum of 600 claims per year) at the end of each quarter.</p> <p>The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$50,000.00 annually.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$75,000.00 annually.</p>
<p><b>SLA 7</b> – Point-of-Sale Pharmacy Network – On-site Audits</p>	<p><b>Guarantee</b></p> <p>The Contractor must perform on-site audits on the top 3.00% of network participating pharmacies (Contractor National Network) by claim volume (with a minimum of 200 claims per year) through on-site compliance audits.</p> <p>The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$50,000.00 annually.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$75,000.00 annually.</p>
<p><b>SLA 8</b> – Timeliness of Data Transmission to Plan Sponsor’s Medical Contractor(s) for Out of Pocket Accumulation</p>	<p><b>Guarantee</b></p> <p>The Contractor must deliver daily files to the Plan Sponsor’s medical carrier(s) for integration of out-of-pocket accumulators in an agreed upon format.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>

<p><b>SLA 9 – Timeliness of Rebates</b></p>	<p><b>Guarantee</b></p> <p>All Rebate payments must be made to Plan Sponsor within 90 days of the close of the quarter. The Contractor must provide 100.00% of all manufacturer revenue, whereas the Contractor must remit to Plan Sponsor 100.00% of all such revenues or the minimum guaranteed values, whichever is greater, for Covered Products.</p> <p>The Contractor must measure its performance on this SLA on a quarterly basis and provide a quarterly Rebate report as described in Exhibit A, Section 4.2A.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this reporting requirement of the SLA is \$150,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this reporting requirement of the SLA is \$225,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.</p>
<p><b>SLA 10 – Member Satisfaction Survey</b></p>	<p><b>Guarantee</b></p> <p>One random sample Member satisfaction survey must be completed annually at no additional cost.</p> <p>The survey must be completed within each calendar year for the calendar year. The survey instrument must be presented to the Plan Sponsor for approval of questions and scoring methodology 90 days prior to deployment. Plan Sponsor has the authority to request changes and customization to the survey and scoring methodology. The respondent pool must be statistically valid based on the Plan Sponsor's total population (randomly generated sample size sufficient to produce a 95.00% confidence interval with a margin of error of not greater than +/-5.00%). Survey results must be available to the Plan Sponsor by March 31<sup>st</sup> of the year following the year surveyed unless a different date is agreed upon.</p> <p>The Contractor must achieve a score greater than 3.00 on a 5.00-point scale (other scoring scales may be used as long as they are equivalent) from 85.00% of the responders.</p> <p>The Contractor must measure and report its performance on this SLA on an annual basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$150,000.00 annually.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$200,000.00 annually.</p>

<p><b>SLA 11 – Prior Authorizations (PA)</b></p>	<p><b>Guarantee</b></p> <p>The Contractor must provide a final determination of all requests for PA within 72 hours upon receiving all information required for review. If completed information for making a final determination is not received on the initial PA request, the physician’s office will be contacted within 48 business hours to request the missing information in order to close out the PA.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$3,500.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p>
<p><b>SLA 12 – Paper Claim Processing Time</b></p>	<p><b>Guarantee</b></p> <p>Non-EGWP: The Contractor guarantees 95.00% of all retail paper claims will be processed within seven business days and 100% will be processed within 15 business days, measured from the date of receipt to the date the claim is processed in the system.</p> <p>EGWP: The Contractor guarantees all retail paper claims will be processed within 14 calendar days.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP</b></p> <p>The penalty for failure to meet this SLA is \$50,000.00 annually.</p> <p><b>Penalty EGWP</b></p> <p>The penalty for failure to meet this SLA is \$50,000.00 annually.</p>
<p><b>2. Mail Order Pharmacy Service Level Agreements</b></p>	
<p><b>SLA 13 – Routine Claims Processing Time – Mail Order</b></p>	<p><b>Guarantee</b></p> <p>The Contractor must dispense and ship 97.50% of routine prescriptions (those prescriptions not requiring intervention) within two business days of receipt of the order at the Mail Service Pharmacy.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>



<p><b>SLA 14</b> – All Claims Processing Time – Mail Order</p>	<p><b>Guarantee</b></p> <p>The Contractor must dispense and ship 99.00% of all prescriptions requiring intervention within five business days of receipt of the order at the Mail Service.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>
<p><b>SLA 15</b> – All Claims Dispensing Accuracy – Mail Order</p>	<p><b>Guarantee</b></p> <p>The Contractor’s mail order pharmacy must meet a Dispensing Accuracy Rate of 99.99%. “Dispensing Accuracy Rate” means (i) the number of all mail order pharmacy prescriptions dispensed by Contractor’s Mail Service pharmacy less the number of those prescriptions dispensed by Contractor’s Mail Service pharmacy which are reported to Contractor’s Mail Service pharmacy and verified by Contractor’s Mail Service pharmacy as having been dispensed with the incorrect drug, strength, patient, form, or directions, divided by (ii) the number of all mail order pharmacy prescriptions dispensed by Contractor’s Mail Service pharmacy. The SLA is measured on book of business results.</p> <p>Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>
<p><b>3. Specialty Pharmacy Service Level Agreements</b></p>	
<p><b>SLA 16</b> – Routine Claims Processing Time – Specialty</p>	<p><b>Guarantee</b></p> <p>The Contractor must dispense and ship 100% of routine prescriptions by the member requested "needs by" date.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b></p> <p>The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>

<p><b>SLA 17 – Exception Claims Processing Time – Specialty</b></p>	<p><b>Guarantee</b> The Contractor must dispense and ship 98% of all prescriptions that require intervention by the member requested "needs by" date.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b> The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b> The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>
<p><b>SLA 18 – All Claims Dispensing Accuracy – Specialty</b></p>	<p><b>Guarantee</b> Contractor's Specialty Pharmacy guarantees 99.95% accuracy in prescription dispensing including correct patient, correct medication, correct strength, correct dosage, and correct sig.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty Non-EGWP:</b> The penalty for failure to meet this SLA is \$5,000.00 quarterly.</p> <p><b>Penalty EGWP:</b> The penalty for failure to meet this SLA is \$7,500.00 quarterly.</p>
<p><b>4. Combined EGWP and Non-EGWP Service Level Agreements</b></p>	
<p><b>SLA 19 – Account Management Satisfaction Survey</b></p>	<p><b>Guarantee</b> Plan Sponsor's satisfaction with Contractor performance must be rated an average of 4.00 or above on a scale of 1.00 to 5.00. The Contractor will be measured using the agreed upon annual survey to assess the Contractor's Performance within the following categories:</p> <ul style="list-style-type: none"> <li>Senior Account Manager Performance</li> <li>Communications</li> <li>Data Reporting</li> <li>Clinical Management</li> <li>Customer Service</li> <li>Administrative Support</li> </ul> <p>The Contractor's total performance score will be determined by weighting equally the overall satisfaction scores of each of the six categories.</p> <p>The Contractor must measure and report its performance on this SLA on an annual basis.</p> <p><b>Penalty:</b> The penalty for failure to meet this SLA is \$45,833.33 per category annually for an overall score less than 4.00.</p>

<p><b>SLA 20</b> – Point-of-Sale Downtime</p>	<p><b>Guarantee</b></p> <p>The Contractor’s POS system must be available 99.90% of the time with the exception of pre-established scheduled downtimes. Metric is based on book of business results.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty:</b></p> <p>The penalty for failure to meet this SLA is \$275,000.00 annually.</p>
<p><b>SLA 21</b> – Network POS Guarantee</p>	<p><b>Guarantee</b></p> <p>The Contractor must provide one or more Participating Pharmacies located within a convenient distance of 100.00% of Member residences, provided there is a pharmacy available using the following parameters:</p> <p>Two mile distance for urban areas – 99.90%  Five mile distance for suburban areas – 99.90%  Fifteen mile distance for rural areas – 98.30%</p> <p>The Contractor must measure its performance on this SLA on a quarterly basis and report on an annual basis.</p> <p><b>Penalty:</b></p> <p>The penalty for failure to meet this SLA is \$275,000.00 annually.</p>
<p><b>SLA 22</b> – Member Access to Pharmacist in Call Center</p>	<p><b>Guarantee</b></p> <p>The Contractor must ensure that 100% of callers requesting to speak to a pharmacist are connected within an average of 60 seconds of making the request.</p> <p>The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.</p> <p><b>Penalty:</b></p> <p>The penalty for failure to meet this SLA is \$275,000.00 annually.</p>
<p><b>SLA 23</b> – Timely Production of Reports</p>	<p><b>Guarantee</b></p> <p>The Contractor must provide monthly and quarterly mutually agreed upon management reports within 20 days of the end of the month and quarter, and annual reports within 45 days of the Plan year end with the exception of the CMS Subsidy Projection Report which will be provided at a mutually agreed upon date.</p> <p>Quarterly SLA reports are due 45 Days after the end of each calendar quarter. Annual SLA reports are due 90 days after the close of the plan (calendar) year.</p> <p>The Contractor must measure and report its performance on this SLA on a quarterly basis. Fourth quarter reports may be submitted with the annual reports.</p> <p><b>Penalty:</b></p> <p>The penalty for failure to meet this SLA is \$75,000.00 annually.</p>

**SLA 24 – First Call Resolution**

**Guarantee**

The Contractor must resolve 92.00% of calls during the first call. Members following up on the same issue within seven calendar days cannot be considered resolved. SLA is measured on book of business results.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Penalty:**

The penalty for failure to meet this SLA is \$75,000.00 annually.

**FOR THE CONTRACTOR:**

**Optum Insurance of Ohio**

**Company Name**

**Authorized Agent Signature**

**Authorized Agent (Print or Type)**

**Date**

**FOR THE STATE:**

**Signature**

**Mary Ostrowski, Category Specialist**

**Name and Title**

**DTMB Procurement**

**Agency**

**Date**



**STATE OF MICHIGAN**  
**ENTERPRISE PROCUREMENT**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number **1**  
 to  
 Contract Number **071B7700009**

<b>CONTRACTOR</b>	Optum Insurance of Ohio
	1600 McConner Parkway
	Schaumburg, IL 60173
	Kurt Woodward
	630-946-3619
	kurt.woodward@optum.com
	*****8424

<b>STATE</b>	<b>Program Manager</b>	Bethany Beauchine	MCSC
		517-284-0086	
		beauchineb@michigan.gov	
	<b>Contract Administrator</b>	Mary Ostrowski	DTMB
		(517) 284-7021	
		ostrowskim@michigan.gov	

**CONTRACT SUMMARY**

**ADMIN OF PRESCRIPTION DRUG SERVICES FOR CSC**

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
December 2, 2016	December 31, 2020	2 - 1 Year	December 31, 2020
PAYMENT TERMS		DELIVERY TIMEFRAME	
Net 45		n/a	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-Card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**MINIMUM DELIVERY REQUIREMENTS**

n/a

**DESCRIPTION OF CHANGE NOTICE**

OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	December 31, 2020
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
\$1,548,009,005.41	\$0.00	\$1,548,009,005.41		

**DESCRIPTION**

Effective November 14, 2017, the following updates have been made:

- 1.) The Program Manager has been changed to Bethany Beauchine: Phone: 517-284-0086; Email: beauchineb@michigan.gov, per Section 4.
- 2.) The Contractor's Contract Administrator has been changed to Kurt Woodward: Phone 630-946-3619; Email: kurt.woodward@optum.com, per Section 3.

All other terms, conditions, specifications and pricing remain the same. Per Contractor and Agency agreement, and DTMB Procurement approval.

**STATE OF MICHIGAN**  
**DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET**  
**PROCUREMENT**

525 W. ALLEGAN STREET  
 LANSING, MI 48933

P.O. BOX 30026  
 LANSING, MI 48909

NOTICE OF CONTRACT NO. **071B7700009**

between  
 THE STATE OF MICHIGAN  
 and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
Optum Insurance of Ohio, Inc. OptumRx PBM of Maryland Inc.  1600 McConnor Parkway  Schaumburg , IL 60173	Colby Heiner	Colby.heiner@optum.com
	PHONE	VENDOR TAX ID # (LAST FOUR DIGITS ONLY)
	(224) 231-2907	8424

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER	CSC	Lauri Schmidt	(517) 373-9211	schmidt@michigan.gov
CONTRACT ADMINISTRATOR	DTMB	Mary Ostrowski	(517) 284-7021	OstrowskiM@michigan.gov

**CONTRACT SUMMARY**

**DESCRIPTION:**

Administration of Prescription Drug Services for the Civil Service (CSC) Non-Medicare and Medicare-Eligible Members

<u>INITIAL TERM</u>	<u>EFFECTIVE DATE</u>	<u>INITIAL EXPIRATION DATE</u>	<u>AVAILABLE OPTIONS</u>
Four Years, One Month	December 2, 2016	December 31, 2020	Two –one year options
PAYMENT TERMS	F.O.B.	SHIPPED TO	
NET 45	Destination	N/A	
<u>ALTERNATE PAYMENT OPTIONS</u>			<u>EXTENDED PURCHASING</u>
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS			
N/A			
MISCELLANEOUS INFORMATION			
N/A			
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION		\$1,548,009,005.41	

**For the Contractor OptumRx PBM of Maryland, Inc.:**

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Contract Administrator**

**For Optum Insurance of Ohio, Inc. (as to EGWP Services):**

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Contract Administrator**

**For the State:**

\_\_\_\_\_

\_\_\_\_\_

**Tom Falik,  
Division Director - Services  
State of Michigan  
DTMB Procurement**

**Date**





# STATE OF MICHIGAN

## STANDARD CONTRACT TERMS

This STANDARD CONTRACT (“**Contract**”) is agreed to between the State of Michigan (the “**State**”) and Optum Insurance Company of Ohio Inc. and OptumRx PBM of Maryland Inc. (“**Contractor**”), a Maryland Corporation. This Contract is effective on January 1, 2017 (“**Effective Date**”), and unless terminated, expires on December 31, 2020. The Transitional Implementation Period will be the time period prior to Contract Effective Date and the Services Begin Date on January 1, 2017. Contractor must commence performance of all Services to all Members, without interruption, on January 1, 2017.

This Contract may be renewed for up to two additional one-year periods. Renewal must be by written agreement of the parties and will automatically extend the Term of this Contract

The parties agree as follows:

1. **Duties of Contractor.** Contractor must perform the services and provide the deliverables described in **Schedule A – Statement of Work** (the “**Contract Activities**”). An obligation to provide delivery of any commodity is considered a service and is a Contract Activity.

Contractor must furnish all labor, equipment, materials, and supplies necessary for the performance of the Contract Activities, and meet operational standards, unless otherwise specified in Schedule A.

Contractor must: (a) perform the Contract Activities in a timely, professional, safe, and workmanlike manner consistent with standards in the trade, profession, or industry; (b) meet or exceed the performance and operational standards, and specifications of the Contract; (c) provide all Contract Activities in good quality, with no material defects; (d) not interfere with the State’s operations; (e) obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of the Contract; (f) cooperate with the State, including the State’s quality assurance personnel, and any third party to achieve the objectives of the Contract; (g) return to the State any State-furnished equipment or other resources in the same condition as when provided when no longer required for the Contract; (h) not make any media releases without prior written authorization from the State; (i) assign to the State any claims resulting from state or federal antitrust violations to the extent that those violations concern materials or services supplied by third parties toward fulfillment of the Contract; (j) comply with all State physical and IT security policies and standards which will be made available upon request; and (k) provide the State priority in performance of the Contract except as mandated by federal disaster response requirements. Any breach under this paragraph is considered a material breach.

Contractor must also be clearly identifiable while on State property by wearing identification issued by the State, and clearly identify themselves whenever making contact with the State.



2. **Notices.** All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.

If to State:	If to Contractor:
Mary Ostrowski 525 West Allegan St. Lansing, MI 48929 OstrowskiM@michigan.gov (517) 284-7021	OptumRx, Inc. 1600 McConnor Parkway Schaumburg, IL 60173-6801 Attn: Chief Executive Officer
	With a Copy to: OptumRx, Inc. 1600 McConnor Parkway Schaumburg, IL 60173-6801 Attn: General Counsel

3. **Contract Administrator.** The Contract Administrator for each party is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a “Contract Administrator”):

State:	Contractor:
Mary Ostrowski 525 West Allegan St. Lansing, MI 48929 OstrowskiM@michigan.gov 517-284-7021	Julie Fogarty 1600 McConnor Parkway Schaumburg, IL 60173-6801 <a href="mailto:Julie.Fogarty@optum.com">Julie.Fogarty@optum.com</a> (224) 231-1830

4. **Program Manager.** The Program Manager for each party will monitor and coordinate the day-to-day activities of the Contract (each a “Program Manager”):

State:	Contractor:
Lauri Schmidt P.O. Box 30002 Lansing, 48909 MI schmidtl@michigan.gov (517) 373-9211	Kristy Sherman 1011 Independence Dr. Coppell, TX 75019 Kirsty.Sherman@optum.com (224) 239-2931

State: Manager (Day-to-Day Activities)	Contractor:
Melinda Brown P.O. Box 30002 Lansing, 48909 MI brownm47@michigan.gov (517) 373-8720	Kristy Sherman 1011 Independence Dr. Coppell, TX 75019  (224) 239-2931

5. **Performance Guarantee.** Contractor must at all times have financial resources sufficient, in the opinion of the State, to ensure performance of the Contract and must provide proof upon request. The State may



require a performance bond (as specified in Schedule A) if, in the opinion of the State, it will ensure performance of the Contract.

6. **Insurance Requirements.** Contractor must maintain the insurances identified below and is responsible for all deductibles. All required insurance must: (a) protect the State from claims that may arise out of, are alleged to arise out of, or result from Contractor's or a subcontractor's performance; (b) be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State wherever additional insured status applies; and (c) be provided by a company with an A.M. Best rating of "A" or better, and a financial size of VII or better.

Required Limits	Additional Requirements
<b>Commercial General Liability Insurance</b>	
<u>Minimal Limits:</u> \$1,000,000 Each Occurrence Limit \$1,000,000 Personal & Advertising Injury Limit \$2,000,000 General Aggregate Limit \$2,000,000 Products/Completed Operations	Contractor must have their policy endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 , or both CG 2010 and CG 2037.
<b>Umbrella or Excess Liability Insurance</b>	
<u>Minimal Limits:</u> \$5,000,000 General Aggregate	Contractor must have their policy endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds.
<b>Automobile Liability Insurance</b>	
<u>Minimal Limits:</u> \$1,000,000 Per Occurrence	Contractor must have their policy: (1) endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds; and (2) include Hired and Non-Owned Automobile coverage.
<b>Workers' Compensation Insurance</b>	

CONTRACT #071B700009



<p><u>Minimal Limits:</u></p> <p>Coverage according to applicable laws governing work activities.</p>	<p>Waiver of subrogation, except where waiver is prohibited by law.</p>
<p><b>Employers Liability Insurance</b></p>	
<p><u>Minimal Limits:</u></p> <p>\$500,000 Each Accident</p> <p>\$500,000 Each Employee by Disease</p> <p>\$500,000 Aggregate Disease.</p>	
<p><b>Privacy and Security Liability (Cyber Liability) Insurance</b></p>	
<p><u>Minimal Limits:</u></p> <p>\$1,000,000 Each Claim</p> <p>\$1,000,000 Annual Aggregate</p>	<p>Contractor must have their policy: (1) cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.</p>
<p><b>Crime (Fidelity) Insurance</b></p>	
<p><u>Minimal Limits:</u></p> <p>\$1,000,000 Employee Theft Per Loss</p>	<p>Contractor must have their policy: (1) cover forgery and alteration, theft of money and securities, robbery and safe burglary, computer fraud, funds transfer fraud, money order and counterfeit currency, and (2) endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as Loss Payees.</p>
<p><b>Professional Liability (Errors and Omissions) Insurance</b></p>	
<p><u>Minimal Limits:</u></p> <p>\$3,000,000 Each Claim</p> <p>\$3,000,000 Annual Aggregate</p>	

If any of the required policies provide **claims-made** coverage, the Contractor must: (a) provide coverage with a retroactive date before the effective date of the contract or the beginning of Contract Activities; (b)



maintain coverage and provide evidence of coverage for at least three (3) years after completion of the Contract Activities; and (c) if coverage is canceled or not renewed, and not replaced with another claims-made policy form with a retroactive date prior to the contract effective date, Contractor must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

Contractor must: (a) provide insurance certificates to the Contract Administrator, containing the agreement or purchase order number, at Contract formation and within 20 calendar days of the expiration date of the applicable policies; (b) require that subcontractors maintain the required insurances contained in this Section; (c) notify the Contract Administrator within 5 business days if any insurance is cancelled; and (d) waive all rights against the State for damages covered by workers' compensation, general liability and automobile liability insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Contract (including any provisions hereof requiring Contractor to indemnify, defend and hold harmless the State).

7. **MiDEAL Administrative Fee and Reporting.** Contractor must pay an administrative fee of 1% on all MiDEAL payments made to Contractor under the Contract including transactions with MiDEAL members, and other states (including governmental subdivisions and authorized entities). Administrative fee payments must be made by check payable to the State of Michigan and mailed to:

Department of Technology, Management and Budget  
Cashiering  
P.O. Box 30681  
Lansing, MI 48909

Contractor must submit an itemized purchasing activity report, which includes at a minimum, the name of the purchasing entity and the total dollar volume in sales. Reports should be mailed to DTMB-Procurement.

The administrative fee and purchasing activity report are due within 30 calendar days from the last day of each calendar quarter.

8. **Extended Purchasing Program.** This contract is extended to MiDEAL members. MiDEAL members include local units of government, school districts, universities, community colleges, and nonprofit hospitals. A current list of MiDEAL members is available at [www.michigan.gov/mideal](http://www.michigan.gov/mideal). Upon written agreement between the State and Contractor, this contract may also be extended to: (a) State of Michigan employees and (b) other states (including governmental subdivisions and authorized entities).

If extended, Contractor must supply all Contract Activities at the established Contract prices and terms. The State reserves the right to impose an administrative fee and negotiate additional discounts based on any increased volume generated by such extensions.

Contractor must submit invoices to, and receive payment from, extended purchasing program members on a direct and individual basis.

9. **Independent Contractor.** Contractor is an independent contractor and assumes all rights, obligations and liabilities set forth in this Contract. Contractor, its employees, and agents will not be considered employees



of the State. No partnership or joint venture relationship is created by virtue of this Contract. Contractor, and not the State, is responsible for the payment of wages, benefits and taxes of Contractor's employees and any subcontractors. Prior performance does not modify Contractor's status as an independent contractor. Contractor hereby acknowledges that the State is and will be the sole and exclusive owner of all right, title, and interest in the Contract Activities and all associated intellectual property rights, if any. Such Contract Activities are works made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent any Contract Activities and related intellectual property do not qualify as works made for hire under the Copyright Act, Contractor will, and hereby does, immediately on its creation, assign, transfer and otherwise convey to the State, irrevocably and in perpetuity, throughout the universe, all right, title and interest in and to the Contract Activities, including all intellectual property rights therein.

10. **Subcontracting.** Contractor may not delegate any of its obligations under the Contract without the prior written approval of the State. Contractor must notify the State at least 90 calendar days before the proposed delegation, and provide the State any information it requests to determine whether the delegation is in its best interest. If approved, Contractor must: (a) be the sole point of contact regarding all contractual matters, including payment and charges for all Contract Activities; (b) make all payments to the subcontractor; and (c) incorporate the terms and conditions contained in this Contract in any subcontract with a subcontractor. Contractor remains responsible for the completion of the Contract Activities, compliance with the terms of this Contract, and the acts and omissions of the subcontractor. The State, in its sole discretion, may require the replacement of any subcontractor.
11. **Staffing.** The State's Contract Administrator may require Contractor to remove or reassign personnel by providing a notice to Contractor.
12. **Background Checks.** Pre-Employment background screenings are conducted on all individuals who are given conditional offers of employment, UnitedHealth Group vendors conduct background screenings on all contingent workers. UnitedHealth Group also conducts annual background checks on all employees. Contractor is responsible for all costs associated with the requested background checks.

The following screenings will be performed on all candidates and prospective contingent workers

- Verification of Social Security number
  - Federal, state, and local check for felonies and misdemeanors for the past seven years
  - Check of National Criminal Database
  - Check of National Sex Offenders Registry
  - Check of GSA database for eligibility to participate in federal programs
  - Check of federal database of known terrorists
  - Verification of highest education degree completed
  - Verification of two most recent employers
13. **Assignment.** Contractor may not assign this Contract to any other party without the prior approval of the State. Upon notice to Contractor, the State, in its sole discretion, may assign in whole or in part, its rights or responsibilities under this Contract to any other party. If the State determines that a novation of the Contract to a third party is necessary, Contractor will agree to the novation and provide all necessary documentation and signatures.
  14. **Change of Control.** Contractor will notify, at least 90 calendar days before the effective date, the State of a change in Contractor's organizational structure or ownership. For purposes of this Contract, a change in control means any of the following: (a) a sale of more than 50% of Contractor's stock; (b) a sale of substantially all of Contractor's assets; (c) a change in a majority of Contractor's board members; (d) consummation of a merger or consolidation of Contractor with any other entity; (e) a change in ownership



through a transaction or series of transactions; (f) or the board (or the stockholders) approves a plan of complete liquidation. A change of control does not include any consolidation or merger effected exclusively to change the domicile of Contractor, or any transaction or series of transactions principally for bona fide equity financing purposes.

In the event of a change of control, Contractor must require the successor to assume this Contract and all of its obligations under this Contract.

15. **Ordering.** Contractor is not authorized to begin performance until receipt of authorization as identified in Schedule A.
16. **Acceptance.** Contract Activities are subject to inspection and testing by the State within 30 calendar days of the State's receipt of them ("**State Review Period**"), unless otherwise provided in Schedule A. If the Contract Activities are not fully accepted by the State, the State will notify Contractor by the end of the State Review Period that either: (a) the Contract Activities are accepted, but noted deficiencies must be corrected; or (b) the Contract Activities are rejected. If the State finds material deficiencies, it may: (i) reject the Contract Activities without performing any further inspections; (ii) demand performance at no additional cost; or (iii) terminate this Contract in accordance with Section 23, Termination for Cause.

Within 10 business days from the date of Contractor's receipt of notification of acceptance with deficiencies or rejection of any Contract Activities, Contractor must cure, at no additional cost, the deficiency and deliver unequivocally acceptable Contract Activities to the State. If acceptance with deficiencies or rejection of the Contract Activities impacts the content or delivery of other non-completed Contract Activities, the parties' respective Program Managers must determine an agreed to number of days for re-submission that minimizes the overall impact to the Contract. However, nothing herein affects, alters, or relieves Contractor of its obligations to correct deficiencies in accordance with the time response standards set forth in this Contract.

If Contractor is unable or refuses to correct the deficiency within the time response standards set forth in this Contract, the State may cancel the order in whole or in part. The State, or a third party identified by the State, may perform the Contract Activities and recover the difference between the cost to cure and the Contract price plus an additional 10% administrative fee.

17. **Delivery.** Contractor must deliver all Contract Activities F.O.B. destination, within the State premises with transportation and handling charges paid by Contractor, unless otherwise specified in Schedule A. All containers and packaging becomes the State's exclusive property upon acceptance.
18. **Risk of Loss and Title.** Until final acceptance, title and risk of loss or damage to Contract Activities remains with Contractor. Contractor is responsible for filing, processing, and collecting all damage claims. The State will record and report to Contractor any evidence of visible damage. If the State rejects the Contract Activities, Contractor must remove them from the premises within 10 calendar days after notification of rejection. The risk of loss of rejected or non-conforming Contract Activities remains with Contractor. Rejected Contract Activities not removed by Contractor within 10 calendar days will be deemed abandoned by Contractor, and the State will have the right to dispose of it as its own property. Contractor must reimburse the State for costs and expenses incurred in storing or effecting removal or disposition of rejected Contract Activities.



19. **Warranty Period.** The warranty period, if applicable, for Contract Activities is a fixed period commencing on the date specified in Schedule A. If the Contract Activities do not function as warranted during the warranty period the State may return such non-conforming Contract Activities to the Contractor for a full refund.
20. **Terms of Payment.** Invoice details must conform to the requirements communicated from time-to-time by the State. Unless otherwise specified in this Contract, all disputed amounts are payable within 45 days of the State's receipt. Contractor may only charge for Contract Activities performed as specified in Schedule A. Invoices must include an itemized statement of all charges. The State is exempt from State sales tax for direct purchases and may be exempt from federal excise tax, if Services purchased under this Agreement are for the State's exclusive use. Notwithstanding the foregoing, all prices are inclusive of taxes, and Contractor is responsible for all sales, use and excise taxes, and any other similar taxes, duties and charges of any kind imposed by any federal, state, or local governmental entity on any amounts payable by the State under this Contract.

The State has the right to withhold payment of any disputed amounts until the parties agree as to the validity of the disputed amount. The State will notify Contractor of any dispute within a reasonable time. Payment by the State will not constitute a waiver of any rights as to Contractor's continuing obligations, including claims for deficiencies or substandard Contract Activities. Contractor's acceptance of final payment by the State constitutes a waiver of all claims by Contractor against the State for payment under this Contract, other than those claims previously filed in writing on a timely basis and still disputed.

The State will only disburse payments under this Contract through Electronic Funds Transfer (EFT). Contractor must register with the State at <http://www.michigan.gov/cpexpress> to receive electronic fund transfer payments. If Contractor does not register, the State is not liable for failure to provide payment.

Without prejudice to any other right or remedy it may have, the State reserves the right to set off at any time any amount then due and owing to it by Contractor against any amount payable by the State to Contractor under this Contract.

21. **Liquidated Damages.** Liquidated damages, if applicable, will be assessed as described in Schedule A.
22. **Stop Work Order.** The State may suspend any or all activities under the Contract at any time. The State will provide Contractor a written stop work order detailing the suspension. Contractor must comply with the stop work order upon receipt. Within 90 calendar days, or any longer period agreed to by Contractor, the State will either: (a) issue a notice authorizing Contractor to resume work, or (b) terminate the Contract or purchase order. The State will not pay for Contract Activities, Contractor's lost profits, or any additional compensation during a stop work period.
23. **Termination for Cause.** The State may terminate this Contract for cause, in whole or in part, if Contractor, as determined by the State: (a) endangers the value, integrity, or security of any location, data, or personnel; (b) becomes insolvent, petitions for bankruptcy court proceedings, or has an involuntary bankruptcy proceeding filed against it by any creditor; (c) engages in any conduct that may expose the State to liability; (d) breaches any of its material duties or obligations; or (e) fails to cure a breach within the time stated in a notice of breach. Any reference to specific breaches being material breaches within this Contract will not be construed to mean that other breaches are not material.





If the State terminates this Contract under this Section, the State will issue a termination notice specifying whether Contractor must: (a) cease performance immediately, or (b) continue to perform for a specified period. If it is later determined that Contractor was not in breach of the Contract, the termination will be deemed to have been a Termination for Convenience, effective as of the same date, and the rights and obligations of the parties will be limited to those provided in Section 24, Termination for Convenience.

The State will only pay for amounts due to Contractor for Contract Activities accepted by the State on or before the date of termination, subject to the State's right to set off any amounts owed by the Contractor for the State's reasonable costs in terminating this Contract. The Contractor must pay all reasonable costs incurred by the State in terminating this Contract for cause, including administrative costs, attorneys' fees, court costs, transition costs, and any costs the State incurs to procure the Contract Activities from other sources.

24. **Termination for Convenience.** The State may immediately terminate this Contract in whole or in part without penalty and for any reason, including but not limited to, appropriation or budget shortfalls. The termination notice will specify whether Contractor must: (a) cease performance of the Contract Activities immediately, or (b) continue to perform the Contract Activities in accordance with Section 25, Transition Responsibilities. If the State terminates this Contract for convenience, the State will pay all reasonable costs, as determined by the State, for State approved Transition Responsibilities.
25. **Transition Responsibilities.** Upon termination or expiration of this Contract for any reason, Contractor must, for a period of time specified by the State (not to exceed 90 calendar days), provide all reasonable transition assistance requested by the State, to allow for the expired or terminated portion of the Contract Activities to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Contract Activities to the State or its designees. Such transition assistance may include, but is not limited to: (a) continuing to perform the Contract Activities at the established Contract rates; (b) taking all reasonable and necessary measures to transition performance of the work, including all applicable Contract Activities, training, equipment, software, leases, reports and other documentation, to the State or the State's designee; (c) taking all necessary and appropriate steps, or such other action as the State may direct, to preserve, maintain, protect, or return to the State all materials, data, property, and confidential information provided directly or indirectly to Contractor by any entity, agent, vendor, or employee of the State; (d) transferring title in and delivering to the State, at the State's discretion, all completed or partially completed deliverables prepared under this Contract as of the Contract termination date; and (e) preparing an accurate accounting from which the State and Contractor may reconcile all outstanding accounts (collectively, "**Transition Responsibilities**"). This Contract will automatically be extended through the end of the transition period.
26. **General Indemnification.** Contractor must defend, indemnify and hold the State, its departments, divisions, agencies, offices, commissions, officers, and employees harmless, without limitation, from and against any and all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to: (a) any breach by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable) of any of the promises, agreements, representations, warranties, or insurance requirements contained in this Contract; (b) any infringement, misappropriation, or other violation of any intellectual property right or other right of any third party; (c) any bodily injury, death, or damage to real or tangible personal property occurring wholly or in part due to action or inaction by Contractor (or any



of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable); and (d) any acts or omissions of Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable).

The State will notify Contractor in writing if indemnification is sought; however, failure to do so will not relieve Contractor, except to the extent that Contractor is materially prejudiced. Contractor must, to the satisfaction of the State, demonstrate its financial ability to carry out these obligations.

The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense if the State deems necessary. Contractor will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. To the extent that any State employee, official, or law may be involved or challenged, the State may, at its own expense, control the defense of that portion of the claim.

Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

27. **Infringement Remedies.** If, in either party's opinion, any piece of equipment, software, commodity, or service supplied by Contractor or its subcontractors, or its operation, use or reproduction, is likely to become the subject of a copyright, patent, trademark, or trade secret infringement claim, Contractor must, at its expense: (a) procure for the State the right to continue using the equipment, software, commodity, or service, or if this option is not reasonably available to Contractor, (b) replace or modify the same so that it becomes non-infringing; or (c) accept its return by the State with appropriate credits to the State against Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.
28. **Limitation of Liability.** The State is not liable for consequential, incidental, indirect, or special damages, regardless of the nature of the action.
29. **Disclosure of Litigation, or Other Proceeding.** Contractor must notify the State within 14 calendar days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "**Proceeding**") involving Contractor, a subcontractor, or an officer or director of Contractor or subcontractor, that arises during the term of the Contract, including: (a) a criminal Proceeding; (b) a parole or probation Proceeding; (c) a Proceeding under the Sarbanes-Oxley Act; (d) a civil Proceeding involving: (1) a claim that might reasonably be expected to adversely affect Contractor's viability or financial stability; or (2) a governmental or public entity's claim or written allegation of fraud; or (e) a Proceeding involving any license that Contractor is required to possess in order to perform under this Contract.
30. **Reserved.**
31. **State Data.**



- a. Ownership. The State's data ("**State Data**," which will be treated by Contractor as Confidential Information) includes: (a) the State's data collected, used, processed, stored, or generated as the result of the Contract Activities; (b) personally identifiable information ("**PII**") collected, used, processed, stored, or generated as the result of the Contract Activities, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) personal health information ("**PHI**") collected, used, processed, stored, or generated as the result of the Contract Activities, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the State and all right, title, and interest in the same is reserved by the State. This Section survives the termination of this Contract.
- b. Contractor Use of State Data. Contractor is provided a limited license to State Data for the sole and exclusive purpose of providing the Contract Activities, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Contract Activities. Contractor must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Contract and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the Contract Activities, such use and disclosure being in accordance with this Contract, any applicable Statement of Work, and applicable law; and (c) not use, sell, rent, transfer, distribute, or otherwise disclose or make available State Data for Contractor's own purposes or for the benefit of anyone other than the State without the State's prior written consent. This Section survives the termination of this Contract.
- c. Extraction of State Data. Contractor must, within five (5) business days of the State's request, provide the State, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Contractor), an extract of the State Data in the format specified by the State.
- d. Backup and Recovery of State Data. Unless otherwise specified in Schedule A, Contractor is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Unless otherwise described in Schedule A, Contractor must maintain a contemporaneous backup of State Data that can be recovered within a mutually agreed upon timeframe.
- e. Loss of Data. In the event of any act, error or omission, negligence, misconduct, or breach that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Contractor that relate to the protection of the security, confidentiality, or integrity of State Data, Contractor must, as applicable: (a) notify the State as soon as practicable but no later than ten (10) days of becoming aware of such occurrence; (b) cooperate with the State in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State; (c) in the case of PII or PHI, at the State's sole election, (i) notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within 5 calendar days of the occurrence; or (ii) reimburse the State for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required



monitoring services, for no less than twenty-four (24) months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) without limiting Contractor's obligations of indemnification as further described in this Contract, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and expenses incidental thereto, which may be suffered by, accrued against, charged to, or recoverable from the State in connection with the occurrence; (g) be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State; and, (h) provide to the State a detailed plan within 10 calendar days of the occurrence describing the measures Contractor will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, and contain, at a minimum: name and contact information of Contractor's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Contractor has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Contractor. This Section survives the termination of this Contract.

32. **Non-Disclosure of Confidential Information.** The parties acknowledge that each party may be exposed to or acquire communication or data of the other party that is confidential, privileged communication not intended to be disclosed to third parties. The provisions of this Section survive the termination of this Contract.
- a. Meaning of Confidential Information. For the purposes of this Contract, the term "**Confidential Information**" means all information and documentation of a party that: (a) has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party; (b) if disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning; and, (c) should reasonably be recognized as confidential information of the disclosing party. The term "Confidential Information" does not include any information or documentation that was: (a) subject to disclosure under the Michigan Freedom of Information Act (FOIA); (b) already in the possession of the receiving party without an obligation of confidentiality; (c) developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights; (d) obtained from a source other than the disclosing party without an obligation of confidentiality; or, (e) publicly available when received, or thereafter became publicly available (other than through any unauthorized disclosure by, through, or on behalf of, the receiving party). For purposes of this Contract, in all cases and for all matters, State Data is deemed to be Confidential Information.
  - b. Obligation of Confidentiality. The parties agree to hold all Confidential Information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Contract or to use such Confidential Information for any purposes whatsoever other than the performance of this Contract. The parties agree to advise and require their respective employees, agents, and subcontractors of their obligations to keep all Confidential Information confidential. Disclosure to a subcontractor is permissible where: (a) use of a subcontractor is authorized under this Contract; (b) the disclosure is necessary or otherwise naturally occurs in connection with work that is within the subcontractor's responsibilities; and (c) Contractor obligates the subcontractor in a written contract to maintain the State's



Confidential Information in confidence. At the State's request, any employee of Contractor or any subcontractor may be required to execute a separate agreement to be bound by the provisions of this Section.

- c. Cooperation to Prevent Disclosure of Confidential Information. Each party must use its best efforts to assist the other party in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limiting the foregoing, each party must advise the other party immediately in the event either party learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Contract and each party will cooperate with the other party in seeking injunctive or other equitable relief against any such person.
- d. Remedies for Breach of Obligation of Confidentiality. Each party acknowledges that breach of its obligation of confidentiality may give rise to irreparable injury to the other party, which damage may be inadequately compensable in the form of monetary damages. Accordingly, a party may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies which may be available, to include, in the case of the State, at the sole election of the State, the immediate termination, without liability to the State, of this Contract or any Statement of Work corresponding to the breach or threatened breach.
- e. Surrender of Confidential Information upon Termination. Upon termination of this Contract or a Statement of Work, in whole or in part, each party must, within 5 calendar days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party's possession, custody, or control; provided, however, that Contractor must return State Data to the State following the timeframe and procedure described further in this Contract. Should Contractor or the State determine that the return of any Confidential Information is not feasible, such party must destroy the Confidential Information and must certify the same in writing within 5 calendar days from the date of termination to the other party. However, the State's legal ability to destroy Contractor data may be restricted by its retention and disposal schedule, in which case Contractor's Confidential Information will be destroyed after the retention period expires.

### 33. **Data Privacy and Information Security.**

- a. Undertaking by Contractor. Without limiting Contractor's obligation of confidentiality as further described, Contractor is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Contractor, if any, comply with all of the foregoing. In no case will the safeguards of Contractor's data privacy and information security program be less stringent than the safeguards used by the State, and Contractor must at all times comply with all applicable State IT policies and standards, which are available to Contractor upon request.
- b. Audit by Contractor. No less than annually, Contractor must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.



- c. Right of Audit by the State. Without limiting any other audit rights of the State, the State has the right to review Contractor's data privacy and information security program prior to the commencement of Contract Activities and from time to time during the term of this Contract. During the providing of the Contract Activities, on an ongoing basis from time to time and without notice, the State, at its own expense, is entitled to perform, or to have performed, an on-site audit of Contractor's data privacy and information security program. In lieu of an on-site audit, upon request by the State, Contractor agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State regarding Contractor's data privacy and information security program.
- d. Audit Findings. Contractor must implement any required safeguards as identified by the State or by any audit of Contractor's data privacy and information security program.
- e. State's Right to Termination for Deficiencies. The State reserves the right, at its sole election, to immediately terminate this Contract or a Statement of Work without limitation and without liability if the State determines that Contractor fails or has failed to meet its obligations under this Section.

34. **Reserved.**

35. **Reserved.**

36. **Records Maintenance, Inspection, Examination, and Audit.** The State or its designee may audit Contractor to verify compliance with this Contract. Contractor must retain, and provide to the State or its designee and the auditor general upon request, all financial and accounting records related to the Contract through the term of the Contract and for thirty-six months after the latter of termination, expiration, or final payment under this Contract or any extension ("**Audit Period**"). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Contractor must retain the records until all issues are resolved.

Within 10 calendar days of providing notice, the State and its authorized representatives or designees have the right to enter and inspect Contractor's premises or any other places where Contract Activities are being performed, and examine, copy, and audit all records related to this Contract. Contractor must cooperate and provide reasonable assistance. If any financial errors are revealed, the amount in error must be reflected as a credit or debit on subsequent invoices until the amount is paid or refunded. Any remaining balance at the end of the Contract must be paid or refunded within 45 calendar days, except with respect to timeframes otherwise specified in the Statement of Work (SOW).

This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.

37. **Warranties and Representations.** Contractor represents and warrants: (a) Contractor is the owner or licensee of any Contract Activities that it licenses, sells, or develops and Contractor has the rights necessary to convey title, ownership rights, or licensed use; (b) all Contract Activities are delivered free from any security interest, lien, or encumbrance and will continue in that respect; (c) the Contract Activities will not infringe the patent, trademark, copyright, trade secret, or other proprietary rights of any third party; (d) Contractor must assign or otherwise transfer to the State or its designee any manufacturer's warranty



for the Contract Activities; (e) the Contract Activities are merchantable and fit for the specific purposes identified in the Contract; (f) the Contract signatory has the authority to enter into this Contract; (g) all information furnished by Contractor in connection with the Contract fairly and accurately represents Contractor's business, properties, finances, and operations as of the dates covered by the information, and Contractor will inform the State of any material adverse changes; and (h) all information furnished and representations made in connection with the award of this Contract is true, accurate, and complete, and contains no false statements or omits any fact that would make the information misleading. A breach of this Section is considered a material breach of this Contract, which entitles the State to terminate this Contract under Section 23, Termination for Cause.

38. **Conflicts and Ethics.** Contractor will uphold high ethical standards and is prohibited from: (a) holding or acquiring an interest that would conflict with this Contract; (b) doing anything that creates an appearance of impropriety with respect to the award or performance of the Contract; (c) attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or (d) paying or agreeing to pay any person, other than employees and consultants working for Contractor, any consideration contingent upon the award of the Contract. Contractor must immediately notify the State of any violation or potential violation of these standards. This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.
39. **Compliance with Laws.** Contractor must comply with all federal, state and local laws, rules and regulations.
40. **Reserved.**
41. **Reserved.**
42. **Nondiscrimination.** Under the Elliott-Larsen Civil Rights Act, 1976 PA 453, MCL 37.2101, *et seq.*, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, MCL 37.1101, *et seq.*, Contractor and its subcontractors agree not to discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status, or mental or physical disability. Breach of this covenant is a material breach of this Contract.
43. **Unfair Labor Practice.** Under MCL 423.324, the State may void any Contract with a Contractor or subcontractor who appears on the Unfair Labor Practice register compiled under MCL 423.322.
44. **Governing Law.** This Contract is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Contract are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Contract must be resolved in Michigan Court of Claims. Contractor consents to venue in Ingham County, and waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Contractor must appoint agents in Michigan to receive service of process.
45. **Non-Exclusivity.** Nothing contained in this Contract is intended nor will be construed as creating any requirements contract with Contractor. This Contract does not restrict the State or its agencies from acquiring similar, equal, or like Contract Activities from other sources.



46. **Force Majeure.** Neither party will be in breach of this Contract because of any failure arising from any disaster or acts of god that are beyond their control and without their fault or negligence. Each party will use commercially reasonable efforts to resume performance. Contractor will not be relieved of a breach or delay caused by its subcontractors. If immediate performance is necessary to ensure public health and safety, the State may immediately contract with a third party.

47. **Dispute Resolution.** The parties will endeavor to resolve any Contract dispute in accordance with this provision. The dispute will be referred to the parties' respective Contract Administrators or Program Managers. Such referral must include a description of the issues and all supporting documentation. The parties must submit the dispute to a senior executive if unable to resolve the dispute within 15 business days. The parties will continue performing while a dispute is being resolved, unless the dispute precludes performance. A dispute involving payment does not preclude performance.

Litigation to resolve the dispute will not be instituted until after the dispute has been elevated to the parties' senior executive and either concludes that resolution is unlikely, or fails to respond within 15 business days. The parties are not prohibited from instituting formal proceedings: (a) to avoid the expiration of statute of limitations period; (b) to preserve a superior position with respect to creditors; or (c) where a party makes a determination that a temporary restraining order or other injunctive relief is the only adequate remedy. This Section does not limit the State's right to terminate the Contract.

48. **Media Releases.** News releases (including promotional literature and commercial advertisements) pertaining to the Contract or project to which it relates must not be made without prior written State approval, and then only in accordance with the explicit written instructions of the State.

49. **Website Incorporation.** The State is not bound by any content on Contractor's website unless expressly incorporated directly into this Contract.

50. **Order of Precedence.** In the event of a conflict between the terms and conditions of the Contract, the exhibits, a purchase order, or an amendment, the order of precedence is: (a) the purchase order; (b) the amendment; (c) Exhibit A; (d) any other exhibits; and (e) the Contract. NO TERMS ON CONTRACTOR'S INVOICES, ORDERING DOCUMENTS, WEBSITE, BROWSE-WRAP, SHRINK-WRAP, CLICK-WRAP, CLICK-THROUGH OR OTHER NON-NEGOTIATED TERMS AND CONDITIONS PROVIDED WITH ANY OF THE CONTRACT ACTIVITIES WILL CONSTITUTE A PART OR AMENDMENT OF THIS CONTRACT OR IS BINDING ON THE STATE FOR ANY PURPOSE. ALL SUCH OTHER TERMS AND CONDITIONS HAVE NO FORCE AND EFFECT AND ARE DEEMED REJECTED BY THE STATE, EVEN IF ACCESS TO OR USE OF THE CONTRACT ACTIVITIES REQUIRES AFFIRMATIVE ACCEPTANCE OF SUCH TERMS AND CONDITIONS.

51. **Severability.** If any part of this Contract is held invalid or unenforceable, by any court of competent jurisdiction, that part will be deemed deleted from this Contract and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining Contract will continue in full force and effect.

52. **Waiver.** Failure to enforce any provision of this Contract will not constitute a waiver.





53. **Survival.** The provisions of this Contract that impose continuing obligations, including warranties and representations, termination, transition, insurance coverage, indemnification, and confidentiality, will survive the expiration or termination of this Contract.
  
54. **Entire Contract and Modification.** This Contract may not be amended except by signed agreement between the parties (a “**Contract Change Notice**”).



## STATE OF MICHIGAN

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

### Exhibit A STATEMENT OF WORK CONTRACT ACTIVITIES

#### Project Request

This is a Contract for Administration of Prescription Drug Services for the Civil Service Commission (CSC) Medicare-Eligible Members via an Employer Group Waiver Program (EGWP) and Non-EGWP Eligible Members, including Actives, Retirants, COBRA participants, and their Dependents of the State of Michigan (the State). The current plan is Self-Insured.

No payment will be made to the Contractor during the Implementation Period. The Implementation Period means the period of time between Contract Begin or Effective Date August 23, 2016 and Services are commenced on January 1, 2017. Contractor must commence performance of all Services to all Members, without interruption, on January 1, 2017.

#### Background

The State administers the Plan which provides pharmacy coverage to Non-EGWP Eligible (active population and non-Medicare population) and EGWP-Eligible Members, including Retirants, and their Dependents enrolled in the health plan. The State currently manages pharmacy coverage for approximately 129,000 Members in the State plans. Approximately 49,000 active Members and 28,000 pre-65 Members are enrolled in the Non-EGWP plans and approximately 52,000 Members are enrolled in the EGWP plan.

Plan Sponsor acknowledges that final enrollment in the EGWP plan of Optum Insurance of Ohio, Inc. ("Optum-EGWP") is contingent upon a Member: (1) being entitled to Medicare Part A and enrolled in Part B; (2) not being enrolled in any other MA plan; (3) have not opted out of enrollment in Plan Sponsor's EGWP; and (4) and being approved by CMS. EGWP Optum-EGWP entered into an Employer Group Waiver Plan 800 Series Contract with the Centers for Medicare and Medicaid Services ("CMS") dated October 3, 2006, as amended ("CMS Contract"). EGWP services described in this Contract will be provided by Optum-EGWP.

Plan Sponsor is a trustee of a fund who desires to contract with Optum-EGWP for EGWP services for its retired employees or dependents of such retired employees who have not opted out of enrollment in Plan Sponsor's EGWP.

The State is a governmental entity and therefore not subject to the federal Employee Retiree Income Security Act (ERISA). The Contractor's obligations will be pursuant to this Contract.

All words capitalized in this document indicate a defined word. Please refer to Exhibit F for all definitions. All Definitions in Exhibit F apply to all questions, grids, pricing proposal and other requirements. These definitions must be applied to all guarantee reconciliations.

#### 1.0 General Requirements

For all Services/Deliverables to be provided by Contractor (and its subcontractors, if any) under the Contract, the State will not be obligated to pay any amounts in addition to the charges specified in the Contract. Services



considered within the scope of this Contract include, but are not limited to, the following:

- A.** Contractor must provide Pass-Through Pricing for retail pharmacies and Rebates.
- B.** Contractor must fully implement the Plan Sponsor's custom Plan design.

Adhere to prescription drug Services approval process and do not modify coverage without written approval from the Plan Sponsor.

Any formulary changes for EGWP retirees will be required to be compliant with CMS regulations and requirements.

- C.** Contractor must adhere to any program related to compliance with government initiatives including, but not limited to, Health Care Reform and administration of an EGWP.

On a weekly basis, Contractor must monitor all CMS memos, call letters, new guidance, and Prescription Drug Manual updates to ensure full coverage of all requirements. Monitoring and reviewing each piece of guidance, summarizing the content, capturing it in a tracking log, and store the information in a central repository. The status for each guidance item is to be tracked through this process until completion. Due to the size and volume of content found in the Call Letters and Federal Register Rules, major components are to be broken out into individual guidance items. Attends CMS conferences, CMS seminars, training, and be very active in both PCMA and NCPDP.

Published a weekly summary of all CMS guidance reviewed, including a brief explanation of the action that will be taken. This information is to be reviewed by the State's account executive and matters relevant to the State's plan will be brought to the State for discussion and any recommendations. The guidance that is larger or more involved, like the Call Letter and rules, will have a special memo distributed separately and Contractor will review any specific piece of guidance with the State, including the Annual Call Letter by facilitating special meetings with the State staff and the Contractor Medicare Part D subject matter experts.

- D.** Ensure e-prescribing Services including, but not limited to, submitting and receiving e-prescriptions, and all electronic Prior Authorizations.

E-prescribing suite must enable customers to seamlessly and securely exchange authorized eligibility, formulary, medication history, and pharmacy information with physicians or other prescribers who use stand-alone e-prescribing or Electronic Health Record (EHR) solutions. Prescribers can then use the transmitted member-specific information during the prescribing process to make safer, more cost-effective decisions with their members. E-prescribing module must connects claims processing system to e-prescribing partners.

The physicians' view of medication history through connection to Allscripts must demonstrate the following features:

- Identification of formulary medications (preferred and non-preferred tiers)
- Documentation of formulary alternatives, quantity, and days supply
- Members, physicians, and payers realize several benefits through the use of e-prescribing:



- Improved member safety resulting from access to member medication history
- Increased physician efficiency by removing guesswork through access to the member's formulary and utilization management information (when available)
- Increased generic use and related savings
- Increased formulary and benefit compliance

For EGWP, Optum-EGWP shall provide E-prescribing services, which shall be limited to eligibility information, medication history, and formulary benefit management. Electronic Prescription Program or "E-prescribing" program shall mean the electronic transmittal of prescriptions and certain other information required for drugs prescribed for Eligible Participants with designated uniform standards as set forth under Chapter 7 of the CMS Prescription Drug Benefit Manual. This is a mandatory program to comply with CMS regulations.

**E.** Contractor must work in partnership and collaboration with the State, CMS, and all other contractors, including Plan Sponsor's Medical contractor, and Healthcare Actuarial and Consulting contractors. This partnership and collaboration must relate to Member servicing, communications, data analysis, reporting, transitioning Members amongst different lines of business, strategic initiatives, plan design changes, and other areas as needed for the clarity of Members and administration from Plan Sponsor.

**F. Plan Design**

- a. Contractor must administer prescription coverage at the direction of the Plan Sponsor, subject to CMS compliance for EGWP.
- b. The Contractor must duplicate the current Plan Design for Plan Sponsor.

RxClaim platform must support virtually every type of pharmacy benefits program and pharmacy delivery mechanism available in the industry and set standards for claims adjudication.

- c. The Plan Design is subject to change throughout the duration of this Contract. The Contractor must implement Plan changes, as requested, by the Plan Sponsor by their effective date at no additional cost to the Plan Sponsor. Contractor must not expand or reduce coverage for Members without the Plan Sponsor's written approval.

**G. Member Support**

- a. Contractor must provide a Customer Service call center where it will maintain staff dedicated to supporting the needs of the Plan Sponsor's Members. The Contractor's call center must be available to receive inbound calls Monday through Friday from 8:00 AM to 5:00 PM Eastern Standard Time (EST).
- b. The Contractor must notify the Plan Sponsor, immediately, of any known or suspected system issues that may impact operations or service to Members.
- c. Contractor must record 100% of calls. Contractor, or subcontractor, must provide phone, secure email/messaging, and written correspondence options for customer contacts. Contractor, or subcontractor, must provide a phone service system, for both Members and Providers that includes (at minimum) the following components subject to compliance with privacy laws and regulations:
  - i. The system must be toll-free
  - ii. An IVR system



- iii. Methods for logging all calls, recording all call data and content; all recorded calls must be attached to the customer account
  - iv. Methods to report metrics, standards and ad hoc report generation
  - v. Methods to monitor calls for quality
  - vi. All recorded calls must be made available to the Plan Sponsor within 24 hours of request
  - vii. All recorded calls must be kept by Contractor for one year
- d. Secure email/Message Service: Contractor must provide a secure email/messaging service, for both Members and Providers, which include (at minimum) the following components:
- i. Methods for receiving and transmitting messages
  - ii. Methods for routing messages to properly trained responders
  - iii. Methods for logging messages, recording message data and content; the message must be attached to the customer account
  - iv. Methods to report metrics, standards and ad hoc report generation
  - v. Methods to monitor messaging for quality
- e. Contractor must provide written correspondence Services, for both Members and Providers, which include (at minimum) the following components:
- i. Methods for storing, tracking and routing correspondence to properly trained responders
  - ii. Methods for logging correspondences, recording correspondence data and content; it is required that the correspondence be attached to the customer account
  - iii. Methods to report metrics, standards and ad hoc report generation
  - iv. Methods to monitor responses for quality

Written inquiries from members, government agencies, providers, and other interested parties must be logged and receive the same attention and support as inquiries received via telephone. The received document should be scanned and stored on a secure network drive. To ensure accurate records, all written inquiries received are date-stamped. The internal process that is followed next will depend on the nature of the correspondence.

Clinical appeals must follow distinct processes relative to the clinical program, and Medicare Part D questions follow an established process based on CMS requirements. Correspondence specific to Contractor processes are addressed by the specific department involved and client-related correspondence, not pertaining to the pharmacy benefit, are referred back to the plan sponsor for resolution. The routing process ensures that the appropriate internal partners are responding to the inquiry.

Contractor must maintain a standard that all written inquiries shall receive resolution within five business days from the date of letter receipt. If the correspondence is presented by the State's Member Services or a member of the State's staff, the Client Service Manager will share the Contractor's response for the plan sponsor's records. Details of the correspondence are attached to the member's profile in Contractor's internal system for future reference.

The State dedicated account team plays an important role in the written inquiry process. The Customer Service Specialists (CSS) act as liaisons between the Grievance team and the State as well as provide support on how to best respond to the State members and guidance on the established benefit. If the State's input/assistance is needed for resolution, the CSS will present the information and collaborate with the State's staff on the best determination. In special circumstances, as requested by the State, the account team will handle the full research and resolution of a written inquiry and personally provide contact to the party that issued the inquiry.



Contractor understands the sensitive nature of high profile requests and fully supports these requests from the State to act outside of Contractor's standard processes to ensure the best outcome.

Written correspondence must be tracked via reporting through the service level agreement (SLA) process, the CCSS also maintains a separate database of all inquiries that come into the account team. The database is used to provide feedback to the State during the quarterly plan reviews on the volume and category of inquiries Contractor is receiving. This data is valuable to the State as it provides an outline of areas to focus educational efforts as well as process improvements.

Each department must maintain a complaint log, which is used to track member complaints and identify trends and opportunities for service improvement. The functional area then initiates projects to improve processes, increase efficiencies, and enhance customer satisfaction. These projects are led by process improvement teams who utilize a quality improvement process workflow. If business performance improves to desired levels, the quality improvement initiative is completed. However, if more investigation is needed to improve performance, the team continues their analysis and identifies additional corrective action steps.

- f. If the Contractor provides chat Services, the Contractor must include all the following:
  - i. Methods for storing, tracking and routing chats to properly trained responders
  - ii. Methods for logging chats, recording chat data and content; it is required that the chat be attached to the customer account
  - iii. Methods to report metrics, standards and ad hoc report generation
  - iv. Methods to monitor chats for quality

Note: The chat capability, which will be available through the member portal of Contractor website, is scheduled to debut in 2017.

- g. The Contractor must provide the following:
  - a. A single front-end toll-free telephone number with touch-tone routing (if necessary) for Customer Service staff to respond to Member requests and/or questions.
  - b. A voice response system with a user-friendly menu.
  - c. Separate toll-free numbers for Members and Providers.
  - d. An advanced telephone system that provides the Plan Sponsor with management tracking and reporting capabilities.
  - e. Web-based (Internet) support to the Plan Sponsor and its Members. This must be a Plan-specific website dedicated solely to the Plan Sponsor and Members. The web-based system must include, but not be limited to, the following:
    - i. Capabilities to provide Members with information specific to their own Claims and enrollment
    - ii. Ability to list pharmacies based on accessibility to Member's home address
    - iii. Capabilities to answer Member questions about the Plan (Q&A)
    - iv. Contractor must be able to provide Members access to designated electronic Plan-specific documents on the Contractor's Plan-specific website
    - v. Drug pricing
  - f. A Customer Service system scalable to future demand, as will be defined by Contractor and Plan Sponsor during the Implementation Period.
- h. Contractor must have the capabilities of addressing special needs of Members, including TTY or



relay services for the hearing impaired.

During the implementation, Contractor must assess the State's member population and unique communications needs and provide accordingly.

- i. Contractor's Customer Service staff must have complete on-line access to all computer files and databases that support the system for applicable programs.
- j. Information on how to access Customer Services must be clearly communicated in all Plan-specific booklets, claim kits/post-enrollment, newsletters and other Member Materials.

For those issues not resolved immediately, Contractor Has a standard to respond to 98 percent of email inquiries within five business days and 100 percent for mail or fax within an average of 10 business days

#### **H. Member Communication Materials and Meetings**

##### **a. Member Communication Materials:**

- i. All communication materials must be approved by the Plan Sponsor in advance of distribution. This applies to all information developed, provided, and/or distributed by Contractor to Members about the Plan — including those placed on the Contractor's Plan Sponsor-specific website
- i. Contractor must prepare and distribute these materials at its own cost. This includes planned custom and standard Member communications and ad hoc communications where desired by the Plan Sponsor, including postage charges
  - 1. All communications must be customizable to better address the specific needs of the Plan Sponsor and its Members. This includes co-branding materials with the name of the Contractor and the Plan Sponsor, where desired by the Plan Sponsor

##### **b. Member Communication Meetings:**

- i. The Contractor must provide speakers at meetings designated by the Plan Sponsor at no additional charge to the Plan Sponsor. Meeting requests may vary from year to year. Each Contractor will be responsible for their own travel arrangements, but the planning and organizing of these meetings is the responsibility of the Plan Sponsor .

For Part D materials, Plan Sponsor will receive a communication plan each year for the Medicare Part D materials, description of the communication, due date for Plan Sponsor's prior approval and final targeted publication date to meet all CMS requirements and regulations.

Optum-EGWP shall develop Participant materials, at no additional cost to Plan Sponsor, as required by 42 CFR 423.128. Such materials will consist of CMS approved model templates. These materials may be customized using the Plan Sponsor branding and Plan Sponsor variable paragraphs provided in the CMS required Participant Materials. Plan Sponsor may further customize Participant Materials, to the extent allowed by CMS, if necessary to ensure such Participant Materials are accurate and easy to understand; provided, however, such customizations shall not include changes that are mutually agreed upon to be non-material in nature (e.g., "wordsmithing"). Should the Plan Sponsor send any additional materials related to EGWP Services to Participants, such materials must first be approved by Optum-EGWP. If there is a disagreement



concerning the interpretations of CMS requirements by either Party, both Parties agree to negotiate in good faith to reach a mutually acceptable resolution. Plan Sponsor acknowledges that CMS mandates that Optum-EGWP send Member communications by certain dates and that Optum-EGWP will be constrained to send CMS model language if an agreement cannot be reached. Optum-EGWP will make reasonable requests to CMS on behalf of Plan Sponsor for requested changes within the timeframes allowed by CMS. As set forth under the CMS Contract, the Parties agree that with respect to the EGWP, Optum-EGWP will not be subject to the information requirements set forth in 42 CFR § 423.48 and the prior review and approval of marketing materials and enrollment forms requirements by CMS set forth in 42 CFR §423.2260. Optum-EGWP will be subject to all other dissemination requirements contained in 42 CFR §423.128 and in CMS guidance, including Prescription Drug Manual Chapter 2 “Medicare Marketing Materials Guidelines for Medicare Advantage Plans (MAs), Medicare Advantage Prescription Drug Plans (MA-PDs), Prescription Drug Plans (PDPs), and 1876 Cost Plans” as amended (**hereinafter “Chapter 2”**) and Chapter 12 “Employer/Union Sponsored Group Health Plans” as amended (**hereinafter “Chapter 12”**). Additionally as set forth in the CMS Contract, the dissemination requirements set forth in 42 CFR §423.128 will not apply with respect to the EGWP if the Plan Sponsor is subject to alternative disclosure requirements (e.g., the Employee Retirement Income Security Act of 1974 (“ERISA”) and fully complies with such alternative requirements. Such Participant materials are further detailed on Exhibit C. Subject to the foregoing, the Parties will establish agreed upon schedule(s) for communication materials identifying the communication material, the date for delivery by Optum-EGWP to Plan Sponsor for review and approval and the date for approval by Plan Sponsor, with a target of Plan Sponsor having as much time as reasonably possible but not less than 10 day review period. Plan Sponsor will use reasonable best efforts to approve communications materials by the agreed upon approval dates. If not approved by such date, the parties will escalate to resolve any issues as soon as reasonably possible. Plan Sponsor acknowledges that its EGWP communications to EGWP Members must comply with CMS.

- c. In addition to the Plan Sponsor’s’ designated meetings, the Contractor may receive requests for speakers from the Member support organizations. A reasonable effort must be made to accommodate requests for in-state meetings at no charge to the retiree support organizations or the Plan Sponsor.
- d. Contractor is expected to coordinate messaging with the State, CSC-Employment Benefits Division (EBD), Office of Retirement Services (ORS), and Center for Medicare and Medicaid Services (CMS) and with other carriers such that Members are not confused by multiple messages from different sources.

#### **I. Enrollment and Eligibility**

- a. Plan Sponsor is responsible for transmitting eligibility and enrollment information for Members. Plan Sponsor has the sole authority to determine the effective date of a Member, including retroactive adjustments. Enrollment information for Members will be transferred to Contractor from Plan Sponsor by electronic medium including all necessary information with respect to current enrollees at a date to be determined by Plan Sponsor. Payment of Administration Fee is predicated on the agreed upon method of enrollment records.
- b. Contractor must comply with all applicable requirements of HIPAA, as amended including a signed Exhibit E – Business Associate Agreement.
- c. Contractor must have the ability to store Member information. Any changes, additions or





terminations of Member enrollment information or changes or additions to Member demographic information must originate from the Plan Sponsor, unless otherwise specifically agreed upon. Any exceptions to this process must be agreed upon by the Plan Sponsor prior to any change in process. Contractor must not make any changes to Member information that would lead to Contractor and Plan Sponsor having different information for the same Member.

- d. Contractor must have the capability to accept electronic data transfer on a weekly basis, more frequently if necessary, from Civil Service Commission (CSC) and ORS, in a HIPAA compliant 834 format, inclusive of all fields contained in the 834 file and which is provided through the State's data exchange gateway. Contractor must work with Plan Sponsor in the implementation of this data transfer.
- e. Contractor is responsible for any changes, and any associated costs therein, to their systems or processes required to support the receipt and processing of Plan Sponsor's enrollment files. Contractor will work with Plan Sponsor to develop a timeline for implementation and testing of any system changes. Contractor must maintain a testing environment for such purpose.
- f. Contractor must have validation edits in place to ensure, for each data load, that all fields are properly populated and readable.
- g. Upon verbal or written notification from Plan Sponsor, Member Enrollment updates for the non-Medicare eligible population must be completed in real-time promptly within one business day.

For retirees, Contractor will use the data provided by Plan Sponsor and then approved by CMS and loaded into Contractor's adjudication system for claims payment. Approved CMS data includes Plan Sponsor's member enrollment/disenrollment/changes for the EGWP.

In addition, Contractor receives and processes daily files from CMS, as required by CMS. These CMS files may include member disenrollments and/or updates on member records to information including, but not limited to, address changes, HICN updates, Other Health Information (for COB), and Low Income Subsidy (LIS)/Extra Help status.

Plan Sponsor will enroll Part D eligible individuals eligible for its EGWP through a group enrollment process, as such, Optum-EGWP will not be subject to the individual enrollment requirements set forth in 42 CFR §423.32(b). Optum-EGWP agrees that all Part D eligible individuals eligible for the EGWP will be advised that the Plan Sponsor intends to enroll them into the EGWP through a group enrollment process unless the individual affirmatively opts out of such enrollment. Optum-EGWP agrees that all such individuals will be provided this information at least twenty one (21) days prior to the effective date of the individual's enrollment in the EGWP as required by CMS. Optum-EGWP agrees the information must include a summary of benefits offered under the EGWP, an explanation of how to get more information on such plan, and an explanation of how to contact Medicare for information on other Part D plans that might be available to the individual. The Parties agree that enrollment information may be submitted to CMS.

Optum-EGWP shall submit the Participant File received from Plan Sponsor (as set forth in Section 2(c)) to CMS for enrollment or dis-enrollment in the Plan within the time frame specified by CMS, which as of the EGWP Commencement Date is seven (7) calendar days. Upon receipt of confirmation of acceptance, denial or rejection of an individual from CMS, Optum-EGWP shall load the accepted Eligible Participants into the Plan within 3 business days and report the rejected or



denied members back to the Plan Sponsor within two (2) business days for correction or other action. Plan Sponsor shall provide Optum-EGWP with any corrections to the rejected or denied members within fourteen (14) days of Plan Sponsor's receipt of the report from Optum-EGWP. Optum-EGWP shall not be liable for any prescriptions filled or processed for any ineligible persons due to incorrect or untimely eligibility data provided to Optum-EGWP from Plan Sponsor.

Enrollment in the EGWP shall be restricted to those Part D Eligible Participants (and/or their Part D eligible spouses and dependents) for the Plan Sponsor's employment-based retiree prescription drug coverage. Optum-EGWP agrees to provide basic prescription drug coverage, as defined under 42 CFR § 423.100, under the EGWP, in accordance with Subpart C of 42 CFR Part 423. If applicable and available, Plan Sponsor agrees to inform the Optum-EGWP enrollment department upon initial enrollment of creditable coverage history it has on each Participant group enrolled for purposes of assessing the late enrollment penalty. The Plan Sponsor agrees to review and process all items in the Daily Actionable Reports in a timely manner. Plan Sponsor shall review, process and submit changes within fourteen (14) days of receipt.

Plan Sponsor will provide Optum-EGWP a changes only file (each an "**Eligible Participant File**") on a mutually agreed upon format to Optum-EGWP of applicable Eligible Participants Benefit Plan to be serviced by Optum-EGWP hereunder. Plan Sponsor will provide an initial enrollment file of all enrollees using the standard 834 transmission format as proscribed by HHS and will provide weekly updates (e.g. additions, terminations, changes). All data exchanges will occur through the Plan Sponsor's Data Exchange Gateway. The Parties acknowledge that CMS will determine eligibility of Participants for the CMS Subsidy. Plan Sponsor will promptly furnish Optum-EGWP on electronic media acceptable by Optum-EGWP, files of all Eligible Participants whose enrollment has been terminated and an Eligible Participant File containing each new Eligible Participant. Optum-EGWP shall not be liable for any prescriptions filled or processed for any ineligible persons due to incorrect or untimely eligibility data provided to Optum-EGWP from Plan Sponsor.

- h. Contractor must provide to the Plan Sponsor, by means of a secured Internet portal, access and the ability to make real-time updates as necessary, to the system used to maintain Enrollment. The Plan Sponsor requires that all access be established using unique usernames and passwords (i.e., no shared or generic passwords).

Access must be available via the Internet, private networks, and direct dial-up communication options. Each of these connectivity options must completely secure and offers the same levels of functionality.

Eligibility online management capability highlights include:

- Adding and changing accounts and groups
- Adding and changing members and all related membership and benefit information
- Verifying eligibility and reviewing a member's historical membership information
- Monitoring of membership counts within accounts and groups
- Monitoring of the progress of batch membership updates



Monitoring a member's status with regards to period-to-date and year-to-date benefits limits and deductibles

- i. Communication involving any identifiable Member information must be transmitted to the State through a secure channel defined by the Plan Sponsor.
- j. Contractor must produce and issue membership cards to Members as needed and are subject to Plan Sponsor's approval. Plan Sponsor will need at least five Days for approval of the format of the ID Card.

#### **J. Technology and Systems**

- a. Contractor must keep duplicate or back-up computer data files maintained in connection with the plans in a place of safekeeping satisfactory to the State. All computer data files of the Plan Sponsor, as maintained by Contractor, must at all times remain the property of the State notwithstanding the fact that such records may be stored upon or within one or more computer or data retention systems owned, operated or leased by Contractor. The State, or its representatives, must, at all reasonable times, have access to the records. To the extent that any such records are to be maintained upon a computer system or any other data retention system which is not owned by the Contractor, the Contractor must provide the State with assurances from the owner of such computer facilities, satisfactory to the State, of continued availability and security of such records at all times.

Contractor retains ownership of its operational records, including prescription records. However, each party will retain ownership rights of its own data and confidential information. Contractor agrees that the State has a right to claims records, as maintained by Contractor in the standard NCPDP format. Contractor will retain claims records for a period of 10 years.

- b. Contractor must maintain and keep a documented disaster recovery plan that will be made available to the State or Plan Sponsor upon request.
- c. Contractor must provide the State access to all back-up source materials, reports, books, records, computer programs and all other information and documentation relating to each plan, as reasonably required so that the State and/or its designated officers, agents and accounts, can conduct a financial examination and/or audit of the plans.
- d. The State's data needs to be kept within the U.S.A. boundaries and territories only.
- e. Duplicate copies of State's data must be kept offsite from the primary processing site, and at a location that is at least 500 miles from the primary data repository location following same encryption in transit and at rest requirements.

#### **K. Statement on Standards for Attestation Engagements (SSAE) No.16**

- a. Contractor must have a SSAE No. 16, conducted annually.
- b. Contractor must supply Plan Sponsor with an annual copy of the results of this audit within 45 Days of completion of the report.
- c. Contractor must provide, to Plan Sponsor, additional information pertaining to internal controls, upon request.



- d. Contractor must provide Plan Sponsor with a corrective action plan on all actionable items viewed as significant by the auditor and provide regular updates on those items until they are resolved.
- e. If Contractor's current SSAE No.16 has qualifications which are viewed as significant by the auditor, the Contractor must provide the Plan Sponsor with the corrective action plan and provide regular updates until issues have been corrected.

#### **L. Financial Administration**

- a. Reserved.
- b. Reserved
- c. Reserved
- d. Contractor must prepare and distribute to Providers Internal Revenue Service Forms 1099, as well as any other State and federal forms required by law.
- e. Financial errors made by the Contractor that are identified outside of a normal audit process and which would result in a financial settlement to the Plan Sponsor must be paid to the Plan Sponsor within thirty (30) Days of discovery. Any payment — in part or in full — beyond thirty (30) Days is subject to the actuarially determined interest rate, compounded, which is currently 8%.
- f. If necessary, the Contractor and the State will meet to review each audit report after issuance. The Contractor must respond to each audit report in writing within 30 Days from receipt of the report, unless a shorter response time is specified in the report. The Contractor and the State will develop, agree upon and monitor an action plan to address and resolve any deficiencies, concerns, and/or recommendations in the audit report.
- g. If the audit demonstrates any errors in the documents provided to the State, then the amount in error must be reflected as a credit or debit on the next invoice and in subsequent invoices until the amount is paid or refunded in full. However, a credit or debit may not be carried for more than four invoices. If a balance remains after four invoices, then the remaining amount will be due as a payment or refund within 45 Days of the last quarterly invoice that the balance appeared on or termination of the Contract, whichever is earlier.
- h. In addition to other available remedies, if the difference between the payment received and the correct payment amount is greater than 10.00% for the final audit findings in the aggregate, then the Contractor must pay all of the reasonable costs of the audit.
- i. The Contractor cannot hold a Member, a Pharmacy or the Plan Sponsor financially responsible for the Contractor's errors that are identified in an audit. If a pattern of payment errors is identified for a particular Pharmacy, the Contractor must assume the cost of auditing that pharmacy.

#### **M. Data**

- a. Contractor must agree to work with the Plan Sponsor's Medical contractor - in a manner



inclusive of, but not limited to, the following:

- i. Contractor must provide the Medical Carrier claims data on a real-time basis for out-of-pocket accumulators
  - ii. Contractor is responsible for all expenses, including the cost of any subcontractors, related to producing the data and providing it to the Medical contractor. This includes any costs associated with resubmissions and processing costs incurred by the Medical contractor due to the transmittal of incomplete, inaccurate, or unreadable data files belonging to the Plan Sponsor
  - iii. Contractor is responsible to work with the Medical contractor, including developing any process improvement procedures needed, to correct all issues that impede or prevent accurate data for out-of-pocket accumulators
- b. If the Plan Sponsor adds additional contractors, the Contractor must provide up to 5 data feeds to these contractors without additional costs.

#### **N. Service Level Agreements (SLAs) – Pharmacy**

- a. See Exhibit D for Pharmacy SLAs.

#### **O. Credits**

- a. Implementation Credits: The Contractor must provide Plan Sponsor with a competitive implementation credit or allowance for the Non-EGWP (actives and non-Medicare) population and EGWP population separately.

Plan Sponsor can utilize the credit to offset any expenses related to the implementation, including consulting fees, as deemed appropriate by Plan Sponsor, and that these credits do not expire during the Contract term.

EGWP: Contractor shall provide State with a one-time implementation credit as provided in Exhibit C

Non-EGWP: Contractor shall provide State with a one-time implementation credit as provided in Exhibit C.

- b. Contractor must provide Plan Sponsor with a competitive development fund that can be used for a variety of Services during the term of the Contract for the Non-EGWP (actives and non-Medicare) population and EGWP population separately.

Plan Sponsor can utilize this pool to offset any expenses related to, but not limited to: clinical programs, market checks, ongoing plan management, auditor fees and consulting fees. The Contractor cannot evaluate the client's use of these fees as long as the fees are used in support of Plan Sponsor's healthcare benefit. This must be separate and apart from proposed implementation credits offered by the Contractor as defined in Exhibit C: Pricing.

- c. Contractor must accommodate a pre- or post-implementation audit at the Contractor's expense, providing a fund in order to verify the Contractor's readiness to administer the Plan Sponsor program. If the Contractor utilizes a subcontractor, the subcontractor will be included in the pre- or post-implementation audit. The pre-implementation audit must be completed before the program effective date and the post-implementation audit must be conducted at a mutually agreed upon timeframe post effective date. These audits may include, but not be limited to: ID



card production and turnaround time, eligibility, claims processing, customer service, Plan Design, drug coverage and clinical utilization management program setup, and overall pricing. The review must be conducted by an audit firm selected by Plan Sponsor and would include test claims developed independently by the audit firm to represent Plan Sponsor's unique requirements.

### 1.1 Claims Processing Requirements

- a. Contractor must administer claims in conformity with Plan Design
- b. Contractor must only pay Eligible Claims for Eligible Members. If a claim payment for an ineligible Member is made, the Contractor must reimburse the Plan Sponsor. If a paid claim or a Member is later determined to be ineligible and can be identified, the Contractor must reimburse Plan Sponsor for such payments from Contractor's own funds.
- c. Contractor must only charge against the Plan Sponsor's account Claim payments authorized under the Plan Sponsor's Plan Design.
- d. Contractor must undertake responsibility for providing Organization Determinations, including full and fair review of Claims Appeals by Members, in compliance with CMS requirements.
- e. Contractor must undertake responsibility for providing Organization Determinations, including full and fair review of Claims Appeals by Members, for the active and non-Medicare population.
- f. Contractor must adjudicate Eligible Claims so as to reflect the status of Members' cost share amounts pursuant to the Plan, as of the commencement of its administration. The Contractor must be able to provide Members with an Explanation of Benefit that accurately reflects the approved listed items in a format that is easily understood by Members at no cost to the Plan Sponsor. Explanation of Benefits are included in the EGWP PMPM administrative fee.
- g. Contractor must maintain a claims processing department that can process high-volume and complex claims, and have staff to handle claims that require manual intervention.
- h. Contractor must maintain an online Claim processing system that interfaces with its Eligibility System to verify coverage when processing Claims. This system must be updated as Eligible Claims are paid and must include sufficient information to link Claims to Eligibility.
- i. Contractor must maintain confidentiality of all data collected by the Contractor, according to all applicable laws, rules and regulations.
- j. Contractor must capture and store all Claim data elements involved in the processing or payment of Claims.
- k. Contractor must provide access to the Plan Sponsor to Claims data by means of a secured Internet portal.
- l. The Contractor's system, processes, subcontractors, and partners must comply with HIPAA. Contractor must provide Plan Sponsor with an annual attestation that it meets this requirement.
- m. Contractor must be able to process Direct Member Reimbursement Claims.
- n. Contractor must have processes in place to prevent, detect, and correct non-compliance with



- billing requirements as well as processes in place to detect, prevent, and correct fraud, waste, and abuse. Where fraud and abuse is discovered, Contractor must attempt to make recoveries.
- o. Contractor must have procedures for handling overpayments and recoveries.
  - p. Contractor must notify Plan Sponsor of administrative changes in its systems, processes, or procedures that impact the Plan Sponsor or Members.
  - q. If there are administrative changes in the Contractor's systems, processes, or procedures that impact the Plan Sponsor or Members, the Contractor must notify the Plan Sponsor, in writing, 60 Days prior to the change (or as soon as the Contractor is aware).

## 1.2 Pharmacy Requirements

- A. The Contractor must provide the financial quote assuming no change in designs and clinical programs based on the Select Formulary as well as any changes Contractor makes to its formulary; and a minimum of \$10 difference in copayment, or 10 percent difference in coinsurance between preferred and non-preferred Brand Drugs. For EGWP, Rebate guarantees are contingent upon Plan Sponsor's adoption of Contractor's Part D Silver formulary, formulary management, and utilization management, and a minimum of \$10 difference in copayment, or 10% difference in coinsurance between preferred and non-preferred Brand Drugs.
- B. Contractor must implement and administer Plan Sponsor's Pharmacy Benefit Design , subject to subsection A above
- C. Contractor must propose a full Pass-Through Pricing model for the retail pharmacy network and Rebates, and agree to all stated Definitions as defined in Exhibit F.
- D. The Contractor must be able to ensure full audit rights to verify performance under this Agreement, including onsite Rebate audits regardless of whether a Contractor uses a Rebate aggregator.
- E. Reserved.
- F. The Contractor must agree to a four year financial arrangement with an annual market check, with a 1% threshold for each year of the Contract term.
- G. The Contractor agrees to the minimum guarantees provided and to pass through improvements based on contracting activities for like clients.
- H. Contractor must use the same MAC list and prices for both pharmacy reimbursement and charges to Plan Sponsor, for both retail and mail order. The same drugs will be on the MAC list for both retail and mail order. For every drug subject to MAC, the mail order MAC must be less than or equal to the retail MAC list such that, in the aggregate, the discount for mail order drugs subject to MAC is higher than the discount of retail drugs subject to MAC relative to AWP.
- I. As part of any market check, Contractor must not make any changes to the Contractual language in this Contract that are unfavorable to Plan Sponsor. No headline discount rate guarantees must decrease, individual Specialty Drug level discounts must not decrease and Dispensing Fee guarantees and Administrative Fees must not increase - all proposed changes must only represent improvements to Plan Sponsor. Improvements proposed by the Contractor must be consistent with the categories



provided for improvement in the market benchmark (e.g., specialty discounts, retail discounts, mail discounts, etc.). Contractor agrees not to disproportionately make improvements to minimum Rebate guarantees to meet the overall percentage target of the market benchmark. Contractor will not make any changes to the contractual language in the State's contract that are unfavorable to the State, and proposed changes resulting from the market check will represent improvements to the State. However, any improvements in pricing may occur in any category to meet the negotiated outcome

- J. On an annual basis, the State (or its representative) may review the financial terms of this agreement to comparable financial offerings available in the marketplace. Should market conditions results in a 1% or greater savings, the State or its representative will provide a report of the market check findings to the Contractor. Upon receipt of such report, the Contractor will have 10 days to offer a comparable or better financial arrangement. The Contractor financial proposal must be in the form of a contract amendment and must be effective January 1 of each contract year, beginning January 1, 2018. If Contractor and the State are unable to agree to the terms of an Amendment, the State may terminate this agreement, without penalty, on ninety (90) days written notice to PBM. The State will calculate savings based upon the same metrics used to evaluate the proposal. The State will not be required to provide Contractor with details of other PBM financial arrangements or proposals. For the purposes of clarity, the first market check process will begin in 2017 with an effective date for enhanced pricing as of January 1, 2018.
- K. The Contractor must not mandate that any particular medications be excluded in order to meet the stated financials in this proposal during the lifetime of this Contract based on Contractor's Select Formulary, which does not require drug exclusions. Contractor will meet with the State to review Contractor's P&T Committee decisions on a regular basis. During these discussions, we will consult with the State regarding change rationale, member impact and financial analysis (including rebate impact).
- L. Plan Sponsor's pricing must not have any unfavorable changes if Plan Sponsor makes changes to their formulary based on Contractor's Select Formulary, which does not require drug exclusions. Contractor will meet with the State to review Contractor's P&T Committee decisions on a regular basis. During these discussions, we will consult with the State regarding change rationale, member impact and financial analysis (including rebate impact).
- M. The Contractor must notify Plan Sponsor by July 1st of any anticipated drug exclusions planned for the following calendar year and that Plan Sponsor may reject the annual formulary suggested change.

All formulary changes will be brought to the State with impact and financial analyses for consideration. No drug exclusions or formulary changes will be made without the State's knowledge and review. Should the State elect to implement a custom formulary, changes would require the State's approval prior to implementation. As this would be a pass through arrangement, custom changes to the formulary have the potential to impact the financials. Contractor will pro-actively identify that impact and consult with the State regarding both the clinical and financial impact of the considered changes.

- N. The Contractor must never switch for a medication with a lower ingredient cost to a higher ingredient cost regardless of Rebate impact without Plan Sponsor's written approval.
- O. Retail guarantees must not be changed to be less favorable for Plan Sponsor based on changes in number or composition of retail participating pharmacies for the term of the Contract or for changes made by Contractor to the Contractor's retail networks.

Contractor reserves the right to modify or amend the financial provisions of this document upon prior





notice to the State in the event of a reduction of, ,greater than ten percent in the total number of members from the number provided to Contractor during pricing negotiations upon which the financial provisions included in this document are based.

- P. The Contractor must provide financial guarantees and/or pricing (including, but not limited to all financial elements such as fees, Rebates, discounts, reconciliation methodologies, definitions, etc.) that must not change in the event of patent expirations, actions by drug manufacturers or wholesalers, recalls or withdrawals, actions by retail pharmacies, brand products moving off-patent to generic status, unexpected generic introductions, or changes made by the Contractor to the Contractor's standard formulary for the term of the Contract.  
When there is a market change as described it would be brought to the State's attention with a full analysis of impact, both clinical and financial. Contractor agrees not to make changes without the State notification. If the State choses to implement a custom formulary the State would approve all changes to formulary or medication coverage.
- Q. Contractor reserves the right to modify or amend the financial provisions of this document as provided in Exhibit C.
- R. The pricing must not change if Plan Sponsor's drug mix changes. The Contractor cannot revise Rebate, brand or generic discount guarantees if there is a shift in mix.
- S. For any modifications, any guarantee, which is less favorable to Plan Sponsor, Contractor must provide Plan Sponsor with at least 90 Days advance written notice if possible along with detailed reports to substantiate any such modification. Any changes would be made on a prospective basis only and must be based solely on the triggering event and must reflect the actual impact related to that event. If Plan Sponsor does not believe that the Contractor has modified the pricing terms so as to maintain the parties' relative economic positions, the State may terminate for cause.
- T. Contractor agrees to provide the State with any available prescription claims data that will help support its position or claim of the State in a class action lawsuit; that is Pharma related based on drug pricing or therapy; brought by the State. Contractor will provide this data during the existing term of the contract and for up to one year following termination of the contract.
- U. The Contractor's mail order pharmacies and specialty pharmacies must not accept manufacturer-sponsored coupons.
- V. 100% of on-site audit recoveries must be returned and reported on an annual basis to Plan Sponsor.
- W. The Contractor must provide pricing terms for a Retail 90-day Network. Contractor must provide a list of participating pharmacies in the proposed Retail 90-Day Network. A Retail 90-Day Network provides Plan Sponsor Members the option to fill a 90-day supply of maintenance medication at a Retail pharmacy at nearly the same pricing, discounts, fees and Rebates, as Mail Order.
- X. The Contractor must take action (e.g., notify patient and/or physician) if a patient attempts to reorder a prescription with no refills remaining.
- Y. Prescriptions cannot be returned to patients without either a telephonic or electronic notification to patient and/or physician notification.
- Z. The Contractor must proactively notify the Member by phone to advise them of a delay if prescription is



in-house for more than five Days.

AA. The Contractor must provide the ability to partial bill a Member for a 90-Day mail order prescription so long as the member's balance does not exceed \$150.00.

BB. Contractor must conduct a retail network Disruption Analysis utilizing the Contractor's broadest pharmacy network (>64,000 pharmacies) and provide an Excel (filterable/sortable) document including the tables noted below upon request. Retail network Disruption Analysis must be consistent with the Contractor's pricing proposal. Separate network Disruption Analyses for the Non-EGWP (active and non-Medicare) population and EGWP population may be required.

#### RETAIL NETWORK DISRUPTION ANALYSIS

Pharmacy in the Plan Sponsor network that is not in the Contractor's network	City, State	Number of unique Members at this pharmacy	Claim count	Nearest pharmacy in the Contractor's network	Miles to the Contractor's nearest network pharmacy	Additional Notes
<<Contractor should list all that apply>>						

### 1.3 EGWP Requirements

Optum-EGWP will administer the EGWP services for the State in accordance with Optum –EGWP's contract with CMS and with CMS requirements.

- A. Contractor must match the current Plan Sponsor EGWP plan provisions precisely, however any EGWP plan provisions must meet CMS compliance requirements.
- B. Plan Sponsor will provide a Plan Design Document for the EGWP plan administered by Optum-EGWP in sufficient detail to permit Optum-EGWP to perform its duties and obligations under this EGWP Agreement. Plan Sponsor shall have the ultimate responsibility for approving any pharmacy benefit plan design, however, Plan Sponsor's Plan Design must be compliant to the CMS requirements. In the event that Optum-EGWP determines that any aspect of a Plan Sponsor's Plan Design does not meet CMS requirements, Optum-EGWP will notify Plan Sponsor to discuss changes needed to bring the Plan Design into compliance. Optum-EGWP will be responsible for determining if Plan Sponsor's Plan Design meets CMS compliance requirements. Plan Sponsor reserves the right to utilize outside actuarial services to verify actuarial equivalence and will provide Optum-Rx with the actuarial certification from a certified actuary. Optum-EGWP shall provide support in pharmacy benefit plan development, set-up and administration on behalf of Plan Sponsor. Optum-EGWP will establish and maintain pharmacy benefit Plan Designs as requested by Plan Sponsor via plan implementation documents provided by Plan Sponsor. Plan Sponsor and Optum-EGWP shall mutually agree on the format of the implementation documents. Any changes to the Plan Design Document will be submitted by Plan Sponsor to Optum-EGWP through a revised Plan Design Document no less than ninety (90) days prior to their intended implementation by Plan Sponsor to permit timely implementation and minimal disruption of services for Eligible Participants. Should changes be submitted with less than a



ninety (90) day notice, Optum-EGWP will make a good faith effort to incorporate changes as requested as timely as possible. Plan Sponsor acknowledges that nothing in this Contract shall be deemed to confer upon Optum-EGWP the status of fiduciary as defined in the Employee Retirement Income Security Act of 1974, as amended.

- C. Contractor must guarantee their Pharmacy and Therapeutics (P&T) Committee meets CMS' Prescription Drug Plan (PDP) requirements for objectivity and validity.

Contractor must support custom changes to the formulary at the request of the Plan Sponsor. Utilization Management programs (e.g., Prior Authorizations, Step Therapy and Quantity Limits) may be selected for inclusion into the custom formulary. Any formulary changes for EGWP retirees will be required to be compliant with CMS regulations and requirements. Plan Sponsor shall provide Optum-EGWP with any changes to the custom formulary at least ninety (90) days prior to the CMS filing submission date for initial formulary submissions and sixty (60) days prior to the CMS filing submission date for positive custom formulary changes to ensure proper implementation. Should changes be submitted with less than a ninety (90) day notice or sixty (60) day notice, as applicable, Optum-EGWP will make a good faith effort to incorporate changes as requested as timely as possible. No negative modifications shall be allowed except for safety or efficacy as required under Federal Drug Administration or CMS regulations and for maintenance changes (e.g., remove brands for newly released generics). New products may be added to the custom formulary from time to time as they enter the market place (which may be more than once per year). Optum-EGWP shall make the changes to the adjudication system accordingly to reflect the approved changes to the custom formulary. Optum-EGWP shall not be responsible for changes requested by the Plan Sponsor to the custom formulary which are not communicated to Optum-EGWP in the 90 and 60 day timeframes set forth above. Plan Sponsor acknowledges that requests for modifications shall be strictly limited to the custom formulary. Any changes to the custom formulary may impact Rebates. Optum-EGWP agrees to submit the custom Formulary to CMS on an annual basis for CMS approval.

- D. Contractor must guarantee their fraud, waste and abuse program meets all CMS required filings related to certification of compliance to the fraud, waste and abuse requirements.
- E. Contractor must guarantee Member appeals process meets all CMS requirements.
- F. Contractor must administer the EGWP on a self-insured basis, with pass-back to Plan Sponsor of all third-party funding sources including CMS direct subsidies, pharmaceutical coverage gap discounts, CMS catastrophic reinsurance, and CMS low-income subsidies.
- G. Contractor's EGWP service functions must not be separate from the Contractor's commercial account service functions.
- H. Contractor's EGWP implementation manager must not manage more than the Plan Sponsor's EGWP implementation.
- I. Contractor's Member Services support (call center) must have additional training in escalation policies for EGWP Member issues.
- J. All of Contractor's CMS-required communications must be included in the base Administrative Fees.
- K. Contractor must provide a communication timeline that aligns with CMS requirements.



- L. Plan Sponsor's EGWP Member communications must be customized and that customization meets CMS requirements.

This will include the customization of certain materials that CMS has deemed are not subject to review and approval, Contractor does not submit the materials to CMS for approval prior to use.

- M. Contractor must provide the ability to collect and track Member Health Insurance Claim Numbers (HICNs) at no additional charge to Plan Sponsor if provided by the Plan Sponsor on its eligibility file provide to the Contractor.
- N. Contractor must have a process in place to handle low-income subsidies with an EGWP that meets CMS requirements.
- O. Optum RX confirms it will maximize Part B reimbursement in accordance with CMS rules and regulations associated with the Medicare Part B vs. Part D determination process under Part D.
- P. Plan Sponsor will conduct an EGWP pre-implementation audit and Contractor must work with Plan Sponsor and its third-party auditor to complete pre-implementation audit in a timeframe mutually agreed upon by both parties prior to implementation.
- Q. All claims, including any wrap or supplemental coverage claims, must be included in all guarantee true-ups at year end.
- R. All EGWP generics must be included in the generic pricing guarantees, including generics in the EGWP wrap/supplemental coverage.
- S. EGWP Clinical Services – additional detail.

a. Optum-EGWP will provide all Concurrent Drug Utilization Review, Prior Authorization, and Clinical Communication services as described in the Contract. In addition, Plan Sponsor acknowledges that Optum-EGWP may contact prescribers, as appropriate, to obtain approval for substitution of formulary drugs and contact Participants regarding medication adherence, education or similar programs. Where practicable, Optum-EGWP shall use reasonable efforts to provide Plan Sponsor the opportunity to review any non-emergency standard or form Member communication materials before they are distributed to Members by Optum-EGWP. Optum-EGWP is not obligated to make any changes to such communications, except in the case of material error. The additional EGWP Clinical Services below will be provided under this Contract:

b. Optum-EGWP MTM Program. The Optum-EGWP MTM Program consists of Optum-EGWP (in conjunction with necessary third parties that are identified by Optum-EGWP to Plan Sponsor) performing a comprehensive medication review and targeted medication review designed to ensure that medications prescribed to Eligible Participants are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse medication interactions. Optum-EGWP will identify Eligible Participants and will, if applicable, recommend changes in such Eligible Participant's drug regimens to the prescribing physicians and/or the dispensing



pharmacists, and if applicable, to the Eligible Participants. This is a mandatory program to comply with CMS regulations.

c. Optum-EGWP Basic RetroDUR Program. The Optum-EGWP RetroDUR Program consists of Optum-EGWP (in conjunction with necessary third parties that are identified by Optum-EGWP to Plan Sponsor) performing a retrospective review of Eligible Participant's prescription claims and, if available and agreed to by the Parties, medical data, to evaluate the appropriateness of each Eligible Participant's therapy based upon generally accepted current clinical pharmacy practices. In the event Optum-EGWP identifies clinical concerns regarding an Eligible Participant's drug regimen, Optum-EGWP will communicate its findings to the prescribing physician and/or the dispensing pharmacist. Plan Sponsor acknowledges that services under this program shall be limited to basic retrospective review. This is a mandatory program to comply with CMS regulations.

d. Optum-EGWP Level 3 RetroDUR Program. The Optum-EGWP Level 3 RetroDUR Program consists of Optum-EGWP (in conjunction with necessary third parties that are identified by Optum-EGWP to Plan Sponsor) performing a daily retrospective review of Eligible Participant's prescription claims and, if available and agreed to by the Parties, medical data, to identify Eligible Participants filling multiple prescriptions written by different prescribers and dispensed at different pharmacies for the same or therapeutically equivalent drugs in excess of all medically-accepted norms of dosing specifically as it relates to opioid narcotic medications. In the event Optum-EGWP identifies clinical concerns regarding an Eligible Participant's drug regimen, Optum-EGWP will communicate its findings to the prescribers. Optum-EGWP will provide case management which will include the necessary outreaches to the prescriber, referral for any identified fraudulent activity, implementation of point of sale edits, and Participant & prescriber notifications. This is a mandatory program to comply with CMS regulations.

T. Actuarial Equivalence Requirements. Optum-EGWP will not be subject to the actuarial equivalence requirement set forth in 42 CFR §423.104(e)(5) with respect to the EGWP and may provide less than the defined standard coverage between the deductible and initial coverage limit. Optum-EGWP affirms that its basic prescription drug coverage under the EGWP will satisfy all of the other actuarial equivalence standards set forth in 42 CFR §423.104, including but not limited to the requirement set forth in 42 CFR §423.104(e)(3) that the EGWP has a total or gross value that is at least equal to the total or gross value of defined standard coverage.

Written Agreements. Optum-EGWP agrees it shall obtain written agreements from Plan Sponsor which provides that the Plan Sponsor may determine how much of a Participant's' Part D monthly beneficiary premium it will subsidize subject to the restrictions set forth in II. B.3(a) through (g) of the CMS Contract [Section 2(d), subsections 2d(ii) through 2d(vii) below]. Optum-EGWP agrees to retain these written agreements with Plan Sponsor, including any written agreements related to items (d) through (f) of the CMS Contract [subsections 2d(v) through 2d(vii) below], and must provide access to this documentation for inspection or audit by CMS (or its designee) in accordance with requirements of 42 CFR 423.504(d) and 423.505(d) and (e).

U. Optum-EGWP shall produce and submit prescription drug event (PDE) files, HPMS reporting, and other required reporting to CMS as part of Optum-EGWP's obligation as a PDP Sponsor.



- V. Eligible Participant customer service provides Participants with information regarding pharmacy locations, eligibility, drug coverage, copays/deductibles/out of pocket maximums, coverage determinations, appeals process in accordance with any applicable CMS regulations and guidance, direct member reimbursement instructions, claims status and general information regarding their prescription benefit plan. Participant customer service is available 24 hours a day, 7 days a week, 365 days a year (including for TTY and non-English speaking Participants). CMS shall remain the final arbiters of grievances and appeals from Participants with respect to Medicare Part D Claims.
- W. Optum-EGWP and the Plan Sponsor acknowledge that the Plan Sponsor may determine how much of a Participant's Part D monthly beneficiary premium it will subsidize, subject to any restrictions imposed by the CMS Contract set forth below, and CMS and other federal regulations, including all premium regulations set forth in Chapter 12:
- i. Participants will not be permitted to make payment of premiums under 42 CFR §423.293(a) through withholding from the Participant's Social Security, Railroad Retirement Board, or Office of Personnel Management benefit payment.
  - ii. The Plan Sponsor can subsidize different amounts for different classes of Participants in the EGWP provided such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried v. hourly). Different classes cannot be based on eligibility for the Low Income Subsidy.
  - iii. The Plan Sponsor cannot vary the premium subsidy for individuals within a given class of Participants.
  - iv. The Plan Sponsor cannot charge a Participant for prescription drug coverage provided under the EGWP more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any). The Plan Sponsor must pass through direct subsidy payments received from CMS to reduce the amount the Participant pays (or, in those instance where the subscriber to or participant in the employer plan pays premiums on behalf of a Medicare Eligible spouse or dependent, the amount the subscriber or participant pays.)
  - v. For all Participants eligible for the Low Income Subsidy, the low income premium subsidy amount will first be used to reduce any portion of the monthly beneficiary premium paid by the Participant (or in those instances where the subscriber to or participant in the employer plan pays premiums on behalf of a low-income eligible spouse or dependent, the amount the subscriber or participant pays), with any remaining portion of the premium subsidy amount then applied toward the portion of any monthly beneficiary premium paid by the Plan Sponsor. However, if the sum of the Participant's monthly premium (or the subscriber's/participant's monthly premium, if applicable) and the Plan Sponsor's monthly premiums (i.e., total monthly premium) are less than the monthly low-income premium subsidy amount, any portion of the low-income subsidy premium amount above the total monthly premium must be returned directly to CMS. Similarly, if there is no monthly premium charged the Participant (or subscriber/participant, if applicable) or Plan Sponsor, the entire low-income premium subsidy amount must be returned directly to CMS and cannot be retained by Optum-EGWP, the Plan Sponsor, or the Participant (or the subscriber/participant, if applicable).
  - vi. Optum-EGWP and the Plan Sponsor may agree that the Plan Sponsor will be



responsible for reducing up-front the premium contribution required for Participants eligible for the Low Income Subsidy. In those instances where the Plan Sponsor is not able to reduce up-front the premiums paid by the Participant (or, the subscriber/participant, if applicable), Optum-EGWP—and the Plan Sponsor may agree that the Plan Sponsor shall directly refund to the Participant (or subscriber/participant, if applicable) the amount of the low-income premium subsidy up to the monthly premium contribution previously collected from the Participant (or subscriber/participant, if applicable). The Plan Sponsor is required to complete the refund on behalf of Optum-EGWP within forty-five (45) days of the date Optum-EGWP receives from CMS the low-income premium subsidy amount payment for the low income subsidy eligible Participant.—Plan Sponsor, upon request from Optum-EGWP, will provide an attestation to Optum-EGWP regarding their compliance with the terms of this section.

- vii. If Optum-EGWP does not or cannot directly bill a Plan Sponsor's Participants, CMS will permit Optum-EGWP to directly refund the amount of the low-income premium subsidy to the LIS Participant. This refund must meet the above requirements concerning beneficiary premium contributions; specifically, that the amount of the refund may not exceed the amount of the monthly premium contribution by the Participant and/or the Plan Sponsor. In addition, Optum-EGWP must refund these amounts to the Participant within a reasonable time period. However, under no circumstances may this time period exceed forty five (45) days from the date that Optum-EGWP receives the low-income premium subsidy amount for that Participant from CMS.
  - viii. If the low income premium subsidy amount for which a Participant is eligible is less than the portion of the monthly Participant premium paid by the Participant (or subscriber/participant, if applicable), then the Plan Sponsor should communicate to the Participant (or subscriber/participant) the financial consequences of the low-income subsidy eligible Participant enrolling in the EGWP as compared to enrolling in another Part D plan with a monthly Participant premium equal to or below the low income premium subsidy amount.
- X. The Plan Sponsor attests that it has in place eligibility requirements and policies and procedures to manage and process reinstatement requests in accordance with CMS guidance.
- Y. In the event Plan Sponsor is unable to determine or provide the amount of the annual premium that is solely related to the prescription drug benefit, Plan Sponsor agrees to provide Optum-EGWP with the amount of the illustrative premium and an actuarial certification annually to be used for CMS audit purposes and Optum-EGWP compliance oversight. For purposes of this attestation, the illustrative premium is equal to the premium the Plan Sponsor would have paid if they had purchased an equivalent product offered by Optum-EGWP.
- Z. Opt-Out Notices. Plan Sponsor agrees to administer the Opt-Out Notice requirement, subject to the following process that has been mutually agreed upon by the Parties. Pursuant to the foregoing, Optum-EGWP will identify new Eligible Participants and mail the Opt-Out Notices to those Eligible Participants. If an Eligible Participants chooses to opt-out, such Eligible Participant will contact Plan Sponsor (or if Optum-EGWP is notified, Optum-EGWP will provide to Plan Sponsor) and Plan Sponsor will processes the Opt-Out request and promptly update the eligibility file. Each Party agrees to comply with the Opt-Out Notice Requirements applicable to the Opt-Out Notice functions each are providing. Further, due to the fact that Optum-EGWP has delegated certain Opt-Out Notice functions to Plan Sponsor, Plan Sponsor will provide to Optum-EGWP documentation of its compliance with applicable Opt-Out Notice Requirements upon request by Optum-EGWP or CMS.



#### AA. Coordination of Benefits.

- i. If the Parties agree to include additional benefits in the EGWP, these benefits will be considered non-Medicare Part D benefits and that such additional benefits may not reduce the value of basic prescription drug coverage (e.g., additional benefits cannot impose a cap that would preclude Participants from realizing the full value of such basic prescription drug coverage).
- ii. Any additional non-Medicare Part D benefits offered under the EGWP will always pay primary to the subsidies provided by CMS to low-income individuals under Subpart P of 42 CFR Part 423 (the "Low-Income Subsidy").

#### 1.4 Contractual Provisions

- A. The Contractor must allow for Plan Sponsor to submit payment for claims and administrative invoices, within 10 Business Days.
- B. The Contractor must invoice Plan Sponsor for prescription claims on a weekly basis.

Rebates will be paid upon signature of a signed contract or other agreed upon written instrument that binds the parties

- C. Covenant of Good Faith: Each party must act reasonably and in good faith. Unless stated otherwise in the Contract, the parties must not unreasonably delay, condition, or withhold the giving of any consent, decision, or approval that is either requested or reasonably required of them in order for the other party to perform its responsibilities under the Contract.

#### 1.5 Audit

- A. The Contractor must pass through to Plan Sponsor 100% recovery of retail pharmacy audit recoveries and overpayments.
- B. The Contractor must allow Plan Sponsor the right to audit all aspects of the pharmacy program managed by the Contractor including financial terms, the specialty program, service agreements, administration, guarantees and all transparent and pass-through components at no cost to Plan Sponsor. The review of all aspects of the pharmacy program may include, but must not be limited to: paid claims, the claim processing system, Rebate agreements, performance guarantees, pricing guarantees, retail network, Medicare Part D reconciliations, Transparency, pricing benchmarks (e.g., AWP source), on-site assessments, operational assessments, clinical assessments and customer service call monitoring for both the commercial Plan and EGWP Plan, if applicable. Audits must be conducted by a firm selected by Plan Sponsor. The Contractor cannot charge Plan Sponsor or audit firm for audit.
- C. The Contract assumes no additional charges to Plan Sponsor for audits, including, but not limited to: on-site pre-implementation audit, annual claims audit, Rebate audit and annual benefit audit, etc.
- D. Contractor must provide written confirmation acknowledging the Contractor's approval of the timeline, discussed at the audit kick-off meeting, for the claims audit five Days after the audit kick-off meeting.





- E. Contractor must provide requested data elements required to complete a benefit and claims audit 30 Days from receipt of the data request by Plan Sponsor's auditor.
- F. Contractor must provide their responses to the claims that require review within 30 Days of receipt of claim samples from the Plan Sponsor's auditor with a maximum of 300 sample error claims.
- G. Contractor must provide their formal response to the audit findings within 30 Days of receipt of the audit Executive Summary report.
- H. Contractor must allow full on-site auditability including if the Contractor utilizes a third-party Rebate aggregator to verify performance under this Agreement.
- I. Contractor must ensure that Rebate audits must include no less than the top five pharmaceutical manufacturers and/or 50% of Rebate spend to verify performance under this Agreement.
- J. Contractor must ensure that audit recovery overpayments must not be offset by any potential underpayments as negotiated in the audit settlement process.
- K. Contractor must allow Plan Sponsor, or Plan Sponsor's consultant, the right to review the internal testing completed for Plan Sponsor's Non-EGWP (actives and non-Medicare) Plan and EGWP Plan, if applicable, prior to the effective date of the plan on an annual basis.
- L. Contractor must allow Plan Sponsor, or Plan Sponsor's consultant, the right to create and submit test claims for Plan Sponsor's Non-EGWP (active and non-Medicare) Plan and EGWP Plan, without limitations on the number of test claims, as part of a pre or post implementation audit on an annual basis, at no cost to the Plan Sponsor.
- M. Contractor must provide 40 claims per Plan design that would typically be tested in advance of a new Plan Sponsor's effective date, to ensure the Plan is set up accurately.
- N. Contractor and/or subcontractor must allow Plan Sponsor to audit the mail order service to verify performance under this Agreement.
- O. Contractor and/or subcontractor must allow Plan Sponsor to audit the specialty pharmacy to verify performance under this Agreement.
- P. Contractor and/or subcontractor must allow Plan Sponsor to audit the pharmaceutical manufacturer Rebate contracts regardless if Contractor utilizes a Rebate aggregator to verify performance under this Agreement.
- Q. Plan Sponsor may provide recommendations for audit sites and may be provided outcome of audits with periodic reports.
- R. Contractor and/or subcontractor must allow Plan Sponsor to audit the contracted clinical programs in place to verify performance under this Agreement.
- S. Contractor and/or subcontractor must allow Plan Sponsor to audit customer service center to verify performance under this Agreement.



- T. Optum-EGWP and/or CMS Audit. Optum-EGWP and Plan Sponsor acknowledge that CMS may audit records under this Contract. The Plan Sponsor shall maintain records, including but not limited to any data related to enrollment (i.e. enrollment data validation reports), disenrollment, eligibility, Participant communications, and other areas covered by this Contract. Plan Sponsor agrees it will provide Optum-EGWP and CMS with prompt access to such records to the extent required by and in accordance with 42 CFR 423.504(d) and 423.505(d) and (e) as well as Chapter 2 and 12 of the Prescription Drug Manual. To the extent allowed under law, all information and records reviewed pursuant to this section shall be considered Confidential Information for purposes of this Contract.

### 1.6 Financial Structure

- A. The Contractor is the Plan Sponsor's Fiduciary as it pertains to the transparent relationship between CSC and the Contractor and must administer the Plan in accordance with the Contract on a transparent arrangement with full (100%) pass through of all discounts, Dispensing Fees, Rebates, and manufacturer Administrative Fees including specialty (i.e., no spread allowed), with minimum guarantees for each component.
- B. All guarantees are minimum "floor guarantees," and Plan Sponsor retains all upside cost savings where guarantees are exceeded.
- C. The Contractor must provide full pass through of discounts and dispensing fees for Contractor's retail pharmacy network. The Contractor will also uphold minimum AWP discount guarantees on Home Delivery mail prescriptions and BrivoRx specialty pharmacy dispensed prescriptions.
- D. The pricing proposal is applicable to a broad retail network defined as that which includes all major chains (i.e., greater than 64,000 retail pharmacies) and must not require any copay incentives or differentials for particular pharmacies.
- E. Contractor must include "Pass-Through Pricing" at retail. Note: "Pass-Through Pricing" means that the full value of all retail pharmacy discounts and Dispensing Fees (including Specialty Drugs dispensed at the retail network) negotiated between Contractor and the pharmacies must accrue to Plan Sponsor at the point of sale and that Plan Sponsor will not be obligated to reimburse the Contractor for an amount greater than such Contracted rates.

The Contractor agrees to the minimum guarantees provided and to pass through improvements based on contracting activities for like clients with similar products.

- F. Contractor guarantees that the full value of all of Contractor's negotiated discounts and Dispensing Fees with contracted pharmacies must accrue to Plan Sponsor and its Members. No portion of the contracted discounts provided by these pharmacies must be accrued to Contractor. No separate agreement that compensates Contractor in any way based upon Plan Sponsor's prescription utilization and orders filled by contracted pharmacies will be permissible.
- G. The Contractor agrees to the minimum guarantees provided and to pass through improvements based on contracting activities for like clients with similar products.
- H. The Contractor must not increase the mail order Dispensing Fee for the term of the Contract. Increases in postage rates must not be charged to Plan Sponsor.



- I. Contractor must not require any shared savings programs as any part of this Contract.
- J. Contractor must provide Retail 90 pricing guarantees (e.g., discount, Dispensing Fee and Rebates) that apply to all retail claims with Days of supply of 31 and greater.
- K. Contactor must use one pricing source (i.e., Medi-Span) to determine brand and generic designations without exception.

The Contractor will use Medi-Span as their singular pricing source.

- L. If Contractor uses house Generics (brand drugs dispensed by Contractor instead of generics using a DAW 5 code) house generics must be included in the generic discount calculation and not in the brand discount calculation.

### **1.7 Specialty Requirements and Pricing Terms**

- A. Contractor must provide flexible, interactive specialty pharmacy outreach through not only telephonic, but video consultation at no cost to Plan Sponsor.
- B. There must be no limitations on data that is reasonably requested by Plan Sponsor for the purposes of analyzing specialty pharmacy costs and utilization.
- C. The Contractor must provide, or contracts with, Centers of Excellence or utilize case managers or patient care coordinators for the management of patients with targeted specialty disease states (e.g., Hemophilia, Rheumatoid Arthritis).
- D. The Contractor will implement a ceiling, or Maximum Allowable Price, on the majority of brand name, rebateable drugs

The Contractor's price protection is a guarantee by drug manufacturers that the wholesale price inflation of a drug cannot exceed a certain level. If a drug's inflation does exceed the threshold, a manufacturer refunds the difference between the actual inflation and that threshold as a percent of wholesale acquisition cost. Any refunds will be passed back to the Plan Sponsor.

- E. The Contractor must offer Utilization Management or other programs to proactively address new Specialty Drugs entering the market.

### **1.8 Contractual Elements to Be Included at No Cost to Plan Sponsor (at a minimum)**

- A. Contractor must agree that the all-inclusive Administrative Fee includes, at the minimum, the following except as noted:
  - a. Administrative Core Service Package
    - i. Maintenance of Medicare Part D benefit set up parameters
    - ii. Programming and maintenance of Medicare electronic claims adjudication
    - iii. Claims adjustment activities in Medicare Part D program
    - iv. Prescription Drug Event (PDE) file submission and response administration
    - v. Pre-Enrollment contact center support
    - vi. Eligibility management Services
    - vii. Premium billing collections and reporting



- viii. MTM Program
- ix. PDP Pre-Enrollment website\*
  - \*Contractor provides a member plan website for Plan Sponsor's retirees; however, Plan Sponsor members cannot enroll themselves into EGWP nor is the Plan Sponsor EGWP an individual marketed product. CMS must verify and approve all member enrollments
  - x.i. Prior authorizations
  - xii. Initial ID cards

Premium billing collections and reporting – Contractor does not perform this service for EGWP clients. Premium billing and all administrative processes for that premium is the responsibility of Plan Sponsor since premiums are determined by Plan Sponsor.

- b. Clinical Programs
  - i. Prior Authorizations
  - ii. Grievances
  - iii. Coverage Determinations
  - iv. Re-determinations
- c. Explanation of Benefits (EOB) mailed to Members
- d. New enrollee communications as required by CMS
- e. Renewal communications as required by CMS
- f. Ongoing communications as required by CMS
- g. Replacement ID Cards and Pharmacy Directories provided to members
- h. LIS communications, as required by CMS
- i. Transition communications
- j. Medicare Post-Enrollment Calls, as required by CMS
- k. Website setup and ongoing maintenance fees
- l. Communication assistance for Plan Sponsor employed customer service and HR staff
- m. Communication and on-site assistance for Plan Sponsor Benefit Fairs
- n. Template language and assistance in creating client sponsored communications
- o. Member Premium Invoicing

The services listed above apply to the EGWP line of business. See Exhibit C for detailed lists of included services for both EGWP and Commercial

- B. Contractor must accept and load all open mail order and specialty pharmacy refills, Prior Authorization histories and up to 12 months of historical claims data at no additional cost to Plan Sponsor.
- C. Any and all charges for administering batch method combined accumulators must be included in the Contractor's base Administrative Fee Near real time method will incur a charge as set forth on Exhibit C
- D. Contractor must not assess charges for the:
  - a. Implementation to the Contractor (including, but not limited to ID cards, communications, postage for welcome packets/communication, and other materials)
  - b. Member Services
  - c. Prospective DUR



- d. Concurrent DUR
- e. Reporting, including ad hoc report requests
- f. Communications development
- g. Development of communications for new clinical programs implemented by Plan Sponsor throughout the contract term
- h. Access to the Contractor's on-line reporting tool for Plan Sponsor and third-party consultant
- i. Summary of Benefits and Coverage as defined in Exhibit C: Pricing

Additional fees as set forth on Exhibit C will apply to other services elected by the State:

- E. Plan Sponsor will not be responsible for any Member contributions owed to the Contractor. Collecting such fees must be the sole responsibility of the Contractor.

The Contractor's standard member mail service credit limit is \$150.00. If a member's balance with the Contractor's home delivery pharmacy is greater than \$150.00, prescription shipment may be delayed until sufficient payment is received.

### 1.9 Transition

- A. Contractor must carry out this project under the direction and control of the Plan Sponsor; all transition and implementation plans for use during the Implementation Period are subject to the approval of the Plan Sponsor and the Program Manager (PM).
- B. There must be continuous liaising between the Plan Sponsor and Contractor during the Implementation Period and over the course of this Contract. The PM and Plan Sponsor will meet with the Contractor's Senior Account Manager (SAM) for initial review and updated status of the Contractor's work plan periodically during the Implementation Period. The meetings will provide for reviewing progress and providing necessary guidance to the Contractor regarding the timing of activities and solving issues or problems.
- C. The Contractor must provide an implementation plan in order to commence Services, which will begin on January 1, 2017. The implementation plan and the corresponding timeline or calendar must describe in detail:
  - a. All major project milestones, the anticipated outcomes for each milestone and all tasks, duties, or responsibilities to be completed during the Implementation.
  - b. Contractor's project management approach, and discuss in detail any identifying methods, tools, and processes, intended for oversight and completion of the implementation.
  - c. Any anticipated issues/changes, when they may arise, and how those issues will be conveyed to the Plan Sponsor, and include suggested resolution or risk mitigation strategies to the issue(s).
  - d. A Disruption Analysis; see Claim Detail File (Attachment A) for the necessary data to perform this analysis.
  - e. A detailed protocol and escalation communication process; the plan must also provide escalation procedures and contact information for issues that may need to be escalated above the SAM
  - f. Any additional information or considerations for Services to begin January 1, 2017, and continue thereafter for the life of this Contract.
  - g. This Plan must include a detailed discussion on how to manage a transition from the current



Contractor.

- D. The Contractor must submit a final implementation plan to PM and Plan Sponsor within five State Business Days from Contract Effective Date, including Contractor's project plan management approach and detailed explanation of any identifying methods, tools, and processes, intended for oversight and completion of the implementation for January 1, 2017. The PM will provide final approval of implementation plan within 14 Days after submission.
- E. Contractor and subcontractor must accommodate a pre- or post-implementation audit at the Contractor's expense, providing a fund in order to verify the Contractor's readiness to administer the Plan Sponsor program, provided the plan design is approved at least 90 days before go live date. The pre-implementation audit must be completed before the program effective date and the post-implementation audit must be conducted at a mutually agreed upon timeframe post effective date. These audits may include, but not be limited to: ID card production and turnaround time, eligibility, claims processing, customer service, Plan design, drug coverage and clinical utilization management program set up, and overall pricing. The review must be conducted by an audit firm selected by Plan Sponsor and would include test claims developed independently by the audit firm to represent Plan Sponsor's unique requirements.

#### **1.10 Contract Activities That Will Include IT Related Services**

The links below provide information on the State's Enterprise Information Technology (IT) policies, standards and procedures which includes security policy and procedures, eMichigan Web development, and the State Unified Information Technology Environment (SUITE).

Contractors must conform to State IT policies and standards. All Services and products provided as a result of this Contract must comply with all applicable State IT policies and standards.

All software and hardware items provided by the Contractor must run on and be compatible with the DTMB Standard IT Environment. Additionally, the State must be able to maintain software and other items produced as the result of the Contract.

It is recognized that technology changes rapidly. The Contractor may request, in writing, a change in the standard environment, providing justification for the requested change and all costs associated with any change. The State's Program Manager must approve any changes, in writing, and DTMB, before work may proceed based on the changed environment.

#### **Enterprise IT Policies, Standards and Procedures (PSP):**

[http://michigan.gov/dtmb/0,4568,7-150-56355\\_56579\\_56755---,00.html](http://michigan.gov/dtmb/0,4568,7-150-56355_56579_56755---,00.html)

#### **The State's security environment includes:**

- DTMB Single Login.
- DTMB provided SQL security database.
- Secured Socket Layers.
- SecureID (State Security Standard for external network access and high risk Web systems)

DTMB requires that its single - login security environment be used for all new client-server software development. Where software is being converted from an existing package, or a client-server application is being purchased, the security mechanism must be approved in writing by the State's Program Manager and DTMB Office of Enterprise Security.



### **Look and Feel Standard**

All software items provided by the Contractor must be ADA compliant and adhere to the Look and Feel Standards [www.michigan.gov/somlookandfeelstandards](http://www.michigan.gov/somlookandfeelstandards).

#### **SUITE:**

Includes standards for project management, systems engineering, and associated forms and templates – must be followed: <http://www.michigan.gov/suite>.

## **2.0 Acceptance**

### **2.1 Acceptance, Inspection and Testing**

The State will use the following criteria to determine acceptance of the Contract Activities: See Contract Terms Section 16.

## **3.0 Staffing**

### **3.1 Contractor Representative**

- A. The Contractor must appoint one SAM, specifically assigned to State accounts, that will respond to State inquiries regarding the Contract Activities, answering questions related to ordering and delivery, etc. (the “Contractor Representative”). The SAM must be hired and/or assigned prior to the start of implementation.
- B. The Contractor must notify the Contract Administrator at least 30 calendar Days before removing or assigning a new Contractor Representative.

Julie Fogarty

1600 McConnor Parkway

Schaumburg, IL 60173-6801

[Julie.Fogarty@optum.com](mailto:Julie.Fogarty@optum.com)

(224) 231-1830

### **3.2 Customer Service Toll-Free Number**

The Contractor must provide a toll-free number for the State to make contact with the Contractor Representative. The Contractor Representative must be available for calls during the hours of 8:00 AM to 5:00 PM EST Monday - Friday.

### **3.3 Technical Support, Repairs and Maintenance**

The Contractor must provide a toll-free number for the State to make contact with the Contractor for technical support, repairs and maintenance. The Contractor must be available for calls and service during the hours of 8:00 AM to 5:00 PM EST Monday - Friday.

### **3.4 Work Hours**

The Contractor must provide Contract Activities during the State’s normal working hours Monday – Friday 8:00 AM to 5:00 PM EST, and possible night and weekend hours depending on the requirements of the project.

### **3.5 Key Personnel**

- A. Representatives of Contractor must have the authority to make binding commitments on Contractor’s behalf within the bounds set forth in the Contract. Contractor may change the representatives from



time to time upon written notice.

- B. The Contractor must provide an account team responsible for, at a minimum, the following functions:
- a. Executive management
  - b. Senior Account Management
  - c. Banking/Financial Management
  - d. Member communications
  - e. Claims processing
  - f. Enrollment and eligibility
  - g. Customer service
  - h. Data/Reporting
  - i. Medical Management and Medical Policy
  - j. Project management
- C. The Contractor must appoint four individuals who will be directly responsible for the day-to-day operations of the Contract (“Key Personnel”). Key Personnel must be specifically assigned to the State account, be knowledgeable on the Contractual requirements, and respond to State inquires within 24 hours. Contractor must have assigned not less than the following Key Personnel:
- a. One SAM solely dedicated to the Plan Sponsor whose role and responsibilities must include:
    - i. Authority to make day-to-day decisions regarding service issues on a daily basis. The Contractor must also provide escalation procedures and contact information for issues which need to be escalated above the SAM.
 

SAM: Kristy Sherman  
 Clinical Consultant: Hiralkumar Patel, PharmD.  
 Client Service Manager: Raina Porchay  
 Client Service Manager – Cheri Dorey  
 If escalation is needed:  
 Lauren Carney - Vice President, Account Management  
 Monica Valentine, Senior Manager of Account Management

      - 1.
      - 2.
    - ii. Ability within the Contractor’s organization to obtain and leverage the use of Contractor’s resources, both direct and indirect, as are necessary included, but not limited to, the following:
      1. Timely issue resolution
      2. Consultative Services
      3. Timeliness of reporting and annual reviews
      4. Frequency of meetings/Plan updates
      5. Cultivates multi-level client relationships
      6. Manages contract renewal activities
      7. Understands primary business objectives
      8. Maintains consistent and regular communications
      9. Prepares and presents regular performance reviews, including identification of cost drivers, recommendations for cost savings opportunities, utilization and cost reports, and vendor industry news
      10. Maintains a complete understanding of contract terms, including, but not limited





to, the monitoring and reporting of performance guarantees

- iii. Designating one back-up to the SAM, whose role and responsibilities must include: involvement in account management and who is capable of performing the responsibilities of the SAM in the event that the SAM is unavailable; the Contractor's SAM back-up must be familiar with all specific requirements of this Contract; this back-up role may be filled by another key-staff person

Back up SAM: Raina Porchay

- b. Two dedicated Enrollment and Customer Service Specialist (CSS):
  - i. Contractor must provide at least two experienced enrollment and customer service specialists.
    1. Raina Porchay – Customer Service Specialist
    2. Cheri Dorey – Customer Service Specialist
  - ii. This CSS is responsible for addressing enrollment and customer service issues and is an employee of the Contractor
  - iii. The CSS must have the authority within the Contractor's organization to obtain and leverage the use of all Contractor's resources, both direct and indirect, as necessary including, but not limited to, the following:
    1. Day-to-day issues
    2. Member correspondence and escalations
    3. Claims, Eligibility, Overrides, PAs
    4. Member Materials
    5. Call Center/Mail Service Escalation Point of Contact
    6. Understand benefit dynamics
    7. Manual enrollments
    8. Contractual reports
    9. Operational questions/projects
    10. Participate in Member and retiree organization meetings as requested
- c. One Implementation Project Plan Manager: Contractor must provide an experienced Project Plan Manager to manage the project implementation during the Implementation Period, in accordance with Section 1.9.
- d. The Contractor must provide a Clinical Pharmacist/Consultant.
  - i. Hiralkumar Patel, PharmD.
  - ii. The account team's Pharmacist must work under the direction of the Plan Sponsor and must provide day-to-day assistance to the Plan Sponsor in interfacing with Contractor
    - ii. The Clinical Pharmacist/Consultant must develop and present the Annual report that includes Prescription Drug Program recommendations to the Plan Sponsor.
  - iii. The Clinical Pharmacist/Consultant must assist with the following activities:
    1. Day-to-day clinical advice for member issues
    2. Present quarterly updates to the System regarding new generic launches,



pending product launches and clinical savings noted in most recent time period. Plan performance reviews include outcomes, insights, and actionable recommendations presented to client, assessment of trend drivers, pipeline and industry monitoring

3. Present general guidance for consideration across therapeutic categories – new recommendations for coverage, exclusion, tiering and rules for consistency and parity as new products come to market. Consultative engagement to recommend clinical programs and products; recommendation of clinical programs and products
4. Oversee the administration of and present quarterly outcomes of clinical programs including, but not limited to, Medication Therapy Management, Retrospective Drug Utilization Review, and Medication Adherence
5. Review Member and physician profiles quarterly for fraud, waste, and abuse issues including appropriate action steps. Reporting of such activity to the client at quarterly meetings
6. Academic detailing/Physician education initiatives
7. Analytics and modeling to identify client-specific challenges and opportunities; formulary selection and design

D. Reserved.

E. Key Personnel who are NOT located in Michigan must be made available to the Plan Sponsor at Contractor's Michigan office (or at another location in Michigan as approved by Plan Sponsor or PM, as designated by the State) on a reasonably frequent basis (as determined or scheduled by Plan Sponsor or PM, as designated by the State, in consultation with Contractor).

F. The State has the right to recommend and approve, in writing, the initial assignment, as well as any proposed reassignment or replacement, of any Key Personnel. Before assigning an individual to any Key Personnel position, Contractor must notify the State of the proposed assignment, introduce the individual to the State's PM, and provide the State with a résumé and any other information about the individual reasonably requested by the State. The State reserves the right to interview the individual before granting written approval. In the event the State finds a proposed individual unacceptable, the State will provide a written explanation including reasonable detail outlining the reasons for the rejection. The State may require a 30-calendar day training period for replacement personnel.

G. Contractor will not remove any Key Personnel from their assigned roles on this Contract without the prior written consent of the State. The Contractor's removal of Key Personnel without the prior written consent of the State is an unauthorized removal ("**Unauthorized Removal**"). An Unauthorized Removal does not include replacing Key Personnel for reasons beyond the reasonable control of Contractor, including illness, disability, leave of absence, personal emergency circumstances, resignation, or for cause termination of the Key Personnel's employment. Any Unauthorized Removal may be considered by the State to be a material breach of this Contract, in respect of which the State may elect to terminate this Contract for cause under Termination for Cause in the Standard Terms.

H. It is further acknowledged that an Unauthorized Removal will interfere with the timely and proper completion of this Contract, to the loss and damage of the State, and that it would be impracticable and extremely difficult to fix the actual damage sustained by the State as a result of any Unauthorized Removal. Therefore, Contractor and the State agree that in the case of any Unauthorized Removal in respect of which the State does not elect to exercise its rights under Termination for Cause, Contractor



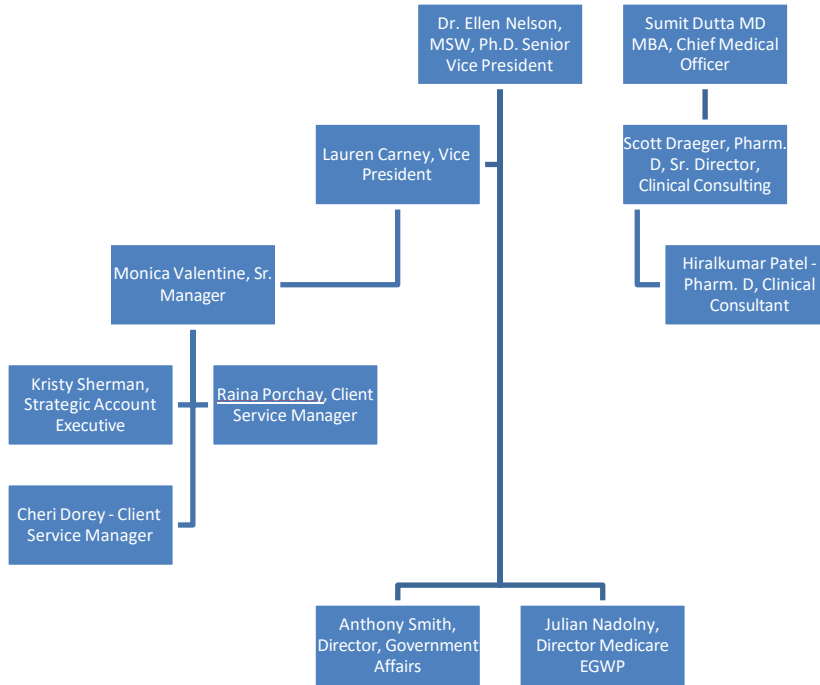
will issue to the State the corresponding credits set forth below (each, an “Unauthorized Removal Credit”):

- (i) For the Unauthorized Removal of any Key Personnel designated in the applicable Statement of Work, the credit amount will be \$25,000.00 per individual if Contractor identifies a replacement approved by the State and assigns the replacement to shadow the Key Personnel who is leaving for a period of at least 30 calendar Days before the Key Personnel’s removal.
- (ii) If Contractor fails to assign a replacement to shadow the removed Key Personnel for at least 30 calendar Days, in addition to the \$25,000.00 credit specified above, Contractor will credit the State \$833.33 per calendar day for each day of the 30 calendar-day shadow period that the replacement Key Personnel does not shadow the removed Key Personnel, up to \$25,000.00 maximum per individual. The total Unauthorized Removal Credits that may be assessed per Unauthorized Removal and failure to provide 30 calendar Days of shadowing will not exceed \$50,000.00 per individual.

Contractor acknowledges and agrees that each of the Unauthorized Removal Credits assessed above: (i) is a reasonable estimate of and compensation for the anticipated or actual harm to the State that may arise from the Unauthorized Removal, which would be impossible or very difficult to accurately estimate; and (ii) may, at the State’s option, be credited or set off against any fees or other charges payable to Contractor under this Contract.



### 3.6 Organizational Chart





### 3.7 Disclosure of Subcontractors

#### 1. Subcontractors

Legal Business Name	Address / Telephone Number	Services Provided	Complete description of Contract Activities that will be performed/provided by subcontractor	Total Price of Subcontractor's work (outside Book of Business)
Convey Health System (Book of Business)	Corporate Office 13621 NW 12 <sup>th</sup> Street Suite 100 Sunrise, FL 33323 Phone: 954-903-5245	Medicare Part D enrollment services	Convey Health Solutions is a Medicare Part D enrollment service and is contracted directly with the EGWP PDP as required.	
Fiserv (Book of Business)	255 Fiserv Drive Brookfield, WI 53045 262-879-5000	Print services	Digital print vendor who prints membership cards as well as other various letters.	
The Rawlings Company (Book of Business)	One Eden Parkway LaGrange, KY 40031 502-814-2198	Retrospective claims audits and investigations services	The Rawlings Company LLC and Rawlings Financial Services LLC perform retrospective claims audits and investigations related to B vs. D (ERSD/Dialyses), Hospice, LTI, MSP, Third Party Liability/Workmen Compensation, and coordination of benefits and retro-term eligibility	
SICO Health Analytics (Book of Business)	433 S. Main St Suite 203 West Hartford, CT 06110 954-416-2774	SCIO Health Analytics provides pharmacy audit program software support	SCIO Health Analytics provides pharmacy audit program software support and onsite audit functions.	

2. If the Contractor intends to utilize subcontractors, the Contractor must disclose the following:

- A. The legal business name; address; telephone number; a description of subcontractor's organization and the Services it will provide; and information concerning subcontractor's ability to provide the Contract Activities.
- B. The relationship of the subcontractor to the Contractor.
- C. Whether the Contractor has a previous working experience with the subcontractor. If yes, provide the details of that previous relationship.



- D. A complete description of the Contract Activities that will be performed or provided by the subcontractor.
- E. Outside of book of business subcontractors of the total Contract, the price of the subcontractor's work.

#### 4.0 Project Management

##### 4.1 Meetings

All agendas and meeting materials created by Contractor for meetings as required below must be provided to Plan Sponsor at least five Days prior to the meeting. The Contractor must attend the following meetings:

- A. Biweekly work plan meeting at the request of the Plan Sponsor.** This meeting is onsite at the Plan Sponsor's office. The purpose is to review operational concerns and provide status on ongoing projects. The Plan Sponsor will create work plan agenda, facilitate the meeting, and maintain notes.
- B. Quarterly and Annual Performance Review meeting.** This meeting will be held onsite at Plan Sponsor's location, unless otherwise specified by Plan Sponsor. The purpose of this meeting will be to walk-through the Quarterly and Annual Review Report (see Section 4.2C and Section 4.2D). The Contractor must create the agenda, facilitate the meeting, and maintain notes. This meeting must be held in person.
- C. Quarterly and Annual Financial Review meeting.** This meeting will be held in person and at the Plan Sponsor's location, unless otherwise specified by the Plan Sponsor. The purpose of this meeting will be to discuss the Contractor's Service Level Agreement report outcomes and Quarterly/Annual Financial Report (see Section 4.2A and Section 4.2B). The Contractor must create the agenda, facilitate the meeting, and maintain notes.
- D. Annual Strategic Planning meeting at the request and discretion of the Plan Sponsor.** This meeting will be held in person at the Plan Sponsor's location, unless otherwise specified by the Plan Sponsor. The purpose of this meeting will be to review industry trends and recommend Plan changes to assist the Plan Sponsor in meeting its cost goals. The Contractor must create the agenda, facilitate the meeting, and maintain notes. This meeting will include, but is not limited to:
  - a. Data analysis with commensurate recommendations and cost-coverage analysis in support of Plan modifications.
  - b. Review of changes in the market, identification of emerging trends, and recommenced course of action for each trend identified.
- E. Annual CMS Call Letter Analysis meeting at the request and discretion of the Plan Sponsor.** This meeting will be held in person and at the Plan Sponsor's location, unless otherwise specified by the Plan Sponsor. The purpose of this meeting will be to discuss the CMS call letter and its impact on Plan Sponsor's plan. Contractor must provide a CMS Call Letter Analysis (see Section 4.2Ed). The Contractor must create the agenda, facilitate the meeting, and maintain notes.
- F. Annual Site Visit.** This meeting is onsite at the Contractor's facility, upon the Plan Sponsor's request. Contractor must host representatives from the Plan Sponsor for a site visit to tour the facility and meet with Contractor's staff. Contractor must create the agenda and facilitate the tour. Tour must include, but is not limited to:



- a. Call Center
- b. Claims Processing Center
- c. Mail Processing
- d. Any travel and accommodations expenses for State employees will be covered by the Contractor.
- e. Additional meetings may be requested by the Plan Sponsor on an as-needed basis at Plan Sponsor's sole discretion. Plan Sponsor will determine the location of these meetings. Contractor must make account team and all necessary subject matter experts available for these meetings.

#### 4.2 Reporting

Contractor must provide analysis and reports in a format as determined by the Plan Sponsor.

**A. Quarterly Financial Report** that includes, but is not limited to, the following:

- a. Claim Payments
- b. Administration Fees
- c. Non-claims related benefit costs
- d. Prescription drug Rebates.

**B. Annual Financial Report** that includes, but is not limited to, the following:

- a. Annualized version of Quarterly Financial Reporting package
- b. Upon request, Contractor will provide the State with the data necessary for any medication named in a lawsuit during the term of our contract and for up to two years post the State termination. .  
Prescription drug rebates

**C. Quarterly Performance Review Reports** for the Quarterly Performance Review meetings (Section 4.1B) with Plan Sponsor, that includes, but is not limited to, the following:

- a. Contractor's comprehensive review of the cost and utilization experience of the Plan
  - i. Trend analysis
  - ii. Comparison to benchmarks
  - iii. Opportunity analysis for low-performing areas
- b. Summary of work and activity for Clinical Programs and Utilization Management Outcomes
  - i. Physician Profiling and Other Clinical Effectiveness reports
  - ii. Number of Members targeted, reached, and engaged for programs
  - iii. Program completion rate
  - iv. Program outcomes/Clinical Savings
  - v. Planned improvements to programs
- c. Drug Pipeline/Industry Update
- d. Customer Service Update
  - i. Call Center Activity Summary
    1. Number of inquiries
    2. Summary of call issues



3. Description of top complaints

ii. Inquiry, Grievances and Appeals Summary

1. Inquiry analysis that details the number, type, date of receipt and date of resolution of Inquiries by month
2. Grievance analysis that details the number, type, timeliness, and additional action taken regarding grievances that have been submitted by mail, telephone, or Internet by month received
3. Appeals analysis that details the number, type, timeliness, and outcomes of Appeals that have been submitted by mail, telephone, or Internet by month received

**D. Annual Performance Review Report** package that includes, but is not limited to, the following:

- a. Annualized version of Quarterly Performance Review package
- b. Summary of CMS Revenue
- c. Top 100 Brand and Generic Drug report

**E. EGWP-Specific Reports** that are received from CMS must also be made available to the Plan Sponsor. In situations where reports received from CMS contain Members not under the purview of the Plan Sponsor, the Contractor must remove all Members not enrolled in the Plan Sponsor's Plan before sending the report to the Plan Sponsor. Reports include, but are not limited to:

- a. Monthly EGWP Membership Report (CMS report)
- b. Weekly Disenrollment Report
  - i. Disenrollments from Transaction Reply Report (CMS Report)
  - ii. Enrollment Rejections Report
    1. Members that fail the Batch Eligibility Queue (BEQ)
    2. Members in Request for Information (RFI) Final Denied Status
  - iii. Any other Member disenrollment from Plan Sponsor's Plan that did not originate from Plan Sponsor
- c. Monthly CMS Subsidy Detail Report
  - i. CMS Direct Subsidy
  - ii. Late Enrollment Penalty
  - iii. Low-Income Premium Subsidy
  - iv. Any other adjustment to direct subsidy amount
- d. Annual CMS Call Letter Analysis
  - i. Annual CMS Subsidy Projections
  - ii. Manufacturer Coverage Gap Discount Projection
  - iii. Catastrophic Reinsurance Projection
  - iv. Low-Income Cost Sharing Reimbursement Projection
  - v. Projected Plan cost on a net and PMPM basis

**F. Monthly dashboard to summarize enrollment activity**

- a. Number of new Members enrolled in plan.
- b. Number of Medicare Age-ins enrolled in plan.





- c. Number of CMS disenrollments by reason code.
- d. Number of CMS-rejected enrollments.
- e. Top 5 disenrollment reason codes.
- f. Enrollment trend for current Plan year compared to prior Plan year.

**G. Annual Specialty Drug listing.**

**H.** The Contractor must provide an ad hoc reporting tool that Plan Sponsor can use at their discretion to directly access utilization and other Plan-specific data. This includes training for a limited number of Plan Sponsor representatives.

- I.** Contractor must perform ad hoc reporting upon the request and specification of the Plan Sponsor to be provided by the State's account team including:
- a. Follow up reporting on reports listed above where additional information and analysis is required.
  - b. Strategic Initiative analysis related to Plan performance and improvement opportunities.
  - c. Reports requested by Plan Sponsor that provide further information and analysis to Services not encompassed by specified reports above.

## **5.0 Ordering**

### **5.1 Authorizing Document**

The appropriate authorizing document for the Contract will be a Blanket Purchase Order/Contract and Program Manager approval.

## **6.0 Invoice and Payment**

### **6.1 Invoice Requirements**

- A. All invoices submitted to the State must include: (a) date; (b) purchase order; (c) quantity; (d) description of the Contract Activities; (e) itemized by product line (Medicare pharmacy, etc.); (f) unit price; (g) shipping cost (if any); and (h) total price. Overtime, holiday pay, and travel expenses will not be paid.
- B. The making of final payment by the State to Contractor must not constitute a waiver by either party of any rights or other claims as to the other party's continuing obligations under the Contract, nor will it constitute a waiver of any claims by one party against the other arising from unsettled claims or failure by a party to comply with the Contract, including claims for Services and Deliverables not reasonably known until after acceptance to be defective or substandard.
- C. The Contractor must allow for the Plan Sponsor to submit payment for claims and administrative invoices, within 10 Business Days.
- D. The Contractor must invoice the Plan Sponsor for prescription claims on a weekly basis.

### **6.2 Payment Methods**

The State will make payment for Contract Activities via electronic funds transfer (EFT).

## **7.0 Additional Requirements**



- A. The Contractor must support carving-out self-injectable and select infused drugs from the medical benefit to the pharmacy benefit to be cost effective to Plan Sponsor and its participants.
- B. The Contractor must integrate medical claim data with the pharmacy data to create a comprehensive data set based on Plan Sponsor's request.

**CONTRACT #071B700009**



**STATE OF MICHIGAN**

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

**EXHIBIT B  
GENERAL PROPOSAL REQUIREMENTS**

**Reserved**



## STATE OF MICHIGAN

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

### EXHIBIT C PRICING

1. See Exhibit G for the Exclusive Specialty Price List and the Open Specialty Price List Drug List.
2. **The Contract will be for a four-year period with service commencing January 1, 2017, and ending December 31, 2020. The price for each year is firm for the period January 1 of that year through December 31 of that year subject to the terms of the Pricing Exhibit including the market check provisions.**
3. Contractor reserves the right to modify or amend the financial provisions of this Contract upon prior notice to Plan Sponsor in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make Contractor's performance of its duties hereunder materially more burdensome or expensive; (b) a change in the scope of services to be performed under this Contract upon which the financial provisions included in this Contract are based, including a material change in the plan design, custom formulary or the exclusion of a service line (i.e. retail, mail, specialty) from Plan Sponsor's service selection that Contractor can demonstrate impacts its ability to meet the financial provisions in this Contract; (c) changes made to the AWP benchmark or the methodology by which AWP is calculated or reported; or (d) Contractor is no longer the exclusive specialty pharmacy provider. To implement such a modification or amendment, Contractor shall, to the extent reasonably possible, provide 60 days prior written notice to Plan Sponsor detailing the adjustment to the financial provisions, accompanied by documentation of an analysis reasonably demonstrating that the adjustment places each party in substantially the same position as before the change. To the extent it is not reasonably possible to provide Plan Sponsor with 60 days prior written notice, Contractor will provide Plan Sponsor with as much notice as reasonably possible given the circumstances. Should the parties not agree that the changes are reasonable, Plan Sponsor may terminate this Contract upon prior written notice to Contractor

	Commercial	
Members: 77,000	Pricing Model: Pass-Through - Preferred Specialty	

#### Administrative Fee

Administrative Fee

Base Administrative Fee

\$1.70 PMPM

PMPM = Per Member Per Month

#### Broad Retail Pharmacy Network Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-17.5%	\$1.00 PNPC	AWP-82.5%	\$1.00 PNPC
Year 2	AWP-17.5%	\$1.00 PNPC	AWP-82.7%	\$1.00 PNPC



Year 3	AWP-17.5%	\$1.00 PNPC	AWP-82.9%	\$1.00 PNPC
Year 4	AWP-17.5%	\$1.00 PNPC	AWP-83.0%	\$1.00 PNPC

### Broad Retail 90 Pharmacy Network Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-20.0%	\$0.00 PNPC	AWP-84.5%	\$0.00 PNPC
Year 2	AWP-20.0%	\$0.00 PNPC	AWP-84.7%	\$0.00 PNPC
Year 3	AWP-20.0%	\$0.00 PNPC	AWP-84.9%	\$0.00 PNPC
Year 4	AWP-20.0%	\$0.00 PNPC	AWP-85.0%	\$0.00 PNPC

### Mail Order/Home Delivery Pharmacy Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-25.5%	\$0.00 PNPC	AWP-85.6%	\$0.00 PNPC
Year 2	AWP-25.5%	\$0.00 PNPC	AWP-85.8%	\$0.00 PNPC
Year 3	AWP-25.5%	\$0.00 PNPC	AWP-86.0%	\$0.00 PNPC
Year 4	AWP-25.5%	\$0.00 PNPC	AWP-86.1%	\$0.00 PNPC

### Specialty Pharmacy Guarantees - Exclusive

	Aggregate Discount Guarantee	Dispensing Fee
Year 1	AWP-17.00%	\$0.00 PNPC
Year 2	AWP-17.25%	\$0.00 PNPC
Year 3	AWP-17.50%	\$0.00 PNPC
Year 4	AWP-17.75%	\$0.00 PNPC

### Rebate Management Guarantees– Select Base Formulary

	Retail Pharmacy	Retail 90 Pharmacy	Mail Order	Specialty
Year 1	\$70.00 PNPB	\$75.00 PNPB	\$255.00 PNPB	\$875.00 PNPB
Year 2	\$70.00 PNPB	\$75.00 PNPB	\$255.00 PNPB	\$975.00 PNPB
Year 3	\$85.00 PNPB	\$100.00 PNPB	\$330.00 PNPB	\$1,150.00 PNPB
Year 4	\$90.00 PNPB	\$110.00	\$350.00 PNPB	\$1,250.00

PNPB = Per Net Paid Brand

#### Rebate Terms:

- **Select Base Rebates:** Client's adoption, without deviation, of OptumRx's formulary, as well as any changes OptumRx makes to its formulary; and a minimum of \$10 difference in copayment, or 10 percent difference in coinsurance between preferred and non-preferred Brand Drugs.



- Rebate claims exclude ineligible claims, such as claims with invalid service provider identification or prescription numbers; claims where, after meeting the deductible, claims for devices without a Prescription Drug component; claims for re-packaged NDCs; stale dated claims over 180 days old; compounds; claims from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act, or claims from entities eligible for federal supply schedule prices (for example, Department of Veterans Affairs, U.S. Public Health Service, Department of Defense); or claims that are not for Prescription Drugs (except for insulin or diabetic supplies).
- The financial guarantees require that all claims are funded by the Plan Sponsor by at least 50% in the aggregate.
- If Client makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its formulary or utilization management programs, OptumRx may adjust the Rebate guarantees in this pricing summary, effective the date of the change.
- Rebate guarantees may be adjusted in proportion to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs.
- Rebate guarantees are reconciled in the aggregate.
- Client shall be entitled to receive the greater of: (1) the guaranteed minimum per claim Rebate amount set forth above, or (2) 100% of the Rebates that Administrator receives that are attributable to allowable utilization of Members. Client acknowledges that Administrator may receive the Rebates from affiliated or unaffiliated third-party contractors engaged by Administrator to obtain Rebates on Administrator's behalf and that any such affiliated or unaffiliated third-party contractor may receive or retain reasonable compensation for its role in securing Rebates.
- General Terms:
- Discounts are based on Published AWP.
- Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.
- Retail 90 pricing is for retail claims with greater than 30 days' supply.
- Compounds, 340B claims, Indian Health Services and Tribal claims, direct member reimbursement claims, coordination of benefit claims, long term care claims, home infusion claims, vaccines, in-house pharmacies (if applicable) and claims filled outside the OptumRx network will be excluded from the guarantees. Additionally, claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, and Alaska pharmacies will be excluded from the guarantees. Specialty claims will be excluded from the retail and mail guarantees.
- If OptumRx contracts with any pharmacies outside of its Broad network to provide additional access to the State, claims at these pharmacies will be excluded from the guarantees.
- Pricing proposal assumes an exclusive specialty arrangement with BriovaRx Pharmacy. Under the exclusive arrangement grace fills at retail will not be allowed.
- Generic Drug Discount guarantee includes all Generic Drugs (Single Source Generics, Multi-Source Generics, patent litigated Generic Drugs and limited supply Generic Drugs) that are not otherwise excluded.
- Usual & Customary claims are excluded from the discount and dispensing fee guarantees.
- Zero balance claims are included in the discount guarantees prior to the application of member copayment.
- Discount and dispensing fee guarantees are reconciled at the individual component level on an annual basis. Shortfalls in one guarantee component cannot be offset by surpluses in another guarantee component.
- New to market Specialty Drugs will adjudicate at no less than AWP – 12.0% through BriovaRx.
- Brand and Generic Specialty Drugs (including limited distribution Specialty Drugs), dispensed at retail or at a BriovaRx pharmacy will be included in the Specialty aggregated discount guarantee.
- Any financial guarantees under the Contract apply only for each contract year in which the State has received services from Contractor for the contract year (i.e., each 12-month period following the effective date).



OptumRx reserves the right to modify or amend the financial provisions of this document upon prior notice with appropriate documentation to Client in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make OptumRx's performance of its duties hereunder materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Client's service selection; (c) a reduction of greater than ten percent in the total number of members from the number provided to OptumRx during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic or over-the-counter substitutes available; or (e) implementation or addition of 100 percent Member paid plans; or (f) OptumRx is no longer the exclusive specialty pharmacy provider;

## Standard Services Included at no additional charge

### Claims Processing Services

- Eligibility management
- Eligibility verification
- On-line electronic claims processing/administration
- Data retention – 15 months
- Operational On-line Data – 12 months
- Accumulator for deductibles and maximums data – batch method
- 
- Real-Time Audit System – filters 100 percent of claims before payment
- Extended Benefits Program
- Lower Cost Alternatives

### Termination Services and File Transfer

- Up to 12 files included in standard format, \$1,500 per additional file thereafter

### Broad Pharmacy Network Services

- Administration of the Broad Pharmacy Network
- Pharmacy Help Desk – available 24 hours a day, seven days a week

### Pharmaceutical Manufacturer Rebate Services

- OptumRx Standard formularies

### Clinical Services

- Clinical prior authorization
- Administrative Prior Authorization, Step Therapy, Quantity Limits
- Drug recall reporting
- Concurrent Drug Utilization Review (DUR)
- Administration of OptumRx formularies
- Administration of OptumRx standard utilization management program
- Basic Fraud, Waste & Abuse Audit

### Benefit Plan Administration

#### Member Services

- Toll-free Member Services Help Desk available 24 hours a day, seven days a week
- Member website
- Home Delivery Pharmacy

#### Client Services

- Account management



- Implementation support
- Standard reporting package
- Member Communications
  - Welcome booklet with ID cards (two per family) Postage, shipping & handling is not included
- Online Client Access to Member Eligibility
  - Verifying, entering, or updating member eligibility
  - Viewing member claims history
- Online Client Website Access
  - Member website for access to general and plan-specific information
  - Account setup and training for up to two users
  - \$400 per additional license each year
  - Website access through optumrx.com
    - Pharmacy locator, refill Home Delivery Pharmacy, claims history
    - Health, wellness and disease education
- Home Delivery and Specialty Pharmacy
  - Standard postage included
  - Member directed express shipments may incur additional charge

### Clinical Program Fees as Applicable

Prior Authorization Appeals	
• First level internal clinical appeal	\$100 per appeal
• First level internal administrative appeal	\$75 per appeal
• Second level internal clinical appeal	\$325 per appeal
• Second level internal administrative appeal	\$244 per appeal
• External clinical appeal	Cost plus 20 percent
• External administrative appeal	Cost plus 20 percent
Medication Therapy Management Program	\$0.32 PMPM
RetroDUR	
• Safe & Appropriate Utilization	\$0.12 PMPM
• Gaps in Care	\$0.14 PMPM
Adherence Program (>50,000 to 100,000 members)	
• Member outreach	\$0.13 PMPM
• Member and prescriber outreach	\$0.20 PMPM
Fraud Waste & Abuse Program	
• Clinical Fraud, Waste & Abuse Program	\$0.14 PMPM
• Comprehensive Fraud, Waste & Abuse Program	Additional 25 percent of all identified recoveries
ePrescribing	\$0.08 PMPM
Hospital Transition Program	\$150 per intervention
Clinical Analytics Services	Quoted upon request
Custom Formulary and Utilization Management	Quoted upon request
Pharmacy & Therapeutics (P&T) Support Services	Quoted upon request





Custom Publication Support Services	Quoted upon request
-------------------------------------	---------------------

### Additional Fees as Applicable

Direct Member Reimbursement (DMR)	\$2.50 per processed paper claim plus the Administrative Fee
Ad-hoc Reporting	\$150 per hour, with a minimum of \$500
Manual Eligibility Maintenance	\$0.50 per record
ID cards - Subsequent mailings, replacements, or additional	\$2 per ID card plus postage, shipping and handling
Custom Mailings	Production plus postage, shipping and
Web Reporting Tool (On-line Access/Query)	Included for up to seven users; \$150 per month for each additional user
Standard Reporting Tool (On-line Access / Reports)	Included for up to seven users; \$250 per month for each additional user
RDS Support Services	\$1.15 PMPM
Integrated Accumulator - Near Real Time Method	\$0.15 PMPM



### Generic Dispense Rate Guarantee

	Retail	Mail Order
Year 1	85.75%	79.50%
Year 2	86.00%	79.75%
Year 3	86.25%	80.00%
Year 4	86.50%	80.25%

#### GDR Guarantee Notes:

- Generic Dispensing Rate Guarantee means, for any full contract year, the number of Generic Drug prescriptions (including OTC prescriptions) divided by the total number of all prescriptions for such contract year (excluding any Specialty Drugs filled in any channel).
- To be eligible for the GDR, the Client must: (i) maintain an average copay differential between generic and second tier brands of fifteen (\$15.00) or more within each Plan Design; (ii) adopt Contractor's formulary; (iii) implement "Dispense as Written" penalties for DAW 2 claims for the majority of members; and (iv) implement all Contractor recommended clinical programs (e.g., prior authorization, step therapy)
- The penalty for a missed GDR guarantee will be calculated by taking the total number of prescriptions multiplied by the percentage the GDR was missed by multiplied by the difference between the average cost for a brand drug and the average cost for a generic drug during the measurement period.
- Brand cost is defined as: (Brand Drug ingredient cost + Brand Drug dispensing fee - Brand Drug copay - Brand Drug Rebate)
- Generic cost is defined as: (Generic Drug ingredient cost + Generic Drug dispensing fee - Generic Drug copay - Generic Drug Rebate, if applicable)
- Penalties will be calculated within ninety (90) days of the close of the full contract year
- GDR guarantees are measured and reconciled separately for retail and mail service on an annual basis.
- Any excess achieved in either the retail or mail service guarantee will not be used to offset a shortfall in the other guarantee, if any.



**Implementation Allowance**

OptumRx shall provide Client with a one-time implementation credit of up to \$4.00 per net new Member to cover expenses associated with the transition of services to OptumRx. This credit may be used by the Client to offset legitimate, necessary and commercially reasonable expenses that are related to the Client’s transition from its previous pharmacy benefit manager to OptumRx. Client shall be responsible for all other transition expenses in excess of the implementation credit herein provided to Client. Eligible expenses shall include any printing or postage related to special communications required for the transition, customized ID cards, customized programming or, upon mutual agreement, third-party transitional consulting expenses. The implementation allowance must be utilized within the first twelve months after the Effective Date. Client will be required to submit documentation to support the expenses it may seek reimbursement for. The parties acknowledge that the implementation credit provided by OptumRx for implementation services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full implementation allowance. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this implementation credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a – 7b(b)(3)(A).

**Pharmacy Management Allowance**

Client shall receive a Pharmacy Management Allowance (PMA) credit of up to \$4.00 per Member in years two through four, which must be utilized within the applicable year and will not carry over to the following year. This PMA credit is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. The parties acknowledge that the credit provided by OptumRx for such services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA credit applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A).

EGWP		<b>P</b>	
Members: 52,000	Pricing Model: Pass-Through – Open Specialty		



### Administrative Fee

Administrative Fee	
Base Administrative Fee	\$0.00 PNPC
EGWP Administrative Fee	\$9.00 PMPM

PNPC = Per Net Paid Claim  
PMPM = Per Member Per Month

### Broad Retail Pharmacy Network Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-17.5%	\$1.00 PNPC	AWP-82.0%	\$1.00 PNPC
Year 2	AWP-17.5%	\$1.00 PNPC	AWP-82.2%	\$1.00 PNPC
Year 3	AWP-17.5%	\$1.00 PNPC	AWP-82.4%	\$1.00 PNPC
Year 4	AWP-17.5%	\$1.00 PNPC	AWP-82.5%	\$1.00 PNPC

### Broad Retail 90 Pharmacy Network Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-20.0%	\$0.00 PNPC	AWP-84.5%	\$0.00 PNPC
Year 2	AWP-20.0%	\$0.00 PNPC	AWP-84.7%	\$0.00 PNPC
Year 3	AWP-20.0%	\$0.00 PNPC	AWP-84.9%	\$0.00 PNPC
Year 4	AWP-20.0%	\$0.00 PNPC	AWP-85.0%	\$0.00 PNPC

### Mail Order/Home Delivery Pharmacy Guarantees

	Brand Drug	Brand Drug Dispensing	Generic Drug	Generic Drug Dispensing
Year 1	AWP-25.5%	\$0.00 PNPC	AWP-85.6%	\$0.00 PNPC
Year 2	AWP-25.5%	\$0.00 PNPC	AWP-85.8%	\$0.00 PNPC
Year 3	AWP-25.5%	\$0.00 PNPC	AWP-86.0%	\$0.00 PNPC
Year 4	AWP-25.5%	\$0.00 PNPC	AWP-86.1%	\$0.00 PNPC

### Specialty Pharmacy Guarantees - Open

	Aggregate Discount Guarantee	Dispensing
Year 1	AWP-15.6%	\$2.50 PNPC
Year 2	AWP-15.7%	\$2.50 PNPC
Year 3	AWP-15.8%	\$2.50 PNPC
Year 4	AWP-15.9%	\$2.50 PNPC



### Rebate Management Guarantees – OptumRx Silver Formulary

	Retail Pharmacy	Retail 90 Pharmacy	Mail Order	Specialty
Year 1	\$100.00 PNPB	\$300.00 PNPB	\$350.00 PNPB	\$1,250.00 PNPB
Year 2	\$105.00 PNPB	\$340.00 PNPB	\$400.00 PNPB	\$1,400.00 PNPB
Year 3	\$115.00 PNPB	\$380.00 PNPB	\$450.00 PNPB	\$1,550.00 PNPB
Year 4	\$120.00 PNPB	\$400.00 PNPB	\$475.00 PNPB	\$1,650.00 PNPB

PNPB = Per Net Paid Brand

#### Rebate Terms:

- **Silver Formulary:** Client's adoption of OptumRx's Part D Silver formulary, formulary management, and utilization management, and a minimum of \$10 difference in copayment, or 10% difference in coinsurance between preferred and non-preferred Brand Drugs.
- Rebate claims exclude ineligible claims, such as claims with invalid service provider identification or prescription numbers; claims where, after meeting the deductible, claims for devices without a Prescription Drug component; claims for re-packaged NDCs; stale dated claims over 180 days old; compounds; claims from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act, or claims from entities eligible for federal supply schedule prices (for example, Department of Veterans Affairs, U.S. Public Health Service, Department of Defense); or claims that are not for Prescription Drugs (except for insulin or diabetic supplies).
- The financial guarantees require that all claims are funded by the Plan Sponsor by at least 50% in the aggregate
- If Client makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its formulary or utilization management programs, OptumRx may adjust the Rebate guarantees in this pricing summary, effective the date of the change.
- Rebate guarantees may be adjusted in proportion to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs.
- Rebate guarantees are reconciled in the aggregate.
- Client shall be entitled to receive the greater of: (1) the guaranteed minimum per claim Rebate amount set forth above, or (2) 100% of the Rebates that Administrator receives that are attributable to allowable utilization of Members. Client acknowledges that Administrator may receive the Rebates from affiliated or unaffiliated third-party contractors engaged by Administrator to obtain Rebates on Administrator's behalf and that any such affiliated or unaffiliated third-party contractor may receive or retain [reasonable] compensation for its role in securing Rebates.

#### General Terms

- Discounts are based on Published AWP.
- Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.
- Retail 90 pricing is for retail claims with greater than 30 days' supply.



- Compounds, 340B claims, Indian Health Services and Tribal claims, direct member reimbursement claims, coordination of benefit claims, long term care claims, home infusion claims, vaccines, in-house pharmacies (if applicable) and claims filled outside the OptumRx network will be excluded from the guarantees. Additionally, claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, and Alaska pharmacies will be excluded from the guarantees. Specialty claims will be excluded from the retail and mail guarantees.
- If OptumRx contracts with any pharmacies outside of its Broad network to provide additional access to the State, claims at these pharmacies will be excluded from the guarantees.
- Pricing proposal assumes an open specialty arrangement with BrivoRx Pharmacy.
- Generic Drug Discount guarantees includes all Generic Drugs (Single Source Generics, Multi-Source Generics, patent litigated Generic Drugs, and limited supply Generic Drugs ) that are not otherwise excluded.
- Usual & Customary claims are excluded from the discount and dispensing fee guarantees.
- Zero balance claims are included in the discount guarantees prior to the application of member copayment.
- Discount guarantees are reconciled at the individual component level on an annual basis. Shortfalls in one guarantee component cannot be offset by surpluses in another guarantee component,
- New to market Specialty Drugs will adjudicate at no less than AWP – 12.0% through BrivoRx.
- Brand and Generic Specialty Drugs (including limited distribution Specialty Drugs), dispensed at retail or at a BrivoRx pharmacy will be included in the Specialty aggregated discount guarantee.
- Any financial guarantees under the Contract apply only for each contract year in which the State has received services from Contractor for the contract year (i.e., each 12-month period following the effective date).

OptumRx reserves the right to modify or amend the financial provisions of this document upon prior notice with supporting documentation to Client in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make OptumRx's performance of its duties hereunder materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Client's service selection; (c) a reduction of greater than ten percent in the total number of members from the number provided to OptumRx during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic or over-the-counter substitutes available; or (e) implementation or addition of 100 percent Member paid plans.

## Standard Services Included at no additional charge

### Claims Processing Services

- Eligibility management
- Eligibility verification
- On-line electronic claims processing/administration
- Data retention – 15 months
- Operational On-line Data – 12 months
- Accumulator for deductibles and maximums data – batch method
- Real-Time Audit System – filters 100 percent of claims before payment
- Extended Benefits Program
- Lower Cost Alternatives

### Termination Services and File Transfer

- Up to 12 files included in standard format, \$1,500 per additional file thereafter

### Broad Pharmacy Network Services

- Administration of the Broad Pharmacy Network



- Pharmacy Help Desk – available 24 hours a day, seven days a week
- Pharmaceutical Manufacturer Rebate Services
- OptumRx Standard formularies
- Clinical Services
- Administrative Prior Authorization, Step Therapy, Quantity Limits
  - Clinical Prior Authorizations
  - Drug recall reporting
  - Concurrent Drug Utilization Review (DUR)
  - Administration of OptumRx formularies
  - Administration of OptumRx standard utilization management program

#### Benefit Plan Administration

##### Member Services

- Toll-free Member Services Help Desk available 24 hours a day, seven days a week
- Member website
- Home Delivery Pharmacy

##### Client Services

- Account management
- Implementation support
- Standard reporting package

##### Member Communications

- Welcome booklet with ID cards (two per family) Postage, shipping & handling is not included

##### Online Client Access to Member Eligibility

- Verifying, entering, or updating member eligibility
- Viewing member claims history

##### Online Client Website Access

- Member website for access to general and plan-specific information
- Account setup and training for up to two users
- \$400 per additional license each year
- Website access through optumrx.com
  - Pharmacy locator, refill Home Delivery Pharmacy, claims history
  - Health, wellness and disease education

##### Home Delivery and Specialty Pharmacy

- Standard postage included
- Member directed express shipments may incur additional charge

### Clinical Program Fees as Applicable

#### Prior Authorization Appeals

- |   |                      |
|---|----------------------|
| • First level internal clinical appeal        | \$100 per appeal     |
| • First level internal administrative appeal  | \$75 per appeal      |
| • Second level internal clinical appeal       | \$325 per appeal     |
| • Second level internal administrative appeal | \$244 per appeal     |
| • External clinical appeal                    | Cost plus 20 percent |
| • External administrative appeal              | Cost plus 20 percent |

Hospital Transition Program	\$150 per intervention
-----------------------------	------------------------

Clinical Analytics Services	Quoted upon request
-----------------------------	---------------------

Custom Formulary and Utilization Management	Quoted upon request
---	---------------------

Pharmacy & Therapeutics (P&T) Support Services	Quoted upon request
--	---------------------

Custom Publication Support Services	Quoted upon request
-------------------------------------	---------------------



### Additional Fees as Applicable

Direct Member Reimbursement (DMR)	\$2.50 per processed paper claim plus the Administrative Fee
Ad-hoc Reporting	\$150 per hour, with a minimum of \$500
Manual Eligibility Maintenance	\$0.50 per record
ID cards - Subsequent mailings, replacements, or additional	\$2 per ID card plus postage, shipping and handling
Explanation of Benefits (EOB)	\$2 per EOB plus postage, shipping & handling
Custom Mailings	Production plus postage, shipping and handling
Web Reporting Tool (On-line Access/Query)	Included for up to seven users; \$150 per month for each additional user
Standard Reporting Tool (On-line Access / Reports)	Included for up to seven users; \$250 per month for each additional user
Integrated Accumulator - Near Real Time Method	\$0.15 PMPM

This is not an inclusive list. OptumRx may charge for any products or services not specifically represented herein.

<b>Enrollment / Finance Functions</b>	<b>Included in EGWP Fee</b>
<b>Standard Client Reporting</b>	<b>Included in EGWP Fee</b>
<b>Explanation of Benefits (EOB)</b>	
CMS compliant document monthly Print & Mail (Explanation of Benefits - up to 4 pages / 8 images)	<b>Included in EGWP Fee</b>
Spanish translated EOB, per Eligible Participant's request	
Client variable information (plan logo, hours of operation, customer service information)	
Programming changes as required for CMS requirements.	
Data management and processing	
Application to enter formulary change information and message to appear on EOBs	
Viewer tool for OptumRx call center	
Document retention on-line for 18 months and 10 year archiving	
<b>Transition Member Services</b>	
Eligible Participant and Physician letter - Postage Included	<b>Included in EGWP Fee</b>
Daily Transmission Claims Data file	<b>Included in EGWP Fee</b>
Programming changes as required for CMS requirements	<b>Included in EGWP Fee</b>
Data management and processing	<b>Included in EGWP Fee</b>
Daily transition file(s), critical error if applicable	<b>Included in EGWP Fee</b>
Eligible Participant or customer inquiry support	<b>Included in EGWP Fee</b>
<b>PDE Management</b>	
CMS Attestations	<b>Included in EGWP Fee</b>
PDE Creation	<b>Included in EGWP Fee</b>
Error oversight, trend analysis, and prevention	<b>Included in EGWP Fee</b>
Error resolution support and best practices	<b>Included in EGWP Fee</b>
PDE reprocessing as required	<b>Included in EGWP Fee</b>
CMS report distribution (i.e. P2P, Accum)	<b>Included in EGWP Fee</b>
Programming as needed for CMS required changes	<b>Included in EGWP Fee</b>





Reports (i.e. summary, statistics, pre-edit errors)	Included in EGWP Fee
Report Catalog of CMS generated files	Included in EGWP Fee
<b>Clinical Programs</b>	
CDUR & Level 1 (THERDOSE)	Included in EGWP Fee
Level 3 RetroDUR	Included in EGWP Fee
APAP Refill Monitoring Program	Included in EGWP Fee
Overutilization Monitoring System	Included in EGWP Fee
RetroDUR - Medicare Focus	Included in EGWP Fee
MTM	Included in EGWP Fee
Medicare Fraud, Waste, and Abuse Program	Included in EGWP Fee
Medication Error Identification and Reduction (MEIR) system	Included in EGWP Fee
E-Prescribing Services	Included in EGWP Fee
Grievances: (pharmacy benefit related grievance)	Included in EGWP Fee
Re-determination of coverage (second level appeals) -- Medical or Administrative	Included in EGWP Fee
OptumRx Base Formulary	Included in EGWP Fee
<b>Print Fulfillment (as applicable)</b>	
Welcome Kits (includes ID cards)	Standard Package included in EGWP fee.
Annual Notice of Change (ANOC) - One per year; 5-6 pages. Postage included	Standard Package included in EGWP fee
Payment distribution to Eligible Participants and LTC's for adjustments that identified previous overpayments of the Eligible Participant cost share / Drug Refund Checks	Included in EGWP Fee
Medicare Secondary Payer Letters/Survey	Included in EGWP Fee
Disenrollment Letters	Included in EGWP Fee
Return Mail Charge	Included in EGWP Fee
<b>Add-On Medicare Part D Services:</b>	
Specialized support for Medicare Post-enrollment Calls (Benefits, eligibility, EOB review, letters, claim resolution)	Included in EGWP Fee
Website with standard design: Access for Eligible Participants and Physicians.	Included in EGWP Fee
PBP And Plan Changes	Included in EGWP Fee
Batch processing of client-caused/initiated adjustments (includes analysis and preparation of data files for processing, adjustment of TrOOP/Drug Spend balances and creation of overpayment and underpayment reports as appropriate)	Included in EGWP Fee
Coordination of Benefits with SPAP's or other mandated programs	Included in EGWP Fee
DMR Coverage letter (paper claim)	Included in EGWP Fee

### Generic Dispense Rate Guarantee

	Retail	Mail Order
Year 1	84.75%	82.00%
Year 2	85.00%	82.25%
Year 3	85.25%	82.50%
Year 4	85.50%	82.75%



Generic Dispense Rate (GDR) means, for any full contract year, the number of Generic Drug prescriptions (including OTC prescriptions) divided by the total number of all prescriptions for such contract year (excluding any Specialty Drugs filled in any channel). To be eligible for the GDR Guarantee, the Client must: (a) maintain an average copayment differential between Tier 1 and Tier 2 of \$15 or more within each Plan Design; (b) adopt OptumRx's formulary; (c) implement "Dispense as Written" penalties for DAW 2 claims for the majority of Members; and (d) implement all OptumRx recommended clinical programs (for example, prior authorization, step therapy). The penalty for a missed GDR Guarantee will be calculated by taking the total number of prescriptions multiplied by the percentage the GDR was missed by multiplied by the difference between the average cost for a brand drug and the average cost for a generic drug during the measurement period. Penalties will be calculated within 90 days of the close of the full contract year.

- Brand cost is defined as: (Brand Drug ingredient cost + Brand Drug dispensing fee - Brand Drug copay - Brand Drug Rebate)
- Generic cost is defined as: Generic Drug ingredient cost + Generic Drug dispensing fee - Generic Drug copay - Generic Drug Rebate, if applicable)

## Credits and Allowances

Implementation Allowance	Contractor shall provide Client with a one-time implementation credit of up to \$4.00 per net new Member to cover expenses associated with the transition of services to OptumRx. This credit may be used by the Client to offset legitimate, necessary and commercially reasonable expenses that are related to the Client's transition from its previous pharmacy benefit manager to OptumRx. Client shall be responsible for all other transition expenses in excess of the implementation credit herein provided to Client. Eligible expenses shall include any printing or postage related to special communications required for the transition, customized ID cards, customized programming or, upon mutual agreement third-party transitional consulting expenses. The implementation allowance must be utilized within the first twelve months after the Effective Date. Client will be required to submit documentation to support the expenses it may seek reimbursement for. The parties acknowledge that the implementation credit provided by OptumRx for implementation services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full implementation allowance. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this implementation credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a – 7b(b)(3)(A).
--------------------------	---



---

Pharmacy  
Management  
Allowance

Client shall receive a Pharmacy Management Allowance (PMA) credit of up to \$4.00 per Member in years two through four, which must be utilized within the applicable year and will not carry over to the following year. This PMA credit is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees, and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. The parties acknowledge that the credit provided by OptumRx for such services represent fair market value. If Client terminates this Agreement in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA credit applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA credit shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A).

---



## STATE OF MICHIGAN

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

### EXHIBIT D Service Level Agreements

Contractor must ensure that the SLAs are measurable using the Contractor's standard management information systems. Contractor must also provide process documentation detailing out the Contractor's internal processes used to gather and measure the data used to verify the Contractor's performance. This process documentation must be provided to the Plan Sponsor no later than the end of the first quarter of the Contract period and anytime thereafter when a change is made to the process.

Every SLA must have a report provided that has been approved by the Plan Sponsor to verify the SLA has been met; SLAs without a corresponding report will be deemed unmet and subject to the penalty. Samples of reports that will be used for SLA compliance are required in advance for Plan Sponsor's prior approval. Please provide these reports as part of your response. The Plan Sponsor reserves the right to independently verify the Contractor's assessment of its performance, either by State employee or third party review. Disagreements regarding SLAs will be subject to Standard Contract Terms – 47. Dispute Resolution.

Quarterly SLA reports are due 45 Days after the end of each calendar quarter. Annual SLA reports are due 90 days after the close of the plan year. Any metric that is reported must be accompanied by supporting documentation within 75 Days after the end of each calendar quarter.

Unless stated otherwise, any missed measurement period will result in the stated prorated amount of the stated penalty being assessed. For instance, if an SLA is measured monthly and reported/assessed quarterly and one month is missed, one third of the quarterly penalty will be assessed.

The following SLAs are related to ongoing Services and will apply throughout the duration of the Contract, including any optional renewal periods (if exercised). SLAs are for all Services provided under this Contract for the Plan Sponsor and are divided into seven categories: 1) EGWP, 2) Commercial, 3) Mail Order Pharmacy, 4) Specialty Pharmacy, 5) Combined EGWP and Commercial, 6) Specialty Clinical and 7) Implementation Guarantees. No individual SLA will be assessed more than one penalty for the month, quarter, or year in which performance was assessed.

Plan Sponsor has the right to reallocate the total amount at risk among the various individual guarantees annually. Reallocation cannot increase the annual value of any one component by more than 10% of the original value. Reallocation will not increase the overall aggregate value of the penalties. Any such reallocation must be received by Contractor at least 10 business days prior to the applicable calendar year, otherwise attempted reallocations will be of no effect.

For SLA purposes, the Non-EGWP group is defined as the active and pre-65 populations. The SLA reporting needs to be separate for the Non-EGWP group (actives versus pre-65). The penalty factor for any missed SLA for this group, will be the total amount noted for the active and pre-65 population.

#### 1. Non-EGWP and EGWP Service Level Agreements.

##### SLA 1 - Eligibility Uploads Guarantee



100.00% of all - records, provided by Plan Sponsor and that pass Contractor's validation edits must be uploaded within one Business Day of receipt. The SLA report must show weekly activity defined as the number of records uploaded within the above timeframe.

Any records that do not pass the Contractor's validation test must be reported to the Plan Sponsor within two Business Days after the file has been uploaded in the format specified by the Plan Sponsor. The SLA report must show weekly activity defined as the number of records not accepted and the timeframe for presenting the Plan Sponsor defined discrepancy reports.

The Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$10,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$15,000.00 quarterly.

**SLA 2 – Membership Cards**

**Guarantee**

Membership Cards for all new Contract Holders must be mailed within seven Days of Contractor loading eligibility record. Performance must be substantiated by documentation providing proof of eligibility record receipt date and mailing date.

Membership Cards must have an accuracy rate of 100.00%. Accuracy must be measured by sampling no less than 25.00% of ID card production to ensure 100.00% accuracy of information.

The Contractor must measure monthly and report its performance on this SLA on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 3 – Average Speed of Answer**

**Guarantee**

Contractor must maintain an average speed of answer (ASA) of 30 seconds for 100.00% of calls. The ASA standard must be applied to the speed at which the initial call is answered by a Customer Service Representative (CSR). Should the caller need to be transferred to another level CSR, the time associated with that transfer must not be included in the ASA calculation.

Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis. The SLA is reconciled based on quarterly results.

**Penalty Non-EGWP:**



The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 4 – Response Time to Written Inquiries**

**Guarantee**

The Contractor must respond to 95.00% or more of written inquiries (i.e. emails, faxes, and letters) within five Business Days of receipt and 98.00% of all Member inquiries must be resolved within 10 Business Days and 100.00% of written inquiries must be resolved within 60 Days. Written inquiries must include those forwarded to the Contractor by the Plan Sponsor.

Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$3,500.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**SLA 5 – Point-of-Sale (POS) Claims Payment Accuracy - Retail**

**Guarantee**

The Contractor must process and pay 100.00% of POS claims accurately.

Contractor must measure its performance on this SLA monthly and report on an annual basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$20,000.00 annually.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$20,000.00 annually.

**SLA 6 – Point-of-Sale Pharmacy Network - Desk Audits**

**Guarantee**

The Contractor must perform desk audits on the top 10.00% of participating pharmacies by Claim volume (with a minimum of 600 claims per year) at the end of each quarter.

Contractor must measure its performance on this SLA quarterly and report on an annual basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$50,000.00 annually.

**Penalty EGWP:**



The penalty for failure to meet this SLA is \$75,000.00 annually.

**SLA 7– Point-of-Sale Pharmacy Network - On-site Audits**

**Guarantee**

Contractor must perform on-site audits on the top 3.00% of network participating pharmacies (Contractor National Network) by Claim volume with more a minimum of than 200 hundred (200 claims per year) through on-site compliance audits

Contractor must measure its performance on this SLA quarterly and report on an annual basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$50,000.00 annually.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$75,000.00 annually.

**SLA 8 – Timeliness of Data Transmission to Plan Sponsor’s Medical Contractor (s) for Out of Pocket Accumulation.**

**Guarantee**

Contractor must deliver real time files to the Plan Sponsor’s medical carrier(s) for integration of out-of-pocket accumulators in an agreed upon format.

Contractor must measure its performance on this SLA on a monthly basis and report on a quarterly basis.

**Penalty Non-EGWP**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 9 – Timeliness of Rebates.**

**Guarantee**

All Rebate payments must be made to the Plan Sponsor within 30 Days of the Contractor’s receipt of the Rebates from the manufacturer, wholesaler, or other source and the subsequent allocation in Contractor’s system, but no later than 180 days after the close of the quarter. All Rebate minimum guarantee payments must be made to Plan Sponsor within 90 days at the close of the quarter.

The Contractor must provide 100% of all manufacturer revenue, whereas the Contractor must remit to Plan Sponsor 100.00% of all such revenues or the minimum guaranteed values, whichever is greater, for Covered Products.

The Contractor must measure its performance on this SLA monthly and provide a quarterly Rebate report as described in Exhibit A, Section 4.2A.

**Penalty Non-EGWP:**



The penalty for failure to meet this reporting requirement of the SLA is \$150,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

**Penalty EGWP:**

The penalty for failure to meet this reporting requirement of the SLA is \$225,000.00 annually and Full Recovery of unpaid rebates plus 100.00% for the timely annual true-up payment.

**SLA 10 – Member Satisfaction Survey  
Guarantee**

One random sample Member satisfaction survey must be completed annually at no additional cost.

The survey must be completed within each Plan Year for the Plan Year. The survey instrument must be presented to the Plan Sponsor for approval of questions and scoring methodology 90 days prior to deployment. Plan Sponsor has the authority to request changes and customization to the survey and scoring methodology. The respondent pool must be statistically valid based on the Plan Sponsor's total population (randomly generated sample size sufficient to produce a 95.00% confidence interval with a margin of error of not greater than +/-5.00%). Survey results must be available to the Plan Sponsor by Quarter four within the Plan Year unless a different date is agreed upon.

Contractor must achieve a score greater than 3.00 on a 5.00 point scale (other scoring scales may be used as long as they are equivalent) from 85.00% of the responders.

Contractor must measure its performance on this SLA quarterly and report on an annual basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$150,000.00 annually.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$200,000.00 annually.

**SLA 11 – Prior Authorizations (PA)  
Guarantee**

The Contractor must provide a final determination of all requests for PA within 72 hours upon receiving all information required for review. If completed information for making a final determination is not received on the initial PA request, the physician's office will be contacted within 48 business hours to request the missing information in order to close out the PA.

Contractor must measure monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$3,500.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.





**2. Mail Order Pharmacy Service Level Agreements.**

**SLA 1 – Routine Claims Processing Time – Mail Order Guarantee**

The Contractor must dispense and ship 97.50% of routine prescriptions (those prescriptions not requiring intervention) within and average of two Business Days of receipt of the order at the Mail Service Pharmacy.

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 2 – All Claims Processing Time – Mail Order Guarantee**

The Contractor must dispense and ship 99.00% of all prescriptions requiring intervention within an average of five Business Days of receipt of the order at the Mail Service

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 3 – All Claims Dispensing Accuracy – Mail Order Guarantee**

Contractor’s mail order pharmacy must meet a Dispensing Accuracy Rate of 99.99%. “Dispensing Accuracy Rate” means (i) the number of all mail order pharmacy prescriptions dispensed by Contractor’s Mail Service pharmacy less the number of those prescriptions dispensed by Contractor’s Mail Service pharmacy which are reported to Contractor’s Mail Service pharmacy and verified by Contractor’s Mail Service pharmacy as having been dispensed with the incorrect drug, strength, patient, form, or directions, divided by (ii) the number of all mail order pharmacy prescriptions dispensed by Contractor’s Mail Service pharmacy. The SLA is measured on book of business results

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.



**3. Specialty Pharmacy Service Level Agreements.**

**SLA 1 – Routine Claims Processing Time - Specialty Guarantee**

The Contractor must dispense and ship 98.00% of prescriptions (those prescriptions not requiring intervention) by the member requested "needs by" date.

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 2 – All Claims Processing Time - Specialty Guarantee**

The contractor must dispense and ship 100.00% of all prescriptions (including those that require intervention) by the member requested "needs by" date.

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**SLA 3 – All Claims Dispensing Accuracy - Specialty Guarantee**

Contractor's Specialty Pharmacy guarantees 99.95% accuracy in prescription dispensing including correct patient, correct medication, correct strength, correct dosage, and correct sig.

Contractor must measure its performance on this SLA monthly and report on a quarterly basis.

**Penalty Non-EGWP:**

The penalty for failure to meet this SLA is \$5,000.00 quarterly.

**Penalty EGWP:**

The penalty for failure to meet this SLA is \$7,500.00 quarterly.

**4. Combined EGWP and Non-EGWP Service Level Agreements**



**SLA 1 – Account Management Satisfaction Survey**

**Guarantee**

Plan Sponsor’s satisfaction with Contractor performance must be rated an average of 4.00 or above on a scale of 1.00 to 5.00. The Contractor will be measured using the agreed upon annual survey to assess the Contractor’s Performance within the following categories:

- Senior Account Manager Performance
- Communications
- Data Reporting
- Clinical Management
- Customer Service
- Administrative Support

The Contractor’s total Performance score will be determined by weighting equally the overall satisfaction scores of each of the six categories.

Contractor must measure its performance on this SLA quarterly and report on an annual basis.

**Penalty**

The penalty for failure to meet this SLA is \$45,833.33 per category annually for an overall score less than 4.00.

**SLA 2 – Point-of-Sale Downtime**

**Guarantee**

Contractor’s POS system must be available 99.90% of the time with the exception of pre-established scheduled downtimes. Metric is based on book of business results

Contractor must measure quarterly and report its performance on this SLA on a monthly basis.

**Penalty**

The penalty for failure to meet this SLA is \$275,000.00 annually.

**SLA 3 – Network POS**

**Guarantee**

The Contractor must provide one or more Participating Pharmacies located within a convenient distance of 100.00% of Member residences, provided there is a pharmacy available using the following parameters:

- Two mile distance for urban areas – 99.90%
- Five mile distance for suburban areas – 99.90%
- Fifteen mile distance for rural areas – 98.30%

Contractor must measure quarterly and report its performance on this SLA on an annual basis.

**Penalty**

The penalty for failure to meet this SLA is \$275,000.00 annually.



**SLA 4 – Member Access to Pharmacist in Call Center**

**Guarantee**

The Contractor must ensure that 100% of callers requesting to speak to a pharmacist are connected within an average of 60 seconds of making the request.

Contractor must measure quarterly and report its performance on this SLA on a monthly basis. The SLA is reconciled based on quarterly results.

**Penalty**

The penalty for failure to meet this SLA is \$275,000.00 annually.

**SLA 5 – Paper Claim Processing Time**

**Guarantee**

Non-EGWP: Contractor guarantees 95.00% of all retail paper claims will be processed within seven business days and 100% will be processed within 15 business days. Measured from the date of receipt to the date the claim is processed in the system.

EGWP: Contractor guarantees all retail paper claims will be processed within 14 calendar days.

Contractor must measure quarterly and report its performance on this SLA on a monthly basis.

**Penalty**

The penalty for failure to meet this SLA is \$50,000.00 annually.

**SLA 6 – Timely Production of Management Reports**

**Guarantee**

Contractor must provide monthly and quarterly mutually agreed upon reports within 20 days of the end of the month and quarter, and annual reports within 45 days of the Plan year end with the exception of the CMS Subsidy Projection Report which will be provided at a mutually agreed upon date.

Contractor must measure quarterly and report its performance on this SLA on an annual basis.

**Penalty**

The penalty for failure to meet this SLA is \$75,000.00 annually.

**SLA 7 – First Call Resolution**

**Guarantee**

Contractor must resolve 92.00% of calls during the first call. Members following up on the same issue within seven calendar days cannot be considered resolved. SLA is measured on book of business results

Contractor must measure quarterly and report its performance on this SLA on a monthly basis. SLA is reconciled based on quarterly results.

**Penalty**



The penalty for failure to meet this SLA is \$75,000.00 annually.

## **Implementation Guarantees**

### **SLA 1 – Implementation Project Plan, Timeliness and Accuracy Guarantee**

Contractor must provide to Plan Sponsor, for review and approval, an initial project plan which highlights tasks and interdependencies, critical dates, as well as roles and responsibilities (“Project Plan”) one week prior to the implementation planning meeting. After initial baseline, the Project Plan will be updated as needed with Contractor, providing Project Plan updates, which reflect any changes or updates, to Plan Sponsor for review and approval. Plan Sponsor will select five specific tasks listed on the Project Plan, after the establishment of the initial base line Project Plan, to be met on time as documented within the Project Plan and with 100.00% accuracy. Should Contractor fail to meet the critical dates outlined in the Project Plan and/or 100.00% accuracy of each item and as selected by the Plan Sponsor for penalty.

#### **Penalty**

The penalty for failure to meet this SLA with 100.00% accuracy is \$250,000.00.

### **SLA 2 – Implementation Project Plan Rating Guarantee**

Plan Sponsor may assess a penalty of 50.00% of the total one-time implementation fees at risk, if, within 45 days after the Effective Date, Plan Sponsor’s benefit / implementation staff, who are active members of the implementation team, do not rate PBM’s implementation performance an average of 3 or better on a scale of 1 to 5 (5 being the best).

#### **Penalty**

The penalty for failure to meet this SLA is \$500,000.00.



**STATE OF MICHIGAN**

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

**EXHIBIT E  
Business Associate Agreement**

**HIPAA BUSINESS ASSOCIATE ADDENDUM**

The parties to this Business Associate Addendum (Addendum) are the State of Michigan, acting by and through the Department of Technology Management and Budget, on behalf of the Civil Service Commission (State) and OptumRx, Inc. (Contractor). This Addendum supplements and is made a part of the existing contract(s) or agreement(s) between the parties including the following Contract: 071B7700009 (Contract).

For purposes of this Addendum, the State is (check one):

- Covered Entity (CE)
- Business Associate (Associate) and the Contractor

is (check one):

- Covered Entity (CE)
- Business Associate (Associate)

**RECITALS**

- A. Under the terms of the Contract, CE wishes to disclose certain information to Associate, some of which may constitute Protected Health Information. In consideration of the receipt of such information, Associate agrees to protect the privacy and security of the information as set forth in this Addendum.
- B. CE and Associate intend to protect the privacy and provide for the security of Protected Health Information disclosed to Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and regulations promulgated by the U.S. Department of Health and Human Services (HIPAA Rules) and other applicable laws, as amended.
- C. The HIPAA Rules require CE to enter into an agreement containing specific requirements with Associate before CE may disclose Protected Health Information to Associate.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

- 1. Definitions.



- a. Except as otherwise defined herein, capitalized terms in this Addendum have the same meaning as those terms under HIPAA and the HIPAA Rules.
- b. “Agent” has the same meaning given to the term under the federal common law of agency.
- c. “Agreement” means the Contract and this Addendum, as read together.
- d. “Breach” means the acquisition, access, Use or Disclosure of Protected Health Information in a manner not permitted under the Privacy Rule that compromises the security or privacy of such information, as defined in 45 CFR § 164.402.
- e. “Contract” means the underlying written agreement or purchase order between the parties for the goods or services to which this Addendum is added. Contract also includes all amendments and addendums to the original contract, both effective before and effective after the date of this Addendum.
- f. “Designated Record Set” has the same meaning as the term under 45 CFR §164.501.
- g. “Disclosure” has the same meaning as the term under 45 CFR §160.103.
- h. “Electronic Protected Health Information” or “Electronic PHI” has the same meaning as the term under 45 CFR §160.103, limited to the information created, received, maintained or transmitted by Associate on behalf of CE.
- i. “HIPAA Rules” means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- j. “HITECH Act” means The Health Information Technology for Economic and Clinical Health Act, part of the American Recovery and Reinvestment Act of 2009, specifically Division A: Title XIII Subtitle D—Privacy, and its corresponding regulations as enacted under the authority of the Act.
- k. “Individual” has the same meaning as the term under 45 CFR §160.103 and includes a person who qualifies as a personal representative in accordance with 45 CFR §165.502(g).
- l. “Privacy Rule” means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- m. “Protected Health Information,” “Protected Information,” or “PHI” has the meaning given to the term under the Privacy Rule, 45 CFR §160.103.



- n. "Security Incident" means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of Protected Health Information or interference with system operations in an information system.
- o. "Security Rule" means the Standards for Security of Electronic Protected Health Information at 45 CFR parts §160 and §164, Subparts A and C.
- p. "Subcontractor" means a person or entity that creates, receives, maintains, or transmits Protected Health Information on behalf of Associate and who is now considered a Business Associate, as the latter term is defined in 45 CFR §160.103.
- q. "Unsecured Protected Health Information" or "Unsecured PHI" means Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by DHHS as defined in the Breach Rule, 45 CFR § 164.402.
- r. "Use" has the same meaning as the term under 45 CFR §164.103.

2. Obligations and Activities of Associate.

a. Permitted Uses and Disclosures. Associate may Use and Disclose Protected Health Information only as necessary to perform services owed CE under the Contract and meet its obligations under this Addendum, provided that such Use or Disclosure would not violate Subpart E of 45 CFR 164. All other Uses or Disclosures by Associate not authorized by this Addendum, or by specific written instruction of CE, are prohibited. Except as otherwise limited by this Addendum, Associate may Use and Disclose Protected Health Information as follows:

- i. Associate may Use Protected Health Information for the proper management and administration of the Associate or to carry out the legal responsibilities of the Associate.
- ii. Associate may Disclose Protected Health Information for the proper management and administration of the Associate, provided that

3

Disclosures are Required by Law; or Associate obtains reasonable assurances from the person to whom the information is Disclosed that it will remain confidential and Used, or further Disclosed, only as Required by Law, or for the purpose for which it was Disclosed to the person, and the person notifies the Associate of any instances of which it is aware that the confidentiality of the information has been breached.





- iii. Except as otherwise limited in this Agreement, Associate may Use Protected Health Information to provide Data Aggregation services to CE for the Health Care Operations of CE, as permitted by 45 CFR §164.504(e)(2)(i)(B). Associate agrees that said services shall not be provided in a manner that would result in Disclosure of Protected Health Information in a manner inconsistent with the HIPAA Rules. Further, Associate agrees that any such wrongful Disclosure of Protected Health Information may constitute a Breach and, after performing the required risk analysis under the HIPAA Rules, shall be reported to CE in accordance with this Addendum.
- iv. Associate may Use Protected Health Information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR §164.502(j)(1).

b. Appropriate Safeguards. Associate must implement and maintain appropriate administrative, physical, and technical safeguards, and comply with Subpart C of 45 CFR 164 regarding Electronic PHI, to prevent the Use or Disclosure of Protected Health Information other than as provided in this Addendum. These safeguards shall comport with HIPAA Rules and include at minimum:

- i. Achieving and maintaining compliance with the HIPAA Security Rule, as necessary in conducting operations on behalf of CE under this Addendum.
- ii. Maintaining a comprehensive written information privacy and security program that reasonably and appropriately protects the confidentiality, integrity, and availability of Protected Health Information.

c. Security Incidents. Associate must notify and report to CE in the manner described herein any Security Incident, whether actual or suspected, and any Use or Disclosure of Protected Information in violation of this Addendum of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR §164.410, and any Security Incident of which it becomes aware, and take the following actions:

- i. Notice to CE. Associate must notify CE, via e-mail and telephone, within three (3) business days of the discovery of any Use or Disclosure of Protected Health Information in violation of this Addendum, or any Security Incident of which it becomes aware. Associate must follow its notification to CE with a report that meets the requirements outlined immediately below.
- ii. Investigate; Report to CE. Associate must promptly investigate any Security Incident. Within ten (10) business days of the discovery, Associate must submit a preliminary report to CE identifying, to the extent known at the time, any information relevant to ascertaining the nature and scope of the Security Incident. Within fifteen (15) business days of the discovery of the



Security Incident and unless otherwise directed by CE in writing, Associate must provide a complete report of the investigation to CE. Such report shall identify, to the extent possible: (a) each Individual whose Protected Health Information has been, or is reasonably believed by Associate to have been accessed, acquired, Used or Disclosed; (b) the type of Protected Health Information accessed, acquired, Used or Disclosed (e.g., name, social security number, date of birth) and whether such information was Unsecured; (c) who made the access, acquisition, Use , or Disclosure; and (d) an assessment of all known factors relevant to a determination of whether a Breach occurred under applicable provisions of the HIPAA Rules or any other applicable federal or state regulations. If Associate determines that a Breach of Unsecured PHI did occur, the report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain any improper Use or Disclosure. If CE requests information in addition to that listed in the report, Associate shall make reasonable efforts to provide CE with such information. Associate agrees that CE reserves the right to review and recommend changes to any corrective action plan and make a final determination as to whether a Breach of PHI occurred and whether any notifications may be required under applicable state or federal regulations, including specifically 45 CFR §§164.404-408. In the event of a Breach of Unsecured PHI, as determined by CE, Associate agrees, consistent with 45 CFR §164.404(c), to provide CE with information and documentation in its control necessary to meet the requirements of said sections, and in a manner and format to be reasonably specified by CE.

- iii. Mitigation. Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a Security Incident or a Use or Disclosure of Protected Health Information in violation of the requirements of this Addendum. Associate must take: (a) prompt corrective action to cure any such violation and (b) any other action pertaining to such unauthorized Use or Disclosure required by applicable federal and state laws and regulations.

d. Responsibility for Notifications. If the cause of a Breach of Protected Health Information is attributable to Associate or its Agents or Subcontractors, Associate is responsible for all required reporting and notification(s) of the Breach, as specified in and in accordance with 45 CFR §§164.404-408. CE's authorized representative shall provide input on the time, manner, and content of any such notification. In the event of such Breach, and without limiting Associate's obligations of indemnification as further described in this Addendum, Associate must indemnify, defend, and hold harmless CE for any and all claims or losses, including reasonable attorneys' fees, costs, and expenses incidental thereto, which may be suffered by, accrued against, charged to, or recoverable from CE in connection with the occurrence.

e. Associate's Agents and Subcontractors. If Associate uses one or more Subcontractors or Agents to provide services under the Agreement, and such Agents or Subcontractors receive or have access



to Protected Health Information, each Subcontractor or Agent must sign an agreement with Associate containing substantially the same provisions as this Addendum and in conformance with 45 CFR §164.504(e)(2), and to assume toward Associate all of the obligations and responsibilities that the Associate, by this Addendum, assumes toward CE. Associate agrees to provide said Agents or Subcontractors Protected Health Information in accordance with the HIPAA Rules and other applicable federal and state law and must: (i) implement and maintain sanctions against Subcontractors and Agents that violate such restrictions and conditions; and (ii) mitigate, to the extent practicable, the effects of any such violation.

f. Access to Protected Health Information. Associate agrees to make Protected Health Information regarding an Individual maintained by Associate or its Agents or Subcontractors in a Designated Record Set available to CE or to such Individual for inspection and copying in order to meet CE's obligations under 45 CFR §164.524. Associate must permit such access within ten (10) days of a request. An Individual's request for access must be submitted on standard request forms available from Associate. If CE receives a request for access, CE, in addition to addressing the request on its behalf, will forward the request in writing to Associate in a timely manner. If Associate or its Agents or Subcontractors maintain Electronic Health Records for CE, then Associate must provide, where applicable, electronic access to the Electronic Health Records.

g. Amendment of Protected Health Information. Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set as directed by CE pursuant to 45 CFR §164.526, or take other measures as necessary to satisfy CE's obligations under 45 CFR §164.526. If an Individual requests an amendment of Protected Health Information directly from Associate or its Agents or Subcontractors, Associate must notify CE in writing within ten (10) days of the request, and then, in that case, only CE may either grant or deny the request.

h. Accounting Rights. Associate agrees to maintain, and within ten (10) days of a request from CE or an Individual for an accounting of Disclosures of Protected Health Information, make available the information in accordance with 45 CFR §164.528. An Individual's request for an accounting of disclosures must be submitted on standard request forms available from Associate. If CE receives a request for an accounting, CE, in addition to addressing the request on its own behalf, will forward the request in writing to Associate in a timely manner.

i. Access to Records and Internal Practices. Unless otherwise protected or prohibited from discovery or Disclosure by law, Associate must make its internal practices, books, and records, including policies and procedures (collectively "Compliance Information"), relating to the Use or Disclosure of PHI and the protection of same, available to the Secretary of DHHS (hereinafter, "Secretary") for purposes of the Secretary determining CE's compliance with the HIPAA Rules. Associate shall have a reasonable time within which to comply with requests for such access, consistent with this Addendum. In no case shall access be required in less than five (5) business days after Associate's receipt of such request, unless otherwise designated by the Secretary.

j. Minimum Necessary. Associate (and its Agents or Subcontractors) shall only request, Use and Disclose the minimum amount of Protected Health Information necessary to accomplish the purpose of the request, Use or Disclosure, in accordance with the Minimum Necessary requirements of the Privacy Rule, including, but not limited to 45 CFR §§ 164.502(b) and 164.514(d).



k. Compliance.

- i. To the extent that Associate carries out one or more of CE's obligations under the HIPAA Rules, Associate must comply with all requirements that would be applicable to CE.
- ii. CE shall consult with Associate before CE agrees to an Individual's request to restrict the Use or Disclosure of the Individual's PHI that may affect Associate. Associate will respond to all requests submitted directly by Individuals to restrict the Use or Disclosure of their PHI. CE will promptly notify Associate in writing of any request for restriction on the Use or Disclosure of PHI. Any restriction requests must be submitted on Associate's request forms.

l. Retention of Protected Health Information. Notwithstanding Section 5(d) of this Addendum, Associate and its Subcontractors or Agents shall retain all Protected Health Information throughout the term of the Contract and shall continue to maintain the information required under Section 2(h) of this Addendum for a period of six (6) years from the date of creation or the date when it last was in effect, whichever is later, or as Required by Law. This obligation shall survive the termination of the Contract.

m. Destruction of Protected Health Information. Associate must implement policies and procedures for the final disposition of Protected Health Information, including Electronic PHI, and/or the hardware and equipment on which it is stored, including but not limited to, removal before re-Use, in accordance with the Security Rule, and other applicable laws relating to the final disposition of PHI.

n. Audits, Inspection, and Enforcement. Within ten (10) days of a written request by CE, Associate and its Agents or Subcontractors must allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the Use or Disclosure of Protected Health Information pursuant to this Addendum for the purpose of determining whether Associate has complied with this Addendum; provided, however, that: (i) Associate and CE shall mutually agree in advance upon the scope, timing and location of such an inspection; (ii) CE shall protect the confidentiality of all confidential and proprietary information of Associate to which CE has access during the course of such inspection; and (iii) CE or Associate shall execute a nondisclosure agreement, if requested by Associate or CE. The fact that CE inspects, or fails to inspect, or has the right to inspect, Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Associate of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under this Addendum. If Associate is the subject of an audit, compliance review, or complaint investigation by DHHS that is related to the performance of its obligations pursuant to this Addendum, Associate must notify CE and provide CE with a copy of any Protected Health Information that Associate provides to DHHS concurrently with providing such information to DHHS. Associate is responsible for all civil penalties assessed due to an audit or investigation of Associate by DHHS.

o. Audit Findings. Associate must implement any appropriate Safeguards, as identified by CE in an audit conducted under paragraph 2(o).



p. Safeguards During Transmission. Associate must utilize safeguards that reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of Protected Health Information transmitted to CE pursuant to this Addendum, in accordance with the standards and requirements of the HIPAA Rules and other applicable federal or state regulations, until such Protected Health Information is received by CE, and in accordance with any specifications set forth in Attachment A.

q. Due Diligence. Associate must exercise due diligence and take reasonable steps to ensure that it remains in compliance with this Addendum and is in compliance with applicable provisions of HIPAA, the HIPAA Rules, and other applicable laws or regulations pertaining to PHI, and that its Agents, Subcontractors and vendors are in compliance with their obligations as required by this Addendum.

r. Sanctions and/or Penalties. Associate understands that a failure to comply with the provisions of HIPAA, the HIPAA Rules or any other state or federal regulation that is applicable to Associate may result in the imposition of sanctions and/or penalties on Associate under HIPAA, the HIPAA Rules, or any other applicable laws or regulations pertaining to PHI.

s. Loss of Data. In the event of a Breach of Protected Health Information, Associate must, at CE's sole discretion, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the Protected Health Information for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than twenty-four (24) months following the date of notification to such individuals. Associate must also reimburse the State for the cost of any audit of Associate's handling and remediation of the Breach. This section shall survive termination of the Agreement.

### 3. Obligations of CE.

a. Safeguards During Transmission. CE must utilize safeguards that reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of Protected Health Information transmitted to Associate pursuant to this Addendum, in accordance with the standards and requirements of the HIPAA Rules and other applicable federal or state regulations, until such Protected Health Information is received by Associate, and in accordance with any specifications set forth in Attachment A.

b. Notice of Limitations and Changes. CE must notify Associate of any limitation(s) in its notice of privacy practices in accordance with 45 CFR §164.520, or any restriction to the Use or Disclosure of PHI that CE has agreed to in accordance with 45 CFR §164.522, to the extent that such limitation may affect Associate's Use or Disclosure of PHI. CE must also notify Associate of any changes in, or revocation of, permission by Individual to Use or Disclose PHI of which it becomes aware, to the extent that such changes may affect Associate's Use or Disclosure of PHI.

4. Term. This Addendum shall continue in effect as to each Contract to which it applies until such Contract is terminated or is replaced with a new contract between the parties containing provisions



meeting the requirements of the HIPAA Rules, whichever first occurs. However, certain obligations will continue as specified in this Addendum.

5. Termination.

a. Material Breach. Except as otherwise provided in the Contract, a breach by Associate of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Agreement and provide grounds for CE to terminate the Agreement for cause, subject to section 5(b):

- i. Default. If Associate refuses or fails to timely perform any of the provisions of this Addendum, CE may notify Associate in writing of the non-performance, and if not corrected within thirty (30) days, CE may immediately terminate the Agreement. Associate agrees to continue performance of the Agreement to the extent it is not terminated.
- ii. Duties. Notwithstanding termination of the Agreement, and subject to any reasonable directions from the CE, Associate agrees to take timely, reasonable and necessary action to protect and preserve property in the possession of the Associate in which CE has an interest.
- iii. Erroneous Termination for Default. If after such termination it is determined, for any reason, that Associate was not in default, or that Associate's action/inaction was excusable, such termination shall be treated as a termination for convenience, and the rights and obligations of the parties shall be the same as if the Contract had been terminated for convenience, as described in this Addendum or in the Contract.

b. Reasonable Steps to Cure Breach. If CE knows of a pattern of activity or practice of Associate that constitutes a material breach or violation of the Associate's obligations under the provisions of this Addendum or another arrangement and does not terminate the Agreement pursuant to Section 5(a), then CE shall take reasonable steps to cure such breach or end such violation, as applicable. If CE's efforts to cure such breach or end such violation are unsuccessful, CE may terminate the Agreement.

c. Reserved.

d. Effect of Termination.

- i. At the direction of CE, and except as provided in section 5(d)(ii), upon termination of the Agreement for any reason, Associate must return or destroy all Protected Health Information that Associate or its Agents or Subcontractors still maintain in any form, and shall retain no copies of such information. If CE directs Associate to destroy the Protected Health Information, Associate must certify in writing to CE that such information has been destroyed. If CE directs associate to return such information, Associate must do so promptly in any format reasonably specified by CE.



- ii. If Associate believes that returning or destroying the Protected Health Information is not feasible, including but not limited to, a finding that record retention requirements provided by law make return or destruction infeasible, Associate must promptly provide CE written notice of the conditions making return or destruction infeasible. Upon mutual agreement of CE and Associate that return or destruction of Protected Health Information is infeasible, Associate must continue to extend the protections of this Addendum to such information, and must limit further Use of such Protected Health Information to those purposes that make the return or destruction of such Protected Health Information infeasible.

6. Reserved.

7. No Waiver of Immunity. No term or condition of this Addendum shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of applicable laws, including the Michigan Governmental Immunity Act, MCL 691.1401, *et seq.*, the Court of Claims Act, MCL 600.6401, *et seq.*, the Federal Tort Claims Act, 28 U.S.C. 2671, *et seq.*, or the common law, as applicable, as now in effect or hereafter amended.

8. Reserved.

9. Disclaimer. CE makes no warranty or representation that compliance by Associate with this Addendum, HIPAA, the HIPAA Rules, or other applicable laws pertaining to Protected Health Information will be adequate or satisfactory for Associate's own purposes. Associate is solely responsible for all decisions made by Associate regarding the safeguarding of Protected Health Information.

10. Reserved.

11. Amendment.

a. Amendment to Comply with Law. The parties agree to take such action as is necessary to amend this Addendum from time to time as may be necessary for CE and Associate to comply with and implement the standards and requirements of HIPAA, the HIPAA Rules, and other applicable laws relating to the security or privacy of PHI. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HIPAA Rules or other applicable laws. Either party may terminate the Agreement upon thirty (30) days written notice if (i) the other does not promptly enter into negotiations to amend this Agreement when requested by the requesting party under this Section or (ii) the non-requesting party does not enter into an amendment to this Agreement when requested providing assurances regarding the safeguarding of PHI that the requesting party, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA, the HIPAA Rules, and other applicable laws.

b. Amendment of Attachment A. Attachment A may be modified or amended by mutual agreement of the parties in writing from time to time without formal amendment of this Addendum.



12. Assistance in Litigation or Administrative Proceedings. Associate must make itself, and any Subcontractors, employees or Agents assisting it in the performance of its obligations under this Addendum available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against a party, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA, the HIPAA Rules, or other laws relating to security and privacy of Protected Health Information, except where the other party or its Subcontractor, employee or Agent is a named adverse party.
13. No Third Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
14. Effect on Contract. Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect. This Addendum is incorporated into the Contract as if set forth in full therein. The parties expressly acknowledge and agree that sufficient mutual consideration exists to make this Addendum legally binding in accordance with its terms. Associate and CE expressly waives any claim or defense that this Addendum is not part of the Agreement between the parties under the Contract.
15. Interpretation and Order of Precedence. This Addendum is incorporated into and becomes part of each Contract identified herein. Together, this Addendum and each separate Contract constitute the Agreement of the parties with respect to their Business Associate relationship under HIPAA and the HIPAA Rules. The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA Rules, and applicable state laws. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HIPAA Rules, and applicable state laws. This Addendum supersedes and replaces any previous separately executed HIPAA addendum between the parties. In the event of any conflict between the mandatory provisions of the HIPAA Rules and the provisions of this Addendum, the HIPAA Rules shall control. Where the provisions of this Addendum differ from those mandated by the HIPAA Rules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Addendum shall control.
16. Effective Date. This Addendum is effective upon receipt of the last approval necessary and the affixing of the last signature required.
17. Survival of Certain Contract Terms. Notwithstanding anything herein to the contrary, Associate's obligations under Section 5(d) (Effect of Termination) and record retention laws and Section 13 (No Third Party Beneficiaries) shall survive termination of this Agreement and shall be enforceable by CE as provided herein in the event of such failure to perform or comply by the Associate.
18. Representatives and Notice.
- a. Representatives. For the purpose of this Addendum, the individuals identified in the Contract shall be the representatives of the respective parties. If no representatives are identified in the Contract,





the individuals listed below are hereby designated as the parties' respective representatives for purposes of this Addendum. Either party may from time to time designate in writing new or substitute representatives.

b. Notices. Except as otherwise provided in this Addendum, all required notices shall be in writing and shall be hand delivered or given by certified or registered mail to the representatives at the addresses set forth below.

Covered Entity Representative:


Name:  
 Title:  
 Department and Division: \_\_\_\_\_ Address:

Business Associate Representative:

Title: Privacy Office  
 Address: 1600 McConnor Parkway, Schaumburg, IL 60173-6801

Any notice given to a party under this Addendum shall be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third (3<sup>rd</sup>) business day after being sent by certified or registered mail.

IN WITNESS WHEREOF, the parties hereto have duly executed this Addendum as of the Addendum Effective Date.

Business Associate	Covered Entity
OptumRx, Inc. By:  <small>8C1364412BE24D3...</small>	[INSERT NAME] By:
Print Name: Jeff Grosklags	Print Name:
Title: CFO	Title:



## ATTACHMENT A

This Attachment sets forth additional terms to the HIPAA Business Associate Addendum dated \_\_\_\_\_, between \_\_\_\_\_ and \_\_\_\_\_ (Addendum) and is effective as of \_\_\_\_\_ (the Attachment Effective Date). This Attachment applies to the specific contracts listed below covered by the Addendum. This Attachment may be amended from time to time as provided in Section 11(b) of the Addendum.

1. Specific Contract Covered. This Attachment applies to the following specific contract covered by the Addendum:
  
2. Additional Permitted Uses. In addition to those purposes set forth in Section 2(a) of the Addendum, Associate may Use Protected Health Information as follows:
  
3. Additional Permitted Disclosures. In addition to those purposes set forth in Section 2(b) of the Addendum, Associate may Disclose Protected Health Information as follows:
  
4. Subcontractor(s). The parties acknowledge that the following subcontractors or agents of Associate shall receive Protected Health Information in the course of assisting Associate in the performance of its obligations under the Contract and the Addendum:
  
5. Receipt. Associate's receipt of Protected Health Information pursuant to the Contract and Addendum shall be deemed to occur as follows, and Associate's obligations under the Addendum shall commence with respect to such Protected Health Information upon such receipt:
  
6. Additional Restrictions on Use of Data. CE is a Business Associate of certain other Covered Entities and, pursuant to such obligations of CE, Associate shall comply with the following restrictions on the Use and Disclosure of Protected Health Information:

Print Name:	Print Name:
Title:	Title:
Date:	Date:

6. Additional Terms. *[This section may include specifications for disclosure format, method of transmission, use of an intermediary, use of digital signatures or PKI, authentication, additional security of privacy specifications, de-identification or re-identification of data and other additional terms.]*



## STATE OF MICHIGAN

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

### EXHIBIT F Definitions

**Administration Fee** means the agreed upon amount that will be paid to the Contractor by the Plan Sponsor for administration of the pharmacy benefit Plan.

**Average Wholesale Price (AWP)** means the “average wholesale price” for the actual package size of the legend drug dispensed as set forth in the most current pricing list in Medi-Span’s Prescription Pricing Guide (with supplements). Contractor must use a single nationally recognized reporting service of pharmaceutical prices for Plan Sponsor and such source will be mutually agreed upon by Contractor and Plan Sponsor. Contractor must use the manufacturer’s full actual 11-digit National Drug Code (NDC) to determine AWP for the actual package size on the date the drug is dispensed for all legend drugs dispensed through retail pharmacies, mail service pharmacies and specialty pharmacies. Repackaging which has the effect of inflating AWP is explicitly prohibited. “Price shopping”, meaning the Contractor’s use of multiple AWP reporting services in order to select the most advantageous AWP price as a means to inflate discount calculations, is prohibited.

**Brand Name Drug** means a legend drug with a proprietary name assigned to it by the manufacturer and distributor and so indicated by Medispan© (or mutually agreed upon nationally recognized publication if unavailable). Brand Drugs include Single-Source Brand Drugs and Multi-Source Brand Drugs.

**Business Associate** means a person assisting a Covered Entity in connection with its payment, treatment or health care operations, as more fully defined in 45 CFR §160.103.

**Business Day** (whether capitalized or not) means any day other than a Saturday, Sunday, or State-recognized legal holiday from 8:00am EST through 5:00pm EST unless otherwise stated.

**Coinsurance** means that portion of the charge for Covered Services, calculated as a percentage of the allowed charge, which is to be paid by Members pursuant to the Plan Sponsor's Plan Guidelines (or for certain Participating Pharmacies, if less, the U&C of the Covered Products).

**Commercial Wrap** means the self-insured, commercial wrap-around coverage for members supplemented by the Employer Group Waiver Program.

**Contract Holder** means an active employee, retiree, pension beneficiary or COBRA participant who satisfies all of the Eligibility criteria necessary to receive prescription drug coverage through the Plan Sponsor.

**Contractor** means a third party administrator of prescription pharmaceutical programs that has been assigned a Business Identification Number (BIN) by The National Council for Prescription Pharmaceutical Programs, Inc. (NCPDP).

**Copayment** means a fixed dollar portion of the allowed charge for Covered Products which must be paid by Members pursuant to the Plan Sponsor's Plan Guidelines (or for certain Participating Pharmacies, if less, the U&C of the Covered Products).

**Covered Entity** means a health plan, a health care clearinghouse, or a health care Provider who transmits any



health information in electronic form in connection with a HIPAA transaction. See Part II, 45 CFR 160.103.

**Covered Products** means the prescription pharmaceuticals, ancillary devices, and supplies covered under the Plan Sponsor's Plan Guidelines.

**CSC** means the Michigan Civil Service Commission.

**Days** mean calendar days unless otherwise specified.

**Deliverable** means physical goods and/or services required or identified in a Statement of Work.

**Dependent** means an individual who satisfies, the eligibility criteria necessary to receive pharmacy benefits under the Plan Sponsor's Plan and is identified by the Plan Sponsor to the Contractor.

**Direct Member Reimbursement (DMR)** means a request for reimbursement of one or more Covered Products and/or Services submitted for payment by a Member.

**Dispensing Fee** means an amount paid to a pharmacy for providing professional services necessary to dispense a Covered Product to a Member.

**Disruption Analysis** means a review of where Members are obtaining their prescriptions under the current program, followed by a review to determine if any of them will no longer have the same access under the new Contract. It also includes the identification of any Members so affected, along with proposed remediation.

**Generic Drug or Generic Pharmaceutical** means a prescription drug, whether identified by its chemical, proprietary or non-proprietary name, that is therapeutically equivalent and interchangeable with a prescription drug having an identical amount of the same active ingredient(s) and approved by the Federal Drug Administration (FDA). For purposes of this agreement, the Generic Drug determination is made based upon indicators included in the pricing source a legend drug that is identified by its chemical, proprietary, or non-proprietary name that is accepted by the U.S. Food and Drug Administration as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient. Generic Drugs include all products involved in patent litigation, Single-Source Generic Drugs, Multi-Source Generic Drugs, House Generics, and Generic drugs that may only be available in a limited supply.

**HIPAA** means the Health Insurance Portability and Accountability Act of 1996.

**House Generic** means those Brand Drugs submitted with Dispense as Written (DAW) 5 code in place of their generic equivalent(s) and for which, therefore, pharmacies are reimbursed at Generic Drug rates, including MAC, as applicable, for these drugs (e.g., Amoxil v. amoxicillin).

**Incident** means any interruption in any function performed for the benefit of the Plan Sponsor.

**Maximum Allowable Costs (MAC)** means and refers to the maximum allowable cost of a prescription drug as specified on a list established by OptumRx. OptumRx may have multiple MAC lists, each of which is subject to OptumRx's periodic review and modification in its sole discretion.



**Member** means an eligible individual legitimately enrolled in a Benefit Plan. “Eligible Members” mean those individuals who are entitled to Covered Services..

**New Work** means any Services/Deliverables outside the scope of the Contract and not specifically provided under any Statement of Work, such that once added will result in the need to provide the Contractor with additional consideration. “New Work” does not include Additional Service.

**Out of Pocket Maximum (OOPM)** – means Copayments and coinsurance (i.e. expenses for which the plan is not responsible) that the Member is required to pay for covered prescription drugs. Penalties (i.e. dispense as written) must not be applied to the OOPM.

**Pass-Through Pricing** means that the Contractor must pass-through to the Plan Sponsor all financial benefits (including, but not limited to: 100% pass-through of all Rebates, discounts, and associated fees and revenue streams) obtained from all pharmacies, pharmaceutical manufacturers, wholesalers, and other sources. Additionally, the Contractor must not charge the Plan Sponsor more than the amount paid to the Participating Pharmacy (without markup). The only fee or revenue the Contractor may derive under this Contract is the agreed upon Administrative Fee.

**Net Paid Brand** means a paid claim, for a Brand Name Drug, that has not been rejected, denied, voided, or reversed.

**Plan** means the Plan Sponsor’s program which provides prescription drug coverage to Members.

**Plan Sponsor** means the public entity, CSC, which provides for funded prescription care coverage for a defined group of Members.

**Prior Authorization (PA)** means an advance verification or confirmation that certain criteria required by the Plan Sponsor are satisfied for specific Covered Products before processing the Claim for Covered Products.

**Protected Health Information (PHI)** means individually identifiable health information related to the past, present, or future physical or mental health or condition of a Member; the provision of health care to a Member; or the past, present or future payment for the provision of health care to a Member, as more fully defined in 45 CFR §164.501 or otherwise considered confidential under federal or state law.

**Rebate(s)** mean any discount, price concession or other direct or indirect remuneration Administrator receives under a Rebate Agreement that is contingent upon and related directly to Member use of a prescription drug during the Term. Rebate includes base rebates, price protection, and manufacturer administration fees. Rebate does not include any discount, price concession or other direct or indirect remuneration Administrator receives for direct purchases of a prescription drug or for providing any products or services to pharmaceutical manufacturers.

**Services** means any function performed for the Plan Sponsor as required in the Statement of Work.

**Single Source** means a legend drug manufactured by one labeler.

**Specialty Drugs** means Covered Products and biologicals used in the treatment of complex clinical conditions such as cancer, HIV/AIDS, organ transplant, Gaucher’s disease and hemophilia. These agents require special



handling and/or close supervision or clinical management. Plan Sponsor must approve any Covered Products on the Contractor's specialty list.

**State** means State of Michigan.

**State Location** means any physical location where the Plan Sponsor performs work. State Location may include State-owned, leased, or rented space.

**Subcontractor** means a company selected by the Contractor who is chosen to perform a portion of the Services, but does not include independent contractors engaged by Contractor solely in a staff augmentation role.

**Third Party Administrator (TPA)** means an entity who processes Claims pursuant to a service contract and who may also provide one or more other administrative services pursuant to a service contract, other than under a worker's compensation self-insurance program pursuant to section 611 of the Worker's Disability Compensation Act of 1969, 1969 PA 317, MCL 418.611. Third Party Administrator does not include a carrier or employer sponsoring a plan.

**Transparency** means the full disclosure by the Contractor as to all of its sources of revenue that enables the Plan Sponsor (and its agents), to have complete and full access to all information necessary to determine and verify that the Contractor has met all terms of this Contract and satisfied all Pass-Through Pricing requirements.

**Usual and Customary Price (U&C)** means the retail price, including any minimum price, charged by a Non-Participating Pharmacy or a Participating Pharmacy for a Covered Product in a cash or uninsured transaction on the date the pharmaceutical is dispensed. It also includes non-funded prescription discount programs managed or promoted by the pharmacy.



## STATE OF MICHIGAN

Contract No. 071B7700009

Administration of Prescription Drug Services for the CSC Non-Medicare and Medicare-Eligible Members

### EXHIBIT G Specialty Drug List

Commercial – Exclusive Specialty BrivoRx Price List

NDC	DRUG NAME	THERAPY	Post AWP Discount
00703330104	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703331101	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703331104	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703332101	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703332104	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703332194	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703333301	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00703334301	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781316475	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781316575	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916475	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916575	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916671	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916695	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916771	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916795	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916871	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00781916895	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
25021045101	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
25021045201	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
25021045301	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
25021045405	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
25021045505	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390016010	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390016110	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390016210	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390016301	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390016401	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390037510	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390037610	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
55390037701	OCTREOTIDE ACETATE	ACROMEGALY	15.5%



62756009444	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756034844	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756034944	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756035040	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756035144	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756035240	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
62756065240	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323036501	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037601	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037701	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037805	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037905	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
64679063201	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
64679063302	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
64679063401	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
64679063502	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457023900	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457023901	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457024500	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457024501	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457024600	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
67457024601	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323036504	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037604	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
63323037704	OCTREOTIDE ACETATE	ACROMEGALY	15.5%
00078018001	SANDOSTATIN	ACROMEGALY	15.5%
00078018003	SANDOSTATIN	ACROMEGALY	15.5%
00078018061	SANDOSTATIN	ACROMEGALY	15.5%
00078018101	SANDOSTATIN	ACROMEGALY	15.5%
00078018103	SANDOSTATIN	ACROMEGALY	15.5%
00078018161	SANDOSTATIN	ACROMEGALY	15.5%
00078018201	SANDOSTATIN	ACROMEGALY	15.5%
00078018203	SANDOSTATIN	ACROMEGALY	15.5%
00078018261	SANDOSTATIN	ACROMEGALY	15.5%
00078018325	SANDOSTATIN	ACROMEGALY	15.5%
00078018425	SANDOSTATIN	ACROMEGALY	15.5%
00078018004	SANDOSTATIN INJ .05MG/ML	ACROMEGALY	15.5%
00078018104	SANDOSTATIN INJ 0.1MG/ML	ACROMEGALY	15.5%
00078018204	SANDOSTATIN INJ 0.5MG/ML	ACROMEGALY	15.5%
00078034061	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078034084	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078034161	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078034184	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%





00078034261	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078034284	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064661	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064681	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064761	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064781	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064861	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
00078064881	SANDOSTATIN LAR DEPOT	ACROMEGALY	15.5%
15054006001	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054009001	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054012001	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054012002	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054106003	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054109003	SOMATULINE DEPOT	ACROMEGALY	15.5%
15054112003	SOMATULINE DEPOT	ACROMEGALY	15.5%
00009519901	SOMAVERT	ACROMEGALY	15.5%
00009520001	SOMAVERT	ACROMEGALY	15.5%
00009520104	SOMAVERT	ACROMEGALY	15.5%
00009537604	SOMAVERT	ACROMEGALY	15.5%
63459030042	VIVITROL	ALCOHOL DEPENDENCY	15.5%
65757030001	VIVITROL	ALCOHOL DEPENDENCY	15.5%
50242004062	XOLAIR	ASTHMA	15.0%
50242013501	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
50242013601	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
50242013701	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
50242013801	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00469002103	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00469002104	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59627002103	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59627002104	AMEVIVE	AUTOIMMUNE INFLAMMATORY	15.5%



		DISORDERS	
50474070062	CIMZIA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
50474071079	CIMZIA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
50474071081	CIMZIA STARTER KIT	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00078063941	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	14.0%
00078063968	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	14.0%
00078063997	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	14.0%
00078063998	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	14.0%
54868478200	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
54868544400	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406042534	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406042541	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406043501	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406043504	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406045501	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406045504	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58406044501	ENBREL SURECLICK	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%



58406044504	ENBREL SURECLICK	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
64764030020	ENTYVIO	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00074379902	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074937402	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
54569552400	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
54868482200	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074634702	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074379903	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074379906	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074433902	HUMIRA PEN	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
58118994802	HUMIRA PEN	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074433906	HUMIRA PEN-CROHNS DISEASESTARTER	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
00074433907	HUMIRA PEN-PSORIASIS STARTER	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
55513017701	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
55513017707	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
55513017728	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
66658023401	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%



66658023407	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
66658023428	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00003218710	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00003218811	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00003218831	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59572063006	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59572063027	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59572063106	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
59572063255	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	14.0%
57894003001	REMICADE	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894007001	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894007002	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894007101	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894007102	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894035001	SIMPONI ARIA	AUTOIMMUNE INFLAMMATORY DISORDERS	14.6%
57894006002	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%



57894006003	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
57894006103	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	15.5%
00069100101	XELJANZ	AUTOIMMUNE INFLAMMATORY DISORDERS	16.0%
10122082004	BETHKIS	CYSTIC FIBROSIS	14.0%
10122082028	BETHKIS	CYSTIC FIBROSIS	14.0%
10122082056	BETHKIS	CYSTIC FIBROSIS	14.0%
51167020002	KALYDECO	CYSTIC FIBROSIS	15.5%
51167020001	KALYDECO	CYSTIC FIBROSIS	14.0%
51167030001	KALYDECO	Cystic Fibrosis	14.0%
51167040001	KALYDECO	Cystic Fibrosis	14.0%
24492085056	KITABIS PAK	CYSTIC FIBROSIS	14.0%
51167080901	ORKAMBI	CYSTIC FIBROSIS	12.0%
50242010039	PULMOZYME	CYSTIC FIBROSIS	15.5%
50242010040	PULMOZYME	CYSTIC FIBROSIS	15.5%
50242010037	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	15.5%
50242010038	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	15.5%
63430006501	TOBI	CYSTIC FIBROSIS	15.5%
53905006501	TOBI	CYSTIC FIBROSIS	15.5%
53905006504	TOBI	CYSTIC FIBROSIS	15.5%
00078049471	TOBI	CYSTIC FIBROSIS	15.5%
00078049461	TOBI	CYSTIC FIBROSIS	15.5%
00078063011	TOBI PODHALER	CYSTIC FIBROSIS	15.5%
00078063035	TOBI PODHALER	CYSTIC FIBROSIS	15.5%
00078063056	TOBI PODHALER	CYSTIC FIBROSIS	15.5%
00078063019	TOBI PODHALER	CYSTIC FIBROSIS	15.5%
00093408563	TOBRAMYCIN	CYSTIC FIBROSIS	15.5%
00781717156	TOBRAMYCIN	CYSTIC FIBROSIS	15.5%
17478034038	TOBRAMYCIN	CYSTIC FIBROSIS	15.5%
65162091446	TOBRAMYCIN	CYSTIC FIBROSIS	15.5%
59148002050	SAMSCA	ELECTROLYTE DISORDERS	15.5%
59148002150	SAMSCA	ELECTROLYTE DISORDERS	15.5%
58468007001	ALDURAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468106001	CEREDASE	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%



58468198301	CEREZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468466301	CEREZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
54092070001	ELAPRASE	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468004001	FABRAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468004101	FABRAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468016001	LUMIZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468016002	LUMIZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468015001	MYOZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
68135002001	NAGLAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	15.5%
58468022001	CERDELGA	ENZYME REPLACEMENT	15.5%
00013262681	GENOTROPIN	GROWTH HORMONE	16.0%
00013262694	GENOTROPIN	GROWTH HORMONE	16.0%
00013264681	GENOTROPIN	GROWTH HORMONE	16.0%
00013264694	GENOTROPIN	GROWTH HORMONE	16.0%
58016477101	GENOTROPIN	GROWTH HORMONE	16.0%
00013261681	GENOTROPIN INTRA-MIX	GROWTH HORMONE	16.0%
00013261694	GENOTROPIN INTRA-MIX	GROWTH HORMONE	16.0%
00013264902	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265002	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265102	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265202	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265302	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265402	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265502	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265602	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265702	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00013265802	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
54868560100	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
54868563400	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%



54868576000	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
54868591700	GENOTROPIN MINIQUICK	GROWTH HORMONE	16.0%
00002734901	HUMATROPE	GROWTH HORMONE	16.0%
00002808901	HUMATROPE	GROWTH HORMONE	16.0%
00002809001	HUMATROPE	GROWTH HORMONE	16.0%
00002809101	HUMATROPE	GROWTH HORMONE	16.0%
00002814701	HUMATROPE	GROWTH HORMONE	16.0%
00002814801	HUMATROPE	GROWTH HORMONE	16.0%
00002814901	HUMATROPE	GROWTH HORMONE	16.0%
00002733916	HUMATROPE INJ 5MG/ML	GROWTH HORMONE	16.0%
00002733501	HUMATROPE COMBO PACK	GROWTH HORMONE	16.0%
00002733511	HUMATROPE COMBO PACK	GROWTH HORMONE	16.0%
00002733516	HUMATROPE COMBO PACK	GROWTH HORMONE	16.0%
00169776811	NORDITROPIN CARTRIDGE	GROWTH HORMONE	16.0%
00169777011	NORDITROPIN CARTRIDGE	GROWTH HORMONE	16.0%
12280009215	NORDITROPIN CARTRIDGE	GROWTH HORMONE	16.0%
32849011156	NORDITROPIN CARTRIDGE	GROWTH HORMONE	16.0%
00169770421	NORDITROPIN FLEXPRO	GROWTH HORMONE	16.0%
00169770521	NORDITROPIN FLEXPRO	GROWTH HORMONE	16.0%
00169770821	NORDITROPIN FLEXPRO	GROWTH HORMONE	16.0%
00169770321	NORDITROPIN FLEXPRO	GROWTH HORMONE	16.0%
00169770311	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
00169770411	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
00169770511	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
00169770811	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
12280007215	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
54868614600	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	16.0%
50242001821	NUTROPIN	GROWTH HORMONE	16.0%
50242001902	NUTROPIN	GROWTH HORMONE	16.0%
50242001966	NUTROPIN	GROWTH HORMONE	16.0%
50242002020	NUTROPIN	GROWTH HORMONE	16.0%
50242002067	NUTROPIN	GROWTH HORMONE	16.0%
50242003249	NUTROPIN	GROWTH HORMONE	16.0%
50242003450	NUTROPIN	GROWTH HORMONE	16.0%
50242007202	NUTROPIN	GROWTH HORMONE	16.0%
50242007203	NUTROPIN	GROWTH HORMONE	16.0%
50242001820	NUTROPIN W/DILUENT BENZYL ALCOHOL	GROWTH HORMONE	16.0%
50242002219	NUTROPIN AQ	GROWTH HORMONE	16.0%
50242002220	NUTROPIN AQ	GROWTH HORMONE	16.0%
50242002308	NUTROPIN AQ	GROWTH HORMONE	16.0%
50242002608	NUTROPIN AQ	GROWTH HORMONE	16.0%
50242011411	NUTROPIN AQ	GROWTH HORMONE	16.0%



50242007401	NUTROPIN AQ NUSPIN 10	GROWTH HORMONE	16.0%
50242007601	NUTROPIN AQ NUSPIN 20	GROWTH HORMONE	16.0%
50242007501	NUTROPIN AQ NUSPIN 5	GROWTH HORMONE	16.0%
50242004314	NUTROPIN AQ PEN	GROWTH HORMONE	16.0%
50242007301	NUTROPIN AQ PEN	GROWTH HORMONE	16.0%
00781300107	OMNITROPE	GROWTH HORMONE	16.0%
00781300126	OMNITROPE	GROWTH HORMONE	16.0%
00781300144	OMNITROPE	GROWTH HORMONE	16.0%
00781300407	OMNITROPE	GROWTH HORMONE	16.0%
00781300426	OMNITROPE	GROWTH HORMONE	16.0%
00781300444	OMNITROPE	GROWTH HORMONE	16.0%
00781400436	OMNITROPE	GROWTH HORMONE	16.0%
00781401471	OMNITROPE	GROWTH HORMONE	16.0%
44087100502	SAIZEN	GROWTH HORMONE	16.0%
44087108801	SAIZEN	GROWTH HORMONE	16.0%
54569493000	SAIZEN	GROWTH HORMONE	16.0%
44087108001	SAIZEN CLICK.EASY	GROWTH HORMONE	16.0%
44087108002	SAIZEN CLICK.EASY	GROWTH HORMONE	16.0%
44087100601	SEROSTIM INJ 6MG	GROWTH HORMONE	16.0%
44087100605	SEROSTIM INJ 6MG	GROWTH HORMONE	16.0%
57844071319	TEV-TROPIN	GROWTH HORMONE	16.0%
57844071341	TEV-TROPIN	GROWTH HORMONE	16.0%
55566180101	ZOMACTON	GROWTH HORMONE	16.0%
55566190000	ZOMACTON	GROWTH HORMONE	16.0%
55566190101	ZOMACTON	GROWTH HORMONE	16.0%
44087000401	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087000407	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087000501	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087000507	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087000601	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087000607	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087008804	SEROSTIM	GROWTH HORMONE-OTHER	16.0%
44087338807	ZORBIVIVE	GROWTH HORMONE-OTHER	16.0%
54868542800	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
54868542900	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
54868586700	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000201	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%





55513000204	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000401	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000404	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000501	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000504	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513000601	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002101	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002104	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002501	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002504	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002701	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002704	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513002801	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513003201	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513005301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513005304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513005701	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513005704	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513011001	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513011101	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513009801	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513009804	ARANESP ALBUMIN FREE	HEMATOPOIETICS	15.5%
55513009001	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009101	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009201	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009301	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009401	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009501	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009601	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
55513009701	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	15.5%
54569313700	EPOGEN	HEMATOPOIETICS	15.5%
55513012601	EPOGEN	HEMATOPOIETICS	15.5%
55513012610	EPOGEN	HEMATOPOIETICS	15.5%



55513014401	EPOGEN	HEMATOPOIETICS	15.5%
55513014410	EPOGEN	HEMATOPOIETICS	15.5%
55513014801	EPOGEN	HEMATOPOIETICS	15.5%
55513014810	EPOGEN	HEMATOPOIETICS	15.5%
55513026701	EPOGEN	HEMATOPOIETICS	15.5%
55513026710	EPOGEN	HEMATOPOIETICS	15.5%
55513028301	EPOGEN	HEMATOPOIETICS	15.5%
55513028310	EPOGEN	HEMATOPOIETICS	15.5%
55513047801	EPOGEN	HEMATOPOIETICS	15.5%
55513047810	EPOGEN	HEMATOPOIETICS	15.5%
55513082301	EPOGEN	HEMATOPOIETICS	15.5%
55513082310	EPOGEN	HEMATOPOIETICS	15.5%
00024584305	LEUKINE	HEMATOPOIETICS	15.5%
50419000201	LEUKINE	HEMATOPOIETICS	15.5%
50419000233	LEUKINE	HEMATOPOIETICS	15.5%
50419005014	LEUKINE	HEMATOPOIETICS	15.5%
50419005030	LEUKINE	HEMATOPOIETICS	15.5%
50419059501	LEUKINE	HEMATOPOIETICS	15.5%
50419059505	LEUKINE	HEMATOPOIETICS	15.5%
54868318800	LEUKINE	HEMATOPOIETICS	15.5%
58406000201	LEUKINE	HEMATOPOIETICS	15.5%
58406000233	LEUKINE	HEMATOPOIETICS	15.5%
58468018001	LEUKINE	HEMATOPOIETICS	15.5%
58468018002	LEUKINE	HEMATOPOIETICS	15.5%
58468018101	LEUKINE	HEMATOPOIETICS	15.5%
58468018102	LEUKINE	HEMATOPOIETICS	15.5%
00702000201	LEUKINE INJ 250MCG	HEMATOPOIETICS	15.5%
00024586201	MOZOBIL	HEMATOPOIETICS	15.5%
58468014001	MOZOBIL	HEMATOPOIETICS	15.5%
54868522900	NEULASTA	HEMATOPOIETICS	15.5%
55513019001	NEULASTA	HEMATOPOIETICS	15.5%
55513019201	NEULASTA DELIVERY KIT	HEMATOPOIETICS	16.0%
54868556900	NEUMEGA	HEMATOPOIETICS	15.5%
58394000401	NEUMEGA	HEMATOPOIETICS	15.5%
58394000402	NEUMEGA	HEMATOPOIETICS	15.5%
58394000408	NEUMEGA	HEMATOPOIETICS	15.5%
58394010408	NEUMEGA	HEMATOPOIETICS	15.5%
54569482400	NEUPOGEN	HEMATOPOIETICS	15.5%
54868252200	NEUPOGEN	HEMATOPOIETICS	15.5%
54868252201	NEUPOGEN	HEMATOPOIETICS	15.5%
54868305000	NEUPOGEN	HEMATOPOIETICS	15.5%
54868502000	NEUPOGEN	HEMATOPOIETICS	15.5%
55513020901	NEUPOGEN	HEMATOPOIETICS	15.5%



55513020910	NEUPOGEN	HEMATOPOIETICS	15.5%
55513053001	NEUPOGEN	HEMATOPOIETICS	15.5%
55513053010	NEUPOGEN	HEMATOPOIETICS	15.5%
55513054601	NEUPOGEN	HEMATOPOIETICS	15.5%
55513054610	NEUPOGEN	HEMATOPOIETICS	15.5%
55513092401	NEUPOGEN	HEMATOPOIETICS	15.5%
55513092410	NEUPOGEN	HEMATOPOIETICS	15.5%
55513020991	NEUPOGEN	HEMATOPOIETICS	15.5%
55513092491	NEUPOGEN	HEMATOPOIETICS	15.5%
55513034701	NEUPOGEN INJ 300/ML	HEMATOPOIETICS	15.5%
55513034710	NEUPOGEN INJ 300/ML	HEMATOPOIETICS	15.5%
55513034801	NEUPOGEN INJ 480/1.6	HEMATOPOIETICS	15.5%
55513034810	NEUPOGEN INJ 480/1.6	HEMATOPOIETICS	15.5%
54868252300	PROCRIT	HEMATOPOIETICS	15.5%
54868252301	PROCRIT	HEMATOPOIETICS	15.5%
54868567300	PROCRIT	HEMATOPOIETICS	15.5%
54868567301	PROCRIT	HEMATOPOIETICS	15.5%
54868580200	PROCRIT	HEMATOPOIETICS	15.5%
59676030200	PROCRIT	HEMATOPOIETICS	15.5%
59676030201	PROCRIT	HEMATOPOIETICS	15.5%
59676030202	PROCRIT	HEMATOPOIETICS	15.5%
59676030300	PROCRIT	HEMATOPOIETICS	15.5%
59676030301	PROCRIT	HEMATOPOIETICS	15.5%
59676030302	PROCRIT	HEMATOPOIETICS	15.5%
59676030400	PROCRIT	HEMATOPOIETICS	15.5%
59676030401	PROCRIT	HEMATOPOIETICS	15.5%
59676030402	PROCRIT	HEMATOPOIETICS	15.5%
59676031000	PROCRIT	HEMATOPOIETICS	15.5%
59676031001	PROCRIT	HEMATOPOIETICS	15.5%
59676031002	PROCRIT	HEMATOPOIETICS	15.5%
59676031200	PROCRIT	HEMATOPOIETICS	15.5%
59676031201	PROCRIT	HEMATOPOIETICS	15.5%
59676031204	PROCRIT	HEMATOPOIETICS	15.5%
59676032000	PROCRIT	HEMATOPOIETICS	15.5%
59676032001	PROCRIT	HEMATOPOIETICS	15.5%
59676032004	PROCRIT	HEMATOPOIETICS	15.5%
59676034001	PROCRIT	HEMATOPOIETICS	15.5%
59676034000	PROCRIT	HEMATOPOIETICS	15.5%
00062031002	PROCRIT INJ 10000/ML	HEMATOPOIETICS	15.5%
00062740103	PROCRIT INJ 10000/ML	HEMATOPOIETICS	15.5%
00062740201	PROCRIT INJ 2000U/ML	HEMATOPOIETICS	15.5%
00062030302	PROCRIT INJ 3000U/ML	HEMATOPOIETICS	15.5%
00062740501	PROCRIT INJ 3000U/ML	HEMATOPOIETICS	15.5%



00062030402	PROCRIT INJ 4000U/ML	HEMATOPOIETICS	15.5%
00062740003	PROCRIT INJ 4000U/ML	HEMATOPOIETICS	15.5%
00039011301	PROKINE INJ 250MCG	HEMATOPOIETICS	15.5%
00944292102	ADVATE	HEMOPHILIA	35.0%
00944292202	ADVATE	HEMOPHILIA	35.0%
00944292302	ADVATE	HEMOPHILIA	35.0%
00944292402	ADVATE	HEMOPHILIA	35.0%
00944294001	ADVATE	HEMOPHILIA	35.0%
00944294002	ADVATE	HEMOPHILIA	35.0%
00944294003	ADVATE	HEMOPHILIA	35.0%
00944294004	ADVATE	HEMOPHILIA	35.0%
00944294010	ADVATE	HEMOPHILIA	35.0%
00944294110	ADVATE	HEMOPHILIA	35.0%
00944294210	ADVATE	HEMOPHILIA	35.0%
00944294310	ADVATE	HEMOPHILIA	35.0%
00944294410	ADVATE	HEMOPHILIA	35.0%
00944294510	ADVATE	HEMOPHILIA	35.0%
00944294610	ADVATE	HEMOPHILIA	35.0%
00944294810	ADVATE	HEMOPHILIA	35.0%
00944296010	ADVATE	HEMOPHILIA	35.0%
00944296110	ADVATE	HEMOPHILIA	35.0%
00944296210	ADVATE	HEMOPHILIA	35.0%
00944296310	ADVATE	HEMOPHILIA	35.0%
00944296410	ADVATE	HEMOPHILIA	35.0%
00944296510	ADVATE	HEMOPHILIA	35.0%
00944304510	ADVATE	HEMOPHILIA	35.0%
00944304610	ADVATE	HEMOPHILIA	35.0%
00944304710	ADVATE	HEMOPHILIA	35.0%
00944305102	ADVATE	HEMOPHILIA	35.0%
00944305202	ADVATE	HEMOPHILIA	35.0%
00944305302	ADVATE	HEMOPHILIA	35.0%
00944305402	ADVATE	HEMOPHILIA	35.0%
49669460001	ALPHANATE	HEMOPHILIA	15.5%
49669460002	ALPHANATE	HEMOPHILIA	15.5%
68516460001	ALPHANATE	HEMOPHILIA	15.5%
68516460002	ALPHANATE	HEMOPHILIA	15.5%
68516460101	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460201	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460302	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%



68516460402	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460501	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460601	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460702	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460802	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516460902	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
68516461002	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	15.5%
49669360002	ALPHANINE SD	HEMOPHILIA	15.5%
68516360002	ALPHANINE SD	HEMOPHILIA	15.5%
68516360004	ALPHANINE SD	HEMOPHILIA	15.5%
68516360005	ALPHANINE SD	HEMOPHILIA	15.5%
68516360006	ALPHANINE SD	HEMOPHILIA	15.5%
68516360102	ALPHANINE SD	HEMOPHILIA	15.5%
68516360202	ALPHANINE SD	HEMOPHILIA	15.5%
68516360302	ALPHANINE SD	HEMOPHILIA	15.5%
68516360402	ALPHANINE SD	HEMOPHILIA	15.5%
68516360502	ALPHANINE SD	HEMOPHILIA	15.5%
68516360602	ALPHANINE SD	HEMOPHILIA	15.5%
49669360001	ALPHANINE SD INJ 250IU	HEMOPHILIA	15.5%
59730605907	AUTOPLEX T	HEMOPHILIA	15.5%
00944065001	AUTOPLEX T INJ	HEMOPHILIA	15.5%
64193044502	BEBULIN	HEMOPHILIA	15.5%
54129024402	BEBULIN VH	HEMOPHILIA	15.5%
64193024402	BEBULIN VH	HEMOPHILIA	15.5%
58394000101	BENEFIX	HEMOPHILIA	15.5%
58394000105	BENEFIX	HEMOPHILIA	15.5%
58394000106	BENEFIX	HEMOPHILIA	15.5%
58394000201	BENEFIX	HEMOPHILIA	15.5%
58394000205	BENEFIX	HEMOPHILIA	15.5%
58394000206	BENEFIX	HEMOPHILIA	15.5%
58394000301	BENEFIX	HEMOPHILIA	15.5%
58394000305	BENEFIX	HEMOPHILIA	15.5%
58394000306	BENEFIX	HEMOPHILIA	15.5%
58394000802	BENEFIX	HEMOPHILIA	15.5%
58394000803	BENEFIX	HEMOPHILIA	15.5%
58394063303	BENEFIX	HEMOPHILIA	15.5%



58394063403	BENEFIX	HEMOPHILIA	15.5%
58394063503	BENEFIX	HEMOPHILIA	15.5%
58394063603	BENEFIX	HEMOPHILIA	15.5%
63833051802	CORIFACT	HEMOPHILIA	14.6%
64406080101	ELOCTATE	HEMOPHILIA	15.5%
64406080201	ELOCTATE	HEMOPHILIA	15.5%
64406080301	ELOCTATE	HEMOPHILIA	15.5%
64406080401	ELOCTATE	HEMOPHILIA	15.5%
64406080501	ELOCTATE	HEMOPHILIA	15.5%
64406080601	ELOCTATE	HEMOPHILIA	15.5%
64406080701	ELOCTATE	HEMOPHILIA	15.5%
64406048308	ELOCTATE	HEMOPHILIA	15.5%
64406048408	ELOCTATE	HEMOPHILIA	15.5%
64406048508	ELOCTATE	HEMOPHILIA	15.5%
64406048608	ELOCTATE	HEMOPHILIA	15.5%
64406048708	ELOCTATE	HEMOPHILIA	15.5%
64406048808	ELOCTATE	HEMOPHILIA	15.5%
64406048908	ELOCTATE	HEMOPHILIA	15.5%
64193022302	FEIBA NF	HEMOPHILIA	15.5%
64193022402	FEIBA NF	HEMOPHILIA	15.5%
64193022502	FEIBA NF	HEMOPHILIA	15.5%
64193042302	FEIBA NF	HEMOPHILIA	15.5%
64193042402	FEIBA NF	HEMOPHILIA	15.5%
64193042502	FEIBA NF	HEMOPHILIA	15.5%
54129022204	FEIBA VH IMMUNO	HEMOPHILIA	15.5%
64193022203	FEIBA VH IMMUNO	HEMOPHILIA	15.5%
64193022204	FEIBA VH IMMUNO	HEMOPHILIA	15.5%
64193022205	FEIBA VH IMMUNO	HEMOPHILIA	15.5%
00053812001	HELIXATE	HEMOPHILIA	15.5%
00053812002	HELIXATE	HEMOPHILIA	15.5%
00053812004	HELIXATE	HEMOPHILIA	15.5%
00053813001	HELIXATE FS	HEMOPHILIA	15.5%
00053813002	HELIXATE FS	HEMOPHILIA	15.5%
00053813004	HELIXATE FS	HEMOPHILIA	15.5%
00053813005	HELIXATE FS	HEMOPHILIA	15.5%
00053813102	HELIXATE FS	HEMOPHILIA	15.5%
00053813202	HELIXATE FS	HEMOPHILIA	15.5%
00053813302	HELIXATE FS	HEMOPHILIA	15.5%
00053813402	HELIXATE FS	HEMOPHILIA	15.5%
00053813502	HELIXATE FS	HEMOPHILIA	15.5%
00944293001	HEMOPHIL M	HEMOPHILIA	15.5%
00944293101	HEMOPHIL M	HEMOPHILIA	15.5%
00944293201	HEMOPHIL M	HEMOPHILIA	15.5%



00944293301	HEMOFIL M	HEMOPHILIA	15.5%
00944293501	HEMOFIL M	HEMOPHILIA	15.5%
00944293502	HEMOFIL M	HEMOPHILIA	15.5%
00944293503	HEMOFIL M	HEMOPHILIA	15.5%
00944293504	HEMOFIL M	HEMOPHILIA	15.5%
00944394002	HEMOFIL M	HEMOPHILIA	15.5%
00944394202	HEMOFIL M	HEMOPHILIA	15.5%
00944394602	HEMOFIL M	HEMOPHILIA	15.5%
00053765904	HT FACTOR HU INJ 1000IU	HEMOPHILIA	15.5%
00053766203	HT FACTOR HU INJ 1000IU	HEMOPHILIA	15.5%
00053766202	HT FACTOR II INJ 500IU HU	HEMOPHILIA	15.5%
00053761505	HUMATE-P	HEMOPHILIA	28.0%
00053761510	HUMATE-P	HEMOPHILIA	28.0%
00053761520	HUMATE-P	HEMOPHILIA	28.0%
00053762005	HUMATE-P	HEMOPHILIA	28.0%
00053762010	HUMATE-P	HEMOPHILIA	28.0%
00053762020	HUMATE-P	HEMOPHILIA	28.0%
63833061502	HUMATE-P	HEMOPHILIA	28.0%
63833061602	HUMATE-P	HEMOPHILIA	28.0%
63833061702	HUMATE-P	HEMOPHILIA	28.0%
00053760501	HUMATE-P HUMAN	HEMOPHILIA	28.0%
00053760502	HUMATE-P HUMAN	HEMOPHILIA	28.0%
00053760504	HUMATE-P HUMAN	HEMOPHILIA	28.0%
53270027005	IXINITY	HEMOPHILIA	16.0%
53270027105	IXINITY	HEMOPHILIA	16.0%
53270027106	IXINITY	HEMOPHILIA	16.0%
00026066520	KOATE-DVI	HEMOPHILIA	15.5%
00026066530	KOATE-DVI	HEMOPHILIA	15.5%
00026066550	KOATE-DVI	HEMOPHILIA	15.5%
13533066520	KOATE-DVI	HEMOPHILIA	15.5%
13533066530	KOATE-DVI	HEMOPHILIA	15.5%
13533066550	KOATE-DVI	HEMOPHILIA	15.5%
76125025020	KOATE-DVI	HEMOPHILIA	15.5%
76125050030	KOATE-DVI	HEMOPHILIA	15.5%
76125066730	KOATE-DVI	HEMOPHILIA	15.5%
76125066750	KOATE-DVI	HEMOPHILIA	15.5%
00026066420	KOATE-HP	HEMOPHILIA	15.5%
00026066430	KOATE-HP	HEMOPHILIA	15.5%
00026066450	KOATE-HP	HEMOPHILIA	15.5%
00161066420	KOATE-HP INJ 250IU HU	HEMOPHILIA	15.5%
00192066420	KOATE-HP INJ 250IU HU	HEMOPHILIA	15.5%
00161066430	KOATE-HP INJ 500IU HU	HEMOPHILIA	15.5%
00192066430	KOATE-HP INJ 500IU HU	HEMOPHILIA	15.5%



00161066450	KOATE-HP HU INJ 1000IU	HEMOPHILIA	15.5%
00192066450	KOATE-HP HU INJ 1000IU	HEMOPHILIA	15.5%
00161066020	KOATE-HS INJ 250IU HU	HEMOPHILIA	15.5%
00161066030	KOATE-HS INJ 500IU HU	HEMOPHILIA	15.5%
00161066050	KOATE-HS HU INJ 1000IU	HEMOPHILIA	15.5%
00161065520	KOATE-HT INJ 250IU HU	HEMOPHILIA	15.5%
00161065530	KOATE-HT INJ 500IU HU	HEMOPHILIA	15.5%
00161065550	KOATE-HT HU INJ 1000IU	HEMOPHILIA	15.5%
00026067020	KOGENATE	HEMOPHILIA	28.0%
00026067030	KOGENATE	HEMOPHILIA	28.0%
00026067050	KOGENATE	HEMOPHILIA	28.0%
00026037220	KOGENATE FS	HEMOPHILIA	28.0%
00026037230	KOGENATE FS	HEMOPHILIA	28.0%
00026037250	KOGENATE FS	HEMOPHILIA	28.0%
00026378220	KOGENATE FS	HEMOPHILIA	28.0%
00026378225	KOGENATE FS	HEMOPHILIA	28.0%
00026378330	KOGENATE FS	HEMOPHILIA	28.0%
00026378335	KOGENATE FS	HEMOPHILIA	28.0%
00026378550	KOGENATE FS	HEMOPHILIA	28.0%
00026378555	KOGENATE FS	HEMOPHILIA	28.0%
00026378660	KOGENATE FS	HEMOPHILIA	28.0%
00026378665	KOGENATE FS	HEMOPHILIA	28.0%
00026378770	KOGENATE FS	HEMOPHILIA	28.0%
00026378775	KOGENATE FS	HEMOPHILIA	28.0%
00026037920	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026037930	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026037950	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026379220	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026379330	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026379550	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026379660	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026379770	KOGENATE FS BIO-SET	HEMOPHILIA	28.0%
00026062650	KONYNE 80 W/ 40ML STERILE WATER	HEMOPHILIA	15.5%
00026062620	KONYNE 80 W/20ML STERILE WATER	HEMOPHILIA	15.5%
00161062650	KONYNE 80 INJ 1000U	HEMOPHILIA	15.5%
00192062650	KONYNE 80 INJ 1000U	HEMOPHILIA	15.5%
00161062620	KONYNE 80 INJ 500IU	HEMOPHILIA	15.5%
00192062620	KONYNE 80 INJ 500IU	HEMOPHILIA	15.5%
00161062520	KONYNE-HT INJ 500U	HEMOPHILIA	15.5%
00161062550	KONYNE-HT INJ 500U	HEMOPHILIA	15.5%
13143032154	MELATE	HEMOPHILIA	15.5%





13143032155	MELATE	HEMOPHILIA	15.5%
13143032156	MELATE	HEMOPHILIA	15.5%
00944130101	MONARC-M	HEMOPHILIA	15.5%
00944130110	MONARC-M	HEMOPHILIA	15.5%
00944130201	MONARC-M	HEMOPHILIA	15.5%
00944130210	MONARC-M	HEMOPHILIA	15.5%
00944130301	MONARC-M	HEMOPHILIA	15.5%
00944130310	MONARC-M	HEMOPHILIA	15.5%
00944130401	MONARC-M	HEMOPHILIA	15.5%
00944130410	MONARC-M	HEMOPHILIA	15.5%
52769046001	MONARC-M	HEMOPHILIA	15.5%
00053765802	MONOCLATE INJ 250AHFU	HEMOPHILIA	15.5%
00053765801	MONOCLATE INJ 500AHFU	HEMOPHILIA	15.5%
00053765804	MONOCLATE HU INJ 1000IU	HEMOPHILIA	15.5%
00053763302	MONOCLATE-P	HEMOPHILIA	15.5%
00053763402	MONOCLATE-P	HEMOPHILIA	15.5%
00053765601	MONOCLATE-P	HEMOPHILIA	15.5%
00053765602	MONOCLATE-P	HEMOPHILIA	15.5%
00053765604	MONOCLATE-P	HEMOPHILIA	15.5%
00053765605	MONOCLATE-P	HEMOPHILIA	15.5%
00053623302	MONONINE	HEMOPHILIA	15.5%
00053766801	MONONINE	HEMOPHILIA	15.5%
00053766802	MONONINE	HEMOPHILIA	15.5%
00053766804	MONONINE	HEMOPHILIA	15.5%
00169781501	NOVOEIGHT	HEMOPHILIA	16.0%
00169782001	NOVOEIGHT	HEMOPHILIA	16.0%
00169783001	NOVOEIGHT	HEMOPHILIA	16.0%
00169706001	NOVOSEVEN	HEMOPHILIA	15.5%
00169706101	NOVOSEVEN	HEMOPHILIA	15.5%
00169706201	NOVOSEVEN	HEMOPHILIA	15.5%
32849020138	NOVOSEVEN	HEMOPHILIA	15.5%
00169701001	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169702001	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169704001	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169705001	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169720101	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169720201	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169720501	NOVOSEVEN RT	HEMOPHILIA	15.5%
00169720801	NOVOSEVEN RT	HEMOPHILIA	15.5%
00944500101	OBIZUR	HEMOPHILIA	16.0%
00944500105	OBIZUR	HEMOPHILIA	16.0%
00944500110	OBIZUR	HEMOPHILIA	16.0%
49669420001	PROFILATE-HP INJ 250IU HU	HEMOPHILIA	15.5%



49669370002	PROFILNINE INJ 1000U	HEMOPHILIA	15.5%
49669370001	PROFILNINE INJ 500U	HEMOPHILIA	15.5%
49669320002	PROFILNINE SD	HEMOPHILIA	15.5%
49669320003	PROFILNINE SD	HEMOPHILIA	15.5%
68516320002	PROFILNINE SD	HEMOPHILIA	15.5%
68516320003	PROFILNINE SD	HEMOPHILIA	15.5%
68516320004	PROFILNINE SD	HEMOPHILIA	15.5%
68516320005	PROFILNINE SD	HEMOPHILIA	15.5%
68516320101	PROFILNINE SD	HEMOPHILIA	15.5%
68516320202	PROFILNINE SD	HEMOPHILIA	15.5%
68516320302	PROFILNINE SD	HEMOPHILIA	15.5%
68516320401	PROFILNINE SD	HEMOPHILIA	15.5%
68516320502	PROFILNINE SD	HEMOPHILIA	15.5%
68516320602	PROFILNINE SD	HEMOPHILIA	15.5%
00944058101	PROPLEX T FACTOR IX COMP FACTOR VII ACTIVITY UNITS 700-3900	HEMOPHILIA	15.5%
00944283110	RECOMBINATE	HEMOPHILIA	22.0%
00944283210	RECOMBINATE	HEMOPHILIA	22.0%
00944283310	RECOMBINATE	HEMOPHILIA	22.0%
00944283401	RECOMBINATE	HEMOPHILIA	22.0%
00944283410	RECOMBINATE	HEMOPHILIA	22.0%
00944283501	RECOMBINATE	HEMOPHILIA	22.0%
00944283510	RECOMBINATE	HEMOPHILIA	22.0%
00944284110	RECOMBINATE	HEMOPHILIA	22.0%
00944284210	RECOMBINATE	HEMOPHILIA	22.0%
00944284310	RECOMBINATE	HEMOPHILIA	22.0%
00944284410	RECOMBINATE	HEMOPHILIA	22.0%
00944284510	RECOMBINATE	HEMOPHILIA	22.0%
00944293801	RECOMBINATE	HEMOPHILIA	22.0%
00944293802	RECOMBINATE	HEMOPHILIA	22.0%
00944293803	RECOMBINATE	HEMOPHILIA	22.0%
58394000501	REFACTO	HEMOPHILIA	22.0%
58394000502	REFACTO	HEMOPHILIA	22.0%
58394000504	REFACTO	HEMOPHILIA	22.0%
58394000601	REFACTO	HEMOPHILIA	22.0%
58394000602	REFACTO	HEMOPHILIA	22.0%
58394000604	REFACTO	HEMOPHILIA	22.0%
58394000701	REFACTO	HEMOPHILIA	22.0%
58394000702	REFACTO	HEMOPHILIA	22.0%
58394000704	REFACTO	HEMOPHILIA	22.0%
58394001101	REFACTO	HEMOPHILIA	22.0%
58394001102	REFACTO	HEMOPHILIA	22.0%



58394001104	REFACTO	HEMOPHILIA	22.0%
63833089151	RIASTAP	HEMOPHILIA	16.0%
63833891501	RIASTAP	HEMOPHILIA	16.0%
63833891510	RIASTAP	HEMOPHILIA	16.0%
00944302602	RIXUBIS	HEMOPHILIA	14.6%
00944302802	RIXUBIS	HEMOPHILIA	14.6%
00944303002	RIXUBIS	HEMOPHILIA	14.6%
00944303202	RIXUBIS	HEMOPHILIA	14.6%
00053687100	STIMATE	HEMOPHILIA	16.0%
00053245300	STIMATE	HEMOPHILIA	16.0%
54868580500	STIMATE	HEMOPHILIA	16.0%
00169701301	TRETTEN	HEMOPHILIA	15.5%
67467018201	WILATE	HEMOPHILIA	15.5%
67467018202	WILATE	HEMOPHILIA	15.5%
58394001201	XYNTHA	HEMOPHILIA	15.5%
58394001202	XYNTHA	HEMOPHILIA	15.5%
58394001301	XYNTHA	HEMOPHILIA	15.5%
58394001302	XYNTHA	HEMOPHILIA	15.5%
58394001401	XYNTHA	HEMOPHILIA	15.5%
58394001402	XYNTHA	HEMOPHILIA	15.5%
58394001501	XYNTHA	HEMOPHILIA	15.5%
58394001502	XYNTHA	HEMOPHILIA	15.5%
58394001603	XYNTHA	HEMOPHILIA	15.5%
58394002403	XYNTHA	HEMOPHILIA	15.5%
58394002503	XYNTHA	HEMOPHILIA	15.5%
58394002203	XYNTHA SOLOFUSE	HEMOPHILIA	15.5%
58394002303	XYNTHA SOLOFUSE	HEMOPHILIA	15.5%
64406091101	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
64406092201	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
64406093301	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
64406094401	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
58394063703	BENEFIX	HEMOPHILIA and related bleeding disorders	15.5%
00944394402	HEMOFIL M	HEMOPHILIA and related bleeding disorders	15.5%



53270027205	IXINITY	HEMOPHILIA AND RELATED BLEEDING DISORDERS	12.0%
53270027206	IXINITY	HEMOPHILIA AND RELATED BLEEDING DISORDERS	12.0%
76125067250	KOATE-DVI	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
76125067351	KOATE-DVI	HEMOPHILIA AND RELATED BLEEDING DISORDERS	15.5%
00944303402	RIXUBIS	HEMOPHILIA and related bleeding disorders	16.0%
42794000308	ADEFOVIR DIPIVOXIL	HEPATITIS B	16.0%
00003161112	BARACLUDE	HEPATITIS B	15.5%
00003161113	BARACLUDE	HEPATITIS B	15.5%
00003161212	BARACLUDE	HEPATITIS B	15.5%
00003161412	BARACLUDE	HEPATITIS B	15.5%
00026063202	BAYHEP B	HEPATITIS B	16.0%
00026063203	BAYHEP B	HEPATITIS B	16.0%
00026063601	BAYHEP B	HEPATITIS B	16.0%
00026063602	BAYHEP B	HEPATITIS B	16.0%
00026063603	BAYHEP B	HEPATITIS B	16.0%
00026063605	BAYHEP B	HEPATITIS B	16.0%
00093578656	ENTECAVIR	HEPATITIS B	15.5%
00093578698	ENTECAVIR	HEPATITIS B	15.5%
00093578756	ENTECAVIR	HEPATITIS B	15.5%
49884010411	ENTECAVIR	HEPATITIS B	15.5%
49884010511	ENTECAVIR	HEPATITIS B	15.5%
53270005101	HEPAGAM B	HEPATITIS B	16.0%
53270005201	HEPAGAM B	HEPATITIS B	16.0%
53270005301	HEPAGAM B	HEPATITIS B	16.0%
53270005401	HEPAGAM B	HEPATITIS B	16.0%
60492005101	HEPAGAM B	HEPATITIS B	16.0%
60492005102	HEPAGAM B	HEPATITIS B	16.0%
60492005201	HEPAGAM B	HEPATITIS B	16.0%
60492005202	HEPAGAM B	HEPATITIS B	16.0%
60505607100	HEPAGAM B	HEPATITIS B	16.0%
60505607200	HEPAGAM B	HEPATITIS B	16.0%
60505607300	HEPAGAM B	HEPATITIS B	16.0%
60505607400	HEPAGAM B	HEPATITIS B	16.0%
54569560400	HEPSERA	HEPATITIS B	15.5%
61958050101	HEPSERA	HEPATITIS B	15.5%



13533063602	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063603	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063605	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063620	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063630	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063650	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063601	HYPERHEP B S/D	HEPATITIS B	16.0%
13533063610	HYPERHEP B S/D	HEPATITIS B	16.0%
59730420201	NABI-HB	HEPATITIS B	16.0%
59730420301	NABI-HB	HEPATITIS B	16.0%
54569473900	NABI-HB	HEPATITIS B	16.0%
49999042505	NABI-HB	HEPATITIS B	16.0%
59730420401	NOVAPLUS NABI-HB	HEPATITIS B	16.0%
59730420501	NOVAPLUS NABI-HB	HEPATITIS B	16.0%
00004008694	COPEGUS	HEPATITIS C	15.5%
54868488800	COPEGUS	HEPATITIS C	15.5%
00003021301	DAKLINZA	HEPATITIS C	16.0%
00003021501	DAKLINZA	HEPATITIS C	16.0%
61958180101	HARVONI	HEPATITIS C	15.5%
51167010001	INCIVEK	HEPATITIS C	16.0%
51167010003	INCIVEK	HEPATITIS C	16.0%
00187200601	INFERGEN	HEPATITIS C	15.5%
00187200605	INFERGEN	HEPATITIS C	15.5%
00187200702	INFERGEN	HEPATITIS C	15.5%
00187200706	INFERGEN	HEPATITIS C	15.5%
55513055401	INFERGEN	HEPATITIS C	15.5%
55513055406	INFERGEN	HEPATITIS C	15.5%
55513056201	INFERGEN	HEPATITIS C	15.5%
55513056206	INFERGEN	HEPATITIS C	15.5%
55513092601	INFERGEN	HEPATITIS C	15.5%
55513092606	INFERGEN	HEPATITIS C	15.5%
55513092701	INFERGEN	HEPATITIS C	15.5%
55513092706	INFERGEN	HEPATITIS C	15.5%
64116003101	INFERGEN	HEPATITIS C	15.5%
64116003106	INFERGEN	HEPATITIS C	15.5%
64116003124	INFERGEN	HEPATITIS C	15.5%
64116003901	INFERGEN	HEPATITIS C	15.5%
64116003906	INFERGEN	HEPATITIS C	15.5%
64116003924	INFERGEN	HEPATITIS C	15.5%
66435020115	INFERGEN	HEPATITIS C	15.5%
66435020195	INFERGEN	HEPATITIS C	15.5%
66435020196	INFERGEN	HEPATITIS C	15.5%
66435020199	INFERGEN	HEPATITIS C	15.5%



66435020209	INFERGEN	HEPATITIS C	15.5%
66435020295	INFERGEN	HEPATITIS C	15.5%
00074319716	MODERIBA	HEPATITIS C	16.0%
00074322456	MODERIBA	HEPATITIS C	16.0%
00074323956	MODERIBA	HEPATITIS C	16.0%
00074327156	MODERIBA	HEPATITIS C	16.0%
00074328256	MODERIBA	HEPATITIS C	16.0%
59676022528	OLYSIO	HEPATITIS C	16.0%
00004035009	PEGASYS	HEPATITIS C	15.5%
00004035239	PEGASYS	HEPATITIS C	15.5%
00004035730	PEGASYS	HEPATITIS C	15.5%
54868488700	PEGASYS	HEPATITIS C	15.5%
00004036030	PEGASYS PROCLICK	HEPATITIS C	15.5%
00004036530	PEGASYS PROCLICK	HEPATITIS C	15.5%
00085435301	PEGINTRON	HEPATITIS C	16.0%
00085435401	PEGINTRON	HEPATITIS C	16.0%
00085435501	PEGINTRON	HEPATITIS C	16.0%
00085435601	PEGINTRON	HEPATITIS C	16.0%
00085127901	PEG-INTRON	HEPATITIS C	15.5%
00085129101	PEG-INTRON	HEPATITIS C	15.5%
00085130401	PEG-INTRON	HEPATITIS C	15.5%
00085136801	PEG-INTRON	HEPATITIS C	15.5%
00085129701	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
00085131601	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
00085132301	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
00085137001	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
54868503600	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
54868503601	PEG-INTRON REDIPEN	HEPATITIS C	15.5%
00085129702	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	15.5%
00085131602	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	15.5%
00085132302	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	15.5%
00085137002	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	15.5%
00085119403	REBETOL	HEPATITIS C	15.5%
00085131801	REBETOL	HEPATITIS C	15.5%
00085132704	REBETOL	HEPATITIS C	15.5%
00085135105	REBETOL	HEPATITIS C	15.5%
00085138507	REBETOL	HEPATITIS C	15.5%
54868503500	REBETOL	HEPATITIS C	15.5%
49884007176	RIBAPAK	HEPATITIS C	15.5%
49884033876	RIBAPAK	HEPATITIS C	15.5%
49884034076	RIBAPAK	HEPATITIS C	15.5%
66435010556	RIBAPAK	HEPATITIS C	15.5%
66435010599	RIBAPAK	HEPATITIS C	15.5%



66435010656	RIBAPAK	HEPATITIS C	15.5%
66435010699	RIBAPAK	HEPATITIS C	15.5%
66435010756	RIBAPAK	HEPATITIS C	15.5%
66435010799	RIBAPAK	HEPATITIS C	15.5%
66435010856	RIBAPAK	HEPATITIS C	15.5%
66435010899	RIBAPAK	HEPATITIS C	15.5%
49884085656	RIBASPHERE	HEPATITIS C	62.0%
49884085692	RIBASPHERE	HEPATITIS C	62.0%
49884085693	RIBASPHERE	HEPATITIS C	62.0%
49884085694	RIBASPHERE	HEPATITIS C	62.0%
66435010118	RIBASPHERE	HEPATITIS C	62.0%
66435010142	RIBASPHERE	HEPATITIS C	62.0%
66435010156	RIBASPHERE	HEPATITIS C	62.0%
66435010170	RIBASPHERE	HEPATITIS C	62.0%
66435010184	RIBASPHERE	HEPATITIS C	62.0%
66435010216	RIBASPHERE	HEPATITIS C	62.0%
66435010356	RIBASPHERE	HEPATITIS C	62.0%
66435010456	RIBASPHERE	HEPATITIS C	62.0%
16241006956	RIBATAB	HEPATITIS C	15.5%
16241006976	RIBATAB	HEPATITIS C	15.5%
16241007056	RIBATAB	HEPATITIS C	15.5%
16241007076	RIBATAB	HEPATITIS C	15.5%
16241033776	RIBATAB	HEPATITIS C	15.5%
00093722758	RIBAVIRIN	HEPATITIS C	69.0%
00093722763	RIBAVIRIN	HEPATITIS C	69.0%
00093722772	RIBAVIRIN	HEPATITIS C	69.0%
00093722777	RIBAVIRIN	HEPATITIS C	69.0%
00093723281	RIBAVIRIN	HEPATITIS C	69.0%
00406204616	RIBAVIRIN	HEPATITIS C	69.0%
00406226042	RIBAVIRIN	HEPATITIS C	69.0%
00406226056	RIBAVIRIN	HEPATITIS C	69.0%
00406226070	RIBAVIRIN	HEPATITIS C	69.0%
00406226084	RIBAVIRIN	HEPATITIS C	69.0%
00781204304	RIBAVIRIN	HEPATITIS C	69.0%
00781204316	RIBAVIRIN	HEPATITIS C	69.0%
00781204342	RIBAVIRIN	HEPATITIS C	69.0%
00781204367	RIBAVIRIN	HEPATITIS C	69.0%
00781517728	RIBAVIRIN	HEPATITIS C	69.0%
23490014105	RIBAVIRIN	HEPATITIS C	69.0%
49884004532	RIBAVIRIN	HEPATITIS C	69.0%
54738095016	RIBAVIRIN	HEPATITIS C	69.0%
54738095156	RIBAVIRIN	HEPATITIS C	69.0%
54738095256	RIBAVIRIN	HEPATITIS C	69.0%



54738095318	RIBAVIRIN	HEPATITIS C	69.0%
54738095342	RIBAVIRIN	HEPATITIS C	69.0%
54738095356	RIBAVIRIN	HEPATITIS C	69.0%
54738095370	RIBAVIRIN	HEPATITIS C	69.0%
54738095384	RIBAVIRIN	HEPATITIS C	69.0%
54868452100	RIBAVIRIN	HEPATITIS C	69.0%
54868452101	RIBAVIRIN	HEPATITIS C	69.0%
54868452102	RIBAVIRIN	HEPATITIS C	69.0%
54868452103	RIBAVIRIN	HEPATITIS C	69.0%
59930152301	RIBAVIRIN	HEPATITIS C	69.0%
59930152302	RIBAVIRIN	HEPATITIS C	69.0%
59930152303	RIBAVIRIN	HEPATITIS C	69.0%
59930152304	RIBAVIRIN	HEPATITIS C	69.0%
65862020768	RIBAVIRIN	HEPATITIS C	69.0%
65862029018	RIBAVIRIN	HEPATITIS C	69.0%
65862029042	RIBAVIRIN	HEPATITIS C	69.0%
65862029056	RIBAVIRIN	HEPATITIS C	69.0%
65862029070	RIBAVIRIN	HEPATITIS C	69.0%
65862029084	RIBAVIRIN	HEPATITIS C	69.0%
68084015011	RIBAVIRIN	HEPATITIS C	69.0%
68084015065	RIBAVIRIN	HEPATITIS C	69.0%
68084017911	RIBAVIRIN	HEPATITIS C	69.0%
68084017965	RIBAVIRIN	HEPATITIS C	69.0%
68382004603	RIBAVIRIN	HEPATITIS C	69.0%
68382004610	RIBAVIRIN	HEPATITIS C	69.0%
68382004628	RIBAVIRIN	HEPATITIS C	69.0%
68382012707	RIBAVIRIN	HEPATITIS C	69.0%
68382012907	RIBAVIRIN	HEPATITIS C	69.0%
68382026004	RIBAVIRIN	HEPATITIS C	69.0%
68382026007	RIBAVIRIN	HEPATITIS C	69.0%
68382026009	RIBAVIRIN	HEPATITIS C	69.0%
68382026010	RIBAVIRIN	HEPATITIS C	69.0%
68382026012	RIBAVIRIN	HEPATITIS C	69.0%
68382026028	RIBAVIRIN	HEPATITIS C	69.0%
42291071818	RIBAVIRIN	HEPATITIS C	69.0%
42291071856	RIBAVIRIN	HEPATITIS C	69.0%
42291071870	RIBAVIRIN	HEPATITIS C	69.0%
42291071884	RIBAVIRIN	HEPATITIS C	69.0%
00004201507	ROFERON-A	HEPATITIS C	15.5%
00004201509	ROFERON-A	HEPATITIS C	15.5%
00004201607	ROFERON-A	HEPATITIS C	15.5%
00004201609	ROFERON-A	HEPATITIS C	15.5%
00004201707	ROFERON-A	HEPATITIS C	15.5%





00004201709	ROFERON-A	HEPATITIS C	15.5%
61958150101	SOVALDI	HEPATITIS C	16.0%
00074308228	TECHNIVIE	HEPATITIS C	16.0%
00085031402	VICTRELIS	HEPATITIS C	16.0%
00074309328	VIEKIRA PAK	HEPATITIS C	16.0%
54092070202	FIRAZYR	HEREDITARY ANGIOEDEMA	16.0%
54092070203	FIRAZYR	HEREDITARY ANGIOEDEMA	16.0%
49702023113	TRIUMEQ	HIV	15.5%
61958140101	TYBOST	HIV	15.5%
00024022205	ELIGARD	HORMONAL THERAPIES	15.5%
00024059707	ELIGARD	HORMONAL THERAPIES	15.5%
00024059722	ELIGARD	HORMONAL THERAPIES	15.5%
00024060545	ELIGARD	HORMONAL THERAPIES	15.5%
00024061030	ELIGARD	HORMONAL THERAPIES	15.5%
00024079375	ELIGARD	HORMONAL THERAPIES	15.5%
00024079379	ELIGARD	HORMONAL THERAPIES	15.5%
62935022205	ELIGARD	HORMONAL THERAPIES	15.5%
62935030230	ELIGARD	HORMONAL THERAPIES	15.5%
62935045245	ELIGARD	HORMONAL THERAPIES	15.5%
62935075275	ELIGARD	HORMONAL THERAPIES	15.5%
62935022305	ELIGARD	HORMONAL THERAPIES	15.5%
00182315499	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00185740014	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00185740085	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00703401411	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00703401418	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00703401419	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00703402419	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00781400332	LEUPROLIDE ACETATE	HORMONAL	22.0%



		THERAPIES	
41616093640	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
49884036826	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
54569613600	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
55390051505	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
47335093640	LEUPROLIDE ACETATE	HORMONAL THERAPIES	22.0%
00074105205	LUPANETA PACK	HORMONAL THERAPIES	16.0%
00074105305	LUPANETA PACK	HORMONAL THERAPIES	16.0%
00300362628	LUPRON INJ 2 WEEK	HORMONAL THERAPIES	16.0%
54569264700	LUPRON INJ 2 WEEK	HORMONAL THERAPIES	16.0%
00300362630	LUPRON INJ 4 WEEK	HORMONAL THERAPIES	16.0%
54569160300	LUPRON INJ 4 WEEK	HORMONAL THERAPIES	16.0%
00300361228	LUPRON 2 WEEK SUPPLY	HORMONAL THERAPIES	16.0%
54569498200	LUPRON 2 WEEK SUPPLY	HORMONAL THERAPIES	16.0%
00300361224	LUPRON 6-PACK	HORMONAL THERAPIES	16.0%
00300362624	LUPRON 6-PACK	HORMONAL THERAPIES	16.0%
00074334603	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00074347303	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00074364103	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00074364203	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00074366303	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00074368303	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00300334601	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00300364101	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00300364201	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00300366301	LUPRON DEPOT	HORMONAL THERAPIES	16.0%



00300368301	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54569271300	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54569344400	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54569452600	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54569454700	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54569478500	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54868282500	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54868327700	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
54868556800	LUPRON DEPOT	HORMONAL THERAPIES	16.0%
00300334301	LUPRON DEPOT INJ 11.25MG	HORMONAL THERAPIES	16.0%
00300363901	LUPRON DEPOT INJ 3.75MG	HORMONAL THERAPIES	16.0%
00300363906	LUPRON DEPOT INJ 3.75MG	HORMONAL THERAPIES	16.0%
00300362901	LUPRON DEPOT INJ 7.5MG	HORMONAL THERAPIES	16.0%
00074210803	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00074228203	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00074244003	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00074377903	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00074969403	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00300210801	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00300228201	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
00300244001	LUPRON DEPOT-PED	HORMONAL THERAPIES	16.0%
67979000201	SUPPRELIN LA	HORMONAL THERAPIES	16.0%
00025016608	SYNAREL	HORMONAL THERAPIES	15.5%
00025016610	SYNAREL	HORMONAL THERAPIES	15.5%
00033226040	SYNAREL SOL 2MG/ML	HORMONAL THERAPIES	15.5%
00009521901	TRELSTAR DEPOT	HORMONAL	15.5%



		THERAPIES	
00009766401	TRELSTAR DEPOT	HORMONAL THERAPIES	15.5%
52544015302	TRELSTAR DEPOT	HORMONAL THERAPIES	15.5%
52544015376	TRELSTAR DEPOT	HORMONAL THERAPIES	15.5%
52544018924	TRELSTAR DEPOT MIXJECT	HORMONAL THERAPIES	15.5%
52544018976	TRELSTAR DEPOT MIXJECT	HORMONAL THERAPIES	15.5%
00009521501	TRELSTAR LA	HORMONAL THERAPIES	15.5%
00009521601	TRELSTAR LA	HORMONAL THERAPIES	15.5%
52544015402	TRELSTAR LA	HORMONAL THERAPIES	15.5%
52544015476	TRELSTAR LA	HORMONAL THERAPIES	15.5%
52544018824	TRELSTAR LA MIXJECT	HORMONAL THERAPIES	15.5%
52544018876	TRELSTAR LA MIXJECT	HORMONAL THERAPIES	15.5%
52544009224	TRELSTAR MIXJECT	HORMONAL THERAPIES	15.5%
52544009276	TRELSTAR MIXJECT	HORMONAL THERAPIES	15.5%
52544015602	TRELSTAR MIXJECT	HORMONAL THERAPIES	15.5%
55592050001	VANTAS	HORMONAL THERAPIES	15.5%
67979050001	VANTAS	HORMONAL THERAPIES	15.5%
00310095036	ZOLADEX	HORMONAL THERAPIES	15.5%
00310095130	ZOLADEX	HORMONAL THERAPIES	15.5%
00310096036	ZOLADEX	HORMONAL THERAPIES	15.5%
00310096130	ZOLADEX	HORMONAL THERAPIES	15.5%
54569394300	ZOLADEX IMP 3.6MG	HORMONAL THERAPIES	15.5%
15054104005	INCRELEX	IGF-1 DEFICIENCY	15.5%
00026063502	BAYGAM	IMMUNE GLOBULIN	14.0%
00026063504	BAYGAM	IMMUNE GLOBULIN	14.0%
00026063510	BAYGAM	IMMUNE GLOBULIN	14.0%
00026063512	BAYGAM	IMMUNE GLOBULIN	14.0%
54569527500	BAYGAM	IMMUNE GLOBULIN	14.0%
54569527600	BAYGAM	IMMUNE GLOBULIN	14.0%



54868419300	BAYGAM	IMMUNE GLOBULIN	14.0%
59730650201	BIVIGAM	IMMUNE GLOBULIN	16.0%
59730650301	BIVIGAM	IMMUNE GLOBULIN	16.0%
44206050551	CARIMUNE	IMMUNE GLOBULIN	15.5%
44206050756	CARIMUNE	IMMUNE GLOBULIN	15.5%
44206050862	CARIMUNE	IMMUNE GLOBULIN	15.5%
44206041501	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	15.5%
44206041603	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	15.5%
44206041706	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	15.5%
44206041812	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	15.5%
44206053211	CYTOGAM	IMMUNE GLOBULIN	16.0%
44206310101	CYTOGAM	IMMUNE GLOBULIN	16.0%
44206310110	CYTOGAM	IMMUNE GLOBULIN	16.0%
60574310101	CYTOGAM	IMMUNE GLOBULIN	16.0%
60574310201	CYTOGAM INJ	IMMUNE GLOBULIN	16.0%
61953000301	FLEBOGAMMA	IMMUNE GLOBULIN	15.5%
61953000302	FLEBOGAMMA	IMMUNE GLOBULIN	15.5%
61953000303	FLEBOGAMMA	IMMUNE GLOBULIN	15.5%
61953000304	FLEBOGAMMA	IMMUNE GLOBULIN	15.5%
61953000400	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000401	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000402	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000403	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000404	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000405	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000406	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000407	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000408	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000409	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000501	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000502	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000503	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000504	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000505	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
61953000506	FLEBOGAMMA DIF	IMMUNE GLOBULIN	15.5%
00026061512	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
00161061502	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
00161061504	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
00161061510	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
00161061512	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
00192061512	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
54569141900	GAMASTAN INJ	IMMUNE GLOBULIN	16.0%
54569582800	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%



13533063504	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%
13533063512	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%
13533063513	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%
13533063540	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%
13533063503	GAMASTAN S/D	IMMUNE GLOBULIN	16.0%
00026064812	GAMIMUNE N	IMMUNE GLOBULIN	15.5%
00026064815	GAMIMUNE N	IMMUNE GLOBULIN	15.5%
00026064820	GAMIMUNE N	IMMUNE GLOBULIN	15.5%
00026064824	GAMIMUNE N	IMMUNE GLOBULIN	15.5%
00026064871	GAMIMUNE N	IMMUNE GLOBULIN	15.5%
00944280703	GAMMAGARD INJ 0.5GM HU	IMMUNE GLOBULIN	15.5%
00944280704	GAMMAGARD INJ 10GM HU	IMMUNE GLOBULIN	15.5%
00944280702	GAMMAGARD INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
00944280701	GAMMAGARD INJ 5GM HU	IMMUNE GLOBULIN	15.5%
00944270002	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944270003	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944270004	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944270005	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944270006	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944270007	GAMMAGARD LIQUID	IMMUNE GLOBULIN	15.5%
00944262001	GAMMAGARD S/D	IMMUNE GLOBULIN	15.5%
00944262002	GAMMAGARD S/D	IMMUNE GLOBULIN	15.5%
00944262003	GAMMAGARD S/D	IMMUNE GLOBULIN	15.5%
00944262004	GAMMAGARD S/D	IMMUNE GLOBULIN	15.5%
00944265503	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	15.5%
00944265504	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	15.5%
00944265603	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	15.5%
00944265804	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	15.5%
76125090001	GAMMAKED	IMMUNE GLOBULIN	15.5%
76125090010	GAMMAKED	IMMUNE GLOBULIN	15.5%
76125090020	GAMMAKED	IMMUNE GLOBULIN	15.5%
76125090025	GAMMAKED	IMMUNE GLOBULIN	15.5%
76125090050	GAMMAKED	IMMUNE GLOBULIN	15.5%
64208823401	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823402	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823403	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823405	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823406	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823407	GAMMAPLEX	IMMUNE GLOBULIN	15.5%



64208823404	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
64208823408	GAMMAPLEX	IMMUNE GLOBULIN	15.5%
54569226500	GAMMAR INJ	IMMUNE GLOBULIN	16.0%
54569313100	GAMMAR INJ	IMMUNE GLOBULIN	16.0%
00053749010	GAMMAR I.V. INJ 10GM HU	IMMUNE GLOBULIN	15.5%
00053749001	GAMMAR I.V. INJ 1GM HU	IMMUNE GLOBULIN	15.5%
00053749002	GAMMAR I.V. INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
00053749005	GAMMAR I.V. INJ 5GM HU	IMMUNE GLOBULIN	15.5%
00053749006	GAMMAR I.V. INJ 5GM HU	IMMUNE GLOBULIN	15.5%
00053759501	GAMMAR IM INJ	IMMUNE GLOBULIN	16.0%
00053759502	GAMMAR IM INJ	IMMUNE GLOBULIN	16.0%
00053748601	GAMMAR-P I.V.	IMMUNE GLOBULIN	15.5%
00053748602	GAMMAR-P I.V.	IMMUNE GLOBULIN	15.5%
00053748605	GAMMAR-P I.V.	IMMUNE GLOBULIN	15.5%
00053748606	GAMMAR-P I.V.	IMMUNE GLOBULIN	15.5%
00053748610	GAMMAR-P I.V.	IMMUNE GLOBULIN	15.5%
00026064512	GAMUNEX	IMMUNE GLOBULIN	15.5%
00026064515	GAMUNEX	IMMUNE GLOBULIN	15.5%
00026064520	GAMUNEX	IMMUNE GLOBULIN	15.5%
00026064524	GAMUNEX	IMMUNE GLOBULIN	15.5%
00026064571	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533064512	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533064515	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533064520	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533064524	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533064571	GAMUNEX	IMMUNE GLOBULIN	15.5%
13533080012	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080013	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080015	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080016	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080020	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080021	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080024	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080025	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080071	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080072	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080040	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
13533080041	GAMUNEX-C	IMMUNE GLOBULIN	15.5%
44206045101	HIZENTRA	IMMUNE GLOBULIN	15.5%
44206045202	HIZENTRA	IMMUNE GLOBULIN	15.5%
44206045404	HIZENTRA	IMMUNE GLOBULIN	15.5%
44206045510	HIZENTRA	IMMUNE GLOBULIN	15.5%
00182061512	IMMUNE GLOB INJ HUMAN	IMMUNE GLOBULIN	16.0%



52769047070	IMMUNE GLOBU INJ 0.5GM HU	IMMUNE GLOBULIN	15.5%
52769047080	IMMUNE GLOBU INJ 10GM HU	IMMUNE GLOBULIN	15.5%
52769077071	IMMUNE GLOBU INJ 1GM	IMMUNE GLOBULIN	15.5%
52769047072	IMMUNE GLOBU INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
52769077073	IMMUNE GLOBU INJ 3GM	IMMUNE GLOBULIN	15.5%
52769047075	IMMUNE GLOBU INJ 5GM HU	IMMUNE GLOBULIN	15.5%
52769077076	IMMUNE GLOBU INJ 6GM	IMMUNE GLOBULIN	15.5%
52769011502	IMMUNE GLOBU INJ HUMAN	IMMUNE GLOBULIN	16.0%
54569409900	IMMUNE GLOBU INJ HUMAN	IMMUNE GLOBULIN	16.0%
44206050653	IMMUNE GLOBULIN	IMMUNE GLOBULIN	15.5%
14362011502	IMMUNE GLOBULIN	IMMUNE GLOBULIN	15.5%
52769057622	IMMUNE GLOBULIN	IMMUNE GLOBULIN	15.5%
54129023310	IVEEGAM INJ 1GM	IMMUNE GLOBULIN	15.5%
54129023325	IVEEGAM INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
64193025050	IVEEGAM EN	IMMUNE GLOBULIN	15.5%
54129023350	IVEEGAM HUMAN	IMMUNE GLOBULIN	15.5%
67467084301	OCTAGAM	IMMUNE GLOBULIN	15.5%
67467084302	OCTAGAM	IMMUNE GLOBULIN	15.5%
67467084303	OCTAGAM	IMMUNE GLOBULIN	15.5%
67467084304	OCTAGAM	IMMUNE GLOBULIN	15.5%
67467084305	OCTAGAM	IMMUNE GLOBULIN	15.5%
68209084301	OCTAGAM	IMMUNE GLOBULIN	15.5%
68209084302	OCTAGAM	IMMUNE GLOBULIN	15.5%
68209084303	OCTAGAM	IMMUNE GLOBULIN	15.5%
68209084304	OCTAGAM	IMMUNE GLOBULIN	15.5%
68982085002	OCTAGAM	IMMUNE GLOBULIN	15.5%
68982085003	OCTAGAM	IMMUNE GLOBULIN	15.5%
68982085004	OCTAGAM	IMMUNE GLOBULIN	15.5%
52769026866	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769026972	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769027071	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769027073	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769027076	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769027082	PANGLOBULIN	IMMUNE GLOBULIN	15.5%
52769041706	PANGLOBULIN NF	IMMUNE GLOBULIN	15.5%
52769041812	PANGLOBULIN NF	IMMUNE GLOBULIN	15.5%
00944047169	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
00944047172	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
00944047175	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
00944047180	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
52769047172	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
52769047175	POLYGAM S/D	IMMUNE GLOBULIN	15.5%
52769047180	POLYGAM S/D	IMMUNE GLOBULIN	15.5%





44206043605	PRIVIGEN	IMMUNE GLOBULIN	15.5%
44206043710	PRIVIGEN	IMMUNE GLOBULIN	15.5%
44206043820	PRIVIGEN	IMMUNE GLOBULIN	15.5%
44206043940	PRIVIGEN	IMMUNE GLOBULIN	15.5%
00078012058	SANDOGLOBULI INJ 1GM	IMMUNE GLOBULIN	15.5%
00078012259	SANDOGLOBULI INJ 3GM	IMMUNE GLOBULIN	15.5%
00078012460	SANDOGLOBULI INJ 6GM	IMMUNE GLOBULIN	15.5%
00078012094	SANDOGLOBULIN	IMMUNE GLOBULIN	15.5%
00078012219	SANDOGLOBULIN	IMMUNE GLOBULIN	15.5%
00078012295	SANDOGLOBULIN	IMMUNE GLOBULIN	15.5%
00078012419	SANDOGLOBULIN	IMMUNE GLOBULIN	15.5%
00078012496	SANDOGLOBULIN	IMMUNE GLOBULIN	15.5%
00078024419	SANDOGLOBULIN I.V.	IMMUNE GLOBULIN	15.5%
00078024493	SANDOGLOBULIN I.V.	IMMUNE GLOBULIN	15.5%
00078033184	SIMULECT	IMMUNE GLOBULIN	16.0%
00078039361	SIMULECT	IMMUNE GLOBULIN	16.0%
58468008001	THYMOGLOBULIN	IMMUNE GLOBULIN	16.0%
62053053425	THYMOGLOBULIN	IMMUNE GLOBULIN	16.0%
49669160300	VENOBLOBUL I INJ 5GM HU	IMMUNE GLOBULIN	15.5%
49669160301	VENOBLOBUL-I INJ 5GM HU	IMMUNE GLOBULIN	15.5%
49669160200	VENOGLOBUL I INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
49669160001	VENOGLOBUL-I INJ 0.5GM HU	IMMUNE GLOBULIN	15.5%
49669160401	VENOGLOBUL-I INJ 10GM HU	IMMUNE GLOBULIN	15.5%
49669160201	VENOGLOBUL-I INJ 2.5GM HU	IMMUNE GLOBULIN	15.5%
49669162201	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
49669162301	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
49669162401	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
68516162201	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
68516162301	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
68516162401	VENOGLOBULIN-S	IMMUNE GLOBULIN	15.5%
00944296703	WINRHO SDF	IMMUNE GLOBULIN	16.0%
00944296705	WINRHO SDF	IMMUNE GLOBULIN	16.0%
00944296707	WINRHO SDF	IMMUNE GLOBULIN	16.0%
00944296709	WINRHO SDF	IMMUNE GLOBULIN	16.0%
53270300001	WINRHO SDF	IMMUNE GLOBULIN	16.0%
53270310001	WINRHO SDF	IMMUNE GLOBULIN	16.0%
53270330001	WINRHO SDF	IMMUNE GLOBULIN	16.0%
53270350001	WINRHO SDF	IMMUNE GLOBULIN	16.0%
55513022101	NPLATE	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%
55513022201	NPLATE	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%



00007464013	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%
00007464113	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%
00007464213	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%
00007464313	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	15.5%
00046097110	A.P.L.	INFERTILITY	16.0%
55566850502	BRAVELLE	INFERTILITY	16.0%
55566850506	BRAVELLE	INFERTILITY	16.0%
44087120301	CETROTIDE	INFERTILITY	16.0%
44087122501	CETROTIDE	INFERTILITY	16.0%
00182080563	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00182116563	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00223777010	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00364658454	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00402012610	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00402012611	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00418582142	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00536050070	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00536513070	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00588509370	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00719309987	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00719310087	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00814172340	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00814172440	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00839556430	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00904118910	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
52349010110	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
54569138800	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
54569237400	CHOR GONADOT INJ 10000U	INFERTILITY	16.0%
00314061870	CHOREX-10	INFERTILITY	16.0%
00217680108	CHORIGON INJ 10000U	INFERTILITY	16.0%
00364670654	CHORIONIC GONADOTROPIN	INFERTILITY	16.0%
00469150130	CHORIONIC GONADOTROPIN	INFERTILITY	16.0%
49072012710	CHORIONIC GONADOTROPIN	INFERTILITY	16.0%
54868412100	CHORIONIC GONADOTROPIN	INFERTILITY	16.0%
63323002510	CHORIONIC GONADOTROPIN	INFERTILITY	16.0%
54569266000	CHORIONIC GONADOTROPIN W/DILUENT	INFERTILITY	16.0%



00456101310	CHORON-10 INJ 10000U	INFERTILITY	16.0%
57548037910	EVEREADY INJ PROGEST	INFERTILITY	16.0%
57548012610	EVEREADY-HCG 10000	INFERTILITY	16.0%
00052030802	FOLLISTIM AQ	INFERTILITY	16.0%
00052030902	FOLLISTIM AQ	INFERTILITY	16.0%
00052031301	FOLLISTIM AQ	INFERTILITY	16.0%
00052031601	FOLLISTIM AQ	INFERTILITY	16.0%
00052032601	FOLLISTIM AQ	INFERTILITY	16.0%
00003041940	FOLLUTEIN INJ 10000U	INFERTILITY	16.0%
00052030151	GANIRELIX ACETATE	INFERTILITY	16.0%
00052030161	GANIRELIX ACETATE	INFERTILITY	16.0%
00456092110	GESTEROL 50 INJ 50MG/ML	INFERTILITY	16.0%
30727035570	GESTERONE INJ 50MG/ML	INFERTILITY	16.0%
44087903001	GONAL-F	INFERTILITY	16.0%
44087907001	GONAL-F	INFERTILITY	16.0%
44087907501	GONAL-F	INFERTILITY	16.0%
44087907503	GONAL-F	INFERTILITY	16.0%
44087907504	GONAL-F	INFERTILITY	16.0%
54569495700	GONAL-F	INFERTILITY	16.0%
44087900501	GONAL-F RFF	INFERTILITY	16.0%
44087900506	GONAL-F RFF	INFERTILITY	16.0%
44087111201	GONAL-F RFF PEN	INFERTILITY	16.0%
44087111301	GONAL-F RFF PEN	INFERTILITY	16.0%
44087111401	GONAL-F RFF PEN	INFERTILITY	16.0%
44087111501	GONAL-F RFF REDIJECT	INFERTILITY	16.0%
44087111601	GONAL-F RFF REDIJECT	INFERTILITY	16.0%
44087111701	GONAL-F RFF REDIJECT	INFERTILITY	16.0%
43797010212	GONIC INJ 10000U	INFERTILITY	16.0%
43797015212	GONIC INJ 10000U	INFERTILITY	16.0%
44437012622	HCG INJ 10000U	INFERTILITY	16.0%
44087137501	LUVERIS	INFERTILITY	16.0%
55566750101	MENOPUR	INFERTILITY	16.0%
55566750102	MENOPUR	INFERTILITY	16.0%
55566150101	NOVAREL	INFERTILITY	16.0%
44087115001	OVIDREL	INFERTILITY	16.0%
54569242100	PREGNYL INJ 10000U	INFERTILITY	16.0%
00052031510	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	INFERTILITY	16.0%
54868499700	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	INFERTILITY	16.0%
54868391000	PROFASI	INFERTILITY	16.0%
54569198600	PROFASI HP W/DILUENT BENZYL ALCOHOL	INFERTILITY	16.0%



44087801003	PROFASI W/DILUENT BENZYL ALCOHOL	INFERTILITY	16.0%
00259034110	PROGESTAJECT INJ 50MG/ML	INFERTILITY	16.0%
00143972501	PROGESTERONE	INFERTILITY	22.0%
00517075001	PROGESTERONE	INFERTILITY	22.0%
00591312879	PROGESTERONE	INFERTILITY	22.0%
40042005010	PROGESTERONE	INFERTILITY	22.0%
54868339600	PROGESTERONE	INFERTILITY	22.0%
63323026110	PROGESTERONE	INFERTILITY	22.0%
00364668354	PROGESTERONE IN OIL	INFERTILITY	22.0%
54569216000	PROGESTERONE IN OIL	INFERTILITY	22.0%
54569149000	PROGESTERONE IN OIL MDV	INFERTILITY	22.0%
00002143801	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00144335214	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00182086263	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00191006721	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00223838110	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00304067556	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00314006010	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00314075370	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00402037910	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00418063141	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00524011010	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00536740070	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00537244370	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00551004310	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00574070410	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00588505670	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00677030121	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00684011310	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00719331587	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00814638840	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00839516530	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
00904105010	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
17236072291	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
43797010412	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
47202404001	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
49072058910	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
53638037910	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
54274075862	PROGESTERONE INJ 50MG/ML	INFERTILITY	22.0%
55566718502	REPRONEX	INFERTILITY	15.5%
00024279150	FERRLECIT	IRON DEFICIENCY	15.5%
00024279210	FERRLECIT	IRON DEFICIENCY	15.5%



00364279123	FERRLECIT	IRON DEFICIENCY	15.5%
52544092226	FERRLECIT	IRON DEFICIENCY	15.5%
00024279410	FERRLECIT	IRON DEFICIENCY	15.5%
52544014926	NULECIT	IRON DEFICIENCY	15.5%
52544014987	NULECIT	IRON DEFICIENCY	15.5%
00591014926	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00591014987	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00591250826	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00591250887	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00143957001	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00143957010	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	15.5%
00078046815	EXJADE	IRON OVERLOAD	14.0%
00078046915	EXJADE	IRON OVERLOAD	14.0%
00078047015	EXJADE	IRON OVERLOAD	14.0%
00078065415	JADENU	IRON OVERLOAD	12.0%
00078065515	JADENU	IRON OVERLOAD	12.0%
00078065615	JADENU	IRON OVERLOAD	12.0%
10144042760	AMPYRA	MULTIPLE SCLEROSIS	12.0%
58468021002	AUBAGIO	MULTIPLE SCLEROSIS	16.0%
58468021101	AUBAGIO	MULTIPLE SCLEROSIS	16.0%
58468021001	AUBAGIO	MULTIPLE SCLEROSIS	16.0%
58468021102	AUBAGIO	MULTIPLE SCLEROSIS	16.0%
54569443300	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627000103	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627000104	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627000205	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627000207	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627011103	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627022205	AVONEX	MULTIPLE SCLEROSIS	16.0%
59627000304	AVONEX PEN	MULTIPLE SCLEROSIS	16.0%
59627033304	AVONEX PEN	MULTIPLE SCLEROSIS	16.0%
50419052309	BETASERON	MULTIPLE SCLEROSIS	16.0%
50419052315	BETASERON	MULTIPLE SCLEROSIS	16.0%
50419052325	BETASERON	MULTIPLE SCLEROSIS	16.0%
50419052335	BETASERON	MULTIPLE SCLEROSIS	16.0%
50419052401	BETASERON	MULTIPLE SCLEROSIS	16.0%
50419052435	BETASERON	MULTIPLE SCLEROSIS	16.0%



50419052115	BETASERON W/DILUENT	MULTIPLE SCLEROSIS	16.0%
00088115330	COPAXONE	MULTIPLE SCLEROSIS	16.0%
68115075030	COPAXONE	MULTIPLE SCLEROSIS	16.0%
68546031730	COPAXONE	MULTIPLE SCLEROSIS	16.0%
68546032512	COPAXONE	MULTIPLE SCLEROSIS	16.0%
00078056912	EXTAVIA	MULTIPLE SCLEROSIS	15.5%
00078056961	EXTAVIA	MULTIPLE SCLEROSIS	15.5%
00078056999	EXTAVIA	MULTIPLE SCLEROSIS	15.5%
00078060751	GILENYA	MULTIPLE SCLEROSIS	16.0%
00078060715	GILENYA	MULTIPLE SCLEROSIS	14.0%
00781323434	GLATOPA	MULTIPLE SCLEROSIS	16.0%
58468020001	LEMTRADA	MULTIPLE SCLEROSIS	14.0%
64406001101	PLEGRIDY	MULTIPLE SCLEROSIS	16.0%
64406001501	PLEGRIDY	MULTIPLE SCLEROSIS	16.0%
64406001201	PLEGRIDY STARTER PACK	MULTIPLE SCLEROSIS	16.0%
64406001601	PLEGRIDY STARTER PACK	MULTIPLE SCLEROSIS	16.0%
44087002201	REBIF	MULTIPLE SCLEROSIS	16.0%
44087002203	REBIF	MULTIPLE SCLEROSIS	16.0%
44087004401	REBIF	MULTIPLE SCLEROSIS	16.0%
44087004403	REBIF	MULTIPLE SCLEROSIS	16.0%
44087332201	REBIF REBIDOSE	MULTIPLE SCLEROSIS	16.0%
44087334401	REBIF REBIDOSE	MULTIPLE SCLEROSIS	16.0%
44087018801	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	16.0%
44087882201	REBIF TITRATION PACK	MULTIPLE SCLEROSIS	16.0%
64406000501	TECFIDERA	MULTIPLE SCLEROSIS	16.0%
64406000602	TECFIDERA	MULTIPLE SCLEROSIS	16.0%
64406000703	TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	16.0%
00023114501	BOTOX	NEUROMUSCULAR	16.0%
00023392102	BOTOX	NEUROMUSCULAR	16.0%
54868412300	BOTOX	NEUROMUSCULAR	16.0%
10454071010	MYOBLOC	NEUROMUSCULAR	15.5%
10454071110	MYOBLOC	NEUROMUSCULAR	15.5%
10454071210	MYOBLOC	NEUROMUSCULAR	15.5%
59075071010	MYOBLOC	NEUROMUSCULAR	15.5%
59075071110	MYOBLOC	NEUROMUSCULAR	15.5%
59075071210	MYOBLOC	NEUROMUSCULAR	15.5%
00259160501	XEOMIN	NEUROMUSCULAR	15.5%
00259161001	XEOMIN	NEUROMUSCULAR	15.5%
00187320447	EFUDEX	ONCOLOGY - TOPICAL	16.0%
00378479106	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
21695082940	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
51672411806	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%



54569627900	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
54868629300	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
66530024940	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
68682000431	FLUOROURACIL	ONCOLOGY - TOPICAL	16.0%
62856060422	TARGRETIN	ONCOLOGY - TOPICAL	15.5%
64365050202	TARGRETIN	ONCOLOGY - TOPICAL	15.5%
64365050401	TARGRETIN	ONCOLOGY - TOPICAL	15.5%
00187552560	TARGRETIN	ONCOLOGY - TOPICAL	15.5%
68817013450	ABRAXANE	ONCOLOGY- INJECTABLE	15.5%
51144005001	ADCETRIS	ONCOLOGY- INJECTABLE	16.0%
00074113601	ADRIAMYC PFS INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
00074116601	ADRIAMYC PFS INJ 200MG	ONCOLOGY- INJECTABLE	15.5%
00013114694	ADRIAMYC PFS INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
54569245800	ADRIAMYC PFS INJ 2MG/ML	ONCOLOGY- INJECTABLE	15.5%
54569245900	ADRIAMYC PFS INJ 2MG/ML	ONCOLOGY- INJECTABLE	15.5%
00074115601	ADRIAMYC PFS INJ 50MG	ONCOLOGY- INJECTABLE	15.5%
00013109694	ADRIAMYC RDF INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
00074109601	ADRIAMYC RDF INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
54868313100	ADRIAMYC RDF INJ 50MG	ONCOLOGY- INJECTABLE	15.5%
55390023110	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023210	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023301	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023510	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023610	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023701	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
55390023801	ADRIAMYCIN	ONCOLOGY- INJECTABLE	15.5%
00013113601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	15.5%
00013113691	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	15.5%
00013114601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	15.5%



00013114691	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013115601	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013115679	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013116601	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013116683	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013117601	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013117687	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013123691	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013124691	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013125679	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013126683	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013128683	ADRIAMYCIN PFS	ONCOLOGY-INJECTABLE	15.5%
00013108601	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00013108691	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00013109601	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00013109691	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00013110601	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00013110679	ADRIAMYCIN RDF	ONCOLOGY-INJECTABLE	15.5%
00703301511	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
00703301513	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
00703301811	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
00703301812	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
00703301911	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
00703301912	ADRUCIL	ONCOLOGY-INJECTABLE	16.0%
54746000101	ALFERON N	ONCOLOGY-INJECTABLE	15.5%
00034101901	ALFERON N INJ 5MU/ML	ONCOLOGY-	15.5%





		INJECTABLE	
00002762301	ALIMTA	ONCOLOGY- INJECTABLE	15.5%
00002764001	ALIMTA	ONCOLOGY- INJECTABLE	15.5%
00173013093	ALKERAN	ONCOLOGY- INJECTABLE	15.5%
52609300100	ALKERAN	ONCOLOGY- INJECTABLE	15.5%
59572030101	ALKERAN	ONCOLOGY- INJECTABLE	15.5%
47335058140	AMIFOSTINE	ONCOLOGY- INJECTABLE	15.5%
47335058142	AMIFOSTINE	ONCOLOGY- INJECTABLE	15.5%
55390030803	AMIFOSTINE	ONCOLOGY- INJECTABLE	15.5%
62756058140	AMIFOSTINE	ONCOLOGY- INJECTABLE	15.5%
62756058142	AMIFOSTINE	ONCOLOGY- INJECTABLE	15.5%
00007440101	ARRANON	ONCOLOGY- INJECTABLE	15.5%
00007440106	ARRANON	ONCOLOGY- INJECTABLE	15.5%
00173080802	ARZERRA	ONCOLOGY- INJECTABLE	15.5%
00173080805	ARZERRA	ONCOLOGY- INJECTABLE	15.5%
00173082101	ARZERRA	ONCOLOGY- INJECTABLE	15.5%
00173082133	ARZERRA	ONCOLOGY- INJECTABLE	15.5%
00173082102	ARZERRA	ONCOLOGY- INJECTABLE	15.5%
50242006001	AVASTIN	ONCOLOGY- INJECTABLE	15.5%
50242006002	AVASTIN	ONCOLOGY- INJECTABLE	15.5%
50242006101	AVASTIN	ONCOLOGY- INJECTABLE	15.5%
00781325394	AZACITIDINE	ONCOLOGY- INJECTABLE	16.0%
43598030562	AZACITIDINE	ONCOLOGY- INJECTABLE	16.0%
00781925394	AZACITIDINE	ONCOLOGY- INJECTABLE	16.0%
43598046562	AZACITIDINE	ONCOLOGY- INJECTABLE	16.0%
68152010809	BELEODAQ	ONCOLOGY- INJECTABLE	15.5%



23155026141	BICNU	ONCOLOGY- INJECTABLE	16.0%
00015301260	BICNU	ONCOLOGY- INJECTABLE	16.0%
00015301238	BICNU	ONCOLOGY- INJECTABLE	16.0%
00015301218	BICNU INJ 100MG	ONCOLOGY- INJECTABLE	16.0%
00015301297	BICNU INJ 100MG	ONCOLOGY- INJECTABLE	16.0%
59148007090	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
59148007091	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
59148007191	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
62161000538	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
67286005308	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
67286005408	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
59148004791	BUSULFEX	ONCOLOGY- INJECTABLE	15.5%
50419035703	CAMPATH	ONCOLOGY- INJECTABLE	15.5%
58468035701	CAMPATH	ONCOLOGY- INJECTABLE	15.5%
58468035703	CAMPATH	ONCOLOGY- INJECTABLE	15.5%
00009111101	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009111102	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009752901	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009752902	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009752903	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009752904	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00009752905	CAMPTOSAR	ONCOLOGY- INJECTABLE	15.5%
00015323011	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015323111	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015323211	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015323311	CARBOPLATIN	ONCOLOGY-	15.5%



		INJECTABLE	
00409112910	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00409112911	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00409112912	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591221911	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591222011	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591333626	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591333712	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591333889	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591345460	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00591368711	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703324411	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703324611	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703324811	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703324911	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703326401	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703326601	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703326801	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703326871	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703327401	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703327601	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703327801	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703424401	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703424601	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703424801	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
10019091201	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%



10019091202	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10019091203	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10019091501	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10019091601	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10019091701	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10139006005	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10139006015	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
10139006045	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
15210006112	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
15210006312	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
15210006612	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
15210006712	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021020205	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021020215	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021020245	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021020251	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
50111096576	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
50111096676	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
50111096776	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015001	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015101	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015201	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015301	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015401	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015501	CARBOPLATIN	ONCOLOGY-INJECTABLE	15.5%
55390015601	CARBOPLATIN	ONCOLOGY-	15.5%



		INJECTABLE	
55390022001	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
55390022101	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
55390022201	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033918	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033922	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033950	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033956	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033961	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033962	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703033963	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703036018	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703036022	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
61703036050	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016610	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016720	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016721	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016800	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016905	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016915	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323016945	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323017205	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323017215	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323017245	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
63323017260	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66758004701	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%



66758004702	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66758004703	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66758004704	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66860010001	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66860010101	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
66860010201	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67817006112	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67817006312	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67817006612	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67817006712	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67457049154	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67457049215	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67457049346	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67457049461	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703423901	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
67457060820	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
47335015040	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
47335015140	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
47335028440	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
47335030040	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
00703424891	CARBOPLATIN	ONCOLOGY- INJECTABLE	15.5%
55390028110	CERUBIDINE	ONCOLOGY- INJECTABLE	15.5%
53905028110	CERUBIDINE INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
00008415501	CERUBIDINE SOL 20MG	ONCOLOGY- INJECTABLE	15.5%
00703574711	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
00703574811	CISPLATIN	ONCOLOGY-	16.0%



		INJECTABLE	
63323010351	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
63323010364	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
63323010365	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
44567051001	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
44567050901	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
67457042410	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
67457042551	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
00069008101	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
00069008407	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
10019091001	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
10019091002	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390009901	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390011250	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390011299	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390018701	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390041450	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
55390041499	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
63323010391	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
63323010395	CISPLATIN	ONCOLOGY- INJECTABLE	16.0%
00069008618	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
00069020101	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
55390011501	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
55390012401	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
63323014010	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
67457045010	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%



67457045110	CLADRIBINE	ONCOLOGY- INJECTABLE	15.5%
00024586001	CLOLAR	ONCOLOGY- INJECTABLE	16.0%
58468010001	CLOLAR	ONCOLOGY- INJECTABLE	16.0%
58468010002	CLOLAR	ONCOLOGY- INJECTABLE	16.0%
55292081155	COSMEGEN	ONCOLOGY- INJECTABLE	16.0%
00006329822	COSMEGEN	ONCOLOGY- INJECTABLE	16.0%
67386081155	COSMEGEN	ONCOLOGY- INJECTABLE	16.0%
67457045450	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390013110	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390013210	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390013301	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390080710	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
67457045220	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
63323012020	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015201	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015202	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015301	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015302	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015401	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
00069015501	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390013401	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390080610	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390080801	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
55390080901	CYTARABINE	ONCOLOGY- INJECTABLE	16.0%
61703030350	CYTARABINE	AQUEOUS ONCOLOGY- INJECTABLE	14.0%
61703030425	CYTARABINE	AQUEOUS ONCOLOGY-	14.0%





		INJECTABLE	
61703030509	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	14.0%
00304216756	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
00364246753	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
00469103005	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
51309021910	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
51309022205	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
51309022330	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
53905013110	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
00469103050	CYTARABINE INJ 1GM	ONCOLOGY-INJECTABLE	14.0%
53905013301	CYTARABINE INJ 1GM	ONCOLOGY-INJECTABLE	14.0%
53905013401	CYTARABINE INJ 2GM	ONCOLOGY-INJECTABLE	14.0%
00304216858	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
00364246854	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
00469103025	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
51309022015	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
53905013210	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
54569296200	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
61703030346	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	16.0%
61703030436	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	16.0%
61703030538	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	16.0%
61703031922	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	16.0%
00009037301	CYTOSAR-U	ONCOLOGY-INJECTABLE	16.0%
00009047301	CYTOSAR-U	ONCOLOGY-INJECTABLE	16.0%
00009329501	CYTOSAR-U	ONCOLOGY-INJECTABLE	16.0%
00009329601	CYTOSAR-U	ONCOLOGY-INJECTABLE	16.0%



00009306301	CYTOSAR-U INJ 100/5ML	ONCOLOGY-INJECTABLE	16.0%
00009307001	CYTOSAR-U INJ 500MG	ONCOLOGY-INJECTABLE	16.0%
00703507501	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
00703507503	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
63323012710	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
63323012820	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
61703032722	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
55390009010	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
00074507501	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
00074507503	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
00703465801	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
55390033910	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
63323012812	DACARBAZINE	ONCOLOGY-INJECTABLE	16.0%
00469227030	DACARBAZINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
51309020420	DACARBAZINE INJ 100MG	ONCOLOGY-INJECTABLE	14.0%
00304217059	DACARBAZINE INJ 200MG	ONCOLOGY-INJECTABLE	14.0%
00469228040	DACARBAZINE INJ 200MG	ONCOLOGY-INJECTABLE	14.0%
51309020530	DACARBAZINE INJ 200MG	ONCOLOGY-INJECTABLE	14.0%
00304217151	DACARBAZINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
51309025450	DACARBAZINE INJ 500MG	ONCOLOGY-INJECTABLE	14.0%
62856060001	DACOGEN	ONCOLOGY-INJECTABLE	16.0%
58063060050	DACOGEN	ONCOLOGY-INJECTABLE	16.0%
55390033701	DACTINOMYCIN	ONCOLOGY-INJECTABLE	14.0%
00703503203	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00703523313	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00703523391	DAUNORUBICIN HCL	ONCOLOGY-	15.5%



		INJECTABLE	
00703523393	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390010801	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390010810	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390014210	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390080510	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323011908	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323012404	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10885000101	DAUNOXOME	ONCOLOGY- INJECTABLE	15.5%
56146030100	DAUNOXOME	ONCOLOGY- INJECTABLE	15.5%
56146030101	DAUNOXOME	ONCOLOGY- INJECTABLE	15.5%
56146030104	DAUNOXOME	ONCOLOGY- INJECTABLE	15.5%
61958030101	DAUNOXOME	ONCOLOGY- INJECTABLE	15.5%
00781313980	DECITABINE	ONCOLOGY- INJECTABLE	16.0%
43598042737	DECITABINE	ONCOLOGY- INJECTABLE	16.0%
55111055610	DECITABINE	ONCOLOGY- INJECTABLE	16.0%
43598034837	DECITABINE	ONCOLOGY- INJECTABLE	16.0%
47335036141	DECITABINE	ONCOLOGY- INJECTABLE	16.0%
57665033101	DEPOCYT	ONCOLOGY- INJECTABLE	16.0%
53905033101	DEPOCYT	ONCOLOGY- INJECTABLE	16.0%
67457020425	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%
67457020950	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%
55390001402	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%
55390006002	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%
67457020725	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%
67457020850	DEXRAZOXANE	ONCOLOGY- INJECTABLE	16.0%



47335028541	DOCEFREZ	ONCOLOGY-INJECTABLE	16.0%
47335028641	DOCEFREZ	ONCOLOGY-INJECTABLE	16.0%
00409020120	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00955102001	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00955102104	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729012049	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729022850	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729023163	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729023164	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729026763	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
16729026764	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
25021022201	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
25021022204	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
60505603506	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
60505603706	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
66758005003	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00409020127	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
63739093211	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
63739097117	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
45963073452	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
45963073454	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
43598025811	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
43598025940	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00069914122	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00069914222	DOCETAXEL	ONCOLOGY-INJECTABLE	15.5%
00409020102	DOCETAXEL	ONCOLOGY-	15.5%



		INJECTABLE	
00409020110	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
00409020125	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
00409020126	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
66758005001	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
66758005002	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
66758095002	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
66758095003	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
66758095004	DOCETAXEL	ONCOLOGY- INJECTABLE	15.5%
17314960001	DOXIL	ONCOLOGY- INJECTABLE	15.5%
17314960002	DOXIL	ONCOLOGY- INJECTABLE	15.5%
59676096001	DOXIL	ONCOLOGY- INJECTABLE	15.5%
59676096002	DOXIL	ONCOLOGY- INJECTABLE	15.5%
61471029512	DOXIL	ONCOLOGY- INJECTABLE	15.5%
00702023110	DOXORUBICIN INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
53905023110	DOXORUBICIN INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
00702023510	DOXORUBICIN INJ 10MG/5ML	ONCOLOGY- INJECTABLE	15.5%
00702023606	DOXORUBICIN INJ 20/10ML	ONCOLOGY- INJECTABLE	15.5%
00702023610	DOXORUBICIN INJ 20/10ML	ONCOLOGY- INJECTABLE	15.5%
00186157512	DOXORUBICIN INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
00702023206	DOXORUBICIN INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
53905023206	DOXORUBICIN INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
53905023210	DOXORUBICIN INJ 20MG	ONCOLOGY- INJECTABLE	15.5%
00469883030	DOXORUBICIN INJ 2MG/ML	ONCOLOGY- INJECTABLE	15.5%
00702023801	DOXORUBICIN INJ 2MG/ML	ONCOLOGY- INJECTABLE	15.5%
53905023510	DOXORUBICIN INJ 2MG/ML	ONCOLOGY- INJECTABLE	15.5%



53905023606	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
53905023610	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
53905023701	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
53905023801	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
00702023701	DOXORUBICIN INJ 50/25ML	ONCOLOGY-INJECTABLE	15.5%
00702023301	DOXORUBICIN INJ 50MG	ONCOLOGY-INJECTABLE	15.5%
53905023301	DOXORUBICIN INJ 50MG	ONCOLOGY-INJECTABLE	15.5%
00069017001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069017101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069303020	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069303120	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069303220	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069303320	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069303420	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069403001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069403101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069403201	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069403301	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00069403401	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153013	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153231	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153241	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153261	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00186153281	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	15.5%
00469100161	DOXORUBICIN HCL	ONCOLOGY-	15.5%



		INJECTABLE	
00469883020	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00469883130	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00469883250	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703504001	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703504301	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703504303	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703504601	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10019092001	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10019092102	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020705	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020725	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020751	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53150031410	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53150031501	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53150031701	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53150032010	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081010	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081110	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081201	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081310	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081410	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081501	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53905081601	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024110	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024210	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%



55390024301	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024510	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024610	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024701	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390024801	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
62756082640	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
62756082740	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323010161	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323088305	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323088310	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323088330	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457043650	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00069400405	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00069401510	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00069402625	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00069403701	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457039400	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457039410	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457047810	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457039300	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457039354	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
67457039525	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963073355	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963073357	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963073360	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963073368	DOXORUBICIN HCL	ONCOLOGY-	15.5%





		INJECTABLE	
67457039610	DOXORUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
47335004940	DOXORUBICIN HCL LIPOSOME	ONCOLOGY- INJECTABLE	16.0%
47335005040	DOXORUBICIN HCL LIPOSOME	ONCOLOGY- INJECTABLE	16.0%
00026815120	DTIC-DOME	ONCOLOGY- INJECTABLE	16.0%
00026815110	DTIC-DOME INJ 100MG	ONCOLOGY- INJECTABLE	16.0%
00009509101	ELLENCE	ONCOLOGY- INJECTABLE	15.5%
00009509301	ELLENCE	ONCOLOGY- INJECTABLE	15.5%
00024059010	ELOXATIN	ONCOLOGY- INJECTABLE	15.5%
00024059120	ELOXATIN	ONCOLOGY- INJECTABLE	15.5%
00024059240	ELOXATIN	ONCOLOGY- INJECTABLE	15.5%
00024059602	ELOXATIN	ONCOLOGY- INJECTABLE	15.5%
00024059704	ELOXATIN	ONCOLOGY- INJECTABLE	15.5%
00006461200	ELSPAR	ONCOLOGY- INJECTABLE	16.0%
00247128910	ELSPAR	ONCOLOGY- INJECTABLE	16.0%
67386041151	ELSPAR	ONCOLOGY- INJECTABLE	16.0%
00591346983	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00591347057	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703306711	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
00703306911	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10139006101	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10139006125	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10518010410	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
10518010411	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020325	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020351	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%



53150024701	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
53150025001	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390020701	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
55390020801	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
59762509101	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
59762509301	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
59923070100	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
59923070125	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703034735	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703034859	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035901	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035902	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035959	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035991	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035992	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
61703035993	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323015100	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323015105	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323015125	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
63323015175	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
66758004201	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
66758004202	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963060868	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
45963060860	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	15.5%
66733094823	ERBITUX	ONCOLOGY- INJECTABLE	15.5%
66733095823	ERBITUX	ONCOLOGY-	15.5%



		INJECTABLE	
17314725301	ETHYOL	ONCOLOGY- INJECTABLE	15.5%
17314725303	ETHYOL	ONCOLOGY- INJECTABLE	15.5%
58178001701	ETHYOL	ONCOLOGY- INJECTABLE	15.5%
58178001703	ETHYOL	ONCOLOGY- INJECTABLE	15.5%
00015340420	ETOPOPHOS	ONCOLOGY- INJECTABLE	15.5%
00074148501	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00074148502	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00074148503	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00209306022	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00209307020	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00209308020	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00209309020	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00703564301	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00703564601	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00703565801	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00703566701	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
10019093001	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
10019093002	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
16729011431	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390029101	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390029201	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390029301	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390049101	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390049201	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
55390049301	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%



63323010405	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
63323010425	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
63323010450	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
63323010465	ETOPOSIDE	ONCOLOGY- INJECTABLE	15.5%
00013736673	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
00186157131	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
00364302853	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
00703566801	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
53905029101	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
58406071112	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
58406071418	ETOPOSIDE INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
00310072010	FASLODEX	ONCOLOGY- INJECTABLE	15.5%
00310072025	FASLODEX	ONCOLOGY- INJECTABLE	15.5%
00310072050	FASLODEX	ONCOLOGY- INJECTABLE	15.5%
55566830301	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
55566840301	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
55566830101	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
55566840101	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
55566830102	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
55566840102	FIRMAGON	ONCOLOGY- INJECTABLE	16.0%
63323014507	FLOXURIDINE	ONCOLOGY- INJECTABLE	16.0%
55390013501	FLOXURIDINE	ONCOLOGY- INJECTABLE	16.0%
55390043501	FLOXURIDINE	ONCOLOGY- INJECTABLE	16.0%
00304217356	FLOXURIDINE INJ 0.5GM	ONCOLOGY- INJECTABLE	14.0%
51309023110	FLOXURIDINE INJ 0.5GM	ONCOLOGY- INJECTABLE	14.0%
50419051106	FLUDARA	ONCOLOGY-	15.5%



		INJECTABLE	
58468017001	FLUDARA	ONCOLOGY- INJECTABLE	15.5%
00703485211	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
00703485281	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
00703485291	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
00703585401	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
25021020505	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
61703034418	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
63323019202	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
63323019606	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
66758004601	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
67457023802	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
00069932122	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
25021023706	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
45963060955	FLUDARABINE PHOSPHATE	ONCOLOGY- INJECTABLE	15.5%
00069016901	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
00069016902	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
00069017301	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
00069017302	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
00069017401	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
00069017601	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
10139006301	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
10139006310	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
10139006311	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
10139006312	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
10139006320	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%



10139006350	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011710	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011720	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011751	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011761	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
00187395364	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
66758004401	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
66758004403	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027611	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027638	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027667	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027668	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011719	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011759	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011769	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011718	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011728	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011758	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
63323011768	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027603	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
16729027605	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
68001026624	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
68001026627	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
68001026628	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
68001026629	FLUOROURACIL	ONCOLOGY-INJECTABLE	16.0%
68001026630	FLUOROURACIL	ONCOLOGY-	16.0%



		INJECTABLE	
68001026631	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
68001026632	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
68001026633	FLUOROURACIL	ONCOLOGY- INJECTABLE	16.0%
48818000101	FOLOTYN	ONCOLOGY- INJECTABLE	15.5%
48818000102	FOLOTYN	ONCOLOGY- INJECTABLE	15.5%
00004193508	FUDR	ONCOLOGY- INJECTABLE	16.0%
61703033109	FUDR	ONCOLOGY- INJECTABLE	16.0%
68152010100	FUSILEV	ONCOLOGY- INJECTABLE	16.0%
50242007001	GAZYVA	ONCOLOGY- INJECTABLE	16.0%
00409018101	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00409018201	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00409018301	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00409018125	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00409018225	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00409018325	GEMCITABINE	ONCOLOGY- INJECTABLE	15.5%
00069385710	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00069385810	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00409018501	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00409018601	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00591356279	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00591356355	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00703577501	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00703577801	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00781328275	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%
00781328379	GEMCITABINE HCL	ONCOLOGY- INJECTABLE	15.5%



16729009203	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
16729011711	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155021331	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155021431	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
25021020810	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
25021020950	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
47335015340	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
47335015440	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
55111068607	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
55111068725	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
55390039110	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
55390039150	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
63323010210	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
63323010213	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
63323012550	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
63323012553	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
67457046420	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
67457046201	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
25021023410	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
25021023550	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
45963061257	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
45963061959	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155048331	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155048431	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155052831	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	15.5%
23155052931	GEMCITABINE HCL	ONCOLOGY-	15.5%





		INJECTABLE	
00002750101	GEMZAR	ONCOLOGY- INJECTABLE	15.5%
00002750201	GEMZAR	ONCOLOGY- INJECTABLE	15.5%
00075999508	GLIADEL	ONCOLOGY- INJECTABLE	16.0%
24338005008	GLIADEL WAFER	ONCOLOGY- INJECTABLE	16.0%
58063010001	GLIADEL WAFER	ONCOLOGY- INJECTABLE	16.0%
61379010001	GLIADEL WAFER	ONCOLOGY- INJECTABLE	16.0%
62856017708	GLIADEL WAFER	ONCOLOGY- INJECTABLE	16.0%
50242005656	HERCEPTIN	ONCOLOGY- INJECTABLE	15.5%
50242013460	HERCEPTIN	ONCOLOGY- INJECTABLE	15.5%
50242013468	HERCEPTIN	ONCOLOGY- INJECTABLE	15.5%
00007420101	HYCAMTIN	ONCOLOGY- INJECTABLE	15.5%
00007420105	HYCAMTIN	ONCOLOGY- INJECTABLE	15.5%
00013257691	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013258691	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013259691	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013220001	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013220101	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013220201	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013253678	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013254686	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00013255667	IDAMYCIN PFS	ONCOLOGY- INJECTABLE	16.0%
00703415411	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00703415511	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
63323019405	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
63323019410	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%



63323019420	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00703415611	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00703415491	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00703415591	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00703415691	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
55390021501	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
55390021601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
55390021701	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
59762257601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
59762258601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
59762259601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	16.0%
00338399101	IFEX	ONCOLOGY- INJECTABLE	16.0%
00338399301	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015055605	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015055611	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015055641	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015055711	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015055741	IFEX	ONCOLOGY- INJECTABLE	16.0%
00015355741	IFEX/MESNEX KIT	ONCOLOGY- INJECTABLE	16.0%
00015355410	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	16.0%
00015355427	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	16.0%
00015355610	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	16.0%
00015355626	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	16.0%
67457060920	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
10019092501	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
10019092602	IFOSFAMIDE	ONCOLOGY-	16.0%



		INJECTABLE	
00703342711	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
00703342911	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
67457042920	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
63323014212	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
67457044360	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
63323014210	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
10019092582	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
10019092616	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
63323017420	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
63323017460	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
00069449522	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
00069449622	IFOSFAMIDE	ONCOLOGY- INJECTABLE	16.0%
00703410048	IFOSFAMIDE/MESNA	ONCOLOGY- INJECTABLE	16.0%
00703410058	IFOSFAMIDE/MESNA	ONCOLOGY- INJECTABLE	16.0%
00703410948	IFOSFAMIDE/MESNA	ONCOLOGY- INJECTABLE	16.0%
00703410958	IFOSFAMIDE/MESNA	ONCOLOGY- INJECTABLE	16.0%
00085435001	INTRON A	ONCOLOGY- INJECTABLE	16.0%
00085435101	INTRON A	ONCOLOGY- INJECTABLE	16.0%
00085435201	INTRON A	ONCOLOGY- INJECTABLE	16.0%
00085113301	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085116801	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085117901	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085118401	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085119101	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085123501	INTRON-A	ONCOLOGY- INJECTABLE	15.5%



00085124201	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00085125401	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339650399	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339650499	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339650599	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339650699	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339650799	INTRON-A	ONCOLOGY- INJECTABLE	15.5%
00339651599	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00339651499	INTRON-A -W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00339651799	INTRON-A -W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00085057106	INTRON-A INJ 10MU	ONCOLOGY- INJECTABLE	15.5%
00085068901	INTRON-A INJ 18MU	ONCOLOGY- INJECTABLE	15.5%
00085095301	INTRON-A INJ 18MU/3ML	ONCOLOGY- INJECTABLE	15.5%
00085053901	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00085057102	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00085111001	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
54868334100	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	15.5%
00143970101	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00143970201	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00591318902	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00591318926	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443211	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443411	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443491	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443711	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00781306672	IRINOTECAN	ONCOLOGY-	15.5%



		INJECTABLE	
00781306675	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10019093401	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10019093402	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10019093417	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10019093479	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10518010310	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
10518010311	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
18111000202	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
18111000203	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
23155017931	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
23155017932	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
25021020002	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
25021021402	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
25021021405	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
55390029501	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
55390029601	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
57884300101	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
57884300201	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
59762752901	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
59762752902	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
59923070202	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
59923070205	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
61703034909	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
61703034916	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
61703034936	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%



61703034961	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
61703034962	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
63323019302	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
63323019305	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
63323019352	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
63323019355	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
66758004801	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
66758004802	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
25021023002	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
25021023005	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
45963061455	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
45963061451	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443281	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
00703443481	IRINOTECAN	ONCOLOGY- INJECTABLE	15.5%
46026098301	ISTODAX	ONCOLOGY- INJECTABLE	15.5%
59572098301	ISTODAX	ONCOLOGY- INJECTABLE	15.5%
00015191012	IXEMPRA KIT	ONCOLOGY- INJECTABLE	15.5%
00015191113	IXEMPRA KIT	ONCOLOGY- INJECTABLE	15.5%
00024582411	JEVTANA	ONCOLOGY- INJECTABLE	15.5%
50242008701	KADCYLA	ONCOLOGY- INJECTABLE	14.0%
50242008801	KADCYLA	ONCOLOGY- INJECTABLE	14.0%
55513052001	KEPIVANCE	ONCOLOGY- INJECTABLE	16.0%
66658011206	KEPIVANCE	ONCOLOGY- INJECTABLE	16.0%
66658011201	KEPIVANCE	ONCOLOGY- INJECTABLE	16.0%
66658011203	KEPIVANCE	ONCOLOGY- INJECTABLE	16.0%
55513052006	KEPIVANCE	ONCOLOGY-	16.0%



		INJECTABLE	
00006302601	KEYTRUDA	ONCOLOGY- INJECTABLE	15.5%
00006302602	KEYTRUDA	ONCOLOGY- INJECTABLE	15.5%
59676020101	LEUSTATIN	ONCOLOGY- INJECTABLE	15.5%
47335008250	LIPODOX	ONCOLOGY- INJECTABLE	15.5%
47335008350	LIPODOX 50	ONCOLOGY- INJECTABLE	15.5%
20536032201	MARQIBO	ONCOLOGY- INJECTABLE	16.0%
67457019501	MELPHALAN HYDROCHLORIDE	ONCOLOGY- INJECTABLE	15.5%
67457021501	MELPHALAN HYDROCHLORIDE	ONCOLOGY- INJECTABLE	15.5%
67457057901	MELPHALAN HYDROCHLORIDE	ONCOLOGY- INJECTABLE	15.5%
63323073310	MESNA	ONCOLOGY- INJECTABLE	16.0%
63323073311	MESNA	ONCOLOGY- INJECTABLE	16.0%
00703480503	MESNA	ONCOLOGY- INJECTABLE	16.0%
55390026601	MESNA	ONCOLOGY- INJECTABLE	16.0%
55390004501	MESNA	ONCOLOGY- INJECTABLE	16.0%
10019095362	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020110	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020111	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020166	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020167	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020168	MESNA	ONCOLOGY- INJECTABLE	16.0%
25021020169	MESNA	ONCOLOGY- INJECTABLE	16.0%
67457014800	MESNA	ONCOLOGY- INJECTABLE	16.0%
67457014810	MESNA	ONCOLOGY- INJECTABLE	16.0%
10019095301	MESNA	ONCOLOGY- INJECTABLE	16.0%
10019095302	MESNA	ONCOLOGY- INJECTABLE	16.0%



00703480501	MESNA	ONCOLOGY-INJECTABLE	16.0%
55390034701	MESNA	ONCOLOGY-INJECTABLE	16.0%
63323073312	MESNA	ONCOLOGY-INJECTABLE	16.0%
00338130501	MESNEX	ONCOLOGY-INJECTABLE	16.0%
00338130503	MESNEX	ONCOLOGY-INJECTABLE	16.0%
00015356302	MESNEX	ONCOLOGY-INJECTABLE	16.0%
00015356303	MESNEX	ONCOLOGY-INJECTABLE	16.0%
00015356310	MESNEX	ONCOLOGY-INJECTABLE	16.0%
00015356311	MESNEX	ONCOLOGY-INJECTABLE	16.0%
16729011638	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
16729010811	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390025101	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390025201	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390025301	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
16729024605	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
16729024711	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
16729024838	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
16729011505	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390045101	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390045201	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
55390045301	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
61703030650	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
62701001001	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
62701001101	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
63323019020	MITOMYCIN	ONCOLOGY-INJECTABLE	16.0%
63323019120	MITOMYCIN	ONCOLOGY-	16.0%





		INJECTABLE	
63323019140	MITOMYCIN	ONCOLOGY- INJECTABLE	16.0%
53905025201	MITOMYCIN INJ 20MG	ONCOLOGY- INJECTABLE	16.0%
53905025101	MITOMYCIN INJ 5MG	ONCOLOGY- INJECTABLE	16.0%
00703468001	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
00703468091	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
00703468501	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
00703468591	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
00703468601	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
00703468691	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
10518010510	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
10518010511	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
10518010512	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
15210040335	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
15210040337	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
55390008301	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
55390008401	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
55390008501	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
61703034318	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
61703034365	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
61703034366	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
63323013210	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
63323013212	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
63323013215	MITOXANTRONE HCL	ONCOLOGY- INJECTABLE	15.5%
55292091151	MUSTARGEN	ONCOLOGY- INJECTABLE	16.0%
00006775331	MUSTARGEN	ONCOLOGY- INJECTABLE	16.0%



67386091151	MUSTARGEN	ONCOLOGY- INJECTABLE	16.0%
00015300120	MUTAMYCIN	ONCOLOGY- INJECTABLE	16.0%
00015300220	MUTAMYCIN	ONCOLOGY- INJECTABLE	16.0%
00015300222	MUTAMYCIN	ONCOLOGY- INJECTABLE	16.0%
00015305920	MUTAMYCIN	ONCOLOGY- INJECTABLE	16.0%
00015300197	MUTAMYCIN INJ 5MG	ONCOLOGY- INJECTABLE	16.0%
00008451001	MYLOTARG	ONCOLOGY- INJECTABLE	15.5%
00173065601	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
00173065644	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
60831308601	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
60831308602	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
64370053201	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
64370053202	NAVELBINE	ONCOLOGY- INJECTABLE	15.5%
00081065601	NAVELBINE INJ 10MG/ML	ONCOLOGY- INJECTABLE	15.5%
00081065644	NAVELBINE INJ 10MG/ML	ONCOLOGY- INJECTABLE	15.5%
00409080101	NIPENT	ONCOLOGY- INJECTABLE	15.5%
62701080001	NIPENT	ONCOLOGY- INJECTABLE	15.5%
00409080109	NIPENT	ONCOLOGY- INJECTABLE	15.5%
00071424301	NIPENT INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
44087152001	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
44087152501	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
44087153001	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
58406064003	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
58406064005	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
58406064007	NOVANTRONE	ONCOLOGY- INJECTABLE	15.5%
00005939334	NOVANTRONE INJ 2MG/ML	ONCOLOGY-	15.5%



		INJECTABLE	
00005939336	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
00005939372	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
00205939334	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
00205939336	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
00205939372	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	15.5%
54482030101	ONCASPAR	ONCOLOGY-INJECTABLE	16.0%
00075064005	ONCASPAR	ONCOLOGY-INJECTABLE	16.0%
57665000202	ONCASPAR	ONCOLOGY-INJECTABLE	16.0%
00002719401	ONCOVIN	ONCOLOGY-INJECTABLE	16.0%
00002719501	ONCOVIN	ONCOLOGY-INJECTABLE	16.0%
00002719601	ONCOVIN	ONCOLOGY-INJECTABLE	16.0%
00002719801	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	16.0%
00002719809	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	16.0%
00002719901	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	16.0%
00002719909	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	16.0%
54569296100	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	16.0%
00002719900	ONCOVIN SOL 2MG/2ML	ONCOLOGY-INJECTABLE	16.0%
62856060301	ONTAK	ONCOLOGY-INJECTABLE	15.5%
64365050301	ONTAK	ONCOLOGY-INJECTABLE	15.5%
00172375377	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00172375396	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00172375473	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00172375494	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00172375531	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00172375675	ONXOL	ONCOLOGY-INJECTABLE	15.5%



00172375695	ONXOL	ONCOLOGY-INJECTABLE	15.5%
00003377211	OPDIVO	ONCOLOGY-INJECTABLE	16.0%
00003377412	OPDIVO	ONCOLOGY-INJECTABLE	16.0%
00069006701	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00069007001	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00069007401	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00703398501	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00703398601	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021021120	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
41616017640	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
41616017840	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
47335017640	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
61703036318	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
61703036322	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323017530	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323017650	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323065010	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323065017	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323065020	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323065027	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
66758005301	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
66758005302	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
67457044220	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00955172510	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00955172720	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
47335004640	OXALIPLATIN	ONCOLOGY-	15.5%



		INJECTABLE	
47335004740	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
67457046910	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323021110	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
63323021220	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021023310	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
25021023320	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
45963061153	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00781331570	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00781331780	OXALIPLATIN	ONCOLOGY-INJECTABLE	15.5%
00069007601	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00069007801	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00069007901	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00074433501	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00074433502	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00074433504	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00555198414	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00555198514	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00703476401	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00703476601	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00703476701	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
00703476801	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
09987433501	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
10518010207	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
10518010208	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%
10518010209	PACLITAXEL	ONCOLOGY-INJECTABLE	15.5%



25021021305	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
25021021317	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
25021021350	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
51079096101	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
51079096201	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
51079096301	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390011405	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390011420	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390011450	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390030405	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390030420	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390030450	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390031405	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390031420	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390031450	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390051405	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390051420	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
55390051450	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
61703034209	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
61703034222	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
61703034250	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076305	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076316	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076350	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
66758004301	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
66758004302	PACLITAXEL	ONCOLOGY-	15.5%



		INJECTABLE	
66758004303	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
67457043451	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
67457044917	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
67457047152	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076306	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076317	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
63323076352	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
44567050501	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
44567050601	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
45963061353	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
45963061356	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
45963061359	PACLITAXEL	ONCOLOGY- INJECTABLE	15.5%
00015321030	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321076	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321130	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321176	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321230	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321276	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321329	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321330	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321429	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321430	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321529	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321530	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%
00015321630	PARAPLATIN	ONCOLOGY- INJECTABLE	15.5%



55390024401	PENTOSTATIN	ONCOLOGY- INJECTABLE	15.5%
50242014501	PERJETA	ONCOLOGY- INJECTABLE	14.0%
00015322197	PLATINOL -AQ	ONCOLOGY- INJECTABLE	16.0%
00015322022	PLATINOL AQ	ONCOLOGY- INJECTABLE	16.0%
00015322026	PLATINOL AQ	ONCOLOGY- INJECTABLE	16.0%
00015322122	PLATINOL AQ	ONCOLOGY- INJECTABLE	16.0%
00015322126	PLATINOL AQ	ONCOLOGY- INJECTABLE	16.0%
00078049561	PROLEUKIN	ONCOLOGY- INJECTABLE	15.5%
53905099101	PROLEUKIN	ONCOLOGY- INJECTABLE	15.5%
54868559600	PROLEUKIN	ONCOLOGY- INJECTABLE	15.5%
65483011607	PROLEUKIN	ONCOLOGY- INJECTABLE	15.5%
53905099110	PROLEUKIN INJ 22MIU	ONCOLOGY- INJECTABLE	15.5%
50242005121	RITUXAN	ONCOLOGY- INJECTABLE	15.5%
50242005306	RITUXAN	ONCOLOGY- INJECTABLE	15.5%
00015335222	RUBEX	ONCOLOGY- INJECTABLE	15.5%
00015335122	RUBEX INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
58406051101	RUBEX INJ 10MG	ONCOLOGY- INJECTABLE	15.5%
58406051201	RUBEX INJ 50MG	ONCOLOGY- INJECTABLE	15.5%
00085128702	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085128703	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085131201	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085131202	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085138801	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085138802	SYLATRON	ONCOLOGY- INJECTABLE	15.5%
00085434701	SYLATRON	ONCOLOGY- INJECTABLE	14.0%
00085434801	SYLATRON	ONCOLOGY-	14.0%





		INJECTABLE	
00085434901	SYLATRON	ONCOLOGY- INJECTABLE	14.0%
63459017714	SYNRIBO	ONCOLOGY- INJECTABLE	16.0%
00013710678	TARABINE PFS INJ 100MG	ONCOLOGY- INJECTABLE	14.0%
00013709173	TARABINE PFS INJ 1GM	ONCOLOGY- INJECTABLE	14.0%
00015347520	TAXOL	ONCOLOGY- INJECTABLE	15.5%
00015347530	TAXOL	ONCOLOGY- INJECTABLE	15.5%
00015347620	TAXOL	ONCOLOGY- INJECTABLE	15.5%
00015347630	TAXOL	ONCOLOGY- INJECTABLE	15.5%
00015347911	TAXOL	ONCOLOGY- INJECTABLE	15.5%
00015347627	TAXOL INJ 100/17ML	ONCOLOGY- INJECTABLE	15.5%
00015345620	TAXOL INJ 30MG/5ML	ONCOLOGY- INJECTABLE	15.5%
00015345699	TAXOL INJ 30MG/5ML	ONCOLOGY- INJECTABLE	15.5%
00015347527	TAXOL INJ 30MG/5ML	ONCOLOGY- INJECTABLE	15.5%
00075800120	TAXOTERE	ONCOLOGY- INJECTABLE	15.5%
00075800180	TAXOTERE	ONCOLOGY- INJECTABLE	15.5%
00075800301	TAXOTERE	ONCOLOGY- INJECTABLE	15.5%
00075800404	TAXOTERE	ONCOLOGY- INJECTABLE	15.5%
00085138101	TEMODAR	ONCOLOGY- INJECTABLE	15.5%
49281088001	THERACYS	ONCOLOGY- INJECTABLE	16.0%
49281088003	THERACYS	ONCOLOGY- INJECTABLE	16.0%
11793088001	THERACYS	ONCOLOGY- INJECTABLE	16.0%
58468184904	THYROGEN	ONCOLOGY- INJECTABLE	15.5%
00052060202	TICE BCG	ONCOLOGY- INJECTABLE	16.0%
00013733601	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00013733691	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%



00013734601	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00013734694	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00013735601	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00013735688	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00703565301	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00703565601	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00703565701	TOPOSAR	ONCOLOGY- INJECTABLE	15.5%
00074733601	TOPOSAR INJ 100/5ML	ONCOLOGY- INJECTABLE	15.5%
00074734601	TOPOSAR INJ 200/10ML	ONCOLOGY- INJECTABLE	15.5%
00074735601	TOPOSAR INJ 500/25ML	ONCOLOGY- INJECTABLE	15.5%
00069007501	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
16729015131	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020606	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
25021020661	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
25021082406	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
55390037010	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
62756002340	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
63323076210	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
63323076217	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
63323076294	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
66435041005	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
67457047404	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
45963061556	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	15.5%
00008117901	TORISEL	ONCOLOGY- INJECTABLE	15.5%
38423011001	TOTECT	ONCOLOGY- INJECTABLE	16.0%
63459039120	TREANDA	ONCOLOGY-	15.5%



		INJECTABLE	
63459039502	TREANDA	ONCOLOGY- INJECTABLE	15.5%
63459039602	TREANDA	ONCOLOGY- INJECTABLE	15.5%
63459060010	TRISENOX	ONCOLOGY- INJECTABLE	16.0%
60553011110	TRISENOX	ONCOLOGY- INJECTABLE	16.0%
67979000101	VALSTAR	ONCOLOGY- INJECTABLE	16.0%
53014021604	VALSTAR	ONCOLOGY- INJECTABLE	16.0%
53014021624	VALSTAR	ONCOLOGY- INJECTABLE	16.0%
67979000102	VALSTAR	ONCOLOGY- INJECTABLE	16.0%
55513095401	VECTIBIX	ONCOLOGY- INJECTABLE	15.5%
55513095501	VECTIBIX	ONCOLOGY- INJECTABLE	15.5%
55513095601	VECTIBIX	ONCOLOGY- INJECTABLE	15.5%
63020004901	VELCADE	ONCOLOGY- INJECTABLE	15.5%
00015306120	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015306124	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015306220	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015306224	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015308420	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015309520	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015309530	VEPESID	ONCOLOGY- INJECTABLE	15.5%
00015309595	VEPESID INJ 100MG	ONCOLOGY- INJECTABLE	15.5%
54569296300	VEPESID INJ 20MG/ML	ONCOLOGY- INJECTABLE	15.5%
59572010201	VIDAZA	ONCOLOGY- INJECTABLE	15.5%
67211010201	VIDAZA	ONCOLOGY- INJECTABLE	15.5%
00469278030	VINBLASTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	14.0%
51309020220	VINBLASTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	14.0%



51309020230	VINBLASTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
54868318300	VINBLASTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
63323027810	VINBLASTINE SULFATE	ONCOLOGY-INJECTABLE	16.0%
00703440211	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00703441211	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00013745601	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00013745686	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00013746601	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00013746686	VINCASAR PFS	ONCOLOGY-INJECTABLE	16.0%
00074745601	VINCASAR PFS INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00074746601	VINCASAR PFS INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00094534101	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00094534201	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00094534501	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00304219952	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00304220055	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00304220155	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00364244851	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00364244852	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00402102801	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00402102802	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00469163000	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00469163010	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00469163030	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00469352000	VINCRISTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
00469352010	VINCRISTINE INJ 1MG/ML	ONCOLOGY-	14.0%



		INJECTABLE	
00469352020	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51309020005	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51309020102	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51309020105	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51432047505	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51432047601	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
51432047702	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
53258035200	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
53258035201	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
53258035202	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
54868319600	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	14.0%
61703030906	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	16.0%
61703030916	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	16.0%
61703030925	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	16.0%
61703030926	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	16.0%
00069009901	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00069010303	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00069020510	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00069020550	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418201	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418281	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418291	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418301	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418381	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00703418391	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%



10019097001	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
10019097002	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
25021020401	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
25021020405	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
55390006901	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
55390007001	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
55390026701	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
55390026801	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
59911595801	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
59911595901	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
61703034106	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
61703034109	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
63323014801	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
63323014805	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
64370021001	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
64370025001	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
66758004501	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
66758004502	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
67457047953	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
67457048101	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
67457043111	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
45963060755	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
45963060756	VINOELBINE TARTRATE	ONCOLOGY-INJECTABLE	15.5%
00003232711	YERVOY	ONCOLOGY-INJECTABLE	15.5%
00003232822	YERVOY	ONCOLOGY-INJECTABLE	15.5%
00024584001	ZALTRAP	ONCOLOGY-	16.0%



		INJECTABLE	
00024584101	ZALTRAP	ONCOLOGY- INJECTABLE	16.0%
00703463601	ZANOSAR	ONCOLOGY- INJECTABLE	16.0%
00009084401	ZANOSAR	ONCOLOGY- INJECTABLE	16.0%
00247139401	ZANOSAR	ONCOLOGY- INJECTABLE	16.0%
00013871762	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00013872789	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00013871501	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00013871562	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00013872501	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00013872589	ZINECARD	ONCOLOGY- INJECTABLE	16.0%
00078056651	AFINITOR	ONCOLOGY- ORAL	15.5%
00078056661	AFINITOR	ONCOLOGY- ORAL	15.5%
00078056751	AFINITOR	ONCOLOGY- ORAL	15.5%
00078056761	AFINITOR	ONCOLOGY- ORAL	15.5%
00078059451	AFINITOR	ONCOLOGY- ORAL	15.5%
00078059461	AFINITOR	ONCOLOGY- ORAL	15.5%
00078062051	AFINITOR	ONCOLOGY- ORAL	15.5%
00078062061	AFINITOR	ONCOLOGY- ORAL	15.5%
00078062651	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00078062661	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00078062751	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00078062761	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00078062851	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00078062861	AFINITOR DISPERZ	ONCOLOGY- ORAL	15.5%
00378695501	BEXAROTENE	ONCOLOGY- ORAL	16.0%
00069013501	BOSULIF	ONCOLOGY- ORAL	16.0%
00069013601	BOSULIF	ONCOLOGY- ORAL	16.0%
00093747306	CAPECITABINE	ONCOLOGY- ORAL	15.5%
00093747489	CAPECITABINE	ONCOLOGY- ORAL	15.5%
00378251191	CAPECITABINE	ONCOLOGY- ORAL	15.5%
00378251278	CAPECITABINE	ONCOLOGY- ORAL	15.5%
51079051001	CAPECITABINE	ONCOLOGY- ORAL	15.5%
51079051005	CAPECITABINE	ONCOLOGY- ORAL	15.5%
16729007212	CAPECITABINE	ONCOLOGY- ORAL	15.5%
16729007329	CAPECITABINE	ONCOLOGY- ORAL	15.5%



42291019060	CAPECITABINE	ONCOLOGY- ORAL	15.5%
42291019112	CAPECITABINE	ONCOLOGY- ORAL	15.5%
00015303120	CEENU	ONCOLOGY- ORAL	15.5%
00015303220	CEENU	ONCOLOGY- ORAL	15.5%
00015303020	CEENU	ONCOLOGY- ORAL	15.5%
50242014001	ERIVEDGE	ONCOLOGY- ORAL	16.0%
00378326694	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
51079096501	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
51079096505	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
54569571800	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
54868535500	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
54868535502	ETOPOSIDE	ONCOLOGY- ORAL	15.5%
00078040105	GLEEVEC	ONCOLOGY- ORAL	15.5%
00078040134	GLEEVEC	ONCOLOGY- ORAL	15.5%
00078040215	GLEEVEC	ONCOLOGY- ORAL	15.5%
00078043815	GLEEVEC	ONCOLOGY- ORAL	15.5%
54569584600	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868528900	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868528901	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868528902	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868528903	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868528904	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868542700	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868542701	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868542702	GLEEVEC	ONCOLOGY- ORAL	15.5%
54868542703	GLEEVEC	ONCOLOGY- ORAL	15.5%
68258902801	GLEEVEC	ONCOLOGY- ORAL	15.5%
00078064930	GLEEVEC	ONCOLOGY- ORAL	15.5%
58181304005	GLEOSTINE	ONCOLOGY- ORAL	16.0%
58181304105	GLEOSTINE	ONCOLOGY- ORAL	16.0%
58181304205	GLEOSTINE	ONCOLOGY- ORAL	16.0%
62856000110	HEXALEN	ONCOLOGY- ORAL	16.0%
58063000170	HEXALEN	ONCOLOGY- ORAL	16.0%
58178000170	HEXALEN	ONCOLOGY- ORAL	16.0%
00007420511	HYCAMTIN	ONCOLOGY- ORAL	15.5%
00007420711	HYCAMTIN	ONCOLOGY- ORAL	15.5%
00069018721	IBRANCE	ONCOLOGY- ORAL	14.0%
00069018821	IBRANCE	ONCOLOGY- ORAL	14.0%
00069018921	IBRANCE	ONCOLOGY- ORAL	14.0%
00069014501	INLYTA	ONCOLOGY- ORAL	15.5%
00069015111	INLYTA	ONCOLOGY- ORAL	15.5%
54868112601	LEUKERAN	ONCOLOGY- ORAL	16.0%
54868112602	LEUKERAN	ONCOLOGY- ORAL	16.0%





54868112604	LEUKERAN	ONCOLOGY- ORAL	16.0%
54868112600	LEUKERAN	ONCOLOGY- ORAL	16.0%
54868112605	LEUKERAN	ONCOLOGY- ORAL	16.0%
54868112603	LEUKERAN	ONCOLOGY- ORAL	16.0%
76388063550	LEUKERAN	ONCOLOGY- ORAL	16.0%
00173063535	LEUKERAN	ONCOLOGY- ORAL	16.0%
00081063535	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
54569037300	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
54569037301	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
54977019250	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
58181303105	LOMUSTINE	ONCOLOGY- ORAL	16.0%
58181303205	LOMUSTINE	ONCOLOGY- ORAL	16.0%
58181303005	LOMUSTINE	ONCOLOGY- ORAL	16.0%
00015308060	LYSODREN	ONCOLOGY- ORAL	16.0%
00173084813	MEKINIST	ONCOLOGY- ORAL	16.0%
00173084913	MEKINIST	ONCOLOGY- ORAL	16.0%
09850084813	MEKINIST	ONCOLOGY- ORAL	16.0%
09850084913	MEKINIST	ONCOLOGY- ORAL	16.0%
00054458111	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
00054458127	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
54868528200	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
54868528201	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
00378354725	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
00378354752	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
68084032511	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
68084032521	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
54868528202	MERCAPTOPURINE	ONCOLOGY- ORAL	42.0%
67108356509	MESNEX	ONCOLOGY- ORAL	16.0%
00015356512	MESNEX	ONCOLOGY- ORAL	16.0%
76388071325	MYLERAN	ONCOLOGY- ORAL	16.0%
00173071325	MYLERAN	ONCOLOGY- ORAL	16.0%
00081071325	MYLERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
54569037400	MYLERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
54977021625	MYLERAN TAB 2MG	ONCOLOGY- ORAL	16.0%
00026848858	NEXAVAR	ONCOLOGY- ORAL	12.0%
50419048858	NEXAVAR	ONCOLOGY- ORAL	12.0%
59572050100	POMALYST	ONCOLOGY- ORAL	15.5%
59572050121	POMALYST	ONCOLOGY- ORAL	15.5%
59572050200	POMALYST	ONCOLOGY- ORAL	15.5%
59572050221	POMALYST	ONCOLOGY- ORAL	15.5%
59572050300	POMALYST	ONCOLOGY- ORAL	15.5%
59572050321	POMALYST	ONCOLOGY- ORAL	15.5%
59572050400	POMALYST	ONCOLOGY- ORAL	15.5%



59572050421	POMALYST	ONCOLOGY- ORAL	15.5%
57844052206	PURINETHOL	ONCOLOGY- ORAL	16.0%
59572040200	REVLIMID	ONCOLOGY- ORAL	15.5%
59572040228	REVLIMID	ONCOLOGY- ORAL	15.5%
59572040500	REVLIMID	ONCOLOGY- ORAL	15.5%
59572040528	REVLIMID	ONCOLOGY- ORAL	15.5%
59572040530	REVLIMID	ONCOLOGY- ORAL	15.5%
59572041000	REVLIMID	ONCOLOGY- ORAL	15.5%
59572041028	REVLIMID	ONCOLOGY- ORAL	15.5%
59572041030	REVLIMID	ONCOLOGY- ORAL	15.5%
59572041500	REVLIMID	ONCOLOGY- ORAL	15.5%
59572041521	REVLIMID	ONCOLOGY- ORAL	15.5%
59572042000	REVLIMID	ONCOLOGY- ORAL	15.5%
59572042021	REVLIMID	ONCOLOGY- ORAL	15.5%
59572042500	REVLIMID	ONCOLOGY- ORAL	15.5%
59572042521	REVLIMID	ONCOLOGY- ORAL	15.5%
59572042525	REVLIMID	ONCOLOGY- ORAL	15.5%
00003052411	SPRYCEL	ONCOLOGY- ORAL	15.5%
00003052711	SPRYCEL	ONCOLOGY- ORAL	15.5%
00003052811	SPRYCEL	ONCOLOGY- ORAL	15.5%
00003085222	SPRYCEL	ONCOLOGY- ORAL	15.5%
00003085522	SPRYCEL	ONCOLOGY- ORAL	15.5%
00003085722	SPRYCEL	ONCOLOGY- ORAL	15.5%
54868575900	SPRYCEL	ONCOLOGY- ORAL	15.5%
50419017101	STIVARGA	ONCOLOGY- ORAL	12.0%
50419017103	STIVARGA	ONCOLOGY- ORAL	12.0%
00069055030	SUTENT	ONCOLOGY- ORAL	15.5%
00069055038	SUTENT	ONCOLOGY- ORAL	15.5%
00069077030	SUTENT	ONCOLOGY- ORAL	15.5%
00069077038	SUTENT	ONCOLOGY- ORAL	15.5%
00069098030	SUTENT	ONCOLOGY- ORAL	15.5%
00069098038	SUTENT	ONCOLOGY- ORAL	15.5%
54569598200	SUTENT	ONCOLOGY- ORAL	15.5%
54569598300	SUTENT	ONCOLOGY- ORAL	15.5%
54868557300	SUTENT	ONCOLOGY- ORAL	15.5%
00069083038	SUTENT	ONCOLOGY- ORAL	15.5%
76388088025	TABLOID	ONCOLOGY- ORAL	16.0%
00173088025	TABLOID	ONCOLOGY- ORAL	16.0%
00173084608	TAFINLAR	ONCOLOGY- ORAL	16.0%
00173084708	TAFINLAR	ONCOLOGY- ORAL	16.0%
50242006201	TARCEVA	ONCOLOGY- ORAL	15.5%
50242006301	TARCEVA	ONCOLOGY- ORAL	15.5%
50242006401	TARCEVA	ONCOLOGY- ORAL	15.5%



54569584700	TARCEVA	ONCOLOGY- ORAL	15.5%
54569584800	TARCEVA	ONCOLOGY- ORAL	15.5%
54868529000	TARCEVA	ONCOLOGY- ORAL	15.5%
54868544700	TARCEVA	ONCOLOGY- ORAL	15.5%
54868547400	TARCEVA	ONCOLOGY- ORAL	15.5%
62856060210	TARGRETIN	ONCOLOGY- ORAL	15.5%
64365050201	TARGRETIN	ONCOLOGY- ORAL	15.5%
00187552675	TARGRETIN	ONCOLOGY- ORAL	15.5%
00078052651	TASIGNA	ONCOLOGY- ORAL	15.5%
00078052687	TASIGNA	ONCOLOGY- ORAL	15.5%
00078059251	TASIGNA	ONCOLOGY- ORAL	15.5%
00078059287	TASIGNA	ONCOLOGY- ORAL	15.5%
00085124401	TEMODAR	ONCOLOGY- ORAL	15.5%
00085124402	TEMODAR	ONCOLOGY- ORAL	15.5%
00085124801	TEMODAR	ONCOLOGY- ORAL	15.5%
00085124802	TEMODAR	ONCOLOGY- ORAL	15.5%
00085124803	TEMODAR	ONCOLOGY- ORAL	15.5%
00085125201	TEMODAR	ONCOLOGY- ORAL	15.5%
00085125202	TEMODAR	ONCOLOGY- ORAL	15.5%
00085125901	TEMODAR	ONCOLOGY- ORAL	15.5%
00085125902	TEMODAR	ONCOLOGY- ORAL	15.5%
00085136601	TEMODAR	ONCOLOGY- ORAL	15.5%
00085136602	TEMODAR	ONCOLOGY- ORAL	15.5%
00085136603	TEMODAR	ONCOLOGY- ORAL	15.5%
00085136604	TEMODAR	ONCOLOGY- ORAL	15.5%
00085141701	TEMODAR	ONCOLOGY- ORAL	15.5%
00085141702	TEMODAR	ONCOLOGY- ORAL	15.5%
00085142501	TEMODAR	ONCOLOGY- ORAL	15.5%
00085142502	TEMODAR	ONCOLOGY- ORAL	15.5%
00085142503	TEMODAR	ONCOLOGY- ORAL	15.5%
00085142504	TEMODAR	ONCOLOGY- ORAL	15.5%
00085143001	TEMODAR	ONCOLOGY- ORAL	15.5%
00085143002	TEMODAR	ONCOLOGY- ORAL	15.5%
00085143003	TEMODAR	ONCOLOGY- ORAL	15.5%
00085143004	TEMODAR	ONCOLOGY- ORAL	15.5%
00085151901	TEMODAR	ONCOLOGY- ORAL	15.5%
00085151902	TEMODAR	ONCOLOGY- ORAL	15.5%
00085151903	TEMODAR	ONCOLOGY- ORAL	15.5%
00085151904	TEMODAR	ONCOLOGY- ORAL	15.5%
00085300401	TEMODAR	ONCOLOGY- ORAL	15.5%
00085300402	TEMODAR	ONCOLOGY- ORAL	15.5%
00085300403	TEMODAR	ONCOLOGY- ORAL	15.5%
00085300404	TEMODAR	ONCOLOGY- ORAL	15.5%



54569583600	TEMODAR	ONCOLOGY- ORAL	15.5%
54569583700	TEMODAR	ONCOLOGY- ORAL	15.5%
54569583800	TEMODAR	ONCOLOGY- ORAL	15.5%
54569583900	TEMODAR	ONCOLOGY- ORAL	15.5%
54569584200	TEMODAR	ONCOLOGY- ORAL	15.5%
54569584300	TEMODAR	ONCOLOGY- ORAL	15.5%
54569584400	TEMODAR	ONCOLOGY- ORAL	15.5%
54569584500	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414200	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414201	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414202	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414203	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414204	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414205	TEMODAR	ONCOLOGY- ORAL	15.5%
54868414206	TEMODAR	ONCOLOGY- ORAL	15.5%
54868534800	TEMODAR	ONCOLOGY- ORAL	15.5%
54868534801	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535000	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535001	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535002	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535003	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535004	TEMODAR	ONCOLOGY- ORAL	15.5%
54868535400	TEMODAR	ONCOLOGY- ORAL	15.5%
54868598000	TEMODAR	ONCOLOGY- ORAL	15.5%
00093759941	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093759957	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093760041	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093760057	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093760141	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093760157	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093760257	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093763841	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093763857	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093763941	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00093763957	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269144	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269175	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269244	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269275	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269344	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269375	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269444	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269475	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%



00781269544	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269575	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
00781269675	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089021	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089080	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089121	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089180	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089221	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089280	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335089380	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335092921	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335092980	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335093021	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
47335093080	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080114	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080151	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080214	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080251	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080314	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080351	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080414	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080451	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080514	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080551	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
65162080651	TEMOZOLOMIDE	ONCOLOGY- ORAL	40.0%
59572010511	THALOMID	ONCOLOGY- ORAL	15.5%
59572010512	THALOMID	ONCOLOGY- ORAL	15.5%
59572010513	THALOMID	ONCOLOGY- ORAL	15.5%
59572010592	THALOMID	ONCOLOGY- ORAL	15.5%
59572010593	THALOMID	ONCOLOGY- ORAL	15.5%
59572020514	THALOMID	ONCOLOGY- ORAL	15.5%
59572020517	THALOMID	ONCOLOGY- ORAL	15.5%
59572020594	THALOMID	ONCOLOGY- ORAL	15.5%
59572020597	THALOMID	ONCOLOGY- ORAL	15.5%
59572021015	THALOMID	ONCOLOGY- ORAL	15.5%
59572021095	THALOMID	ONCOLOGY- ORAL	15.5%
59572021513	THALOMID	ONCOLOGY- ORAL	15.5%
59572021593	THALOMID	ONCOLOGY- ORAL	15.5%
59572022016	THALOMID	ONCOLOGY- ORAL	15.5%
59572022096	THALOMID	ONCOLOGY- ORAL	15.5%
00081088025	THIOGUANINE TAB 40MG	ONCOLOGY- ORAL	16.0%
00555080802	TRETINOIN	ONCOLOGY- ORAL	16.0%
10370026801	TRETINOIN	ONCOLOGY- ORAL	16.0%



68084007511	TRETINOIN	ONCOLOGY- ORAL	16.0%
68084007521	TRETINOIN	ONCOLOGY- ORAL	16.0%
00173075200	TYKERB	ONCOLOGY- ORAL	15.5%
00015309145	VEPESID	ONCOLOGY- ORAL	15.5%
00004025001	VESANOID	ONCOLOGY- ORAL	15.5%
00173080409	VOTRIENT	ONCOLOGY- ORAL	15.5%
00069814020	XALKORI	ONCOLOGY- ORAL	14.0%
00069814120	XALKORI	ONCOLOGY- ORAL	14.0%
00004110020	XELODA	ONCOLOGY- ORAL	15.5%
00004110051	XELODA	ONCOLOGY- ORAL	15.5%
00004110116	XELODA	ONCOLOGY- ORAL	15.5%
00004110150	XELODA	ONCOLOGY- ORAL	15.5%
00004110175	XELODA	ONCOLOGY- ORAL	15.5%
54569571700	XELODA	ONCOLOGY- ORAL	15.5%
54868414300	XELODA	ONCOLOGY- ORAL	15.5%
54868414301	XELODA	ONCOLOGY- ORAL	15.5%
54868414302	XELODA	ONCOLOGY- ORAL	15.5%
54868414303	XELODA	ONCOLOGY- ORAL	15.5%
54868526000	XELODA	ONCOLOGY- ORAL	15.5%
54868526001	XELODA	ONCOLOGY- ORAL	15.5%
54868526002	XELODA	ONCOLOGY- ORAL	15.5%
54868526003	XELODA	ONCOLOGY- ORAL	15.5%
54868526004	XELODA	ONCOLOGY- ORAL	15.5%
54868526005	XELODA	ONCOLOGY- ORAL	15.5%
54868526006	XELODA	ONCOLOGY- ORAL	15.5%
54868526007	XELODA	ONCOLOGY- ORAL	15.5%
54868526008	XELODA	ONCOLOGY- ORAL	15.5%
54868526009	XELODA	ONCOLOGY- ORAL	15.5%
68258903601	XELODA	ONCOLOGY- ORAL	15.5%
00469012599	XTANDI	ONCOLOGY- ORAL	16.0%
50242009001	ZELBORAF	ONCOLOGY- ORAL	15.5%
00006056840	ZOLINZA	ONCOLOGY- ORAL	15.5%
57894015012	ZYTIGA	ONCOLOGY- ORAL	15.5%
00078046361	AREDia	ONCOLOGY- SUPPORTIVE CARE	15.5%
00078046391	AREDia	ONCOLOGY- SUPPORTIVE CARE	15.5%
00078046461	AREDia	ONCOLOGY- SUPPORTIVE CARE	15.5%
00083260104	AREDia	ONCOLOGY- SUPPORTIVE CARE	15.5%
00083260901	AREDia	ONCOLOGY- SUPPORTIVE CARE	15.5%
00024515010	ELITEK	ONCOLOGY- SUPPORTIVE CARE	15.5%



00024515175	ELITEK	ONCOLOGY-SUPPORTIVE CARE	15.5%
63459091011	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091015	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091211	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091215	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091017	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091036	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091217	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
63459091236	GRANIX	ONCOLOGY-SUPPORTIVE CARE	16.0%
00069010701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00069010901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00069018601	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00409408591	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00517074501	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00517074601	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703407511	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703407519	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703407559	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703408511	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703408551	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00703408591	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00781314770	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00781314784	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
00781314870	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
15210040111	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
15210040211	PAMIDRONATE DISODIUM	ONCOLOGY-	15.5%



		SUPPORTIVE CARE	
23360002310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
23360002410	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
25021080210	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
25021080310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
40042001710	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
40042001910	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390012701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390012901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390015701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390015901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390020401	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55390060401	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
61703032418	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
61703032439	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
61703032518	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
61703032618	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
61703035618	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
63323073410	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
63323073435	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
63323073510	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
63323073535	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
67457043010	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
59923060110	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
59923060310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
67457044610	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%





67457061010	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	15.5%
55513073001	XGEVA	ONCOLOGY-SUPPORTIVE CARE	15.5%
00143964201	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
23155017031	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
25021080166	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
25021082682	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
42023015101	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
43598033011	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
47335003540	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
53150087101	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
55111068507	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
60505611000	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
45963044055	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
67457039054	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
63323096198	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	40.0%
00078038725	ZOMETA	ONCOLOGY-SUPPORTIVE CARE	15.5%
00078059061	ZOMETA	ONCOLOGY-SUPPORTIVE CARE	15.5%
00006302901	KEYTRUDA	ONCOLOGY-INJECTABLE	15.5%
00006302902	KEYTRUDA	ONCOLOGY-INJECTABLE	15.5%
68611019002	ILUVIEN	OPHTHALMIC AGENTS	12.0%
50242008001	LUCENTIS	OPHTHALMIC AGENTS	15.5%
00006422930	GRASTEK	ORAL IMMUNOTHERAPY	15.5%
59617001502	ORALAIR	ORAL IMMUNOTHERAPY	15.5%
59617001503	ORALAIR	ORAL IMMUNOTHERAPY	15.5%
59617002501	ORALAIR ADULT SAMPLE KIT	ORAL IMMUNOTHERAPY	12.0%
59617001601	ORALAIR ADULT STARTER PACK	ORAL IMMUNOTHERAPY	12.0%
00006542030	RAGWITEK	ORAL	15.5%



		IMMUNOTHERAPY	
00006542054	RAGWITEK	ORAL IMMUNOTHERAPY	15.5%
55566410001	EUFLEXXA	OSTEOARTHRITIS	15.5%
87541030091	GEL-ONE	OSTEOARTHRITIS	16.0%
85836015153	GEL-ONE	OSTEOARTHRITIS	16.0%
08024072412	HYALGAN	OSTEOARTHRITIS	15.5%
08024072416	HYALGAN	OSTEOARTHRITIS	15.5%
08024072420	HYALGAN	OSTEOARTHRITIS	15.5%
18837026502	HYALGAN	OSTEOARTHRITIS	15.5%
21695037402	HYALGAN	OSTEOARTHRITIS	15.5%
35356021901	HYALGAN	OSTEOARTHRITIS	15.5%
54569554300	HYALGAN	OSTEOARTHRITIS	15.5%
89122072412	HYALGAN	OSTEOARTHRITIS	15.5%
89122072420	HYALGAN	OSTEOARTHRITIS	15.5%
00024072412	HYALGAN INJ 10MG/ML	OSTEOARTHRITIS	15.5%
00024072416	HYALGAN INJ 10MG/ML	OSTEOARTHRITIS	15.5%
59676082001	MONOVISC	OSTEOARTHRITIS	15.5%
35356003501	ORTHOVISC	OSTEOARTHRITIS	15.5%
35356003502	ORTHOVISC	OSTEOARTHRITIS	15.5%
59676036001	ORTHOVISC	OSTEOARTHRITIS	15.5%
08363776101	SUPARTZ	OSTEOARTHRITIS	15.5%
08363776501	SUPARTZ	OSTEOARTHRITIS	15.5%
35356003601	SUPARTZ	OSTEOARTHRITIS	15.5%
35356003602	SUPARTZ	OSTEOARTHRITIS	15.5%
89130555501	SUPARTZ	OSTEOARTHRITIS	15.5%
00008914901	SYNVISC	OSTEOARTHRITIS	15.5%
00008914902	SYNVISC	OSTEOARTHRITIS	15.5%
21695031301	SYNVISC	OSTEOARTHRITIS	15.5%
21695031303	SYNVISC	OSTEOARTHRITIS	15.5%
35356003401	SYNVISC	OSTEOARTHRITIS	15.5%
35356003403	SYNVISC	OSTEOARTHRITIS	15.5%
54569477100	SYNVISC	OSTEOARTHRITIS	15.5%
54868421900	SYNVISC	OSTEOARTHRITIS	15.5%
58468009001	SYNVISC	OSTEOARTHRITIS	15.5%
66267092103	SYNVISC	OSTEOARTHRITIS	15.5%
68115053503	SYNVISC	OSTEOARTHRITIS	15.5%
68258893503	SYNVISC	OSTEOARTHRITIS	15.5%
21695049301	SYNVISC ONE	OSTEOARTHRITIS	15.5%
58468009003	SYNVISC ONE	OSTEOARTHRITIS	15.5%
68258893506	SYNVISC ONE	OSTEOARTHRITIS	15.5%
00002840001	FORTEO	OSTEOPOROSIS	15.5%
00002897101	FORTEO	OSTEOPOROSIS	15.5%



54868540600	FORTEO	OSTEOPOROSIS	15.5%
55513071001	PROLIA	OSTEOPOROSIS	15.5%
00078043561	RECLAST	OSTEOPOROSIS	15.5%
35356035101	RECLAST	OSTEOPOROSIS	15.5%
23155018631	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
25021083082	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
42023016301	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
43598033111	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
55111068852	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
47335096241	ZOLEDRONIC ACID	OSTEOPOROSIS	40.0%
00078035084	ZOMETA	OSTEOPOROSIS	15.5%
25682000101	SOLIRIS	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)	15.5%
66302046760	ADCIRCA	PULMONARY ARTERIAL HYPERTENSION	15.5%
00069419068	REVATIO	PULMONARY ARTERIAL HYPERTENSION	15.5%
00069033621	REVATIO	PULMONARY ARTERIAL HYPERTENSION	15.5%
33342012110	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	40.0%
31722077690	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	40.0%
68084086911	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	40.0%
68084086921	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	40.0%
00093551798	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
00378165777	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
00591378019	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
13668018505	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%



13668018590	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
16714033801	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
42291073090	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
55111037290	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
59762003301	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
60505340405	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
60505340409	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
65162035109	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68071207201	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68071207202	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68071207203	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68071207204	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68071207208	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68084062211	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68084062221	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68258697409	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
68001017605	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%



63629502901	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
63629502902	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
63629502903	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
63629502904	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
63629502905	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
43063055010	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
43063055030	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
50268071711	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
50268071715	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
54569660400	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	40.0%
60574411301	SYNAGIS	RESPIRATORY SYNCYTIAL VIRUS	15.5%
60574411401	SYNAGIS	RESPIRATORY SYNCYTIAL VIRUS	15.5%
00187000714	VIRAZOLE	RESPIRATORY SYNCYTIAL VIRUS	15.5%
49401010101	BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS	15.5%
49401010201	BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS	15.5%
50633021011	VORAXAZE	TOXICOLOGY AGENTS	16.0%
00469064773	ASTAGRAF XL	TRANSPLANT	16.0%
00469067773	ASTAGRAF XL	TRANSPLANT	16.0%
00469068773	ASTAGRAF XL	TRANSPLANT	16.0%
00004025901	CELLCEPT	TRANSPLANT	15.5%
00004025905	CELLCEPT	TRANSPLANT	15.5%
00004025943	CELLCEPT	TRANSPLANT	15.5%
00004026001	CELLCEPT	TRANSPLANT	15.5%
00004026043	CELLCEPT	TRANSPLANT	15.5%



00004026129	CELLCEPT	TRANSPLANT	15.5%
21695017100	CELLCEPT	TRANSPLANT	15.5%
49999093600	CELLCEPT	TRANSPLANT	15.5%
49999093630	CELLCEPT	TRANSPLANT	15.5%
49999093730	CELLCEPT	TRANSPLANT	15.5%
68258905201	CELLCEPT	TRANSPLANT	15.5%
68258907301	CELLCEPT	TRANSPLANT	15.5%
00004029809	CELLCEPT INTRAVENOUS	TRANSPLANT	15.5%
00574086610	CYCLOSPORINE	TRANSPLANT	22.0%
54868552200	CYCLOSPORINE	TRANSPLANT	22.0%
55390012210	CYCLOSPORINE	TRANSPLANT	22.0%
60432014050	CYCLOSPORINE	TRANSPLANT	22.0%
60505013300	CYCLOSPORINE	TRANSPLANT	22.0%
60505013400	CYCLOSPORINE	TRANSPLANT	22.0%
62584082711	CYCLOSPORINE	TRANSPLANT	22.0%
62584082721	CYCLOSPORINE	TRANSPLANT	22.0%
00172731000	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731046	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731100	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731146	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731200	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731246	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00172731320	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00185093230	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00185093330	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00591222215	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00591222315	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00591222455	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
50111088542	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
50111090943	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
50111092043	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
54868623200	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
60505035401	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00093574019	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00093574065	CYCLOSPORINE MODIFIED	TRANSPLANT	22.0%
00074646332	GENGRAF	TRANSPLANT	22.0%
00074647932	GENGRAF	TRANSPLANT	22.0%
00074726950	GENGRAF	TRANSPLANT	22.0%
00078061605	HECORIA	TRANSPLANT	22.0%
00078061705	HECORIA	TRANSPLANT	22.0%
00078061805	HECORIA	TRANSPLANT	22.0%
00054016325	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00054016329	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%



00054016625	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00054016629	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093733401	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093733405	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093733419	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093733493	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093747701	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00093747705	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00378225001	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00378225005	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00378447201	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00378447205	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00781206701	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00781206705	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00781206789	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00781517501	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00781517505	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
16729001901	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
16729001916	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
16729009401	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
16729009416	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
51079037901	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
51079037920	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
51079072101	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
51079072120	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
59762070201	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
59762070203	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
59762070301	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
59762070302	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
59762070303	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296701	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296705	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296707	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296801	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296805	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60505296807	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60951073470	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60951073485	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60951073570	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60951073585	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
64380072506	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
64380072606	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
67877022501	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%



67877022505	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
67877026601	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
67877026605	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084017701	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084017711	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084017801	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084017811	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084058701	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084058711	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084058801	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084058811	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013001	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013005	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013010	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013019	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013101	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013105	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68382013110	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
64380072507	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
64380072607	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
67877023022	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60429005901	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60429005905	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60429007001	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
60429007005	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084079501	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084079511	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084080101	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
68084080111	MYCOPHENOLATE MOFETIL	TRANSPLANT	52.0%
00378420178	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
00378420278	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
51079050801	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
51079050820	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
51079050901	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
51079050920	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
60505296507	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
60505296607	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
68084090711	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
68084090721	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
60429001712	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
60429001612	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
68084091825	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%
68084091895	MYCOPHENOLIC ACID DR	TRANSPLANT	16.0%





00078038566	MYFORTIC	TRANSPLANT	15.5%
00078038666	MYFORTIC	TRANSPLANT	15.5%
00078024615	NEORAL	TRANSPLANT	15.5%
00078024661	NEORAL	TRANSPLANT	15.5%
00078024815	NEORAL	TRANSPLANT	15.5%
00078024861	NEORAL	TRANSPLANT	15.5%
00078027422	NEORAL	TRANSPLANT	15.5%
00003037113	NULOJIX	TRANSPLANT	16.0%
00469060767	PROGRAF	TRANSPLANT	15.5%
00469060773	PROGRAF	TRANSPLANT	15.5%
00469061710	PROGRAF	TRANSPLANT	15.5%
00469061711	PROGRAF	TRANSPLANT	15.5%
00469061771	PROGRAF	TRANSPLANT	15.5%
00469061773	PROGRAF	TRANSPLANT	15.5%
00469065710	PROGRAF	TRANSPLANT	15.5%
00469065711	PROGRAF	TRANSPLANT	15.5%
00469065771	PROGRAF	TRANSPLANT	15.5%
00469065773	PROGRAF	TRANSPLANT	15.5%
00469301601	PROGRAF	TRANSPLANT	15.5%
21695017000	PROGRAF	TRANSPLANT	15.5%
43353017853	PROGRAF	TRANSPLANT	15.5%
43353017860	PROGRAF	TRANSPLANT	15.5%
43353017880	PROGRAF	TRANSPLANT	15.5%
67544120553	PROGRAF	TRANSPLANT	15.5%
67544120560	PROGRAF	TRANSPLANT	15.5%
67544120580	PROGRAF	TRANSPLANT	15.5%
68258909901	PROGRAF	TRANSPLANT	15.5%
43353017809	PROGRAF	TRANSPLANT	15.5%
00008103001	RAPAMUNE	TRANSPLANT	15.5%
00008103002	RAPAMUNE	TRANSPLANT	15.5%
00008103003	RAPAMUNE	TRANSPLANT	15.5%
00008103004	RAPAMUNE	TRANSPLANT	15.5%
00008103005	RAPAMUNE	TRANSPLANT	15.5%
00008103006	RAPAMUNE	TRANSPLANT	15.5%
00008103007	RAPAMUNE	TRANSPLANT	15.5%
00008103008	RAPAMUNE	TRANSPLANT	15.5%
00008103014	RAPAMUNE	TRANSPLANT	15.5%
00008103015	RAPAMUNE	TRANSPLANT	15.5%
00008103105	RAPAMUNE	TRANSPLANT	15.5%
00008103110	RAPAMUNE	TRANSPLANT	15.5%
00008103205	RAPAMUNE	TRANSPLANT	15.5%
00008104005	RAPAMUNE	TRANSPLANT	15.5%
00008104010	RAPAMUNE	TRANSPLANT	15.5%



00008104105	RAPAMUNE	TRANSPLANT	15.5%
00008104110	RAPAMUNE	TRANSPLANT	15.5%
00008104205	RAPAMUNE	TRANSPLANT	15.5%
35356028000	RAPAMUNE	TRANSPLANT	15.5%
00078010901	SANDIMMUNE	TRANSPLANT	15.5%
00078010961	SANDIMMUNE	TRANSPLANT	15.5%
00078011022	SANDIMMUNE	TRANSPLANT	15.5%
00078024015	SANDIMMUNE	TRANSPLANT	15.5%
00078024061	SANDIMMUNE	TRANSPLANT	15.5%
00078024115	SANDIMMUNE	TRANSPLANT	15.5%
00078024161	SANDIMMUNE	TRANSPLANT	15.5%
54569287200	SANDIMMUNE CAP 100MG	TRANSPLANT	15.5%
54569287300	SANDIMMUNE CAP 25MG	TRANSPLANT	15.5%
54569256300	SANDIMMUNE SOL 100MG/ML	TRANSPLANT	15.5%
62053053905	SANGCYA	TRANSPLANT	22.0%
59762100101	SIROLIMUS	TRANSPLANT	16.0%
68382052001	SIROLIMUS	TRANSPLANT	16.0%
55111065301	SIROLIMUS	TRANSPLANT	16.0%
55111065401	SIROLIMUS	TRANSPLANT	16.0%
59762100201	SIROLIMUS	TRANSPLANT	16.0%
59762100301	SIROLIMUS	TRANSPLANT	16.0%
00378204501	TACROLIMUS	TRANSPLANT	22.0%
00378204505	TACROLIMUS	TRANSPLANT	22.0%
00378204601	TACROLIMUS	TRANSPLANT	22.0%
00378204605	TACROLIMUS	TRANSPLANT	22.0%
00378204701	TACROLIMUS	TRANSPLANT	22.0%
00378204705	TACROLIMUS	TRANSPLANT	22.0%
00591335901	TACROLIMUS	TRANSPLANT	22.0%
00781210201	TACROLIMUS	TRANSPLANT	22.0%
00781210301	TACROLIMUS	TRANSPLANT	22.0%
00781210401	TACROLIMUS	TRANSPLANT	22.0%
00781930201	TACROLIMUS	TRANSPLANT	22.0%
00781930301	TACROLIMUS	TRANSPLANT	22.0%
00781930401	TACROLIMUS	TRANSPLANT	22.0%
16729004101	TACROLIMUS	TRANSPLANT	22.0%
16729004201	TACROLIMUS	TRANSPLANT	22.0%
16729004301	TACROLIMUS	TRANSPLANT	22.0%
50742020701	TACROLIMUS	TRANSPLANT	22.0%
50742020801	TACROLIMUS	TRANSPLANT	22.0%
50742020901	TACROLIMUS	TRANSPLANT	22.0%
51079002801	TACROLIMUS	TRANSPLANT	22.0%
51079002820	TACROLIMUS	TRANSPLANT	22.0%
51079081701	TACROLIMUS	TRANSPLANT	22.0%



51079081720	TACROLIMUS	TRANSPLANT	22.0%
51079081801	TACROLIMUS	TRANSPLANT	22.0%
51079081820	TACROLIMUS	TRANSPLANT	22.0%
55111052501	TACROLIMUS	TRANSPLANT	22.0%
55111052601	TACROLIMUS	TRANSPLANT	22.0%
55111052701	TACROLIMUS	TRANSPLANT	22.0%
60429037701	TACROLIMUS	TRANSPLANT	22.0%
60429037801	TACROLIMUS	TRANSPLANT	22.0%
60429037901	TACROLIMUS	TRANSPLANT	22.0%
62175038037	TACROLIMUS	TRANSPLANT	22.0%
62175038137	TACROLIMUS	TRANSPLANT	22.0%
62175038237	TACROLIMUS	TRANSPLANT	22.0%
68084044901	TACROLIMUS	TRANSPLANT	22.0%
68084044911	TACROLIMUS	TRANSPLANT	22.0%
68084045001	TACROLIMUS	TRANSPLANT	22.0%
68084045011	TACROLIMUS	TRANSPLANT	22.0%
68084045101	TACROLIMUS	TRANSPLANT	22.0%
68084045111	TACROLIMUS	TRANSPLANT	22.0%
64380072006	TACROLIMUS	TRANSPLANT	22.0%
64380072106	TACROLIMUS	TRANSPLANT	22.0%
64380072206	TACROLIMUS	TRANSPLANT	22.0%
00904642561	TACROLIMUS	TRANSPLANT	22.0%
00078041420	ZORTRESS	TRANSPLANT	15.5%
00078041461	ZORTRESS	TRANSPLANT	15.5%
00078041520	ZORTRESS	TRANSPLANT	15.5%
00078041561	ZORTRESS	TRANSPLANT	15.5%
00078041720	ZORTRESS	TRANSPLANT	15.5%
00078041761	ZORTRESS	TRANSPLANT	15.5%
00006067968	CUPRID CAP 250MG	WILSONS DISEASE	15.5%
00006066168	SYPRINE	WILSONS DISEASE	15.5%
25010071015	SYPRINE	WILSONS DISEASE	15.5%
00187212010	SYPRINE	WILSONS DISEASE	15.5%

## EGWP – Open Specialty BriovaRx Price List

NDC	DRUG NAME	THERAPY	Post AWP Discount
00703330104	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703331101	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703331104	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703332101	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703332104	OCTREOTIDE ACETATE	ACROMEGALY	13.5%



00703332194	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703333301	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00703334301	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781316475	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781316575	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916475	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916575	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916671	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916695	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916771	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916795	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916871	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00781916895	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
25021045101	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
25021045201	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
25021045301	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
25021045405	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
25021045505	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390016010	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390016110	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390016210	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390016301	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390016401	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390037510	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390037610	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
55390037701	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756009444	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756034844	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756034944	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756035040	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756035144	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756035240	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
62756065240	OCTREOTIDE ACETATE	ACROMEGALY	14.6%
63323036501	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037601	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037701	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037805	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037905	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
64679063201	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
64679063302	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
64679063401	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
64679063502	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
67457023900	OCTREOTIDE ACETATE	ACROMEGALY	13.5%



67457023901	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
67457024500	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
67457024501	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
67457024600	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
67457024601	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323036504	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037604	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
63323037704	OCTREOTIDE ACETATE	ACROMEGALY	13.5%
00078018001	SANDOSTATIN	ACROMEGALY	14.6%
00078018003	SANDOSTATIN	ACROMEGALY	14.6%
00078018061	SANDOSTATIN	ACROMEGALY	14.6%
00078018101	SANDOSTATIN	ACROMEGALY	14.6%
00078018103	SANDOSTATIN	ACROMEGALY	14.6%
00078018161	SANDOSTATIN	ACROMEGALY	14.6%
00078018201	SANDOSTATIN	ACROMEGALY	14.6%
00078018203	SANDOSTATIN	ACROMEGALY	14.6%
00078018261	SANDOSTATIN	ACROMEGALY	14.6%
00078018325	SANDOSTATIN	ACROMEGALY	14.6%
00078018425	SANDOSTATIN	ACROMEGALY	14.6%
00078018004	SANDOSTATIN INJ .05MG/ML	ACROMEGALY	14.6%
00078018104	SANDOSTATIN INJ 0.1MG/ML	ACROMEGALY	14.6%
00078018204	SANDOSTATIN INJ 0.5MG/ML	ACROMEGALY	14.6%
00078034061	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078034084	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078034161	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078034184	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078034261	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078034284	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064661	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064681	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064761	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064781	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064861	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
00078064881	SANDOSTATIN LAR DEPOT	ACROMEGALY	14.6%
15054006001	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054009001	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054012001	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054012002	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054106003	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054109003	SOMATULINE DEPOT	ACROMEGALY	13.5%
15054112003	SOMATULINE DEPOT	ACROMEGALY	13.5%
00009519901	SOMAVERT	ACROMEGALY	13.5%
00009520001	SOMAVERT	ACROMEGALY	13.5%



00009520104	SOMAVERT	ACROMEGALY	13.5%
00009537604	SOMAVERT	ACROMEGALY	13.5%
63459030042	VIVITROL	ALCOHOL DEPENDENCY	13.5%
65757030001	VIVITROL	ALCOHOL DEPENDENCY	13.5%
50242004062	XOLAIR	ASTHMA	13.5%
50242013501	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
50242013601	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
50242013701	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
50242013801	ACTEMRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00469002103	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00469002104	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
59627002103	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
59627002104	AMEVIVE	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
50474070062	CIMZIA	AUTOIMMUNE INFLAMMATORY DISORDERS	14.6%
50474071079	CIMZIA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
50474071081	CIMZIA STARTER KIT	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00078063941	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	12.0%
00078063968	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	12.0%
00078063997	COSENTYX	AUTOIMMUNE INFLAMMATORY DISORDERS	12.0%
00078063998	COSENTYX	AUTOIMMUNE INFLAMMATORY	12.0%



		DISORDERS	
54868478200	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
54868544400	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406042534	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406042541	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406043501	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406043504	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406045501	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406045504	ENBREL	AUTOIMMUNE INFLAMMATORY DISORDERS	11.5%
58406044501	ENBREL SURECLICK	AUTOIMMUNE INFLAMMATORY DISORDERS	12.5%
58406044504	ENBREL SURECLICK	AUTOIMMUNE INFLAMMATORY DISORDERS	12.5%
64764030020	ENTYVIO	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074379902	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074937402	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
54569552400	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
54868482200	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074634702	HUMIRA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%



00074379903	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074379906	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074433902	HUMIRA PEN	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
58118994802	HUMIRA PEN	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074433906	HUMIRA PEN-CROHNS DISEASESTARTER	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00074433907	HUMIRA PEN-PSORIASIS STARTER	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
55513017701	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
55513017707	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
55513017728	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
66658023401	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
66658023407	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
66658023428	KINERET	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00003218710	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00003218811	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00003218831	ORENCIA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
59572063006	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
59572063027	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%





59572063106	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
59572063255	OTEZLA	AUTOIMMUNE INFLAMMATORY DISORDERS	12.0%
57894003001	REMICADE	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894007001	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894007002	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894007101	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894007102	SIMPONI	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894035001	SIMPONI ARIA	AUTOIMMUNE INFLAMMATORY DISORDERS	14.6%
57894006002	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894006003	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
57894006103	STELARA	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
00069100101	XELJANZ	AUTOIMMUNE INFLAMMATORY DISORDERS	13.5%
10122082004	BETHKIS	CYSTIC FIBROSIS	12.0%
10122082028	BETHKIS	CYSTIC FIBROSIS	12.0%
10122082056	BETHKIS	CYSTIC FIBROSIS	12.0%
51167020002	KALYDECO	CYSTIC FIBROSIS	13.5%
51167020001	KALYDECO	CYSTIC FIBROSIS	12.0%
51167030001	KALYDECO	Cystic Fibrosis	12.0%
51167040001	KALYDECO	Cystic Fibrosis	12.0%
24492085056	KITABIS PAK	CYSTIC FIBROSIS	12.0%
51167080901	ORKAMBI	CYSTIC FIBROSIS	12.0%
50242010039	PULMOZYME	CYSTIC FIBROSIS	13.5%
50242010040	PULMOZYME	CYSTIC FIBROSIS	13.5%
50242010037	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	13.5%
50242010038	PULMOZYME SOL 1MG/ML	CYSTIC FIBROSIS	13.5%



63430006501	TOBI	CYSTIC FIBROSIS	13.5%
53905006501	TOBI	CYSTIC FIBROSIS	13.5%
53905006504	TOBI	CYSTIC FIBROSIS	13.5%
00078049471	TOBI	CYSTIC FIBROSIS	13.5%
00078049461	TOBI	CYSTIC FIBROSIS	13.5%
00078063011	TOBI PODHALER	CYSTIC FIBROSIS	13.5%
00078063035	TOBI PODHALER	CYSTIC FIBROSIS	13.5%
00078063056	TOBI PODHALER	CYSTIC FIBROSIS	13.5%
00078063019	TOBI PODHALER	CYSTIC FIBROSIS	13.5%
00093408563	TOBRAMYCIN	CYSTIC FIBROSIS	13.5%
00781717156	TOBRAMYCIN	CYSTIC FIBROSIS	13.5%
17478034038	TOBRAMYCIN	CYSTIC FIBROSIS	13.5%
65162091446	TOBRAMYCIN	CYSTIC FIBROSIS	13.5%
59148002050	SAMSCA	ELECTROLYTE DISORDERS	13.5%
59148002150	SAMSCA	ELECTROLYTE DISORDERS	13.5%
58468007001	ALDURAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468106001	CEREDASE	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468198301	CEREZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468466301	CEREZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
54092070001	ELAPRASE	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468004001	FABRAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468004101	FABRAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468016001	LUMIZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%



58468016002	LUMIZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468015001	MYOZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
68135002001	NAGLAZYME	ENZYME DEFICIENCY OR LYSOSOMAL STORAGE DISORDERS	13.5%
58468022001	CERDELGA	ENZYME REPLACEMENT	13.5%
00013262681	GENOTROPIN	GROWTH HORMONE	13.5%
00013262694	GENOTROPIN	GROWTH HORMONE	13.5%
00013264681	GENOTROPIN	GROWTH HORMONE	13.5%
00013264694	GENOTROPIN	GROWTH HORMONE	13.5%
58016477101	GENOTROPIN	GROWTH HORMONE	13.5%
00013261681	GENOTROPIN INTRA-MIX	GROWTH HORMONE	13.5%
00013261694	GENOTROPIN INTRA-MIX	GROWTH HORMONE	13.5%
00013264902	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265002	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265102	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265202	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265302	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265402	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265502	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265602	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265702	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00013265802	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
54868560100	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
54868563400	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
54868576000	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
54868591700	GENOTROPIN MINIQUICK	GROWTH HORMONE	13.5%
00002734901	HUMATROPE	GROWTH HORMONE	14.6%
00002808901	HUMATROPE	GROWTH HORMONE	14.6%
00002809001	HUMATROPE	GROWTH HORMONE	14.6%
00002809101	HUMATROPE	GROWTH HORMONE	14.6%
00002814701	HUMATROPE	GROWTH HORMONE	14.6%
00002814801	HUMATROPE	GROWTH HORMONE	14.6%
00002814901	HUMATROPE	GROWTH HORMONE	14.6%
00002733916	HUMATROPE INJ 5MG/ML	GROWTH HORMONE	13.5%
00002733501	HUMATROPE COMBO PACK	GROWTH HORMONE	14.6%
00002733511	HUMATROPE COMBO PACK	GROWTH HORMONE	14.6%



00002733516	HUMATROPE COMBO PACK	GROWTH HORMONE	14.6%
00169776811	NORDITROPIN CARTRIDGE	GROWTH HORMONE	14.6%
00169777011	NORDITROPIN CARTRIDGE	GROWTH HORMONE	14.6%
12280009215	NORDITROPIN CARTRIDGE	GROWTH HORMONE	14.6%
32849011156	NORDITROPIN CARTRIDGE	GROWTH HORMONE	14.6%
00169770421	NORDITROPIN FLEXP	GROWTH HORMONE	14.6%
00169770521	NORDITROPIN FLEXP	GROWTH HORMONE	14.6%
00169770821	NORDITROPIN FLEXP	GROWTH HORMONE	14.6%
00169770321	NORDITROPIN FLEXP	GROWTH HORMONE	14.6%
00169770311	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
00169770411	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
00169770511	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
00169770811	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
12280007215	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
54868614600	NORDITROPIN NORDIFLEX PEN	GROWTH HORMONE	14.6%
50242001821	NUTROPIN	GROWTH HORMONE	13.5%
50242001902	NUTROPIN	GROWTH HORMONE	13.5%
50242001966	NUTROPIN	GROWTH HORMONE	13.5%
50242002020	NUTROPIN	GROWTH HORMONE	13.5%
50242002067	NUTROPIN	GROWTH HORMONE	13.5%
50242003249	NUTROPIN	GROWTH HORMONE	13.5%
50242003450	NUTROPIN	GROWTH HORMONE	13.5%
50242007202	NUTROPIN	GROWTH HORMONE	13.5%
50242007203	NUTROPIN	GROWTH HORMONE	13.5%
50242001820	NUTROPIN W/DILUENT BENZYL ALCOHOL	GROWTH HORMONE	13.5%
50242002219	NUTROPIN AQ	GROWTH HORMONE	13.5%
50242002220	NUTROPIN AQ	GROWTH HORMONE	13.5%
50242002308	NUTROPIN AQ	GROWTH HORMONE	13.5%
50242002608	NUTROPIN AQ	GROWTH HORMONE	13.5%
50242011411	NUTROPIN AQ	GROWTH HORMONE	13.5%
50242007401	NUTROPIN AQ NUSPIN 10	GROWTH HORMONE	13.5%
50242007601	NUTROPIN AQ NUSPIN 20	GROWTH HORMONE	13.5%
50242007501	NUTROPIN AQ NUSPIN 5	GROWTH HORMONE	13.5%
50242004314	NUTROPIN AQ PEN	GROWTH HORMONE	13.5%
50242007301	NUTROPIN AQ PEN	GROWTH HORMONE	13.5%
00781300107	OMNITROPE	GROWTH HORMONE	13.5%
00781300126	OMNITROPE	GROWTH HORMONE	13.5%
00781300144	OMNITROPE	GROWTH HORMONE	13.5%
00781300407	OMNITROPE	GROWTH HORMONE	13.5%
00781300426	OMNITROPE	GROWTH HORMONE	13.5%
00781300444	OMNITROPE	GROWTH HORMONE	13.5%
00781400436	OMNITROPE	GROWTH HORMONE	13.5%



00781401471	OMNITROPE	GROWTH HORMONE	13.5%
44087100502	SAIZEN	GROWTH HORMONE	13.5%
44087108801	SAIZEN	GROWTH HORMONE	13.5%
54569493000	SAIZEN	GROWTH HORMONE	13.5%
44087108001	SAIZEN CLICK.EASY	GROWTH HORMONE	13.5%
44087108002	SAIZEN CLICK.EASY	GROWTH HORMONE	13.5%
44087100601	SEROSTIM INJ 6MG	GROWTH HORMONE	14.6%
44087100605	SEROSTIM INJ 6MG	GROWTH HORMONE	14.6%
57844071319	TEV-TROPIN	GROWTH HORMONE	14.6%
57844071341	TEV-TROPIN	GROWTH HORMONE	13.5%
55566180101	ZOMACTON	GROWTH HORMONE	13.5%
55566190000	ZOMACTON	GROWTH HORMONE	13.5%
55566190101	ZOMACTON	GROWTH HORMONE	13.5%
44087000401	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087000407	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087000501	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087000507	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087000601	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087000607	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087008804	SEROSTIM	GROWTH HORMONE-OTHER	13.5%
44087338807	ZORBTIVE	GROWTH HORMONE-OTHER	13.5%
54868542800	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
54868542900	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
54868586700	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000201	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000204	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000401	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000404	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000501	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000504	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513000601	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002101	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002104	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%



55513002501	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002504	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002701	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002704	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513002801	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513003201	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513005301	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513005304	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513005701	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513005704	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513011001	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513011101	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513009801	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513009804	ARANESP ALBUMIN FREE	HEMATOPOIETICS	13.5%
55513009001	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009101	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009201	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009301	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009401	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009501	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009601	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
55513009701	ARANESP ALBUMIN FREE SURECLICK	HEMATOPOIETICS	13.5%
54569313700	EPOGEN	HEMATOPOIETICS	16.7%
55513012601	EPOGEN	HEMATOPOIETICS	13.5%
55513012610	EPOGEN	HEMATOPOIETICS	13.5%
55513014401	EPOGEN	HEMATOPOIETICS	13.5%
55513014410	EPOGEN	HEMATOPOIETICS	13.5%
55513014801	EPOGEN	HEMATOPOIETICS	13.5%
55513014810	EPOGEN	HEMATOPOIETICS	13.5%
55513026701	EPOGEN	HEMATOPOIETICS	13.5%
55513026710	EPOGEN	HEMATOPOIETICS	13.5%
55513028301	EPOGEN	HEMATOPOIETICS	13.5%
55513028310	EPOGEN	HEMATOPOIETICS	13.5%
55513047801	EPOGEN	HEMATOPOIETICS	13.5%
55513047810	EPOGEN	HEMATOPOIETICS	13.5%
55513082301	EPOGEN	HEMATOPOIETICS	16.7%
55513082310	EPOGEN	HEMATOPOIETICS	16.7%



00024584305	LEUKINE	HEMATOPOIETICS	13.5%
50419000201	LEUKINE	HEMATOPOIETICS	13.5%
50419000233	LEUKINE	HEMATOPOIETICS	13.5%
50419005014	LEUKINE	HEMATOPOIETICS	13.5%
50419005030	LEUKINE	HEMATOPOIETICS	13.5%
50419059501	LEUKINE	HEMATOPOIETICS	13.5%
50419059505	LEUKINE	HEMATOPOIETICS	13.5%
54868318800	LEUKINE	HEMATOPOIETICS	13.5%
58406000201	LEUKINE	HEMATOPOIETICS	13.5%
58406000233	LEUKINE	HEMATOPOIETICS	13.5%
58468018001	LEUKINE	HEMATOPOIETICS	13.5%
58468018002	LEUKINE	HEMATOPOIETICS	13.5%
58468018101	LEUKINE	HEMATOPOIETICS	13.5%
58468018102	LEUKINE	HEMATOPOIETICS	13.5%
00702000201	LEUKINE INJ 250MCG	HEMATOPOIETICS	13.5%
00024586201	MOZOBIL	HEMATOPOIETICS	13.5%
58468014001	MOZOBIL	HEMATOPOIETICS	13.5%
54868522900	NEULASTA	HEMATOPOIETICS	13.5%
55513019001	NEULASTA	HEMATOPOIETICS	13.5%
55513019201	NEULASTA DELIVERY KIT	HEMATOPOIETICS	13.5%
54868556900	NEUMEGA	HEMATOPOIETICS	13.5%
58394000401	NEUMEGA	HEMATOPOIETICS	13.5%
58394000402	NEUMEGA	HEMATOPOIETICS	13.5%
58394000408	NEUMEGA	HEMATOPOIETICS	13.5%
58394010408	NEUMEGA	HEMATOPOIETICS	13.5%
54569482400	NEUPOGEN	HEMATOPOIETICS	13.5%
54868252200	NEUPOGEN	HEMATOPOIETICS	13.5%
54868252201	NEUPOGEN	HEMATOPOIETICS	13.5%
54868305000	NEUPOGEN	HEMATOPOIETICS	13.5%
54868502000	NEUPOGEN	HEMATOPOIETICS	13.5%
55513020901	NEUPOGEN	HEMATOPOIETICS	13.5%
55513020910	NEUPOGEN	HEMATOPOIETICS	13.5%
55513053001	NEUPOGEN	HEMATOPOIETICS	13.5%
55513053010	NEUPOGEN	HEMATOPOIETICS	13.5%
55513054601	NEUPOGEN	HEMATOPOIETICS	13.5%
55513054610	NEUPOGEN	HEMATOPOIETICS	13.5%
55513092401	NEUPOGEN	HEMATOPOIETICS	13.5%
55513092410	NEUPOGEN	HEMATOPOIETICS	13.5%
55513020991	NEUPOGEN	HEMATOPOIETICS	13.5%
55513092491	NEUPOGEN	HEMATOPOIETICS	13.5%
55513034701	NEUPOGEN INJ 300/ML	HEMATOPOIETICS	13.5%
55513034710	NEUPOGEN INJ 300/ML	HEMATOPOIETICS	13.5%
55513034801	NEUPOGEN INJ 480/1.6	HEMATOPOIETICS	13.5%



55513034810	NEUPOGEN INJ 480/1.6	HEMATOPOIETICS	13.5%
54868252300	PROCRIT	HEMATOPOIETICS	16.7%
54868252301	PROCRIT	HEMATOPOIETICS	16.7%
54868567300	PROCRIT	HEMATOPOIETICS	16.7%
54868567301	PROCRIT	HEMATOPOIETICS	16.7%
54868580200	PROCRIT	HEMATOPOIETICS	16.7%
59676030200	PROCRIT	HEMATOPOIETICS	16.7%
59676030201	PROCRIT	HEMATOPOIETICS	16.7%
59676030202	PROCRIT	HEMATOPOIETICS	16.7%
59676030300	PROCRIT	HEMATOPOIETICS	16.7%
59676030301	PROCRIT	HEMATOPOIETICS	16.7%
59676030302	PROCRIT	HEMATOPOIETICS	16.7%
59676030400	PROCRIT	HEMATOPOIETICS	16.7%
59676030401	PROCRIT	HEMATOPOIETICS	16.7%
59676030402	PROCRIT	HEMATOPOIETICS	16.7%
59676031000	PROCRIT	HEMATOPOIETICS	16.7%
59676031001	PROCRIT	HEMATOPOIETICS	16.7%
59676031002	PROCRIT	HEMATOPOIETICS	16.7%
59676031200	PROCRIT	HEMATOPOIETICS	16.7%
59676031201	PROCRIT	HEMATOPOIETICS	16.7%
59676031204	PROCRIT	HEMATOPOIETICS	16.7%
59676032000	PROCRIT	HEMATOPOIETICS	16.7%
59676032001	PROCRIT	HEMATOPOIETICS	16.7%
59676032004	PROCRIT	HEMATOPOIETICS	16.7%
59676034001	PROCRIT	HEMATOPOIETICS	16.7%
59676034000	PROCRIT	HEMATOPOIETICS	16.7%
00062031002	PROCRIT INJ 10000/ML	HEMATOPOIETICS	16.7%
00062740103	PROCRIT INJ 10000/ML	HEMATOPOIETICS	16.7%
00062740201	PROCRIT INJ 2000U/ML	HEMATOPOIETICS	13.5%
00062030302	PROCRIT INJ 3000U/ML	HEMATOPOIETICS	13.5%
00062740501	PROCRIT INJ 3000U/ML	HEMATOPOIETICS	13.5%
00062030402	PROCRIT INJ 4000U/ML	HEMATOPOIETICS	13.5%
00062740003	PROCRIT INJ 4000U/ML	HEMATOPOIETICS	13.5%
00039011301	PROKINE INJ 250MCG	HEMATOPOIETICS	13.5%
00944292102	ADVATE	HEMOPHILIA	13.5%
00944292202	ADVATE	HEMOPHILIA	13.5%
00944292302	ADVATE	HEMOPHILIA	13.5%
00944292402	ADVATE	HEMOPHILIA	13.5%
00944294001	ADVATE	HEMOPHILIA	13.5%
00944294002	ADVATE	HEMOPHILIA	13.5%
00944294003	ADVATE	HEMOPHILIA	13.5%
00944294004	ADVATE	HEMOPHILIA	13.5%
00944294010	ADVATE	HEMOPHILIA	13.5%





00944294110	ADVATE	HEMOPHILIA	13.5%
00944294210	ADVATE	HEMOPHILIA	13.5%
00944294310	ADVATE	HEMOPHILIA	13.5%
00944294410	ADVATE	HEMOPHILIA	13.5%
00944294510	ADVATE	HEMOPHILIA	13.5%
00944294610	ADVATE	HEMOPHILIA	13.5%
00944294810	ADVATE	HEMOPHILIA	13.5%
00944296010	ADVATE	HEMOPHILIA	13.5%
00944296110	ADVATE	HEMOPHILIA	13.5%
00944296210	ADVATE	HEMOPHILIA	13.5%
00944296310	ADVATE	HEMOPHILIA	13.5%
00944296410	ADVATE	HEMOPHILIA	13.5%
00944296510	ADVATE	HEMOPHILIA	13.5%
00944304510	ADVATE	HEMOPHILIA	13.5%
00944304610	ADVATE	HEMOPHILIA	13.5%
00944304710	ADVATE	HEMOPHILIA	13.5%
00944305102	ADVATE	HEMOPHILIA	13.5%
00944305202	ADVATE	HEMOPHILIA	13.5%
00944305302	ADVATE	HEMOPHILIA	13.5%
00944305402	ADVATE	HEMOPHILIA	13.5%
49669460001	ALPHANATE	HEMOPHILIA	13.5%
49669460002	ALPHANATE	HEMOPHILIA	13.5%
68516460001	ALPHANATE	HEMOPHILIA	13.5%
68516460002	ALPHANATE	HEMOPHILIA	13.5%
68516460101	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460201	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460302	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460402	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460501	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460601	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460702	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460802	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
68516460902	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%



68516461002	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	13.2%
49669360002	ALPHANINE SD	HEMOPHILIA	13.5%
68516360002	ALPHANINE SD	HEMOPHILIA	13.5%
68516360004	ALPHANINE SD	HEMOPHILIA	13.5%
68516360005	ALPHANINE SD	HEMOPHILIA	13.5%
68516360006	ALPHANINE SD	HEMOPHILIA	13.2%
68516360102	ALPHANINE SD	HEMOPHILIA	13.5%
68516360202	ALPHANINE SD	HEMOPHILIA	13.5%
68516360302	ALPHANINE SD	HEMOPHILIA	13.2%
68516360402	ALPHANINE SD	HEMOPHILIA	13.2%
68516360502	ALPHANINE SD	HEMOPHILIA	13.2%
68516360602	ALPHANINE SD	HEMOPHILIA	13.2%
49669360001	ALPHANINE SD INJ 250IU	HEMOPHILIA	13.5%
59730605907	AUTOPLEX T	HEMOPHILIA	13.6%
00944065001	AUTOPLEX T INJ	HEMOPHILIA	13.6%
64193044502	BEBULIN	HEMOPHILIA	13.1%
54129024402	BEBULIN VH	HEMOPHILIA	13.1%
64193024402	BEBULIN VH	HEMOPHILIA	13.1%
58394000101	BENEFIX	HEMOPHILIA	13.3%
58394000105	BENEFIX	HEMOPHILIA	13.3%
58394000106	BENEFIX	HEMOPHILIA	13.3%
58394000201	BENEFIX	HEMOPHILIA	13.3%
58394000205	BENEFIX	HEMOPHILIA	13.3%
58394000206	BENEFIX	HEMOPHILIA	13.3%
58394000301	BENEFIX	HEMOPHILIA	13.3%
58394000305	BENEFIX	HEMOPHILIA	13.3%
58394000306	BENEFIX	HEMOPHILIA	13.3%
58394000802	BENEFIX	HEMOPHILIA	13.7%
58394000803	BENEFIX	HEMOPHILIA	13.7%
58394063303	BENEFIX	HEMOPHILIA	13.3%
58394063403	BENEFIX	HEMOPHILIA	13.3%
58394063503	BENEFIX	HEMOPHILIA	13.3%
58394063603	BENEFIX	HEMOPHILIA	13.7%
63833051802	CORIFACT	HEMOPHILIA	14.6%
64406080101	ELOCTATE	HEMOPHILIA	13.5%
64406080201	ELOCTATE	HEMOPHILIA	13.5%
64406080301	ELOCTATE	HEMOPHILIA	13.5%
64406080401	ELOCTATE	HEMOPHILIA	13.5%
64406080501	ELOCTATE	HEMOPHILIA	13.5%
64406080601	ELOCTATE	HEMOPHILIA	13.5%
64406080701	ELOCTATE	HEMOPHILIA	13.5%
64406048308	ELOCTATE	HEMOPHILIA	13.5%



64406048408	ELOCTATE	HEMOPHILIA	13.5%
64406048508	ELOCTATE	HEMOPHILIA	13.5%
64406048608	ELOCTATE	HEMOPHILIA	13.5%
64406048708	ELOCTATE	HEMOPHILIA	13.5%
64406048808	ELOCTATE	HEMOPHILIA	13.5%
64406048908	ELOCTATE	HEMOPHILIA	13.5%
64193022302	FEIBA NF	HEMOPHILIA	13.6%
64193022402	FEIBA NF	HEMOPHILIA	13.6%
64193022502	FEIBA NF	HEMOPHILIA	13.6%
64193042302	FEIBA NF	HEMOPHILIA	13.6%
64193042402	FEIBA NF	HEMOPHILIA	13.6%
64193042502	FEIBA NF	HEMOPHILIA	13.6%
54129022204	FEIBA VH IMMUNO	HEMOPHILIA	13.6%
64193022203	FEIBA VH IMMUNO	HEMOPHILIA	13.6%
64193022204	FEIBA VH IMMUNO	HEMOPHILIA	13.6%
64193022205	FEIBA VH IMMUNO	HEMOPHILIA	13.6%
00053812001	HELIXATE	HEMOPHILIA	13.5%
00053812002	HELIXATE	HEMOPHILIA	13.5%
00053812004	HELIXATE	HEMOPHILIA	13.5%
00053813001	HELIXATE FS	HEMOPHILIA	13.5%
00053813002	HELIXATE FS	HEMOPHILIA	13.5%
00053813004	HELIXATE FS	HEMOPHILIA	13.5%
00053813005	HELIXATE FS	HEMOPHILIA	13.5%
00053813102	HELIXATE FS	HEMOPHILIA	13.5%
00053813202	HELIXATE FS	HEMOPHILIA	13.5%
00053813302	HELIXATE FS	HEMOPHILIA	13.5%
00053813402	HELIXATE FS	HEMOPHILIA	13.5%
00053813502	HELIXATE FS	HEMOPHILIA	13.5%
00944293001	HEMOPHIL M	HEMOPHILIA	13.2%
00944293101	HEMOPHIL M	HEMOPHILIA	13.2%
00944293201	HEMOPHIL M	HEMOPHILIA	13.2%
00944293301	HEMOPHIL M	HEMOPHILIA	13.2%
00944293501	HEMOPHIL M	HEMOPHILIA	13.2%
00944293502	HEMOPHIL M	HEMOPHILIA	13.2%
00944293503	HEMOPHIL M	HEMOPHILIA	13.2%
00944293504	HEMOPHIL M	HEMOPHILIA	13.2%
00944394002	HEMOPHIL M	HEMOPHILIA	13.2%
00944394202	HEMOPHIL M	HEMOPHILIA	13.2%
00944394602	HEMOPHIL M	HEMOPHILIA	13.2%
00053765904	HT FACTOR HU INJ 1000IU	HEMOPHILIA	13.5%
00053766203	HT FACTOR HU INJ 1000IU	HEMOPHILIA	13.5%
00053766202	HT FACTOR II INJ 500IU HU	HEMOPHILIA	13.5%
00053761505	HUMATE-P	HEMOPHILIA	13.5%



00053761510	HUMATE-P	HEMOPHILIA	13.5%
00053761520	HUMATE-P	HEMOPHILIA	13.5%
00053762005	HUMATE-P	HEMOPHILIA	13.5%
00053762010	HUMATE-P	HEMOPHILIA	13.5%
00053762020	HUMATE-P	HEMOPHILIA	13.5%
63833061502	HUMATE-P	HEMOPHILIA	13.5%
63833061602	HUMATE-P	HEMOPHILIA	13.5%
63833061702	HUMATE-P	HEMOPHILIA	13.5%
00053760501	HUMATE-P HUMAN	HEMOPHILIA	13.5%
00053760502	HUMATE-P HUMAN	HEMOPHILIA	13.5%
00053760504	HUMATE-P HUMAN	HEMOPHILIA	13.5%
53270027005	IXINITY	HEMOPHILIA	13.5%
53270027105	IXINITY	HEMOPHILIA	13.5%
53270027106	IXINITY	HEMOPHILIA	13.5%
00026066520	KOATE-DVI	HEMOPHILIA	13.5%
00026066530	KOATE-DVI	HEMOPHILIA	13.5%
00026066550	KOATE-DVI	HEMOPHILIA	13.5%
13533066520	KOATE-DVI	HEMOPHILIA	13.5%
13533066530	KOATE-DVI	HEMOPHILIA	13.5%
13533066550	KOATE-DVI	HEMOPHILIA	13.5%
76125025020	KOATE-DVI	HEMOPHILIA	13.5%
76125050030	KOATE-DVI	HEMOPHILIA	13.5%
76125066730	KOATE-DVI	HEMOPHILIA	13.5%
76125066750	KOATE-DVI	HEMOPHILIA	13.5%
00026066420	KOATE-HP	HEMOPHILIA	13.5%
00026066430	KOATE-HP	HEMOPHILIA	13.5%
00026066450	KOATE-HP	HEMOPHILIA	13.5%
00161066420	KOATE-HP INJ 250IU HU	HEMOPHILIA	13.5%
00192066420	KOATE-HP INJ 250IU HU	HEMOPHILIA	13.5%
00161066430	KOATE-HP INJ 500IU HU	HEMOPHILIA	13.5%
00192066430	KOATE-HP INJ 500IU HU	HEMOPHILIA	13.5%
00161066450	KOATE-HP HU INJ 1000IU	HEMOPHILIA	13.5%
00192066450	KOATE-HP HU INJ 1000IU	HEMOPHILIA	13.5%
00161066020	KOATE-HS INJ 250IU HU	HEMOPHILIA	13.5%
00161066030	KOATE-HS INJ 500IU HU	HEMOPHILIA	13.5%
00161066050	KOATE-HS HU INJ 1000IU	HEMOPHILIA	13.5%
00161065520	KOATE-HT INJ 250IU HU	HEMOPHILIA	13.5%
00161065530	KOATE-HT INJ 500IU HU	HEMOPHILIA	13.5%
00161065550	KOATE-HT HU INJ 1000IU	HEMOPHILIA	13.5%
00026067020	KOGENATE	HEMOPHILIA	13.5%
00026067030	KOGENATE	HEMOPHILIA	13.5%
00026067050	KOGENATE	HEMOPHILIA	13.5%
00026037220	KOGENATE FS	HEMOPHILIA	13.5%



00026037230	KOGENATE FS	HEMOPHILIA	13.5%
00026037250	KOGENATE FS	HEMOPHILIA	13.5%
00026378220	KOGENATE FS	HEMOPHILIA	13.5%
00026378225	KOGENATE FS	HEMOPHILIA	13.5%
00026378330	KOGENATE FS	HEMOPHILIA	13.5%
00026378335	KOGENATE FS	HEMOPHILIA	13.5%
00026378550	KOGENATE FS	HEMOPHILIA	13.5%
00026378555	KOGENATE FS	HEMOPHILIA	13.5%
00026378660	KOGENATE FS	HEMOPHILIA	13.5%
00026378665	KOGENATE FS	HEMOPHILIA	13.5%
00026378770	KOGENATE FS	HEMOPHILIA	13.5%
00026378775	KOGENATE FS	HEMOPHILIA	13.5%
00026037920	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026037930	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026037950	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026379220	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026379330	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026379550	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026379660	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026379770	KOGENATE FS BIO-SET	HEMOPHILIA	13.5%
00026062650	KONYNE 80 W/ 40ML STERILE WATER	HEMOPHILIA	13.3%
00026062620	KONYNE 80 W/20ML STERILE WATER	HEMOPHILIA	13.3%
00161062650	KONYNE 80 INJ 1000U	HEMOPHILIA	13.3%
00192062650	KONYNE 80 INJ 1000U	HEMOPHILIA	13.3%
00161062620	KONYNE 80 INJ 500IU	HEMOPHILIA	13.3%
00192062620	KONYNE 80 INJ 500IU	HEMOPHILIA	13.3%
00161062520	KONYNE-HT INJ 500U	HEMOPHILIA	13.3%
00161062550	KONYNE-HT INJ 500U	HEMOPHILIA	13.3%
13143032154	MELATE	HEMOPHILIA	13.5%
13143032155	MELATE	HEMOPHILIA	13.5%
13143032156	MELATE	HEMOPHILIA	13.5%
00944130101	MONARC-M	HEMOPHILIA	13.2%
00944130110	MONARC-M	HEMOPHILIA	13.2%
00944130201	MONARC-M	HEMOPHILIA	13.2%
00944130210	MONARC-M	HEMOPHILIA	13.2%
00944130301	MONARC-M	HEMOPHILIA	13.2%
00944130310	MONARC-M	HEMOPHILIA	13.2%
00944130401	MONARC-M	HEMOPHILIA	13.2%
00944130410	MONARC-M	HEMOPHILIA	13.2%
52769046001	MONARC-M	HEMOPHILIA	13.5%
00053765802	MONOCLATE INJ 250AHFU	HEMOPHILIA	13.5%



00053765801	MONOCLATE INJ 500AHFU	HEMOPHILIA	13.5%
00053765804	MONOCLATE HU INJ 1000IU	HEMOPHILIA	13.5%
00053763302	MONOCLATE-P	HEMOPHILIA	13.5%
00053763402	MONOCLATE-P	HEMOPHILIA	13.5%
00053765601	MONOCLATE-P	HEMOPHILIA	13.5%
00053765602	MONOCLATE-P	HEMOPHILIA	13.5%
00053765604	MONOCLATE-P	HEMOPHILIA	13.5%
00053765605	MONOCLATE-P	HEMOPHILIA	13.5%
00053623302	MONONINE	HEMOPHILIA	13.5%
00053766801	MONONINE	HEMOPHILIA	13.5%
00053766802	MONONINE	HEMOPHILIA	13.5%
00053766804	MONONINE	HEMOPHILIA	13.5%
00169781501	NOVOEIGHT	HEMOPHILIA	13.5%
00169782001	NOVOEIGHT	HEMOPHILIA	13.5%
00169783001	NOVOEIGHT	HEMOPHILIA	13.5%
00169706001	NOVOSEVEN	HEMOPHILIA	13.7%
00169706101	NOVOSEVEN	HEMOPHILIA	13.7%
00169706201	NOVOSEVEN	HEMOPHILIA	13.7%
32849020138	NOVOSEVEN	HEMOPHILIA	13.7%
00169701001	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169702001	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169704001	NOVOSEVEN RT	HEMOPHILIA	13.5%
00169705001	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169720101	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169720201	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169720501	NOVOSEVEN RT	HEMOPHILIA	13.4%
00169720801	NOVOSEVEN RT	HEMOPHILIA	13.4%
00944500101	OBIZUR	HEMOPHILIA	13.5%
00944500105	OBIZUR	HEMOPHILIA	13.5%
00944500110	OBIZUR	HEMOPHILIA	13.5%
49669420001	PROFILATE-HP INJ 250IU HU	HEMOPHILIA	13.5%
49669370002	PROFILNINE INJ 1000U	HEMOPHILIA	13.3%
49669370001	PROFILNINE INJ 500U	HEMOPHILIA	13.3%
49669320002	PROFILNINE SD	HEMOPHILIA	13.3%
49669320003	PROFILNINE SD	HEMOPHILIA	13.5%
68516320002	PROFILNINE SD	HEMOPHILIA	13.3%
68516320003	PROFILNINE SD	HEMOPHILIA	13.5%
68516320004	PROFILNINE SD	HEMOPHILIA	13.3%
68516320005	PROFILNINE SD	HEMOPHILIA	13.3%
68516320101	PROFILNINE SD	HEMOPHILIA	13.3%
68516320202	PROFILNINE SD	HEMOPHILIA	13.3%
68516320302	PROFILNINE SD	HEMOPHILIA	13.3%
68516320401	PROFILNINE SD	HEMOPHILIA	13.3%



68516320502	PROFILNINE SD	HEMOPHILIA	13.3%
68516320602	PROFILNINE SD	HEMOPHILIA	13.3%
00944058101	PROPLEX T FACTOR IX COMP FACTOR VII ACTIVITY UNITS 700-3900	HEMOPHILIA	13.5%
00944283110	RECOMBINATE	HEMOPHILIA	13.7%
00944283210	RECOMBINATE	HEMOPHILIA	13.7%
00944283310	RECOMBINATE	HEMOPHILIA	13.7%
00944283401	RECOMBINATE	HEMOPHILIA	13.5%
00944283410	RECOMBINATE	HEMOPHILIA	13.5%
00944283501	RECOMBINATE	HEMOPHILIA	13.5%
00944283510	RECOMBINATE	HEMOPHILIA	13.5%
00944284110	RECOMBINATE	HEMOPHILIA	13.7%
00944284210	RECOMBINATE	HEMOPHILIA	13.7%
00944284310	RECOMBINATE	HEMOPHILIA	13.7%
00944284410	RECOMBINATE	HEMOPHILIA	13.5%
00944284510	RECOMBINATE	HEMOPHILIA	13.5%
00944293801	RECOMBINATE	HEMOPHILIA	13.7%
00944293802	RECOMBINATE	HEMOPHILIA	13.7%
00944293803	RECOMBINATE	HEMOPHILIA	13.7%
58394000501	REFACTO	HEMOPHILIA	13.5%
58394000502	REFACTO	HEMOPHILIA	13.5%
58394000504	REFACTO	HEMOPHILIA	13.5%
58394000601	REFACTO	HEMOPHILIA	13.5%
58394000602	REFACTO	HEMOPHILIA	13.5%
58394000604	REFACTO	HEMOPHILIA	13.5%
58394000701	REFACTO	HEMOPHILIA	13.5%
58394000702	REFACTO	HEMOPHILIA	13.5%
58394000704	REFACTO	HEMOPHILIA	13.5%
58394001101	REFACTO	HEMOPHILIA	13.5%
58394001102	REFACTO	HEMOPHILIA	13.5%
58394001104	REFACTO	HEMOPHILIA	13.5%
63833089151	RIASTAP	HEMOPHILIA	13.5%
63833891501	RIASTAP	HEMOPHILIA	13.5%
63833891510	RIASTAP	HEMOPHILIA	13.5%
00944302602	RIXUBIS	HEMOPHILIA	14.6%
00944302802	RIXUBIS	HEMOPHILIA	14.6%
00944303002	RIXUBIS	HEMOPHILIA	14.6%
00944303202	RIXUBIS	HEMOPHILIA	14.6%
00053687100	STIMATE	HEMOPHILIA	13.5%
00053245300	STIMATE	HEMOPHILIA	13.5%
54868580500	STIMATE	HEMOPHILIA	13.5%
00169701301	TRETTEN	HEMOPHILIA	13.5%



67467018201	WILATE	HEMOPHILIA	13.5%
67467018202	WILATE	HEMOPHILIA	13.5%
58394001201	XYNTHA	HEMOPHILIA	13.3%
58394001202	XYNTHA	HEMOPHILIA	13.3%
58394001301	XYNTHA	HEMOPHILIA	13.3%
58394001302	XYNTHA	HEMOPHILIA	13.3%
58394001401	XYNTHA	HEMOPHILIA	13.3%
58394001402	XYNTHA	HEMOPHILIA	13.3%
58394001501	XYNTHA	HEMOPHILIA	13.3%
58394001502	XYNTHA	HEMOPHILIA	13.3%
58394001603	XYNTHA	HEMOPHILIA	13.5%
58394002403	XYNTHA	HEMOPHILIA	13.3%
58394002503	XYNTHA	HEMOPHILIA	13.3%
58394002203	XYNTHA SOLOFUSE	HEMOPHILIA	13.3%
58394002303	XYNTHA SOLOFUSE	HEMOPHILIA	13.3%
64406091101	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
64406092201	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
64406093301	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
64406094401	ALPROLIX	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
58394063703	BENEFIX	HEMOPHILIA and related bleeding disorders	13.3%
00944394402	HEMOPIL M	HEMOPHILIA and related bleeding disorders	13.2%
53270027205	IXINITY	HEMOPHILIA AND RELATED BLEEDING DISORDERS	12.0%
53270027206	IXINITY	HEMOPHILIA AND RELATED BLEEDING DISORDERS	12.0%
76125067250	KOATE-DVI	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
76125067351	KOATE-DVI	HEMOPHILIA AND RELATED BLEEDING DISORDERS	13.5%
00944303402	RIXUBIS	HEMOPHILIA and related bleeding disorders	13.5%





42794000308	ADEFOVIR DIPIVOXIL	HEPATITIS B	13.5%
00003161112	BARACLUDGE	HEPATITIS B	13.5%
00003161113	BARACLUDGE	HEPATITIS B	13.5%
00003161212	BARACLUDGE	HEPATITIS B	13.5%
00003161412	BARACLUDGE	HEPATITIS B	13.5%
00026063202	BAYHEP B	HEPATITIS B	13.5%
00026063203	BAYHEP B	HEPATITIS B	13.5%
00026063601	BAYHEP B	HEPATITIS B	13.5%
00026063602	BAYHEP B	HEPATITIS B	13.5%
00026063603	BAYHEP B	HEPATITIS B	13.5%
00026063605	BAYHEP B	HEPATITIS B	13.5%
00093578656	ENTECAVIR	HEPATITIS B	13.5%
00093578698	ENTECAVIR	HEPATITIS B	13.5%
00093578756	ENTECAVIR	HEPATITIS B	13.5%
49884010411	ENTECAVIR	HEPATITIS B	13.5%
49884010511	ENTECAVIR	HEPATITIS B	13.5%
53270005101	HEPAGAM B	HEPATITIS B	13.5%
53270005201	HEPAGAM B	HEPATITIS B	13.5%
53270005301	HEPAGAM B	HEPATITIS B	13.5%
53270005401	HEPAGAM B	HEPATITIS B	13.5%
60492005101	HEPAGAM B	HEPATITIS B	13.5%
60492005102	HEPAGAM B	HEPATITIS B	13.5%
60492005201	HEPAGAM B	HEPATITIS B	13.5%
60492005202	HEPAGAM B	HEPATITIS B	13.5%
60505607100	HEPAGAM B	HEPATITIS B	13.5%
60505607200	HEPAGAM B	HEPATITIS B	13.5%
60505607300	HEPAGAM B	HEPATITIS B	13.5%
60505607400	HEPAGAM B	HEPATITIS B	13.5%
54569560400	HEPSERA	HEPATITIS B	13.5%
61958050101	HEPSERA	HEPATITIS B	13.5%
13533063602	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063603	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063605	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063620	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063630	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063650	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063601	HYPERHEP B S/D	HEPATITIS B	13.5%
13533063610	HYPERHEP B S/D	HEPATITIS B	13.5%
59730420201	NABI-HB	HEPATITIS B	13.5%
59730420301	NABI-HB	HEPATITIS B	13.5%
54569473900	NABI-HB	HEPATITIS B	13.5%
49999042505	NABI-HB	HEPATITIS B	13.5%
59730420401	NOVAPLUS NABI-HB	HEPATITIS B	13.5%



59730420501	NOVAPLUS NABI-HB	HEPATITIS B	13.5%
00004008694	COPEGUS	HEPATITIS C	13.5%
54868488800	COPEGUS	HEPATITIS C	13.5%
00003021301	DAKLINZA	HEPATITIS C	13.5%
00003021501	DAKLINZA	HEPATITIS C	13.5%
61958180101	HARVONI	HEPATITIS C	13.5%
51167010001	INCIVEK	HEPATITIS C	13.5%
51167010003	INCIVEK	HEPATITIS C	13.5%
00187200601	INFERGEN	HEPATITIS C	16.7%
00187200605	INFERGEN	HEPATITIS C	16.7%
00187200702	INFERGEN	HEPATITIS C	16.7%
00187200706	INFERGEN	HEPATITIS C	16.7%
55513055401	INFERGEN	HEPATITIS C	16.7%
55513055406	INFERGEN	HEPATITIS C	16.7%
55513056201	INFERGEN	HEPATITIS C	16.7%
55513056206	INFERGEN	HEPATITIS C	16.7%
55513092601	INFERGEN	HEPATITIS C	16.7%
55513092606	INFERGEN	HEPATITIS C	16.7%
55513092701	INFERGEN	HEPATITIS C	16.7%
55513092706	INFERGEN	HEPATITIS C	16.7%
64116003101	INFERGEN	HEPATITIS C	16.7%
64116003106	INFERGEN	HEPATITIS C	16.7%
64116003124	INFERGEN	HEPATITIS C	16.7%
64116003901	INFERGEN	HEPATITIS C	16.7%
64116003906	INFERGEN	HEPATITIS C	16.7%
64116003924	INFERGEN	HEPATITIS C	16.7%
66435020115	INFERGEN	HEPATITIS C	16.7%
66435020195	INFERGEN	HEPATITIS C	16.7%
66435020196	INFERGEN	HEPATITIS C	16.7%
66435020199	INFERGEN	HEPATITIS C	16.7%
66435020209	INFERGEN	HEPATITIS C	16.7%
66435020295	INFERGEN	HEPATITIS C	16.7%
00074319716	MODERIBA	HEPATITIS C	13.5%
00074322456	MODERIBA	HEPATITIS C	13.5%
00074323956	MODERIBA	HEPATITIS C	13.5%
00074327156	MODERIBA	HEPATITIS C	13.5%
00074328256	MODERIBA	HEPATITIS C	13.5%
59676022528	OLYSIO	HEPATITIS C	13.5%
00004035009	PEGASYS	HEPATITIS C	13.5%
00004035239	PEGASYS	HEPATITIS C	13.5%
00004035730	PEGASYS	HEPATITIS C	13.5%
54868488700	PEGASYS	HEPATITIS C	13.5%
00004036030	PEGASYS PROCLICK	HEPATITIS C	13.5%



00004036530	PEGASYS PROCLICK	HEPATITIS C	13.5%
00085435301	PEGINTRON	HEPATITIS C	13.5%
00085435401	PEGINTRON	HEPATITIS C	13.5%
00085435501	PEGINTRON	HEPATITIS C	13.5%
00085435601	PEGINTRON	HEPATITIS C	13.5%
00085127901	PEG-INTRON	HEPATITIS C	14.6%
00085129101	PEG-INTRON	HEPATITIS C	14.6%
00085130401	PEG-INTRON	HEPATITIS C	14.6%
00085136801	PEG-INTRON	HEPATITIS C	14.6%
00085129701	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
00085131601	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
00085132301	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
00085137001	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
54868503600	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
54868503601	PEG-INTRON REDIPEN	HEPATITIS C	14.6%
00085129702	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	14.6%
00085131602	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	14.6%
00085132302	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	14.6%
00085137002	PEG-INTRON REDIPEN PAK 4	HEPATITIS C	14.6%
00085119403	REBETOL	HEPATITIS C	13.5%
00085131801	REBETOL	HEPATITIS C	13.5%
00085132704	REBETOL	HEPATITIS C	13.5%
00085135105	REBETOL	HEPATITIS C	13.5%
00085138507	REBETOL	HEPATITIS C	13.5%
54868503500	REBETOL	HEPATITIS C	13.5%
49884007176	RIBAPAK	HEPATITIS C	13.5%
49884033876	RIBAPAK	HEPATITIS C	13.5%
49884034076	RIBAPAK	HEPATITIS C	13.5%
66435010556	RIBAPAK	HEPATITIS C	40.0%
66435010599	RIBAPAK	HEPATITIS C	40.0%
66435010656	RIBAPAK	HEPATITIS C	40.0%
66435010699	RIBAPAK	HEPATITIS C	40.0%
66435010756	RIBAPAK	HEPATITIS C	40.0%
66435010799	RIBAPAK	HEPATITIS C	40.0%
66435010856	RIBAPAK	HEPATITIS C	40.0%
66435010899	RIBAPAK	HEPATITIS C	40.0%
49884085656	RIBASPHERE	HEPATITIS C	13.5%
49884085692	RIBASPHERE	HEPATITIS C	13.5%
49884085693	RIBASPHERE	HEPATITIS C	13.5%
49884085694	RIBASPHERE	HEPATITIS C	13.5%
66435010118	RIBASPHERE	HEPATITIS C	37.5%
66435010142	RIBASPHERE	HEPATITIS C	37.5%
66435010156	RIBASPHERE	HEPATITIS C	37.5%



66435010170	RIBASPHERE	HEPATITIS C	37.5%
66435010184	RIBASPHERE	HEPATITIS C	37.5%
66435010216	RIBASPHERE	HEPATITIS C	37.5%
66435010356	RIBASPHERE	HEPATITIS C	40.0%
66435010456	RIBASPHERE	HEPATITIS C	40.0%
16241006956	RIBATAB	HEPATITIS C	13.5%
16241006976	RIBATAB	HEPATITIS C	13.5%
16241007056	RIBATAB	HEPATITIS C	13.5%
16241007076	RIBATAB	HEPATITIS C	13.5%
16241033776	RIBATAB	HEPATITIS C	13.5%
00093722758	RIBAVIRIN	HEPATITIS C	37.5%
00093722763	RIBAVIRIN	HEPATITIS C	37.5%
00093722772	RIBAVIRIN	HEPATITIS C	37.5%
00093722777	RIBAVIRIN	HEPATITIS C	37.5%
00093723281	RIBAVIRIN	HEPATITIS C	37.5%
00406204616	RIBAVIRIN	HEPATITIS C	13.5%
00406226042	RIBAVIRIN	HEPATITIS C	13.5%
00406226056	RIBAVIRIN	HEPATITIS C	13.5%
00406226070	RIBAVIRIN	HEPATITIS C	13.5%
00406226084	RIBAVIRIN	HEPATITIS C	13.5%
00781204304	RIBAVIRIN	HEPATITIS C	37.5%
00781204316	RIBAVIRIN	HEPATITIS C	37.5%
00781204342	RIBAVIRIN	HEPATITIS C	37.5%
00781204367	RIBAVIRIN	HEPATITIS C	37.5%
00781517728	RIBAVIRIN	HEPATITIS C	37.5%
23490014105	RIBAVIRIN	HEPATITIS C	13.5%
49884004532	RIBAVIRIN	HEPATITIS C	37.5%
54738095016	RIBAVIRIN	HEPATITIS C	37.5%
54738095156	RIBAVIRIN	HEPATITIS C	13.5%
54738095256	RIBAVIRIN	HEPATITIS C	13.5%
54738095318	RIBAVIRIN	HEPATITIS C	37.5%
54738095342	RIBAVIRIN	HEPATITIS C	37.5%
54738095356	RIBAVIRIN	HEPATITIS C	37.5%
54738095370	RIBAVIRIN	HEPATITIS C	37.5%
54738095384	RIBAVIRIN	HEPATITIS C	37.5%
54868452100	RIBAVIRIN	HEPATITIS C	37.5%
54868452101	RIBAVIRIN	HEPATITIS C	37.5%
54868452102	RIBAVIRIN	HEPATITIS C	37.5%
54868452103	RIBAVIRIN	HEPATITIS C	37.5%
59930152301	RIBAVIRIN	HEPATITIS C	13.5%
59930152302	RIBAVIRIN	HEPATITIS C	13.5%
59930152303	RIBAVIRIN	HEPATITIS C	13.5%
59930152304	RIBAVIRIN	HEPATITIS C	13.5%



65862020768	RIBAVIRIN	HEPATITIS C	13.5%
65862029018	RIBAVIRIN	HEPATITIS C	37.5%
65862029042	RIBAVIRIN	HEPATITIS C	37.5%
65862029056	RIBAVIRIN	HEPATITIS C	37.5%
65862029070	RIBAVIRIN	HEPATITIS C	37.5%
65862029084	RIBAVIRIN	HEPATITIS C	37.5%
68084015011	RIBAVIRIN	HEPATITIS C	37.5%
68084015065	RIBAVIRIN	HEPATITIS C	37.5%
68084017911	RIBAVIRIN	HEPATITIS C	37.5%
68084017965	RIBAVIRIN	HEPATITIS C	37.5%
68382004603	RIBAVIRIN	HEPATITIS C	37.5%
68382004610	RIBAVIRIN	HEPATITIS C	37.5%
68382004628	RIBAVIRIN	HEPATITIS C	37.5%
68382012707	RIBAVIRIN	HEPATITIS C	13.5%
68382012907	RIBAVIRIN	HEPATITIS C	13.5%
68382026004	RIBAVIRIN	HEPATITIS C	37.5%
68382026007	RIBAVIRIN	HEPATITIS C	37.5%
68382026009	RIBAVIRIN	HEPATITIS C	37.5%
68382026010	RIBAVIRIN	HEPATITIS C	37.5%
68382026012	RIBAVIRIN	HEPATITIS C	37.5%
68382026028	RIBAVIRIN	HEPATITIS C	37.5%
42291071818	RIBAVIRIN	HEPATITIS C	37.5%
42291071856	RIBAVIRIN	HEPATITIS C	37.5%
42291071870	RIBAVIRIN	HEPATITIS C	37.5%
42291071884	RIBAVIRIN	HEPATITIS C	37.5%
00004201507	ROFERON-A	HEPATITIS C	11.5%
00004201509	ROFERON-A	HEPATITIS C	11.5%
00004201607	ROFERON-A	HEPATITIS C	11.5%
00004201609	ROFERON-A	HEPATITIS C	11.5%
00004201707	ROFERON-A	HEPATITIS C	11.5%
00004201709	ROFERON-A	HEPATITIS C	11.5%
61958150101	SOVALDI	HEPATITIS C	13.5%
00074308228	TECHNIVIE	HEPATITIS C	13.5%
00085031402	VICTRELIS	HEPATITIS C	13.5%
00074309328	VIEKIRA PAK	HEPATITIS C	13.5%
54092070202	FIRAZYR	HEREDITARY ANGIOEDEMA	13.5%
54092070203	FIRAZYR	HEREDITARY ANGIOEDEMA	13.5%
49702023113	TRIUMEQ	HIV	13.5%
61958140101	TYBOST	HIV	13.5%
00024022205	ELIGARD	HORMONAL THERAPIES	13.5%
00024059707	ELIGARD	HORMONAL	13.5%



		THERAPIES	
00024059722	ELIGARD	HORMONAL THERAPIES	13.5%
00024060545	ELIGARD	HORMONAL THERAPIES	13.5%
00024061030	ELIGARD	HORMONAL THERAPIES	13.5%
00024079375	ELIGARD	HORMONAL THERAPIES	13.5%
00024079379	ELIGARD	HORMONAL THERAPIES	13.5%
62935022205	ELIGARD	HORMONAL THERAPIES	13.5%
62935030230	ELIGARD	HORMONAL THERAPIES	13.5%
62935045245	ELIGARD	HORMONAL THERAPIES	13.5%
62935075275	ELIGARD	HORMONAL THERAPIES	13.5%
62935022305	ELIGARD	HORMONAL THERAPIES	13.5%
00182315499	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
00185740014	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
00185740085	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
00703401411	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
00703401418	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
00703401419	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
00703402419	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
00781400332	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
41616093640	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
49884036826	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
54569613600	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
55390051505	LEUPROLIDE ACETATE	HORMONAL THERAPIES	50.0%
47335093640	LEUPROLIDE ACETATE	HORMONAL THERAPIES	27.1%
00074105205	LUPANETA PACK	HORMONAL THERAPIES	13.5%
00074105305	LUPANETA PACK	HORMONAL THERAPIES	13.5%



00300362628	LUPRON INJ 2 WEEK	HORMONAL THERAPIES	27.1%
54569264700	LUPRON INJ 2 WEEK	HORMONAL THERAPIES	50.0%
00300362630	LUPRON INJ 4 WEEK	HORMONAL THERAPIES	27.1%
54569160300	LUPRON INJ 4 WEEK	HORMONAL THERAPIES	50.0%
00300361228	LUPRON 2 WEEK SUPPLY	HORMONAL THERAPIES	27.1%
54569498200	LUPRON 2 WEEK SUPPLY	HORMONAL THERAPIES	27.1%
00300361224	LUPRON 6-PACK	HORMONAL THERAPIES	50.0%
00300362624	LUPRON 6-PACK	HORMONAL THERAPIES	50.0%
00074334603	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00074347303	LUPRON DEPOT	HORMONAL THERAPIES	12.6%
00074364103	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00074364203	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00074366303	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00074368303	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300334601	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300364101	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300364201	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300366301	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300368301	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54569271300	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54569344400	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54569452600	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54569454700	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54569478500	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54868282500	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
54868327700	LUPRON DEPOT	HORMONAL	13.5%



		THERAPIES	
54868556800	LUPRON DEPOT	HORMONAL THERAPIES	13.5%
00300334301	LUPRON DEPOT INJ 11.25MG	HORMONAL THERAPIES	13.5%
00300363901	LUPRON DEPOT INJ 3.75MG	HORMONAL THERAPIES	13.5%
00300363906	LUPRON DEPOT INJ 3.75MG	HORMONAL THERAPIES	13.5%
00300362901	LUPRON DEPOT INJ 7.5MG	HORMONAL THERAPIES	13.5%
00074210803	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00074228203	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00074244003	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00074377903	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00074969403	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00300210801	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00300228201	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
00300244001	LUPRON DEPOT-PED	HORMONAL THERAPIES	13.5%
67979000201	SUPPRELIN LA	HORMONAL THERAPIES	13.5%
00025016608	SYNAREL	HORMONAL THERAPIES	13.5%
00025016610	SYNAREL	HORMONAL THERAPIES	13.5%
00033226040	SYNAREL SOL 2MG/ML	HORMONAL THERAPIES	13.5%
00009521901	TRELSTAR DEPOT	HORMONAL THERAPIES	13.5%
00009766401	TRELSTAR DEPOT	HORMONAL THERAPIES	13.5%
52544015302	TRELSTAR DEPOT	HORMONAL THERAPIES	13.5%
52544015376	TRELSTAR DEPOT	HORMONAL THERAPIES	13.5%
52544018924	TRELSTAR DEPOT MIXJECT	HORMONAL THERAPIES	13.5%
52544018976	TRELSTAR DEPOT MIXJECT	HORMONAL THERAPIES	13.5%
00009521501	TRELSTAR LA	HORMONAL THERAPIES	13.5%
00009521601	TRELSTAR LA	HORMONAL THERAPIES	13.5%





52544015402	TRELSTAR LA	HORMONAL THERAPIES	13.5%
52544015476	TRELSTAR LA	HORMONAL THERAPIES	13.5%
52544018824	TRELSTAR LA MIXJECT	HORMONAL THERAPIES	13.5%
52544018876	TRELSTAR LA MIXJECT	HORMONAL THERAPIES	13.5%
52544009224	TRELSTAR MIXJECT	HORMONAL THERAPIES	10.4%
52544009276	TRELSTAR MIXJECT	HORMONAL THERAPIES	10.4%
52544015602	TRELSTAR MIXJECT	HORMONAL THERAPIES	10.4%
55592050001	VANTAS	HORMONAL THERAPIES	13.5%
67979050001	VANTAS	HORMONAL THERAPIES	13.5%
00310095036	ZOLADEX	HORMONAL THERAPIES	16.7%
00310095130	ZOLADEX	HORMONAL THERAPIES	16.7%
00310096036	ZOLADEX	HORMONAL THERAPIES	16.7%
00310096130	ZOLADEX	HORMONAL THERAPIES	16.7%
54569394300	ZOLADEX IMP 3.6MG	HORMONAL THERAPIES	16.7%
15054104005	INCRELEX	IGF-1 DEFICIENCY	11.5%
00026063502	BAYGAM	IMMUNE GLOBULIN	12.0%
00026063504	BAYGAM	IMMUNE GLOBULIN	12.0%
00026063510	BAYGAM	IMMUNE GLOBULIN	12.0%
00026063512	BAYGAM	IMMUNE GLOBULIN	12.0%
54569527500	BAYGAM	IMMUNE GLOBULIN	12.0%
54569527600	BAYGAM	IMMUNE GLOBULIN	12.0%
54868419300	BAYGAM	IMMUNE GLOBULIN	12.0%
59730650201	BIVIGAM	IMMUNE GLOBULIN	13.5%
59730650301	BIVIGAM	IMMUNE GLOBULIN	13.5%
44206050551	CARIMUNE	IMMUNE GLOBULIN	25.1%
44206050756	CARIMUNE	IMMUNE GLOBULIN	16.7%
44206050862	CARIMUNE	IMMUNE GLOBULIN	16.7%
44206041501	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	25.1%
44206041603	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	16.7%
44206041706	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	16.7%
44206041812	CARIMUNE NANOFILTERED	IMMUNE GLOBULIN	16.7%
44206053211	CYTOGAM	IMMUNE GLOBULIN	13.5%
44206310101	CYTOGAM	IMMUNE GLOBULIN	13.5%



44206310110	CYTOGAM	IMMUNE GLOBULIN	13.5%
60574310101	CYTOGAM	IMMUNE GLOBULIN	13.5%
60574310201	CYTOGAM INJ	IMMUNE GLOBULIN	13.5%
61953000301	FLEBOGAMMA	IMMUNE GLOBULIN	13.5%
61953000302	FLEBOGAMMA	IMMUNE GLOBULIN	13.5%
61953000303	FLEBOGAMMA	IMMUNE GLOBULIN	13.5%
61953000304	FLEBOGAMMA	IMMUNE GLOBULIN	13.5%
61953000400	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000401	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000402	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000403	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000404	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000405	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000406	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000407	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000408	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000409	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000501	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000502	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000503	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000504	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000505	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
61953000506	FLEBOGAMMA DIF	IMMUNE GLOBULIN	13.5%
00026061512	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
00161061502	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
00161061504	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
00161061510	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
00161061512	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
00192061512	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
54569141900	GAMASTAN INJ	IMMUNE GLOBULIN	13.5%
54569582800	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
13533063504	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
13533063512	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
13533063513	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
13533063540	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
13533063503	GAMASTAN S/D	IMMUNE GLOBULIN	13.5%
00026064812	GAMIMUNE N	IMMUNE GLOBULIN	13.5%
00026064815	GAMIMUNE N	IMMUNE GLOBULIN	13.5%
00026064820	GAMIMUNE N	IMMUNE GLOBULIN	13.5%
00026064824	GAMIMUNE N	IMMUNE GLOBULIN	13.5%
00026064871	GAMIMUNE N	IMMUNE GLOBULIN	13.5%
00944280703	GAMMAGARD INJ 0.5GM HU	IMMUNE GLOBULIN	12.6%
00944280704	GAMMAGARD INJ 10GM HU	IMMUNE GLOBULIN	13.5%



00944280702	GAMMAGARD INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
00944280701	GAMMAGARD INJ 5GM HU	IMMUNE GLOBULIN	13.5%
00944270002	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944270003	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944270004	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944270005	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944270006	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944270007	GAMMAGARD LIQUID	IMMUNE GLOBULIN	13.5%
00944262001	GAMMAGARD S/D	IMMUNE GLOBULIN	12.6%
00944262002	GAMMAGARD S/D	IMMUNE GLOBULIN	13.5%
00944262003	GAMMAGARD S/D	IMMUNE GLOBULIN	13.5%
00944262004	GAMMAGARD S/D	IMMUNE GLOBULIN	13.5%
00944265503	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	13.5%
00944265504	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	13.5%
00944265603	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	13.5%
00944265804	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULIN	13.5%
76125090001	GAMMAKED	IMMUNE GLOBULIN	13.5%
76125090010	GAMMAKED	IMMUNE GLOBULIN	13.5%
76125090020	GAMMAKED	IMMUNE GLOBULIN	13.5%
76125090025	GAMMAKED	IMMUNE GLOBULIN	13.5%
76125090050	GAMMAKED	IMMUNE GLOBULIN	13.5%
64208823401	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823402	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823403	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823405	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823406	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823407	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823404	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
64208823408	GAMMAPLEX	IMMUNE GLOBULIN	13.5%
54569226500	GAMMAR INJ	IMMUNE GLOBULIN	13.5%
54569313100	GAMMAR INJ	IMMUNE GLOBULIN	13.5%
00053749010	GAMMAR I.V. INJ 10GM HU	IMMUNE GLOBULIN	13.5%
00053749001	GAMMAR I.V. INJ 1GM HU	IMMUNE GLOBULIN	25.1%
00053749002	GAMMAR I.V. INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
00053749005	GAMMAR I.V. INJ 5GM HU	IMMUNE GLOBULIN	13.5%
00053749006	GAMMAR I.V. INJ 5GM HU	IMMUNE GLOBULIN	13.5%
00053759501	GAMMAR IM INJ	IMMUNE GLOBULIN	13.5%
00053759502	GAMMAR IM INJ	IMMUNE GLOBULIN	13.5%
00053748601	GAMMAR-P I.V.	IMMUNE GLOBULIN	25.1%



00053748602	GAMMAR-P I.V.	IMMUNE GLOBULIN	13.5%
00053748605	GAMMAR-P I.V.	IMMUNE GLOBULIN	13.5%
00053748606	GAMMAR-P I.V.	IMMUNE GLOBULIN	13.5%
00053748610	GAMMAR-P I.V.	IMMUNE GLOBULIN	13.5%
00026064512	GAMUNEX	IMMUNE GLOBULIN	13.5%
00026064515	GAMUNEX	IMMUNE GLOBULIN	13.5%
00026064520	GAMUNEX	IMMUNE GLOBULIN	13.5%
00026064524	GAMUNEX	IMMUNE GLOBULIN	13.5%
00026064571	GAMUNEX	IMMUNE GLOBULIN	13.5%
13533064512	GAMUNEX	IMMUNE GLOBULIN	16.7%
13533064515	GAMUNEX	IMMUNE GLOBULIN	16.7%
13533064520	GAMUNEX	IMMUNE GLOBULIN	16.7%
13533064524	GAMUNEX	IMMUNE GLOBULIN	16.7%
13533064571	GAMUNEX	IMMUNE GLOBULIN	16.7%
13533080012	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080013	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080015	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080016	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080020	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080021	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080024	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080025	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080071	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080072	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080040	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
13533080041	GAMUNEX-C	IMMUNE GLOBULIN	13.5%
44206045101	HIZENTRA	IMMUNE GLOBULIN	13.5%
44206045202	HIZENTRA	IMMUNE GLOBULIN	13.5%
44206045404	HIZENTRA	IMMUNE GLOBULIN	13.5%
44206045510	HIZENTRA	IMMUNE GLOBULIN	13.5%
00182061512	IMMUNE GLOB INJ HUMAN	IMMUNE GLOBULIN	13.5%
52769047070	IMMUNE GLOBU INJ 0.5GM HU	IMMUNE GLOBULIN	12.6%
52769047080	IMMUNE GLOBU INJ 10GM HU	IMMUNE GLOBULIN	13.5%
52769077071	IMMUNE GLOBU INJ 1GM	IMMUNE GLOBULIN	25.1%
52769047072	IMMUNE GLOBU INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
52769077073	IMMUNE GLOBU INJ 3GM	IMMUNE GLOBULIN	16.7%
52769047075	IMMUNE GLOBU INJ 5GM HU	IMMUNE GLOBULIN	13.5%
52769077076	IMMUNE GLOBU INJ 6GM	IMMUNE GLOBULIN	16.7%
52769011502	IMMUNE GLOBU INJ HUMAN	IMMUNE GLOBULIN	13.5%
54569409900	IMMUNE GLOBU INJ HUMAN	IMMUNE GLOBULIN	13.5%
44206050653	IMMUNE GLOBULIN	IMMUNE GLOBULIN	16.7%
14362011502	IMMUNE GLOBULIN	IMMUNE GLOBULIN	16.7%
52769057622	IMMUNE GLOBULIN	IMMUNE GLOBULIN	16.7%



54129023310	IVEEGAM INJ 1GM	IMMUNE GLOBULIN	25.1%
54129023325	IVEEGAM INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
64193025050	IVEEGAM EN	IMMUNE GLOBULIN	13.5%
54129023350	IVEEGAM HUMAN	IMMUNE GLOBULIN	13.5%
67467084301	OCTAGAM	IMMUNE GLOBULIN	12.6%
67467084302	OCTAGAM	IMMUNE GLOBULIN	13.5%
67467084303	OCTAGAM	IMMUNE GLOBULIN	13.5%
67467084304	OCTAGAM	IMMUNE GLOBULIN	13.5%
67467084305	OCTAGAM	IMMUNE GLOBULIN	12.6%
68209084301	OCTAGAM	IMMUNE GLOBULIN	12.6%
68209084302	OCTAGAM	IMMUNE GLOBULIN	13.5%
68209084303	OCTAGAM	IMMUNE GLOBULIN	13.5%
68209084304	OCTAGAM	IMMUNE GLOBULIN	13.5%
68982085002	OCTAGAM	IMMUNE GLOBULIN	12.6%
68982085003	OCTAGAM	IMMUNE GLOBULIN	12.6%
68982085004	OCTAGAM	IMMUNE GLOBULIN	12.6%
52769026866	PANGLOBULIN	IMMUNE GLOBULIN	16.7%
52769026972	PANGLOBULIN	IMMUNE GLOBULIN	16.7%
52769027071	PANGLOBULIN	IMMUNE GLOBULIN	25.1%
52769027073	PANGLOBULIN	IMMUNE GLOBULIN	16.7%
52769027076	PANGLOBULIN	IMMUNE GLOBULIN	16.7%
52769027082	PANGLOBULIN	IMMUNE GLOBULIN	16.7%
52769041706	PANGLOBULIN NF	IMMUNE GLOBULIN	16.7%
52769041812	PANGLOBULIN NF	IMMUNE GLOBULIN	16.7%
00944047169	POLYGAM S/D	IMMUNE GLOBULIN	12.6%
00944047172	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
00944047175	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
00944047180	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
52769047172	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
52769047175	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
52769047180	POLYGAM S/D	IMMUNE GLOBULIN	13.5%
44206043605	PRIVIGEN	IMMUNE GLOBULIN	13.5%
44206043710	PRIVIGEN	IMMUNE GLOBULIN	13.5%
44206043820	PRIVIGEN	IMMUNE GLOBULIN	13.5%
44206043940	PRIVIGEN	IMMUNE GLOBULIN	13.5%
00078012058	SANDOGLOBULI INJ 1GM	IMMUNE GLOBULIN	25.1%
00078012259	SANDOGLOBULI INJ 3GM	IMMUNE GLOBULIN	16.7%
00078012460	SANDOGLOBULI INJ 6GM	IMMUNE GLOBULIN	16.7%
00078012094	SANDOGLOBULIN	IMMUNE GLOBULIN	25.1%
00078012219	SANDOGLOBULIN	IMMUNE GLOBULIN	16.7%
00078012295	SANDOGLOBULIN	IMMUNE GLOBULIN	16.7%
00078012419	SANDOGLOBULIN	IMMUNE GLOBULIN	16.7%
00078012496	SANDOGLOBULIN	IMMUNE GLOBULIN	16.7%



00078024419	SANDOGLOBULIN I.V.	IMMUNE GLOBULIN	16.7%
00078024493	SANDOGLOBULIN I.V.	IMMUNE GLOBULIN	16.7%
00078033184	SIMULECT	IMMUNE GLOBULIN	13.5%
00078039361	SIMULECT	IMMUNE GLOBULIN	13.5%
58468008001	THYMOGLOBULIN	IMMUNE GLOBULIN	13.5%
62053053425	THYMOGLOBULIN	IMMUNE GLOBULIN	13.5%
49669160300	VENOBLOBUL I INJ 5GM HU	IMMUNE GLOBULIN	13.5%
49669160301	VENOBLOBUL-I INJ 5GM HU	IMMUNE GLOBULIN	13.5%
49669160200	VENOGLOBUL I INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
49669160001	VENOGLOBUL-I INJ 0.5GM HU	IMMUNE GLOBULIN	12.6%
49669160401	VENOGLOBUL-I INJ 10GM HU	IMMUNE GLOBULIN	13.5%
49669160201	VENOGLOBUL-I INJ 2.5GM HU	IMMUNE GLOBULIN	13.5%
49669162201	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
49669162301	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
49669162401	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
68516162201	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
68516162301	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
68516162401	VENOGLOBULIN-S	IMMUNE GLOBULIN	13.5%
00944296703	WINRHO SDF	IMMUNE GLOBULIN	13.5%
00944296705	WINRHO SDF	IMMUNE GLOBULIN	13.5%
00944296707	WINRHO SDF	IMMUNE GLOBULIN	13.5%
00944296709	WINRHO SDF	IMMUNE GLOBULIN	13.5%
53270300001	WINRHO SDF	IMMUNE GLOBULIN	13.5%
53270310001	WINRHO SDF	IMMUNE GLOBULIN	13.5%
53270330001	WINRHO SDF	IMMUNE GLOBULIN	13.5%
53270350001	WINRHO SDF	IMMUNE GLOBULIN	13.5%
55513022101	NPLATE	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
55513022201	NPLATE	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
00007464013	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
00007464113	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
00007464213	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
00007464313	PROMACTA	IMMUNE THROMBOCYTOPENIC PURPURA	13.5%
00046097110	A.P.L.	INFERTILITY	13.5%
55566850502	BRAVELLE	INFERTILITY	14.6%



55566850506	BRAVELLE	INFERTILITY	14.6%
44087120301	CETROTIDE	INFERTILITY	13.5%
44087122501	CETROTIDE	INFERTILITY	13.5%
00182080563	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00182116563	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00223777010	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00364658454	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00402012610	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00402012611	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00418582142	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00536050070	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00536513070	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00588509370	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00719309987	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00719310087	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00814172340	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00814172440	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00839556430	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00904118910	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
52349010110	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
54569138800	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
54569237400	CHOR GONADOT INJ 10000U	INFERTILITY	13.5%
00314061870	CHOREX-10	INFERTILITY	13.5%
00217680108	CHORIGON INJ 10000U	INFERTILITY	13.5%
00364670654	CHORIONIC GONADOTROPIN	INFERTILITY	13.5%
00469150130	CHORIONIC GONADOTROPIN	INFERTILITY	13.5%
49072012710	CHORIONIC GONADOTROPIN	INFERTILITY	13.5%
54868412100	CHORIONIC GONADOTROPIN	INFERTILITY	13.5%
63323002510	CHORIONIC GONADOTROPIN	INFERTILITY	13.5%
54569266000	CHORIONIC GONADOTROPIN W/DILUENT	INFERTILITY	13.5%
00456101310	CHORON-10 INJ 10000U	INFERTILITY	13.5%
57548037910	EVEREADY INJ PROGEST	INFERTILITY	27.1%
57548012610	EVEREADY-HCG 10000	INFERTILITY	13.5%
00052030802	FOLLISTIM AQ	INFERTILITY	16.7%
00052030902	FOLLISTIM AQ	INFERTILITY	16.7%
00052031301	FOLLISTIM AQ	INFERTILITY	16.7%
00052031601	FOLLISTIM AQ	INFERTILITY	16.7%
00052032601	FOLLISTIM AQ	INFERTILITY	16.7%
00003041940	FOLLUTEIN INJ 10000U	INFERTILITY	13.5%
00052030151	GANIRELIX ACETATE	INFERTILITY	13.5%
00052030161	GANIRELIX ACETATE	INFERTILITY	13.5%
00456092110	GESTEROL 50 INJ 50MG/ML	INFERTILITY	27.1%



30727035570	GESTERONE INJ 50MG/ML	INFERTILITY	27.1%
44087903001	GONAL-F	INFERTILITY	13.5%
44087907001	GONAL-F	INFERTILITY	13.5%
44087907501	GONAL-F	INFERTILITY	13.5%
44087907503	GONAL-F	INFERTILITY	13.5%
44087907504	GONAL-F	INFERTILITY	13.5%
54569495700	GONAL-F	INFERTILITY	13.5%
44087900501	GONAL-F RFF	INFERTILITY	13.5%
44087900506	GONAL-F RFF	INFERTILITY	13.5%
44087111201	GONAL-F RFF PEN	INFERTILITY	13.5%
44087111301	GONAL-F RFF PEN	INFERTILITY	13.5%
44087111401	GONAL-F RFF PEN	INFERTILITY	13.6%
44087111501	GONAL-F RFF REDIJECT	INFERTILITY	13.5%
44087111601	GONAL-F RFF REDIJECT	INFERTILITY	13.5%
44087111701	GONAL-F RFF REDIJECT	INFERTILITY	13.5%
43797010212	GONIC INJ 10000U	INFERTILITY	13.5%
43797015212	GONIC INJ 10000U	INFERTILITY	13.5%
44437012622	HCG INJ 10000U	INFERTILITY	13.5%
44087137501	LUVERIS	INFERTILITY	13.5%
55566750101	MENOPUR	INFERTILITY	14.6%
55566750102	MENOPUR	INFERTILITY	14.6%
55566150101	NOVAREL	INFERTILITY	13.5%
44087115001	OVIDREL	INFERTILITY	13.5%
54569242100	PREGNYL INJ 10000U	INFERTILITY	13.5%
00052031510	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	INFERTILITY	13.5%
54868499700	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	INFERTILITY	13.5%
54868391000	PROFASI	INFERTILITY	13.5%
54569198600	PROFASI HP W/DILUENT BENZYL ALCOHOL	INFERTILITY	13.5%
44087801003	PROFASI W/DILUENT BENZYL ALCOHOL	INFERTILITY	13.5%
00259034110	PROGESTAJECT INJ 50MG/ML	INFERTILITY	27.1%
00143972501	PROGESTERONE	INFERTILITY	27.1%
00517075001	PROGESTERONE	INFERTILITY	27.1%
00591312879	PROGESTERONE	INFERTILITY	27.1%
40042005010	PROGESTERONE	INFERTILITY	27.1%
54868339600	PROGESTERONE	INFERTILITY	27.1%
63323026110	PROGESTERONE	INFERTILITY	27.1%
00364668354	PROGESTERONE IN OIL	INFERTILITY	27.1%
54569216000	PROGESTERONE IN OIL	INFERTILITY	27.1%
54569149000	PROGESTERONE IN OIL MDV	INFERTILITY	27.1%





00002143801	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00144335214	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00182086263	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00191006721	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00223838110	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00304067556	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00314006010	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00314075370	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00402037910	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00418063141	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00524011010	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00536740070	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00537244370	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00551004310	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00574070410	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00588505670	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00677030121	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00684011310	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00719331587	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00814638840	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00839516530	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
00904105010	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
17236072291	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
43797010412	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
47202404001	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
49072058910	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
53638037910	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
54274075862	PROGESTERONE INJ 50MG/ML	INFERTILITY	27.1%
55566718502	REPRONEX	INFERTILITY	13.5%
00024279150	FERRLECIT	IRON DEFICIENCY	13.5%
00024279210	FERRLECIT	IRON DEFICIENCY	13.5%
00364279123	FERRLECIT	IRON DEFICIENCY	13.5%
52544092226	FERRLECIT	IRON DEFICIENCY	13.5%
00024279410	FERRLECIT	IRON DEFICIENCY	13.5%
52544014926	NULECIT	IRON DEFICIENCY	13.5%
52544014987	NULECIT	IRON DEFICIENCY	13.5%
00591014926	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%
00591014987	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%
00591250826	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%



00591250887	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%
00143957001	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%
00143957010	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	IRON DEFICIENCY	13.5%
00078046815	EXJADE	IRON OVERLOAD	12.0%
00078046915	EXJADE	IRON OVERLOAD	12.0%
00078047015	EXJADE	IRON OVERLOAD	12.0%
00078065415	JADENU	IRON OVERLOAD	12.0%
00078065515	JADENU	IRON OVERLOAD	12.0%
00078065615	JADENU	IRON OVERLOAD	12.0%
10144042760	AMPYRA	MULTIPLE SCLEROSIS	12.0%
58468021002	AUBAGIO	MULTIPLE SCLEROSIS	13.5%
58468021101	AUBAGIO	MULTIPLE SCLEROSIS	13.5%
58468021001	AUBAGIO	MULTIPLE SCLEROSIS	13.5%
58468021102	AUBAGIO	MULTIPLE SCLEROSIS	13.5%
54569443300	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627000103	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627000104	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627000205	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627000207	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627011103	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627022205	AVONEX	MULTIPLE SCLEROSIS	13.5%
59627000304	AVONEX PEN	MULTIPLE SCLEROSIS	13.5%
59627033304	AVONEX PEN	MULTIPLE SCLEROSIS	13.5%
50419052309	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052315	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052325	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052335	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052401	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052435	BETASERON	MULTIPLE SCLEROSIS	13.5%
50419052115	BETASERON W/DILUENT	MULTIPLE SCLEROSIS	13.5%
00088115330	COPAXONE	MULTIPLE SCLEROSIS	13.5%
68115075030	COPAXONE	MULTIPLE SCLEROSIS	13.5%
68546031730	COPAXONE	MULTIPLE SCLEROSIS	13.5%
68546032512	COPAXONE	MULTIPLE SCLEROSIS	13.5%
00078056912	EXTAVIA	MULTIPLE SCLEROSIS	13.5%
00078056961	EXTAVIA	MULTIPLE SCLEROSIS	13.5%
00078056999	EXTAVIA	MULTIPLE SCLEROSIS	13.5%
00078060751	GILENYA	MULTIPLE SCLEROSIS	14.6%
00078060715	GILENYA	MULTIPLE SCLEROSIS	12.0%
00781323434	GLATOPA	MULTIPLE SCLEROSIS	13.5%



58468020001	LEMTRADA	MULTIPLE SCLEROSIS	12.0%
64406001101	PLEGRIDY	MULTIPLE SCLEROSIS	13.5%
64406001501	PLEGRIDY	MULTIPLE SCLEROSIS	13.5%
64406001201	PLEGRIDY STARTER PACK	MULTIPLE SCLEROSIS	13.5%
64406001601	PLEGRIDY STARTER PACK	MULTIPLE SCLEROSIS	13.5%
44087002201	REBIF	MULTIPLE SCLEROSIS	13.5%
44087002203	REBIF	MULTIPLE SCLEROSIS	13.5%
44087004401	REBIF	MULTIPLE SCLEROSIS	13.5%
44087004403	REBIF	MULTIPLE SCLEROSIS	13.5%
44087332201	REBIF REBIDOSE	MULTIPLE SCLEROSIS	13.5%
44087334401	REBIF REBIDOSE	MULTIPLE SCLEROSIS	13.5%
44087018801	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	13.5%
44087882201	REBIF TITRATION PACK	MULTIPLE SCLEROSIS	13.5%
64406000501	TECFIDERA	MULTIPLE SCLEROSIS	13.5%
64406000602	TECFIDERA	MULTIPLE SCLEROSIS	13.5%
64406000703	TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	13.5%
00023114501	BOTOX	NEUROMUSCULAR	13.5%
00023392102	BOTOX	NEUROMUSCULAR	13.5%
54868412300	BOTOX	NEUROMUSCULAR	13.5%
10454071010	MYOBLOC	NEUROMUSCULAR	13.5%
10454071110	MYOBLOC	NEUROMUSCULAR	13.5%
10454071210	MYOBLOC	NEUROMUSCULAR	13.5%
59075071010	MYOBLOC	NEUROMUSCULAR	13.5%
59075071110	MYOBLOC	NEUROMUSCULAR	13.5%
59075071210	MYOBLOC	NEUROMUSCULAR	13.5%
00259160501	XEOMIN	NEUROMUSCULAR	13.5%
00259161001	XEOMIN	NEUROMUSCULAR	13.5%
00187320447	EFUDEX	ONCOLOGY - TOPICAL	13.5%
00378479106	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
21695082940	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
51672411806	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
54569627900	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
54868629300	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
66530024940	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
68682000431	FLUOROURACIL	ONCOLOGY - TOPICAL	13.5%
62856060422	TARGRETIN	ONCOLOGY - TOPICAL	13.5%



64365050202	TARGRETIN	ONCOLOGY - TOPICAL	13.5%
64365050401	TARGRETIN	ONCOLOGY - TOPICAL	13.5%
00187552560	TARGRETIN	ONCOLOGY - TOPICAL	13.5%
68817013450	ABRAXANE	ONCOLOGY- INJECTABLE	10.4%
51144005001	ADCETRIS	ONCOLOGY- INJECTABLE	13.5%
00074113601	ADRIAMYC PFS INJ 10MG	ONCOLOGY- INJECTABLE	10.4%
00074116601	ADRIAMYC PFS INJ 200MG	ONCOLOGY- INJECTABLE	10.4%
00013114694	ADRIAMYC PFS INJ 20MG	ONCOLOGY- INJECTABLE	10.4%
54569245800	ADRIAMYC PFS INJ 2MG/ML	ONCOLOGY- INJECTABLE	10.4%
54569245900	ADRIAMYC PFS INJ 2MG/ML	ONCOLOGY- INJECTABLE	10.4%
00074115601	ADRIAMYC PFS INJ 50MG	ONCOLOGY- INJECTABLE	10.4%
00013109694	ADRIAMYC RDF INJ 20MG	ONCOLOGY- INJECTABLE	10.4%
00074109601	ADRIAMYC RDF INJ 20MG	ONCOLOGY- INJECTABLE	10.4%
54868313100	ADRIAMYC RDF INJ 50MG	ONCOLOGY- INJECTABLE	10.4%
55390023110	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023210	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023301	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023510	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023610	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023701	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
55390023801	ADRIAMYCIN	ONCOLOGY- INJECTABLE	10.4%
00013113601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013113691	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013114601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013114691	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013115601	ADRIAMYCIN PFS	ONCOLOGY-	10.4%



		INJECTABLE	
00013115679	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013116601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013116683	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013117601	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013117687	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013123691	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013124691	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013125679	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013126683	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013128683	ADRIAMYCIN PFS	ONCOLOGY- INJECTABLE	10.4%
00013108601	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00013108691	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00013109601	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00013109691	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00013110601	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00013110679	ADRIAMYCIN RDF	ONCOLOGY- INJECTABLE	10.4%
00703301511	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
00703301513	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
00703301811	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
00703301812	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
00703301911	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
00703301912	ADRUCIL	ONCOLOGY- INJECTABLE	13.5%
54746000101	ALFERON N	ONCOLOGY- INJECTABLE	10.4%
00034101901	ALFERON N INJ 5MU/ML	ONCOLOGY- INJECTABLE	10.4%
00002762301	ALIMTA	ONCOLOGY- INJECTABLE	10.4%



00002764001	ALIMTA	ONCOLOGY-INJECTABLE	10.4%
00173013093	ALKERAN	ONCOLOGY-INJECTABLE	10.4%
52609300100	ALKERAN	ONCOLOGY-INJECTABLE	10.4%
59572030101	ALKERAN	ONCOLOGY-INJECTABLE	10.4%
47335058140	AMIFOSTINE	ONCOLOGY-INJECTABLE	10.4%
47335058142	AMIFOSTINE	ONCOLOGY-INJECTABLE	10.4%
55390030803	AMIFOSTINE	ONCOLOGY-INJECTABLE	10.4%
62756058140	AMIFOSTINE	ONCOLOGY-INJECTABLE	10.4%
62756058142	AMIFOSTINE	ONCOLOGY-INJECTABLE	10.4%
00007440101	ARRANON	ONCOLOGY-INJECTABLE	10.4%
00007440106	ARRANON	ONCOLOGY-INJECTABLE	10.4%
00173080802	ARZERRA	ONCOLOGY-INJECTABLE	10.5%
00173080805	ARZERRA	ONCOLOGY-INJECTABLE	10.5%
00173082101	ARZERRA	ONCOLOGY-INJECTABLE	10.5%
00173082133	ARZERRA	ONCOLOGY-INJECTABLE	10.5%
00173082102	ARZERRA	ONCOLOGY-INJECTABLE	10.5%
50242006001	AVASTIN	ONCOLOGY-INJECTABLE	10.4%
50242006002	AVASTIN	ONCOLOGY-INJECTABLE	10.5%
50242006101	AVASTIN	ONCOLOGY-INJECTABLE	10.4%
00781325394	AZACITIDINE	ONCOLOGY-INJECTABLE	13.5%
43598030562	AZACITIDINE	ONCOLOGY-INJECTABLE	13.5%
00781925394	AZACITIDINE	ONCOLOGY-INJECTABLE	13.5%
43598046562	AZACITIDINE	ONCOLOGY-INJECTABLE	13.5%
68152010809	BELEODAQ	ONCOLOGY-INJECTABLE	13.5%
23155026141	BICNU	ONCOLOGY-INJECTABLE	13.5%
00015301260	BICNU	ONCOLOGY-	13.5%



		INJECTABLE	
00015301238	BICNU	ONCOLOGY- INJECTABLE	13.5%
00015301218	BICNU INJ 100MG	ONCOLOGY- INJECTABLE	13.5%
00015301297	BICNU INJ 100MG	ONCOLOGY- INJECTABLE	13.5%
59148007090	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
59148007091	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
59148007191	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
62161000538	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
67286005308	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
67286005408	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
59148004791	BUSULFEX	ONCOLOGY- INJECTABLE	10.4%
50419035703	CAMPATH	ONCOLOGY- INJECTABLE	10.4%
58468035701	CAMPATH	ONCOLOGY- INJECTABLE	10.4%
58468035703	CAMPATH	ONCOLOGY- INJECTABLE	10.4%
00009111101	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009111102	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009752901	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009752902	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009752903	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009752904	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00009752905	CAMPTOSAR	ONCOLOGY- INJECTABLE	10.4%
00015323011	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00015323111	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00015323211	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00015323311	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00409112910	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%



00409112911	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00409112912	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591221911	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00591222011	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591333626	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591333712	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591333889	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591345460	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00591368711	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703324411	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703324611	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703324811	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703324911	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00703326401	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703326601	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00703326801	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703326871	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703327401	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703327601	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00703327801	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
00703424401	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00703424601	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
00703424801	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
10019091201	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
10019091202	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
10019091203	CARBOPLATIN	ONCOLOGY-	10.5%





		INJECTABLE	
10019091501	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
10019091601	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
10019091701	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
10139006005	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
10139006015	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
10139006045	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
15210006112	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
15210006312	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
15210006612	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
15210006712	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
25021020205	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
25021020215	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
25021020245	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
25021020251	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
50111096576	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
50111096676	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
50111096776	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
55390015001	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
55390015101	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390015201	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
55390015301	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390015401	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390015501	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390015601	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390022001	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%



55390022101	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
55390022201	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033918	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033922	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033950	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033956	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033961	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033962	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703033963	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703036018	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703036022	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
61703036050	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323016610	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
63323016720	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323016721	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323016800	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
63323016905	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
63323016915	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
63323016945	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.5%
63323017205	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323017215	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323017245	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323017260	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
66758004701	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
66758004702	CARBOPLATIN	ONCOLOGY-INJECTABLE	10.4%
66758004703	CARBOPLATIN	ONCOLOGY-	10.4%



		INJECTABLE	
66758004704	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%
66860010001	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%
66860010101	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%
66860010201	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%
67817006112	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67817006312	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67817006612	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67817006712	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67457049154	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67457049215	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67457049346	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67457049461	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00703423901	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
67457060820	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
47335015040	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
47335015140	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
47335028440	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
47335030040	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.5%
00703424891	CARBOPLATIN	ONCOLOGY- INJECTABLE	10.4%
55390028110	CERUBIDINE	ONCOLOGY- INJECTABLE	10.4%
53905028110	CERUBIDINE INJ 20MG	ONCOLOGY- INJECTABLE	10.4%
00008415501	CERUBIDINE SOL 20MG	ONCOLOGY- INJECTABLE	10.4%
00703574711	CISPLATIN	ONCOLOGY- INJECTABLE	13.5%
00703574811	CISPLATIN	ONCOLOGY- INJECTABLE	13.5%
63323010351	CISPLATIN	ONCOLOGY- INJECTABLE	13.5%



63323010364	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
63323010365	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
44567051001	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
44567050901	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
67457042410	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
67457042551	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
00069008101	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
00069008407	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
10019091001	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
10019091002	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390009901	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390011250	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390011299	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390018701	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390041450	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
55390041499	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
63323010391	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
63323010395	CISPLATIN	ONCOLOGY-INJECTABLE	13.5%
00069008618	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
00069020101	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
55390011501	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
55390012401	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
63323014010	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
67457045010	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
67457045110	CLADRIBINE	ONCOLOGY-INJECTABLE	10.4%
00024586001	CLOLAR	ONCOLOGY-	13.5%



		INJECTABLE	
58468010001	CLOLAR	ONCOLOGY- INJECTABLE	13.5%
58468010002	CLOLAR	ONCOLOGY- INJECTABLE	13.5%
55292081155	COSMEGEN	ONCOLOGY- INJECTABLE	13.5%
00006329822	COSMEGEN	ONCOLOGY- INJECTABLE	13.5%
67386081155	COSMEGEN	ONCOLOGY- INJECTABLE	13.5%
67457045450	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390013110	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390013210	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390013301	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390080710	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
67457045220	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
63323012020	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015201	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015202	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015301	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015302	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015401	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
00069015501	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390013401	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390080610	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390080801	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
55390080901	CYTARABINE	ONCOLOGY- INJECTABLE	13.5%
61703030350	CYTARABINE      AQUEOUS	ONCOLOGY- INJECTABLE	12.0%
61703030425	CYTARABINE      AQUEOUS	ONCOLOGY- INJECTABLE	12.0%
61703030509	CYTARABINE      AQUEOUS	ONCOLOGY- INJECTABLE	12.0%



00304216756	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
00364246753	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
00469103005	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
51309021910	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
51309022205	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
51309022330	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
53905013110	CYTARABINE INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
00469103050	CYTARABINE INJ 1GM	ONCOLOGY-INJECTABLE	12.0%
53905013301	CYTARABINE INJ 1GM	ONCOLOGY-INJECTABLE	12.0%
53905013401	CYTARABINE INJ 2GM	ONCOLOGY-INJECTABLE	12.0%
00304216858	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
00364246854	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
00469103025	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
51309022015	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
53905013210	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
54569296200	CYTARABINE INJ 500MG	ONCOLOGY-INJECTABLE	12.0%
61703030346	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	13.5%
61703030436	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	13.5%
61703030538	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	13.5%
61703031922	CYTARABINE AQUEOUS	ONCOLOGY-INJECTABLE	13.5%
00009037301	CYTOSAR-U	ONCOLOGY-INJECTABLE	13.5%
00009047301	CYTOSAR-U	ONCOLOGY-INJECTABLE	13.5%
00009329501	CYTOSAR-U	ONCOLOGY-INJECTABLE	13.5%
00009329601	CYTOSAR-U	ONCOLOGY-INJECTABLE	13.5%
00009306301	CYTOSAR-U INJ 100/5ML	ONCOLOGY-INJECTABLE	13.5%
00009307001	CYTOSAR-U INJ 500MG	ONCOLOGY-	13.5%



		INJECTABLE	
00703507501	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
00703507503	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
63323012710	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
63323012820	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
61703032722	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
55390009010	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
00074507501	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
00074507503	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
00703465801	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
55390033910	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
63323012812	DACARBAZINE	ONCOLOGY- INJECTABLE	13.5%
00469227030	DACARBAZINE INJ 100MG	ONCOLOGY- INJECTABLE	12.0%
51309020420	DACARBAZINE INJ 100MG	ONCOLOGY- INJECTABLE	12.0%
00304217059	DACARBAZINE INJ 200MG	ONCOLOGY- INJECTABLE	12.0%
00469228040	DACARBAZINE INJ 200MG	ONCOLOGY- INJECTABLE	12.0%
51309020530	DACARBAZINE INJ 200MG	ONCOLOGY- INJECTABLE	12.0%
00304217151	DACARBAZINE INJ 500MG	ONCOLOGY- INJECTABLE	12.0%
51309025450	DACARBAZINE INJ 500MG	ONCOLOGY- INJECTABLE	12.0%
62856060001	DACOGEN	ONCOLOGY- INJECTABLE	13.5%
58063060050	DACOGEN	ONCOLOGY- INJECTABLE	13.5%
55390033701	DACTINOMYCIN	ONCOLOGY- INJECTABLE	12.0%
00703503203	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
00703523313	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
00703523391	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
00703523393	DAUNORUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%



55390010801	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390010810	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390014210	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390080510	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323011908	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323012404	DAUNORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10885000101	DAUNOXOME	ONCOLOGY-INJECTABLE	10.4%
56146030100	DAUNOXOME	ONCOLOGY-INJECTABLE	10.4%
56146030101	DAUNOXOME	ONCOLOGY-INJECTABLE	10.4%
56146030104	DAUNOXOME	ONCOLOGY-INJECTABLE	10.4%
61958030101	DAUNOXOME	ONCOLOGY-INJECTABLE	10.4%
00781313980	DECITABINE	ONCOLOGY-INJECTABLE	13.5%
43598042737	DECITABINE	ONCOLOGY-INJECTABLE	13.5%
55111055610	DECITABINE	ONCOLOGY-INJECTABLE	13.5%
43598034837	DECITABINE	ONCOLOGY-INJECTABLE	13.5%
47335036141	DECITABINE	ONCOLOGY-INJECTABLE	13.5%
57665033101	DEPOCYT	ONCOLOGY-INJECTABLE	13.5%
53905033101	DEPOCYT	ONCOLOGY-INJECTABLE	13.5%
67457020425	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
67457020950	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
55390001402	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
55390006002	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
67457020725	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
67457020850	DEXRAZOXANE	ONCOLOGY-INJECTABLE	13.5%
47335028541	DOCEFREZ	ONCOLOGY-INJECTABLE	13.5%
47335028641	DOCEFREZ	ONCOLOGY-	13.5%





		INJECTABLE	
00409020120	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00955102001	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00955102104	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729012049	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729022850	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729023163	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729023164	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729026763	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
16729026764	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
25021022201	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
25021022204	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
60505603506	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
60505603706	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
66758005003	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00409020127	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
63739093211	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
63739097117	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
45963073452	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
45963073454	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
43598025811	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
43598025940	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00069914122	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00069914222	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00409020102	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%
00409020110	DOCETAXEL	ONCOLOGY- INJECTABLE	10.4%



00409020125	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
00409020126	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
66758005001	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
66758005002	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
66758095002	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
66758095003	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
66758095004	DOCETAXEL	ONCOLOGY-INJECTABLE	10.4%
17314960001	DOXIL	ONCOLOGY-INJECTABLE	10.4%
17314960002	DOXIL	ONCOLOGY-INJECTABLE	10.4%
59676096001	DOXIL	ONCOLOGY-INJECTABLE	10.4%
59676096002	DOXIL	ONCOLOGY-INJECTABLE	10.4%
61471029512	DOXIL	ONCOLOGY-INJECTABLE	10.4%
00702023110	DOXORUBICIN INJ 10MG	ONCOLOGY-INJECTABLE	10.4%
53905023110	DOXORUBICIN INJ 10MG	ONCOLOGY-INJECTABLE	10.4%
00702023510	DOXORUBICIN INJ 10MG/5ML	ONCOLOGY-INJECTABLE	10.4%
00702023606	DOXORUBICIN INJ 20/10ML	ONCOLOGY-INJECTABLE	10.4%
00702023610	DOXORUBICIN INJ 20/10ML	ONCOLOGY-INJECTABLE	10.4%
00186157512	DOXORUBICIN INJ 20MG	ONCOLOGY-INJECTABLE	10.4%
00702023206	DOXORUBICIN INJ 20MG	ONCOLOGY-INJECTABLE	10.4%
53905023206	DOXORUBICIN INJ 20MG	ONCOLOGY-INJECTABLE	10.4%
53905023210	DOXORUBICIN INJ 20MG	ONCOLOGY-INJECTABLE	10.4%
00469883030	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
00702023801	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
53905023510	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
53905023606	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
53905023610	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-	10.4%



		INJECTABLE	
53905023701	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
53905023801	DOXORUBICIN INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.4%
00702023701	DOXORUBICIN INJ 50/25ML	ONCOLOGY-INJECTABLE	10.4%
00702023301	DOXORUBICIN INJ 50MG	ONCOLOGY-INJECTABLE	10.4%
53905023301	DOXORUBICIN INJ 50MG	ONCOLOGY-INJECTABLE	10.4%
00069017001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069017101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069303020	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069303120	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069303220	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069303320	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069303420	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403201	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403301	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403401	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153013	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153101	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153231	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153241	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153261	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00186153281	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00469100161	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00469883020	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%



00469883130	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00469883250	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00703504001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00703504301	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00703504303	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00703504601	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10019092001	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10019092102	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
25021020705	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
25021020725	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
25021020751	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150031410	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150031501	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150031701	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150032010	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081010	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081110	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081201	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081310	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081410	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081501	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53905081601	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024110	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024210	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024301	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024510	DOXORUBICIN HCL	ONCOLOGY-	10.4%



		INJECTABLE	
55390024610	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024701	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
55390024801	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
62756082640	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
62756082740	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323010161	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323088305	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323088310	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
63323088330	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457043650	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069400405	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069401510	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069402625	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00069403701	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039400	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039410	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457047810	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039300	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039354	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039525	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
45963073355	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
45963073357	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
45963073360	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
45963073368	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
67457039610	DOXORUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%



47335004940	DOXORUBICIN HCL LIPOSOME	ONCOLOGY-INJECTABLE	13.5%
47335005040	DOXORUBICIN HCL LIPOSOME	ONCOLOGY-INJECTABLE	13.5%
00026815120	DTIC-DOME	ONCOLOGY-INJECTABLE	13.5%
00026815110	DTIC-DOME INJ 100MG	ONCOLOGY-INJECTABLE	13.5%
00009509101	ELLENCE	ONCOLOGY-INJECTABLE	13.5%
00009509301	ELLENCE	ONCOLOGY-INJECTABLE	13.5%
00024059010	ELOXATIN	ONCOLOGY-INJECTABLE	10.4%
00024059120	ELOXATIN	ONCOLOGY-INJECTABLE	10.4%
00024059240	ELOXATIN	ONCOLOGY-INJECTABLE	10.4%
00024059602	ELOXATIN	ONCOLOGY-INJECTABLE	10.4%
00024059704	ELOXATIN	ONCOLOGY-INJECTABLE	10.4%
00006461200	ELSPAR	ONCOLOGY-INJECTABLE	13.5%
00247128910	ELSPAR	ONCOLOGY-INJECTABLE	13.5%
67386041151	ELSPAR	ONCOLOGY-INJECTABLE	13.5%
00591346983	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
00591347057	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
00703306711	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
00703306911	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10139006101	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10139006125	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
10518010410	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
10518010411	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
25021020325	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
25021020351	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150024701	EPIRUBICIN HCL	ONCOLOGY-INJECTABLE	10.4%
53150025001	EPIRUBICIN HCL	ONCOLOGY-	10.4%



		INJECTABLE	
55390020701	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
55390020801	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
59762509101	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
59762509301	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
59923070100	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
59923070125	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703034735	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703034859	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035901	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035902	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035959	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035991	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035992	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
61703035993	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
63323015100	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
63323015105	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
63323015125	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
63323015175	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
66758004201	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
66758004202	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	10.4%
45963060868	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
45963060860	EPIRUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
66733094823	ERBITUX	ONCOLOGY- INJECTABLE	10.4%
66733095823	ERBITUX	ONCOLOGY- INJECTABLE	10.4%
17314725301	ETHYOL	ONCOLOGY- INJECTABLE	10.4%



17314725303	ETHYOL	ONCOLOGY-INJECTABLE	10.4%
58178001701	ETHYOL	ONCOLOGY-INJECTABLE	10.4%
58178001703	ETHYOL	ONCOLOGY-INJECTABLE	10.4%
00015340420	ETOPOPHOS	ONCOLOGY-INJECTABLE	10.4%
00074148501	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00074148502	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00074148503	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00209306022	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00209307020	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00209308020	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00209309020	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00703564301	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00703564601	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00703565801	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00703566701	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
10019093001	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
10019093002	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
16729011431	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390029101	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390029201	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390029301	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390049101	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390049201	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
55390049301	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
63323010405	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
63323010425	ETOPOSIDE	ONCOLOGY-	10.4%





		INJECTABLE	
63323010450	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
63323010465	ETOPOSIDE	ONCOLOGY-INJECTABLE	10.4%
00013736673	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
00186157131	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
00364302853	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
00703566801	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
53905029101	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
58406071112	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
58406071418	ETOPOSIDE INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
00310072010	FASLODEX	ONCOLOGY-INJECTABLE	10.4%
00310072025	FASLODEX	ONCOLOGY-INJECTABLE	10.5%
00310072050	FASLODEX	ONCOLOGY-INJECTABLE	10.4%
55566830301	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
55566840301	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
55566830101	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
55566840101	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
55566830102	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
55566840102	FIRMAGON	ONCOLOGY-INJECTABLE	13.5%
63323014507	FLOXURIDINE	ONCOLOGY-INJECTABLE	13.5%
55390013501	FLOXURIDINE	ONCOLOGY-INJECTABLE	13.5%
55390043501	FLOXURIDINE	ONCOLOGY-INJECTABLE	13.5%
00304217356	FLOXURIDINE INJ 0.5GM	ONCOLOGY-INJECTABLE	12.0%
51309023110	FLOXURIDINE INJ 0.5GM	ONCOLOGY-INJECTABLE	12.0%
50419051106	FLUDARA	ONCOLOGY-INJECTABLE	10.4%
58468017001	FLUDARA	ONCOLOGY-INJECTABLE	10.4%



00703485211	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
00703485281	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
00703485291	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
00703585401	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
25021020505	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
61703034418	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
63323019202	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
63323019606	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
66758004601	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
67457023802	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
00069932122	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
25021023706	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
45963060955	FLUDARABINE PHOSPHATE	ONCOLOGY-INJECTABLE	10.4%
00069016901	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
00069016902	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
00069017301	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
00069017302	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
00069017401	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
00069017601	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006301	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006310	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006311	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006312	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006320	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
10139006350	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
63323011710	FLUOROURACIL	ONCOLOGY-	13.5%



		INJECTABLE	
63323011720	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011751	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011761	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
00187395364	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
66758004401	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
66758004403	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027611	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027638	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027667	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027668	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011719	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011759	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011769	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011718	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011728	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011758	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
63323011768	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027603	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
16729027605	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026624	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026627	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026628	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026629	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026630	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%
68001026631	FLUOROURACIL	ONCOLOGY- INJECTABLE	13.5%



68001026632	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
68001026633	FLUOROURACIL	ONCOLOGY-INJECTABLE	13.5%
48818000101	FOLOTYN	ONCOLOGY-INJECTABLE	10.4%
48818000102	FOLOTYN	ONCOLOGY-INJECTABLE	10.4%
00004193508	FUDR	ONCOLOGY-INJECTABLE	13.5%
61703033109	FUDR	ONCOLOGY-INJECTABLE	13.5%
68152010100	FUSILEV	ONCOLOGY-INJECTABLE	13.5%
50242007001	GAZYVA	ONCOLOGY-INJECTABLE	13.5%
00409018101	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00409018201	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00409018301	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00409018125	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00409018225	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00409018325	GEMCITABINE	ONCOLOGY-INJECTABLE	10.5%
00069385710	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00069385810	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00409018501	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00409018601	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00591356279	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00591356355	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00703577501	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00703577801	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00781328275	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00781328379	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
16729009203	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
16729011711	GEMCITABINE HCL	ONCOLOGY-	10.4%



		INJECTABLE	
23155021331	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
23155021431	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
25021020810	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
25021020950	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
47335015340	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
47335015440	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
55111068607	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
55111068725	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
55390039110	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
55390039150	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
63323010210	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
63323010213	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
63323012550	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
63323012553	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
67457046420	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
67457046201	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
25021023410	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
25021023550	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
45963061257	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
45963061959	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
23155048331	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
23155048431	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
23155052831	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
23155052931	GEMCITABINE HCL	ONCOLOGY-INJECTABLE	10.4%
00002750101	GEMZAR	ONCOLOGY-INJECTABLE	10.4%



00002750201	GEMZAR	ONCOLOGY-INJECTABLE	10.4%
00075999508	GLIADEL	ONCOLOGY-INJECTABLE	13.5%
24338005008	GLIADEL WAFER	ONCOLOGY-INJECTABLE	13.5%
58063010001	GLIADEL WAFER	ONCOLOGY-INJECTABLE	13.5%
61379010001	GLIADEL WAFER	ONCOLOGY-INJECTABLE	13.5%
62856017708	GLIADEL WAFER	ONCOLOGY-INJECTABLE	13.5%
50242005656	HERCEPTIN	ONCOLOGY-INJECTABLE	10.4%
50242013460	HERCEPTIN	ONCOLOGY-INJECTABLE	10.4%
50242013468	HERCEPTIN	ONCOLOGY-INJECTABLE	10.4%
00007420101	HYCAMTIN	ONCOLOGY-INJECTABLE	10.4%
00007420105	HYCAMTIN	ONCOLOGY-INJECTABLE	10.4%
00013257691	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013258691	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013259691	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013220001	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013220101	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013220201	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013253678	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013254686	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00013255667	IDAMYCIN PFS	ONCOLOGY-INJECTABLE	13.5%
00703415411	IDARUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
00703415511	IDARUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
63323019405	IDARUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
63323019410	IDARUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
63323019420	IDARUBICIN HCL	ONCOLOGY-INJECTABLE	13.5%
00703415611	IDARUBICIN HCL	ONCOLOGY-	13.5%



		INJECTABLE	
00703415491	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
00703415591	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
00703415691	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
55390021501	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
55390021601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
55390021701	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
59762257601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
59762258601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
59762259601	IDARUBICIN HCL	ONCOLOGY- INJECTABLE	13.5%
00338399101	IFEX	ONCOLOGY- INJECTABLE	13.5%
00338399301	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015055605	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015055611	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015055641	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015055711	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015055741	IFEX	ONCOLOGY- INJECTABLE	13.5%
00015355741	IFEX/MESNEX KIT	ONCOLOGY- INJECTABLE	13.5%
00015355410	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	13.5%
00015355427	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	13.5%
00015355610	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	13.5%
00015355626	IFEX/MESNEX COMBO PACK	ONCOLOGY- INJECTABLE	13.5%
67457060920	IFOSFAMIDE	ONCOLOGY- INJECTABLE	13.5%
10019092501	IFOSFAMIDE	ONCOLOGY- INJECTABLE	13.5%
10019092602	IFOSFAMIDE	ONCOLOGY- INJECTABLE	13.5%
00703342711	IFOSFAMIDE	ONCOLOGY- INJECTABLE	13.5%



00703342911	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
67457042920	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
63323014212	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
67457044360	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
63323014210	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
10019092582	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
10019092616	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
63323017420	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
63323017460	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
00069449522	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
00069449622	IFOSFAMIDE	ONCOLOGY-INJECTABLE	13.5%
00703410048	IFOSFAMIDE/MESNA	ONCOLOGY-INJECTABLE	13.5%
00703410058	IFOSFAMIDE/MESNA	ONCOLOGY-INJECTABLE	13.5%
00703410948	IFOSFAMIDE/MESNA	ONCOLOGY-INJECTABLE	13.5%
00703410958	IFOSFAMIDE/MESNA	ONCOLOGY-INJECTABLE	13.5%
00085435001	INTRON A	ONCOLOGY-INJECTABLE	13.5%
00085435101	INTRON A	ONCOLOGY-INJECTABLE	13.5%
00085435201	INTRON A	ONCOLOGY-INJECTABLE	13.5%
00085113301	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085116801	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085117901	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085118401	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085119101	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085123501	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085124201	INTRON-A	ONCOLOGY-INJECTABLE	13.5%
00085125401	INTRON-A	ONCOLOGY-	13.5%





		INJECTABLE	
00339650399	INTRON-A	ONCOLOGY- INJECTABLE	13.5%
00339650499	INTRON-A	ONCOLOGY- INJECTABLE	13.5%
00339650599	INTRON-A	ONCOLOGY- INJECTABLE	13.5%
00339650699	INTRON-A	ONCOLOGY- INJECTABLE	13.5%
00339650799	INTRON-A	ONCOLOGY- INJECTABLE	13.5%
00339651599	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00339651499	INTRON-A -W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00339651799	INTRON-A -W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00085057106	INTRON-A INJ 10MU	ONCOLOGY- INJECTABLE	13.5%
00085068901	INTRON-A INJ 18MU	ONCOLOGY- INJECTABLE	13.5%
00085095301	INTRON-A INJ 18MU/3ML	ONCOLOGY- INJECTABLE	13.5%
00085053901	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00085057102	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00085111001	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
54868334100	INTRON-A W/DILUENT	ONCOLOGY- INJECTABLE	13.5%
00143970101	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00143970201	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00591318902	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00591318926	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00703443211	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00703443411	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00703443491	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00703443711	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00781306672	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%
00781306675	IRINOTECAN	ONCOLOGY- INJECTABLE	10.4%



10019093401	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
10019093402	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
10019093417	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
10019093479	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
10518010310	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
10518010311	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
18111000202	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
18111000203	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
23155017931	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
23155017932	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
25021020002	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
25021021402	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
25021021405	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
55390029501	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
55390029601	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
57884300101	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
57884300201	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
59762752901	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
59762752902	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
59923070202	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
59923070205	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
61703034909	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
61703034916	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
61703034936	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
61703034961	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
61703034962	IRINOTECAN	ONCOLOGY-	10.4%



		INJECTABLE	
63323019302	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
63323019305	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
63323019352	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
63323019355	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
66758004801	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
66758004802	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
25021023002	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
25021023005	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
45963061455	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
45963061451	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
00703443281	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
00703443481	IRINOTECAN	ONCOLOGY-INJECTABLE	10.4%
46026098301	ISTODAX	ONCOLOGY-INJECTABLE	10.4%
59572098301	ISTODAX	ONCOLOGY-INJECTABLE	10.4%
00015191012	IXEMPRA KIT	ONCOLOGY-INJECTABLE	10.4%
00015191113	IXEMPRA KIT	ONCOLOGY-INJECTABLE	10.4%
00024582411	JEVTANA	ONCOLOGY-INJECTABLE	10.4%
50242008701	KADCYLA	ONCOLOGY-INJECTABLE	12.0%
50242008801	KADCYLA	ONCOLOGY-INJECTABLE	12.0%
55513052001	KEPIVANCE	ONCOLOGY-INJECTABLE	13.5%
66658011206	KEPIVANCE	ONCOLOGY-INJECTABLE	13.5%
66658011201	KEPIVANCE	ONCOLOGY-INJECTABLE	13.5%
66658011203	KEPIVANCE	ONCOLOGY-INJECTABLE	13.5%
55513052006	KEPIVANCE	ONCOLOGY-INJECTABLE	13.5%
00006302601	KEYTRUDA	ONCOLOGY-INJECTABLE	13.5%



00006302602	KEYTRUDA	ONCOLOGY-INJECTABLE	13.5%
59676020101	LEUSTATIN	ONCOLOGY-INJECTABLE	13.5%
47335008250	LIPODOX	ONCOLOGY-INJECTABLE	10.4%
47335008350	LIPODOX 50	ONCOLOGY-INJECTABLE	10.4%
20536032201	MARQIBO	ONCOLOGY-INJECTABLE	13.5%
67457019501	MELPHALAN HYDROCHLORIDE	ONCOLOGY-INJECTABLE	10.4%
67457021501	MELPHALAN HYDROCHLORIDE	ONCOLOGY-INJECTABLE	10.4%
67457057901	MELPHALAN HYDROCHLORIDE	ONCOLOGY-INJECTABLE	10.4%
63323073310	MESNA	ONCOLOGY-INJECTABLE	13.5%
63323073311	MESNA	ONCOLOGY-INJECTABLE	13.5%
00703480503	MESNA	ONCOLOGY-INJECTABLE	13.5%
55390026601	MESNA	ONCOLOGY-INJECTABLE	13.5%
55390004501	MESNA	ONCOLOGY-INJECTABLE	13.5%
10019095362	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020110	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020111	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020166	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020167	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020168	MESNA	ONCOLOGY-INJECTABLE	13.5%
25021020169	MESNA	ONCOLOGY-INJECTABLE	13.5%
67457014800	MESNA	ONCOLOGY-INJECTABLE	13.5%
67457014810	MESNA	ONCOLOGY-INJECTABLE	13.5%
10019095301	MESNA	ONCOLOGY-INJECTABLE	13.5%
10019095302	MESNA	ONCOLOGY-INJECTABLE	13.5%
00703480501	MESNA	ONCOLOGY-INJECTABLE	13.5%
55390034701	MESNA	ONCOLOGY-	13.5%



		INJECTABLE	
63323073312	MESNA	ONCOLOGY- INJECTABLE	13.5%
00338130501	MESNEX	ONCOLOGY- INJECTABLE	13.5%
00338130503	MESNEX	ONCOLOGY- INJECTABLE	13.5%
00015356302	MESNEX	ONCOLOGY- INJECTABLE	13.5%
00015356303	MESNEX	ONCOLOGY- INJECTABLE	13.5%
00015356310	MESNEX	ONCOLOGY- INJECTABLE	13.5%
00015356311	MESNEX	ONCOLOGY- INJECTABLE	13.5%
16729011638	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
16729010811	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390025101	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390025201	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390025301	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
16729024605	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
16729024711	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
16729024838	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
16729011505	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390045101	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390045201	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
55390045301	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
61703030650	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
62701001001	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
62701001101	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
63323019020	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
63323019120	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%
63323019140	MITOMYCIN	ONCOLOGY- INJECTABLE	13.5%



53905025201	MITOMYCIN INJ 20MG	ONCOLOGY-INJECTABLE	13.5%
53905025101	MITOMYCIN INJ 5MG	ONCOLOGY-INJECTABLE	13.5%
00703468001	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
00703468091	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
00703468501	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
00703468591	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
00703468601	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
00703468691	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
10518010510	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
10518010511	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
10518010512	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
15210040335	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
15210040337	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
55390008301	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
55390008401	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
55390008501	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
61703034318	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
61703034365	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
61703034366	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
63323013210	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
63323013212	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
63323013215	MITOXANTRONE HCL	ONCOLOGY-INJECTABLE	10.4%
55292091151	MUSTARGEN	ONCOLOGY-INJECTABLE	13.5%
00006775331	MUSTARGEN	ONCOLOGY-INJECTABLE	13.5%
67386091151	MUSTARGEN	ONCOLOGY-INJECTABLE	13.5%
00015300120	MUTAMYCIN	ONCOLOGY-	13.5%



		INJECTABLE	
00015300220	MUTAMYCIN	ONCOLOGY- INJECTABLE	13.5%
00015300222	MUTAMYCIN	ONCOLOGY- INJECTABLE	13.5%
00015305920	MUTAMYCIN	ONCOLOGY- INJECTABLE	13.5%
00015300197	MUTAMYCIN INJ 5MG	ONCOLOGY- INJECTABLE	13.5%
00008451001	MYLOTARG	ONCOLOGY- INJECTABLE	10.5%
00173065601	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
00173065644	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
60831308601	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
60831308602	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
64370053201	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
64370053202	NAVELBINE	ONCOLOGY- INJECTABLE	10.4%
00081065601	NAVELBINE INJ 10MG/ML	ONCOLOGY- INJECTABLE	10.4%
00081065644	NAVELBINE INJ 10MG/ML	ONCOLOGY- INJECTABLE	10.4%
00409080101	NIPENT	ONCOLOGY- INJECTABLE	10.4%
62701080001	NIPENT	ONCOLOGY- INJECTABLE	10.4%
00409080109	NIPENT	ONCOLOGY- INJECTABLE	10.4%
00071424301	NIPENT INJ 10MG	ONCOLOGY- INJECTABLE	10.4%
44087152001	NOVANTRONE	ONCOLOGY- INJECTABLE	10.4%
44087152501	NOVANTRONE	ONCOLOGY- INJECTABLE	10.4%
44087153001	NOVANTRONE	ONCOLOGY- INJECTABLE	10.4%
58406064003	NOVANTRONE	ONCOLOGY- INJECTABLE	10.5%
58406064005	NOVANTRONE	ONCOLOGY- INJECTABLE	10.5%
58406064007	NOVANTRONE	ONCOLOGY- INJECTABLE	10.5%
00005939334	NOVANTRONE INJ 2MG/ML	ONCOLOGY- INJECTABLE	10.5%
00005939336	NOVANTRONE INJ 2MG/ML	ONCOLOGY- INJECTABLE	10.5%



00005939372	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.5%
00205939334	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.5%
00205939336	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.5%
00205939372	NOVANTRONE INJ 2MG/ML	ONCOLOGY-INJECTABLE	10.5%
54482030101	ONCASPAR	ONCOLOGY-INJECTABLE	13.5%
00075064005	ONCASPAR	ONCOLOGY-INJECTABLE	13.5%
57665000202	ONCASPAR	ONCOLOGY-INJECTABLE	13.5%
00002719401	ONCOVIN	ONCOLOGY-INJECTABLE	13.5%
00002719501	ONCOVIN	ONCOLOGY-INJECTABLE	13.5%
00002719601	ONCOVIN	ONCOLOGY-INJECTABLE	13.5%
00002719801	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	13.5%
00002719809	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	13.5%
00002719901	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	13.5%
00002719909	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	13.5%
54569296100	ONCOVIN INJ 1MG/ML	ONCOLOGY-INJECTABLE	13.5%
00002719900	ONCOVIN SOL 2MG/2ML	ONCOLOGY-INJECTABLE	13.5%
62856060301	ONTAK	ONCOLOGY-INJECTABLE	10.4%
64365050301	ONTAK	ONCOLOGY-INJECTABLE	10.4%
00172375377	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00172375396	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00172375473	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00172375494	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00172375531	ONXOL	ONCOLOGY-INJECTABLE	10.5%
00172375675	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00172375695	ONXOL	ONCOLOGY-INJECTABLE	10.4%
00003377211	OPDIVO	ONCOLOGY-	13.5%





		INJECTABLE	
00003377412	OPDIVO	ONCOLOGY- INJECTABLE	13.5%
00069006701	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00069007001	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00069007401	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00703398501	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00703398601	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
25021021120	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
41616017640	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
41616017840	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
47335017640	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
61703036318	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
61703036322	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323017530	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323017650	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323065010	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323065017	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323065020	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
63323065027	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
66758005301	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
66758005302	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
67457044220	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00955172510	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
00955172720	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
47335004640	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%
47335004740	OXALIPLATIN	ONCOLOGY- INJECTABLE	10.4%



67457046910	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323021110	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
63323021220	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
25021023310	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
25021023320	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
45963061153	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
00781331570	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
00781331780	OXALIPLATIN	ONCOLOGY-INJECTABLE	10.4%
00069007601	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00069007801	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00069007901	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00074433501	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
00074433502	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
00074433504	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
00555198414	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00555198514	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00703476401	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00703476601	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00703476701	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00703476801	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
09987433501	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
10518010207	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
10518010208	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
10518010209	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
25021021305	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
25021021317	PACLITAXEL	ONCOLOGY-	10.4%



		INJECTABLE	
25021021350	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
51079096101	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
51079096201	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
51079096301	PACLITAXEL	ONCOLOGY-INJECTABLE	10.5%
55390011405	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390011420	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390011450	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390030405	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390030420	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390030450	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390031405	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390031420	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390031450	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390051405	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390051420	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
55390051450	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
61703034209	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
61703034222	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
61703034250	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076305	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076316	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076350	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
66758004301	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
66758004302	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
66758004303	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%



67457043451	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
67457044917	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
67457047152	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076306	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076317	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
63323076352	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
44567050501	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
44567050601	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
45963061353	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
45963061356	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
45963061359	PACLITAXEL	ONCOLOGY-INJECTABLE	10.4%
00015321030	PARAPLATIN	ONCOLOGY-INJECTABLE	10.4%
00015321076	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321130	PARAPLATIN	ONCOLOGY-INJECTABLE	10.4%
00015321176	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321230	PARAPLATIN	ONCOLOGY-INJECTABLE	10.4%
00015321276	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321329	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321330	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321429	PARAPLATIN	ONCOLOGY-INJECTABLE	10.4%
00015321430	PARAPLATIN	ONCOLOGY-INJECTABLE	10.4%
00015321529	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321530	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
00015321630	PARAPLATIN	ONCOLOGY-INJECTABLE	10.5%
55390024401	PENTOSTATIN	ONCOLOGY-INJECTABLE	10.4%
50242014501	PERJETA	ONCOLOGY-	12.0%



		INJECTABLE	
00015322197	PLATINOL -AQ	ONCOLOGY-INJECTABLE	13.5%
00015322022	PLATINOL AQ	ONCOLOGY-INJECTABLE	13.5%
00015322026	PLATINOL AQ	ONCOLOGY-INJECTABLE	13.5%
00015322122	PLATINOL AQ	ONCOLOGY-INJECTABLE	13.5%
00015322126	PLATINOL AQ	ONCOLOGY-INJECTABLE	13.5%
00078049561	PROLEUKIN	ONCOLOGY-INJECTABLE	10.4%
53905099101	PROLEUKIN	ONCOLOGY-INJECTABLE	10.4%
54868559600	PROLEUKIN	ONCOLOGY-INJECTABLE	10.4%
65483011607	PROLEUKIN	ONCOLOGY-INJECTABLE	10.4%
53905099110	PROLEUKIN INJ 22MIU	ONCOLOGY-INJECTABLE	10.4%
50242005121	RITUXAN	ONCOLOGY-INJECTABLE	13.5%
50242005306	RITUXAN	ONCOLOGY-INJECTABLE	13.5%
00015335222	RUBEX	ONCOLOGY-INJECTABLE	10.4%
00015335122	RUBEX INJ 10MG	ONCOLOGY-INJECTABLE	10.4%
58406051101	RUBEX INJ 10MG	ONCOLOGY-INJECTABLE	10.4%
58406051201	RUBEX INJ 50MG	ONCOLOGY-INJECTABLE	10.4%
00085128702	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085128703	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085131201	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085131202	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085138801	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085138802	SYLATRON	ONCOLOGY-INJECTABLE	13.5%
00085434701	SYLATRON	ONCOLOGY-INJECTABLE	12.0%
00085434801	SYLATRON	ONCOLOGY-INJECTABLE	12.0%
00085434901	SYLATRON	ONCOLOGY-INJECTABLE	12.0%



63459017714	SYNRIBO	ONCOLOGY-INJECTABLE	13.5%
00013710678	TARABINE PFS INJ 100MG	ONCOLOGY-INJECTABLE	12.0%
00013709173	TARABINE PFS INJ 1GM	ONCOLOGY-INJECTABLE	12.0%
00015347520	TAXOL	ONCOLOGY-INJECTABLE	10.5%
00015347530	TAXOL	ONCOLOGY-INJECTABLE	10.4%
00015347620	TAXOL	ONCOLOGY-INJECTABLE	10.5%
00015347630	TAXOL	ONCOLOGY-INJECTABLE	10.4%
00015347911	TAXOL	ONCOLOGY-INJECTABLE	10.4%
00015347627	TAXOL INJ 100/17ML	ONCOLOGY-INJECTABLE	10.5%
00015345620	TAXOL INJ 30MG/5ML	ONCOLOGY-INJECTABLE	10.5%
00015345699	TAXOL INJ 30MG/5ML	ONCOLOGY-INJECTABLE	10.5%
00015347527	TAXOL INJ 30MG/5ML	ONCOLOGY-INJECTABLE	10.5%
00075800120	TAXOTERE	ONCOLOGY-INJECTABLE	10.4%
00075800180	TAXOTERE	ONCOLOGY-INJECTABLE	10.4%
00075800301	TAXOTERE	ONCOLOGY-INJECTABLE	10.4%
00075800404	TAXOTERE	ONCOLOGY-INJECTABLE	10.4%
00085138101	TEMODAR	ONCOLOGY-INJECTABLE	13.5%
49281088001	THERACYS	ONCOLOGY-INJECTABLE	13.5%
49281088003	THERACYS	ONCOLOGY-INJECTABLE	13.5%
11793088001	THERACYS	ONCOLOGY-INJECTABLE	13.5%
58468184904	THYROGEN	ONCOLOGY-INJECTABLE	13.5%
00052060202	TICE BCG	ONCOLOGY-INJECTABLE	13.5%
00013733601	TOPOSAR	ONCOLOGY-INJECTABLE	10.4%
00013733691	TOPOSAR	ONCOLOGY-INJECTABLE	10.4%
00013734601	TOPOSAR	ONCOLOGY-INJECTABLE	10.4%
00013734694	TOPOSAR	ONCOLOGY-	10.4%



		INJECTABLE	
00013735601	TOPOSAR	ONCOLOGY- INJECTABLE	10.4%
00013735688	TOPOSAR	ONCOLOGY- INJECTABLE	10.4%
00703565301	TOPOSAR	ONCOLOGY- INJECTABLE	10.4%
00703565601	TOPOSAR	ONCOLOGY- INJECTABLE	10.4%
00703565701	TOPOSAR	ONCOLOGY- INJECTABLE	10.4%
00074733601	TOPOSAR INJ 100/5ML	ONCOLOGY- INJECTABLE	10.4%
00074734601	TOPOSAR INJ 200/10ML	ONCOLOGY- INJECTABLE	10.4%
00074735601	TOPOSAR INJ 500/25ML	ONCOLOGY- INJECTABLE	10.4%
00069007501	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
16729015131	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
25021020606	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
25021020661	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
25021082406	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
55390037010	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
62756002340	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
63323076210	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
63323076217	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
63323076294	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
66435041005	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
67457047404	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
45963061556	TOPOTECAN HCL	ONCOLOGY- INJECTABLE	10.4%
00008117901	TORISEL	ONCOLOGY- INJECTABLE	10.4%
38423011001	TOTECT	ONCOLOGY- INJECTABLE	13.5%
63459039120	TREANDA	ONCOLOGY- INJECTABLE	10.4%
63459039502	TREANDA	ONCOLOGY- INJECTABLE	10.4%



63459039602	TREANDA	ONCOLOGY-INJECTABLE	10.4%
63459060010	TRISENOX	ONCOLOGY-INJECTABLE	13.5%
60553011110	TRISENOX	ONCOLOGY-INJECTABLE	13.5%
67979000101	VALSTAR	ONCOLOGY-INJECTABLE	13.5%
53014021604	VALSTAR	ONCOLOGY-INJECTABLE	13.5%
53014021624	VALSTAR	ONCOLOGY-INJECTABLE	13.5%
67979000102	VALSTAR	ONCOLOGY-INJECTABLE	13.5%
55513095401	VECTIBIX	ONCOLOGY-INJECTABLE	10.4%
55513095501	VECTIBIX	ONCOLOGY-INJECTABLE	10.5%
55513095601	VECTIBIX	ONCOLOGY-INJECTABLE	10.4%
63020004901	VELCADE	ONCOLOGY-INJECTABLE	10.4%
00015306120	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015306124	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015306220	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015306224	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015308420	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015309520	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015309530	VEPESID	ONCOLOGY-INJECTABLE	10.4%
00015309595	VEPESID INJ 100MG	ONCOLOGY-INJECTABLE	10.4%
54569296300	VEPESID INJ 20MG/ML	ONCOLOGY-INJECTABLE	10.4%
59572010201	VIDAZA	ONCOLOGY-INJECTABLE	10.4%
67211010201	VIDAZA	ONCOLOGY-INJECTABLE	10.4%
00469278030	VINBLASTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51309020220	VINBLASTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51309020230	VINBLASTINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
54868318300	VINBLASTINE INJ 1MG/ML	ONCOLOGY-	12.0%





		INJECTABLE	
63323027810	VINBLASTINE SULFATE	ONCOLOGY- INJECTABLE	13.5%
00703440211	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00703441211	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00013745601	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00013745686	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00013746601	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00013746686	VINCASAR PFS	ONCOLOGY- INJECTABLE	13.5%
00074745601	VINCASAR PFS INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00074746601	VINCASAR PFS INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00094534101	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00094534201	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00094534501	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00304219952	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00304220055	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00304220155	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00364244851	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00364244852	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00402102801	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00402102802	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469163000	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469163010	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469163030	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469352000	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469352010	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%
00469352020	VINCRISTINE INJ 1MG/ML	ONCOLOGY- INJECTABLE	12.0%



51309020005	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51309020102	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51309020105	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51432047505	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51432047601	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
51432047702	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
53258035200	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
53258035201	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
53258035202	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
54868319600	VINCRIStINE INJ 1MG/ML	ONCOLOGY-INJECTABLE	12.0%
61703030906	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	13.5%
61703030916	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	13.5%
61703030925	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	13.5%
61703030926	VINCRIStINE SULFATE	ONCOLOGY-INJECTABLE	13.5%
00069009901	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00069010303	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00069020510	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00069020550	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418201	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418281	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418291	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418301	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418381	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00703418391	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
10019097001	VINOReLBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
10019097002	VINOReLBINE TARTRATE	ONCOLOGY-	10.4%



		INJECTABLE	
25021020401	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
25021020405	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
55390006901	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
55390007001	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
55390026701	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
55390026801	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
59911595801	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
59911595901	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
61703034106	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
61703034109	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
63323014801	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
63323014805	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
64370021001	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
64370025001	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
66758004501	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
66758004502	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
67457047953	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
67457048101	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
67457043111	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
45963060755	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
45963060756	VINORELBINE TARTRATE	ONCOLOGY-INJECTABLE	10.4%
00003232711	YERVOY	ONCOLOGY-INJECTABLE	10.5%
00003232822	YERVOY	ONCOLOGY-INJECTABLE	10.5%
00024584001	ZALTRAP	ONCOLOGY-INJECTABLE	13.5%
00024584101	ZALTRAP	ONCOLOGY-INJECTABLE	13.5%



00703463601	ZANOSAR	ONCOLOGY-INJECTABLE	13.5%
00009084401	ZANOSAR	ONCOLOGY-INJECTABLE	13.5%
00247139401	ZANOSAR	ONCOLOGY-INJECTABLE	13.5%
00013871762	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00013872789	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00013871501	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00013871562	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00013872501	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00013872589	ZINECARD	ONCOLOGY-INJECTABLE	13.5%
00078056651	AFINITOR	ONCOLOGY- ORAL	13.5%
00078056661	AFINITOR	ONCOLOGY- ORAL	13.5%
00078056751	AFINITOR	ONCOLOGY- ORAL	13.5%
00078056761	AFINITOR	ONCOLOGY- ORAL	13.5%
00078059451	AFINITOR	ONCOLOGY- ORAL	13.5%
00078059461	AFINITOR	ONCOLOGY- ORAL	13.5%
00078062051	AFINITOR	ONCOLOGY- ORAL	13.5%
00078062061	AFINITOR	ONCOLOGY- ORAL	13.5%
00078062651	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00078062661	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00078062751	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00078062761	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00078062851	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00078062861	AFINITOR DISPERZ	ONCOLOGY- ORAL	13.5%
00378695501	BEXAROTENE	ONCOLOGY- ORAL	13.5%
00069013501	BOSULIF	ONCOLOGY- ORAL	13.5%
00069013601	BOSULIF	ONCOLOGY- ORAL	13.5%
00093747306	CAPECITABINE	ONCOLOGY- ORAL	13.5%
00093747489	CAPECITABINE	ONCOLOGY- ORAL	13.5%
00378251191	CAPECITABINE	ONCOLOGY- ORAL	13.5%
00378251278	CAPECITABINE	ONCOLOGY- ORAL	13.5%
51079051001	CAPECITABINE	ONCOLOGY- ORAL	13.5%
51079051005	CAPECITABINE	ONCOLOGY- ORAL	13.5%
16729007212	CAPECITABINE	ONCOLOGY- ORAL	13.5%
16729007329	CAPECITABINE	ONCOLOGY- ORAL	13.5%
42291019060	CAPECITABINE	ONCOLOGY- ORAL	13.5%
42291019112	CAPECITABINE	ONCOLOGY- ORAL	13.5%
00015303120	CEENU	ONCOLOGY- ORAL	13.5%



00015303220	CEENU	ONCOLOGY- ORAL	13.5%
00015303020	CEENU	ONCOLOGY- ORAL	13.5%
50242014001	ERIVEDGE	ONCOLOGY- ORAL	13.5%
00378326694	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
51079096501	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
51079096505	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
54569571800	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
54868535500	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
54868535502	ETOPOSIDE	ONCOLOGY- ORAL	8.3%
00078040105	GLEEVEC	ONCOLOGY- ORAL	13.5%
00078040134	GLEEVEC	ONCOLOGY- ORAL	13.5%
00078040215	GLEEVEC	ONCOLOGY- ORAL	13.5%
00078043815	GLEEVEC	ONCOLOGY- ORAL	13.5%
54569584600	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868528900	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868528901	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868528902	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868528903	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868528904	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868542700	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868542701	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868542702	GLEEVEC	ONCOLOGY- ORAL	13.5%
54868542703	GLEEVEC	ONCOLOGY- ORAL	13.5%
68258902801	GLEEVEC	ONCOLOGY- ORAL	13.5%
00078064930	GLEEVEC	ONCOLOGY- ORAL	13.5%
58181304005	GLEOSTINE	ONCOLOGY- ORAL	13.5%
58181304105	GLEOSTINE	ONCOLOGY- ORAL	13.5%
58181304205	GLEOSTINE	ONCOLOGY- ORAL	13.5%
62856000110	HEXALEN	ONCOLOGY- ORAL	13.5%
58063000170	HEXALEN	ONCOLOGY- ORAL	13.5%
58178000170	HEXALEN	ONCOLOGY- ORAL	13.5%
00007420511	HYCAMTIN	ONCOLOGY- ORAL	10.5%
00007420711	HYCAMTIN	ONCOLOGY- ORAL	10.5%
00069018721	IBRANCE	ONCOLOGY- ORAL	12.0%
00069018821	IBRANCE	ONCOLOGY- ORAL	12.0%
00069018921	IBRANCE	ONCOLOGY- ORAL	12.0%
00069014501	INLYTA	ONCOLOGY- ORAL	13.5%
00069015111	INLYTA	ONCOLOGY- ORAL	13.5%
54868112601	LEUKERAN	ONCOLOGY- ORAL	13.5%
54868112602	LEUKERAN	ONCOLOGY- ORAL	13.5%
54868112604	LEUKERAN	ONCOLOGY- ORAL	13.5%
54868112600	LEUKERAN	ONCOLOGY- ORAL	13.5%
54868112605	LEUKERAN	ONCOLOGY- ORAL	13.5%



54868112603	LEUKERAN	ONCOLOGY- ORAL	13.5%
76388063550	LEUKERAN	ONCOLOGY- ORAL	13.5%
00173063535	LEUKERAN	ONCOLOGY- ORAL	13.5%
00081063535	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
54569037300	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
54569037301	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
54977019250	LEUKERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
58181303105	LOMUSTINE	ONCOLOGY- ORAL	13.5%
58181303205	LOMUSTINE	ONCOLOGY- ORAL	13.5%
58181303005	LOMUSTINE	ONCOLOGY- ORAL	13.5%
00015308060	LYSODREN	ONCOLOGY- ORAL	13.5%
00173084813	MEKINIST	ONCOLOGY- ORAL	13.5%
00173084913	MEKINIST	ONCOLOGY- ORAL	13.5%
09850084813	MEKINIST	ONCOLOGY- ORAL	13.5%
09850084913	MEKINIST	ONCOLOGY- ORAL	13.5%
00054458111	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
00054458127	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
54868528200	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
54868528201	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
00378354725	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
00378354752	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
68084032511	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
68084032521	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
54868528202	MERCAPTOPURINE	ONCOLOGY- ORAL	25.0%
67108356509	MESNEX	ONCOLOGY- ORAL	13.5%
00015356512	MESNEX	ONCOLOGY- ORAL	13.5%
76388071325	MYLERAN	ONCOLOGY- ORAL	13.5%
00173071325	MYLERAN	ONCOLOGY- ORAL	13.5%
00081071325	MYLERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
54569037400	MYLERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
54977021625	MYLERAN TAB 2MG	ONCOLOGY- ORAL	13.5%
00026848858	NEXAVAR	ONCOLOGY- ORAL	12.0%
50419048858	NEXAVAR	ONCOLOGY- ORAL	12.0%
59572050100	POMALYST	ONCOLOGY- ORAL	13.5%
59572050121	POMALYST	ONCOLOGY- ORAL	13.5%
59572050200	POMALYST	ONCOLOGY- ORAL	13.5%
59572050221	POMALYST	ONCOLOGY- ORAL	13.5%
59572050300	POMALYST	ONCOLOGY- ORAL	13.5%
59572050321	POMALYST	ONCOLOGY- ORAL	13.5%
59572050400	POMALYST	ONCOLOGY- ORAL	13.5%
59572050421	POMALYST	ONCOLOGY- ORAL	13.5%
57844052206	PURINETHOL	ONCOLOGY- ORAL	13.5%
59572040200	REVLIMID	ONCOLOGY- ORAL	13.5%



59572040228	REVLIMID	ONCOLOGY- ORAL	13.5%
59572040500	REVLIMID	ONCOLOGY- ORAL	13.5%
59572040528	REVLIMID	ONCOLOGY- ORAL	13.5%
59572040530	REVLIMID	ONCOLOGY- ORAL	13.5%
59572041000	REVLIMID	ONCOLOGY- ORAL	13.5%
59572041028	REVLIMID	ONCOLOGY- ORAL	13.5%
59572041030	REVLIMID	ONCOLOGY- ORAL	13.5%
59572041500	REVLIMID	ONCOLOGY- ORAL	13.5%
59572041521	REVLIMID	ONCOLOGY- ORAL	13.5%
59572042000	REVLIMID	ONCOLOGY- ORAL	13.5%
59572042021	REVLIMID	ONCOLOGY- ORAL	13.5%
59572042500	REVLIMID	ONCOLOGY- ORAL	13.5%
59572042521	REVLIMID	ONCOLOGY- ORAL	13.5%
59572042525	REVLIMID	ONCOLOGY- ORAL	13.5%
00003052411	SPRYCEL	ONCOLOGY- ORAL	13.5%
00003052711	SPRYCEL	ONCOLOGY- ORAL	13.5%
00003052811	SPRYCEL	ONCOLOGY- ORAL	13.5%
00003085222	SPRYCEL	ONCOLOGY- ORAL	13.5%
00003085522	SPRYCEL	ONCOLOGY- ORAL	13.5%
00003085722	SPRYCEL	ONCOLOGY- ORAL	13.5%
54868575900	SPRYCEL	ONCOLOGY- ORAL	13.5%
50419017101	STIVARGA	ONCOLOGY- ORAL	12.0%
50419017103	STIVARGA	ONCOLOGY- ORAL	12.0%
00069055030	SUTENT	ONCOLOGY- ORAL	16.7%
00069055038	SUTENT	ONCOLOGY- ORAL	16.7%
00069077030	SUTENT	ONCOLOGY- ORAL	16.7%
00069077038	SUTENT	ONCOLOGY- ORAL	16.7%
00069098030	SUTENT	ONCOLOGY- ORAL	16.7%
00069098038	SUTENT	ONCOLOGY- ORAL	16.7%
54569598200	SUTENT	ONCOLOGY- ORAL	16.7%
54569598300	SUTENT	ONCOLOGY- ORAL	16.7%
54868557300	SUTENT	ONCOLOGY- ORAL	16.7%
00069083038	SUTENT	ONCOLOGY- ORAL	16.7%
76388088025	TABLOID	ONCOLOGY- ORAL	13.5%
00173088025	TABLOID	ONCOLOGY- ORAL	13.5%
00173084608	TAFINLAR	ONCOLOGY- ORAL	13.5%
00173084708	TAFINLAR	ONCOLOGY- ORAL	13.5%
50242006201	TARCEVA	ONCOLOGY- ORAL	13.5%
50242006301	TARCEVA	ONCOLOGY- ORAL	13.5%
50242006401	TARCEVA	ONCOLOGY- ORAL	13.5%
54569584700	TARCEVA	ONCOLOGY- ORAL	13.5%
54569584800	TARCEVA	ONCOLOGY- ORAL	13.5%
54868529000	TARCEVA	ONCOLOGY- ORAL	13.5%



54868544700	TARCEVA	ONCOLOGY- ORAL	13.5%
54868547400	TARCEVA	ONCOLOGY- ORAL	13.5%
62856060210	TARGRETIN	ONCOLOGY- ORAL	13.5%
64365050201	TARGRETIN	ONCOLOGY- ORAL	13.5%
00187552675	TARGRETIN	ONCOLOGY- ORAL	13.5%
00078052651	TASIGNA	ONCOLOGY- ORAL	13.5%
00078052687	TASIGNA	ONCOLOGY- ORAL	13.5%
00078059251	TASIGNA	ONCOLOGY- ORAL	13.5%
00078059287	TASIGNA	ONCOLOGY- ORAL	13.5%
00085124401	TEMODAR	ONCOLOGY- ORAL	13.5%
00085124402	TEMODAR	ONCOLOGY- ORAL	13.5%
00085124801	TEMODAR	ONCOLOGY- ORAL	13.5%
00085124802	TEMODAR	ONCOLOGY- ORAL	13.5%
00085124803	TEMODAR	ONCOLOGY- ORAL	13.5%
00085125201	TEMODAR	ONCOLOGY- ORAL	13.5%
00085125202	TEMODAR	ONCOLOGY- ORAL	13.5%
00085125901	TEMODAR	ONCOLOGY- ORAL	13.5%
00085125902	TEMODAR	ONCOLOGY- ORAL	13.5%
00085136601	TEMODAR	ONCOLOGY- ORAL	13.5%
00085136602	TEMODAR	ONCOLOGY- ORAL	13.5%
00085136603	TEMODAR	ONCOLOGY- ORAL	13.5%
00085136604	TEMODAR	ONCOLOGY- ORAL	13.5%
00085141701	TEMODAR	ONCOLOGY- ORAL	13.5%
00085141702	TEMODAR	ONCOLOGY- ORAL	13.5%
00085142501	TEMODAR	ONCOLOGY- ORAL	13.5%
00085142502	TEMODAR	ONCOLOGY- ORAL	13.5%
00085142503	TEMODAR	ONCOLOGY- ORAL	13.5%
00085142504	TEMODAR	ONCOLOGY- ORAL	13.5%
00085143001	TEMODAR	ONCOLOGY- ORAL	13.5%
00085143002	TEMODAR	ONCOLOGY- ORAL	13.5%
00085143003	TEMODAR	ONCOLOGY- ORAL	13.5%
00085143004	TEMODAR	ONCOLOGY- ORAL	13.5%
00085151901	TEMODAR	ONCOLOGY- ORAL	13.5%
00085151902	TEMODAR	ONCOLOGY- ORAL	13.5%
00085151903	TEMODAR	ONCOLOGY- ORAL	13.5%
00085151904	TEMODAR	ONCOLOGY- ORAL	13.5%
00085300401	TEMODAR	ONCOLOGY- ORAL	13.5%
00085300402	TEMODAR	ONCOLOGY- ORAL	13.5%
00085300403	TEMODAR	ONCOLOGY- ORAL	13.5%
00085300404	TEMODAR	ONCOLOGY- ORAL	13.5%
54569583600	TEMODAR	ONCOLOGY- ORAL	13.5%
54569583700	TEMODAR	ONCOLOGY- ORAL	13.5%
54569583800	TEMODAR	ONCOLOGY- ORAL	13.5%





54569583900	TEMODAR	ONCOLOGY- ORAL	13.5%
54569584200	TEMODAR	ONCOLOGY- ORAL	13.5%
54569584300	TEMODAR	ONCOLOGY- ORAL	13.5%
54569584400	TEMODAR	ONCOLOGY- ORAL	13.5%
54569584500	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414200	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414201	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414202	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414203	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414204	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414205	TEMODAR	ONCOLOGY- ORAL	13.5%
54868414206	TEMODAR	ONCOLOGY- ORAL	13.5%
54868534800	TEMODAR	ONCOLOGY- ORAL	13.5%
54868534801	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535000	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535001	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535002	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535003	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535004	TEMODAR	ONCOLOGY- ORAL	13.5%
54868535400	TEMODAR	ONCOLOGY- ORAL	13.5%
54868598000	TEMODAR	ONCOLOGY- ORAL	13.5%
00093759941	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093759957	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093760041	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093760057	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093760141	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093760157	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093760257	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093763841	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093763857	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093763941	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00093763957	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269144	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269175	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269244	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269275	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269344	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269375	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269444	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269475	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269544	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269575	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
00781269675	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%



47335089021	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089080	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089121	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089180	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089221	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089280	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335089380	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335092921	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335092980	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335093021	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
47335093080	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080114	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080151	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080214	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080251	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080314	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080351	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080414	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080451	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080514	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080551	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
65162080651	TEMOZOLOMIDE	ONCOLOGY- ORAL	25.0%
59572010511	THALOMID	ONCOLOGY- ORAL	13.5%
59572010512	THALOMID	ONCOLOGY- ORAL	13.5%
59572010513	THALOMID	ONCOLOGY- ORAL	13.5%
59572010592	THALOMID	ONCOLOGY- ORAL	13.5%
59572010593	THALOMID	ONCOLOGY- ORAL	13.5%
59572020514	THALOMID	ONCOLOGY- ORAL	13.5%
59572020517	THALOMID	ONCOLOGY- ORAL	13.5%
59572020594	THALOMID	ONCOLOGY- ORAL	13.5%
59572020597	THALOMID	ONCOLOGY- ORAL	13.5%
59572021015	THALOMID	ONCOLOGY- ORAL	13.5%
59572021095	THALOMID	ONCOLOGY- ORAL	13.5%
59572021513	THALOMID	ONCOLOGY- ORAL	13.5%
59572021593	THALOMID	ONCOLOGY- ORAL	13.5%
59572022016	THALOMID	ONCOLOGY- ORAL	13.5%
59572022096	THALOMID	ONCOLOGY- ORAL	13.5%
00081088025	THIOGUANINE TAB 40MG	ONCOLOGY- ORAL	13.5%
00555080802	TRETINOIN	ONCOLOGY- ORAL	13.5%
10370026801	TRETINOIN	ONCOLOGY- ORAL	13.5%
68084007511	TRETINOIN	ONCOLOGY- ORAL	13.5%
68084007521	TRETINOIN	ONCOLOGY- ORAL	13.5%
00173075200	TYKERB	ONCOLOGY- ORAL	12.6%



00015309145	VEPESID	ONCOLOGY- ORAL	8.3%
00004025001	VESANOID	ONCOLOGY- ORAL	13.5%
00173080409	VOTRIENT	ONCOLOGY- ORAL	11.2%
00069814020	XALKORI	ONCOLOGY- ORAL	12.0%
00069814120	XALKORI	ONCOLOGY- ORAL	12.0%
00004110020	XELODA	ONCOLOGY- ORAL	16.7%
00004110051	XELODA	ONCOLOGY- ORAL	16.7%
00004110116	XELODA	ONCOLOGY- ORAL	13.5%
00004110150	XELODA	ONCOLOGY- ORAL	13.5%
00004110175	XELODA	ONCOLOGY- ORAL	13.5%
54569571700	XELODA	ONCOLOGY- ORAL	13.5%
54868414300	XELODA	ONCOLOGY- ORAL	13.5%
54868414301	XELODA	ONCOLOGY- ORAL	13.5%
54868414302	XELODA	ONCOLOGY- ORAL	13.5%
54868414303	XELODA	ONCOLOGY- ORAL	13.5%
54868526000	XELODA	ONCOLOGY- ORAL	13.5%
54868526001	XELODA	ONCOLOGY- ORAL	13.5%
54868526002	XELODA	ONCOLOGY- ORAL	13.5%
54868526003	XELODA	ONCOLOGY- ORAL	13.5%
54868526004	XELODA	ONCOLOGY- ORAL	13.5%
54868526005	XELODA	ONCOLOGY- ORAL	13.5%
54868526006	XELODA	ONCOLOGY- ORAL	13.5%
54868526007	XELODA	ONCOLOGY- ORAL	13.5%
54868526008	XELODA	ONCOLOGY- ORAL	13.5%
54868526009	XELODA	ONCOLOGY- ORAL	13.5%
68258903601	XELODA	ONCOLOGY- ORAL	13.5%
00469012599	XTANDI	ONCOLOGY- ORAL	13.5%
50242009001	ZELBORAF	ONCOLOGY- ORAL	13.5%
00006056840	ZOLINZA	ONCOLOGY- ORAL	13.5%
57894015012	ZYTIGA	ONCOLOGY- ORAL	13.5%
00078046361	AREDIA	ONCOLOGY- SUPPORTIVE CARE	10.4%
00078046391	AREDIA	ONCOLOGY- SUPPORTIVE CARE	10.4%
00078046461	AREDIA	ONCOLOGY- SUPPORTIVE CARE	10.4%
00083260104	AREDIA	ONCOLOGY- SUPPORTIVE CARE	10.4%
00083260901	AREDIA	ONCOLOGY- SUPPORTIVE CARE	10.4%
00024515010	ELITEK	ONCOLOGY- SUPPORTIVE CARE	13.5%
00024515175	ELITEK	ONCOLOGY- SUPPORTIVE CARE	13.5%
63459091011	GRANIX	ONCOLOGY-	13.5%



		SUPPORTIVE CARE	
63459091015	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091211	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091215	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091017	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091036	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091217	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
63459091236	GRANIX	ONCOLOGY-SUPPORTIVE CARE	13.5%
00069010701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00069010901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00069018601	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00409408591	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00517074501	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00517074601	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703407511	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703407519	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703407559	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703408511	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703408551	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00703408591	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00781314770	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00781314784	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
00781314870	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
15210040111	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
15210040211	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
23360002310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%



23360002410	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
25021080210	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
25021080310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
40042001710	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
40042001910	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390012701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390012901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390015701	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390015901	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390020401	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55390060401	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
61703032418	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
61703032439	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
61703032518	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
61703032618	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
61703035618	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
63323073410	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
63323073435	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
63323073510	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
63323073535	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
67457043010	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
59923060110	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
59923060310	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
67457044610	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
67457061010	PAMIDRONATE DISODIUM	ONCOLOGY-SUPPORTIVE CARE	10.4%
55513073001	XGEVA	ONCOLOGY-	10.4%



		SUPPORTIVE CARE	
00143964201	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
23155017031	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
25021080166	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
25021082682	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
42023015101	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
43598033011	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
47335003540	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
53150087101	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
55111068507	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
60505611000	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
45963044055	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
67457039054	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
63323096198	ZOLEDRONIC ACID	ONCOLOGY-SUPPORTIVE CARE	25.0%
00078038725	ZOMETA	ONCOLOGY-SUPPORTIVE CARE	13.5%
00078059061	ZOMETA	ONCOLOGY-SUPPORTIVE CARE	13.5%
00006302901	KEYTRUDA	ONCOLOGY-INJECTABLE	13.5%
00006302902	KEYTRUDA	ONCOLOGY-INJECTABLE	13.5%
68611019002	ILUVIEN	OPHTHALMIC AGENTS	12.0%
50242008001	LUCENTIS	OPHTHALMIC AGENTS	13.5%
00006422930	GRASTEK	ORAL IMMUNOTHERAPY	13.5%
59617001502	ORALAIR	ORAL IMMUNOTHERAPY	13.5%
59617001503	ORALAIR	ORAL IMMUNOTHERAPY	13.5%
59617002501	ORALAIR ADULT SAMPLE KIT	ORAL IMMUNOTHERAPY	12.0%
59617001601	ORALAIR ADULT STARTER PACK	ORAL IMMUNOTHERAPY	12.0%
00006542030	RAGWITEK	ORAL IMMUNOTHERAPY	13.5%



00006542054	RAGWITEK	ORAL IMMUNOTHERAPY	13.5%
55566410001	EUFLEXXA	OSTEOARTHRITIS	13.5%
87541030091	GEL-ONE	OSTEOARTHRITIS	13.5%
85836015153	GEL-ONE	OSTEOARTHRITIS	13.5%
08024072412	HYALGAN	OSTEOARTHRITIS	13.5%
08024072416	HYALGAN	OSTEOARTHRITIS	13.5%
08024072420	HYALGAN	OSTEOARTHRITIS	13.5%
18837026502	HYALGAN	OSTEOARTHRITIS	13.5%
21695037402	HYALGAN	OSTEOARTHRITIS	13.5%
35356021901	HYALGAN	OSTEOARTHRITIS	13.5%
54569554300	HYALGAN	OSTEOARTHRITIS	13.5%
89122072412	HYALGAN	OSTEOARTHRITIS	13.5%
89122072420	HYALGAN	OSTEOARTHRITIS	13.5%
00024072412	HYALGAN INJ 10MG/ML	OSTEOARTHRITIS	13.5%
00024072416	HYALGAN INJ 10MG/ML	OSTEOARTHRITIS	13.5%
59676082001	MONOVISC	OSTEOARTHRITIS	13.5%
35356003501	ORTHOVISC	OSTEOARTHRITIS	14.6%
35356003502	ORTHOVISC	OSTEOARTHRITIS	14.6%
59676036001	ORTHOVISC	OSTEOARTHRITIS	14.6%
08363776101	SUPARTZ	OSTEOARTHRITIS	13.5%
08363776501	SUPARTZ	OSTEOARTHRITIS	13.5%
35356003601	SUPARTZ	OSTEOARTHRITIS	13.5%
35356003602	SUPARTZ	OSTEOARTHRITIS	13.5%
89130555501	SUPARTZ	OSTEOARTHRITIS	13.5%
00008914901	SYNVISC	OSTEOARTHRITIS	13.5%
00008914902	SYNVISC	OSTEOARTHRITIS	13.5%
21695031301	SYNVISC	OSTEOARTHRITIS	13.5%
21695031303	SYNVISC	OSTEOARTHRITIS	13.5%
35356003401	SYNVISC	OSTEOARTHRITIS	13.5%
35356003403	SYNVISC	OSTEOARTHRITIS	13.5%
54569477100	SYNVISC	OSTEOARTHRITIS	13.5%
54868421900	SYNVISC	OSTEOARTHRITIS	13.5%
58468009001	SYNVISC	OSTEOARTHRITIS	13.5%
66267092103	SYNVISC	OSTEOARTHRITIS	13.5%
68115053503	SYNVISC	OSTEOARTHRITIS	13.5%
68258893503	SYNVISC	OSTEOARTHRITIS	13.5%
21695049301	SYNVISC ONE	OSTEOARTHRITIS	13.5%
58468009003	SYNVISC ONE	OSTEOARTHRITIS	13.5%
68258893506	SYNVISC ONE	OSTEOARTHRITIS	13.5%
00002840001	FORTEO	OSTEOPOROSIS	13.5%
00002897101	FORTEO	OSTEOPOROSIS	12.6%
54868540600	FORTEO	OSTEOPOROSIS	12.6%



55513071001	PROLIA	OSTEOPOROSIS	13.5%
00078043561	RECLAST	OSTEOPOROSIS	13.5%
35356035101	RECLAST	OSTEOPOROSIS	13.5%
23155018631	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
25021083082	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
42023016301	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
43598033111	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
55111068852	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
47335096241	ZOLEDRONIC ACID	OSTEOPOROSIS	25.0%
00078035084	ZOMETA	OSTEOPOROSIS	13.5%
25682000101	SOLIRIS	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)	13.5%
66302046760	ADCIRCA	PULMONARY ARTERIAL HYPERTENSION	13.5%
00069419068	REVATIO	PULMONARY ARTERIAL HYPERTENSION	13.5%
00069033621	REVATIO	PULMONARY ARTERIAL HYPERTENSION	13.5%
33342012110	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	13.5%
31722077690	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	13.5%
68084086911	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	13.5%
68084086921	SILDENAFIL	PULMONARY ARTERIAL HYPERTENSION	13.5%
00093551798	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
00378165777	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
00591378019	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
13668018505	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
13668018590	SILDENAFIL CITRATE	PULMONARY ARTERIAL	25.0%





		HYPERTENSION	
16714033801	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
42291073090	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
55111037290	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
59762003301	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
60505340405	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
60505340409	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
65162035109	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68071207201	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68071207202	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68071207203	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68071207204	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68071207208	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68084062211	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68084062221	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68258697409	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
68001017605	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%



63629502901	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
63629502902	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
63629502903	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
63629502904	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
63629502905	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
43063055010	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
43063055030	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
50268071711	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
50268071715	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
54569660400	SILDENAFIL CITRATE	PULMONARY ARTERIAL HYPERTENSION	25.0%
60574411301	SYNAGIS	RESPIRATORY SYNCYTIAL VIRUS	13.5%
60574411401	SYNAGIS	RESPIRATORY SYNCYTIAL VIRUS	12.6%
00187000714	VIRAZOLE	RESPIRATORY SYNCYTIAL VIRUS	13.5%
49401010101	BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS	13.5%
49401010201	BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS	13.5%
50633021011	VORAXAZE	TOXICOLOGY AGENTS	13.5%
00469064773	ASTAGRAF XL	TRANSPLANT	13.5%
00469067773	ASTAGRAF XL	TRANSPLANT	13.5%
00469068773	ASTAGRAF XL	TRANSPLANT	13.5%
00004025901	CELLCEPT	TRANSPLANT	13.5%
00004025905	CELLCEPT	TRANSPLANT	13.5%
00004025943	CELLCEPT	TRANSPLANT	13.5%
00004026001	CELLCEPT	TRANSPLANT	13.5%



00004026043	CELLCEPT	TRANSPLANT	13.5%
00004026129	CELLCEPT	TRANSPLANT	14.6%
21695017100	CELLCEPT	TRANSPLANT	13.5%
49999093600	CELLCEPT	TRANSPLANT	13.5%
49999093630	CELLCEPT	TRANSPLANT	13.5%
49999093730	CELLCEPT	TRANSPLANT	13.5%
68258905201	CELLCEPT	TRANSPLANT	13.5%
68258907301	CELLCEPT	TRANSPLANT	13.5%
00004029809	CELLCEPT INTRAVENOUS	TRANSPLANT	13.5%
00574086610	CYCLOSPORINE	TRANSPLANT	13.5%
54868552200	CYCLOSPORINE	TRANSPLANT	16.7%
55390012210	CYCLOSPORINE	TRANSPLANT	13.5%
60432014050	CYCLOSPORINE	TRANSPLANT	13.5%
60505013300	CYCLOSPORINE	TRANSPLANT	16.7%
60505013400	CYCLOSPORINE	TRANSPLANT	16.7%
62584082711	CYCLOSPORINE	TRANSPLANT	16.7%
62584082721	CYCLOSPORINE	TRANSPLANT	16.7%
00172731000	CYCLOSPORINE MODIFIED	TRANSPLANT	27.1%
00172731046	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00172731100	CYCLOSPORINE MODIFIED	TRANSPLANT	30.0%
00172731146	CYCLOSPORINE MODIFIED	TRANSPLANT	30.0%
00172731200	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00172731246	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00172731320	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00185093230	CYCLOSPORINE MODIFIED	TRANSPLANT	27.1%
00185093330	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00591222215	CYCLOSPORINE MODIFIED	TRANSPLANT	27.1%
00591222315	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00591222455	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
50111088542	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
50111090943	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
50111092043	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
54868623200	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
60505035401	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00093574019	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00093574065	CYCLOSPORINE MODIFIED	TRANSPLANT	16.7%
00074646332	GENGRAF	TRANSPLANT	16.7%
00074647932	GENGRAF	TRANSPLANT	16.7%
00074726950	GENGRAF	TRANSPLANT	16.7%
00078061605	HECORIA	TRANSPLANT	16.7%
00078061705	HECORIA	TRANSPLANT	16.7%
00078061805	HECORIA	TRANSPLANT	16.7%
00054016325	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%



00054016329	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00054016625	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00054016629	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093733401	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093733405	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093733419	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093733493	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093747701	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00093747705	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00378225001	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00378225005	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00378447201	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00378447205	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00781206701	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00781206705	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00781206789	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00781517501	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00781517505	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
16729001901	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
16729001916	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
16729009401	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
16729009416	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
51079037901	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
51079037920	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
51079072101	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
51079072120	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
59762070201	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
59762070203	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
59762070301	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
59762070302	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
59762070303	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296701	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296705	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296707	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296801	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296805	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60505296807	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60951073470	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60951073485	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60951073570	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60951073585	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
64380072506	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
64380072606	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%



67877022501	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
67877022505	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
67877026601	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
67877026605	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084017701	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084017711	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084017801	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084017811	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084058701	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084058711	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084058801	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084058811	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013001	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013005	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013010	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013019	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013101	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013105	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68382013110	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
64380072507	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
64380072607	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
67877023022	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60429005901	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60429005905	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60429007001	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
60429007005	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084079501	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084079511	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084080101	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
68084080111	MYCOPHENOLATE MOFETIL	TRANSPLANT	37.5%
00378420178	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
00378420278	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
51079050801	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
51079050820	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
51079050901	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
51079050920	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
60505296507	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
60505296607	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
68084090711	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
68084090721	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
60429001712	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
60429001612	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
68084091825	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%



68084091895	MYCOPHENOLIC ACID DR	TRANSPLANT	13.5%
00078038566	MYFORTIC	TRANSPLANT	14.6%
00078038666	MYFORTIC	TRANSPLANT	14.6%
00078024615	NEORAL	TRANSPLANT	16.7%
00078024661	NEORAL	TRANSPLANT	13.5%
00078024815	NEORAL	TRANSPLANT	16.7%
00078024861	NEORAL	TRANSPLANT	16.7%
00078027422	NEORAL	TRANSPLANT	13.5%
00003037113	NULOJIX	TRANSPLANT	13.5%
00469060767	PROGRAF	TRANSPLANT	16.7%
00469060773	PROGRAF	TRANSPLANT	13.5%
00469061710	PROGRAF	TRANSPLANT	16.7%
00469061711	PROGRAF	TRANSPLANT	13.5%
00469061771	PROGRAF	TRANSPLANT	16.7%
00469061773	PROGRAF	TRANSPLANT	13.5%
00469065710	PROGRAF	TRANSPLANT	16.7%
00469065711	PROGRAF	TRANSPLANT	13.5%
00469065771	PROGRAF	TRANSPLANT	16.7%
00469065773	PROGRAF	TRANSPLANT	13.5%
00469301601	PROGRAF	TRANSPLANT	13.5%
21695017000	PROGRAF	TRANSPLANT	13.5%
43353017853	PROGRAF	TRANSPLANT	13.5%
43353017860	PROGRAF	TRANSPLANT	16.7%
43353017880	PROGRAF	TRANSPLANT	13.5%
67544120553	PROGRAF	TRANSPLANT	13.5%
67544120560	PROGRAF	TRANSPLANT	13.5%
67544120580	PROGRAF	TRANSPLANT	13.5%
68258909901	PROGRAF	TRANSPLANT	16.7%
43353017809	PROGRAF	TRANSPLANT	16.7%
00008103001	RAPAMUNE	TRANSPLANT	13.5%
00008103002	RAPAMUNE	TRANSPLANT	13.5%
00008103003	RAPAMUNE	TRANSPLANT	13.5%
00008103004	RAPAMUNE	TRANSPLANT	13.5%
00008103005	RAPAMUNE	TRANSPLANT	13.5%
00008103006	RAPAMUNE	TRANSPLANT	13.5%
00008103007	RAPAMUNE	TRANSPLANT	13.5%
00008103008	RAPAMUNE	TRANSPLANT	13.5%
00008103014	RAPAMUNE	TRANSPLANT	13.5%
00008103015	RAPAMUNE	TRANSPLANT	13.5%
00008103105	RAPAMUNE	TRANSPLANT	13.5%
00008103110	RAPAMUNE	TRANSPLANT	13.5%
00008103205	RAPAMUNE	TRANSPLANT	13.5%
00008104005	RAPAMUNE	TRANSPLANT	13.5%



00008104010	RAPAMUNE	TRANSPLANT	13.5%
00008104105	RAPAMUNE	TRANSPLANT	13.5%
00008104110	RAPAMUNE	TRANSPLANT	13.5%
00008104205	RAPAMUNE	TRANSPLANT	13.5%
35356028000	RAPAMUNE	TRANSPLANT	13.5%
00078010901	SANDIMMUNE	TRANSPLANT	13.5%
00078010961	SANDIMMUNE	TRANSPLANT	13.5%
00078011022	SANDIMMUNE	TRANSPLANT	13.5%
00078024015	SANDIMMUNE	TRANSPLANT	16.7%
00078024061	SANDIMMUNE	TRANSPLANT	16.7%
00078024115	SANDIMMUNE	TRANSPLANT	16.7%
00078024161	SANDIMMUNE	TRANSPLANT	16.7%
54569287200	SANDIMMUNE CAP 100MG	TRANSPLANT	16.7%
54569287300	SANDIMMUNE CAP 25MG	TRANSPLANT	16.7%
54569256300	SANDIMMUNE SOL 100MG/ML	TRANSPLANT	13.5%
62053053905	SANGCYA	TRANSPLANT	16.7%
59762100101	SIROLIMUS	TRANSPLANT	13.5%
68382052001	SIROLIMUS	TRANSPLANT	13.5%
55111065301	SIROLIMUS	TRANSPLANT	13.5%
55111065401	SIROLIMUS	TRANSPLANT	13.5%
59762100201	SIROLIMUS	TRANSPLANT	13.5%
59762100301	SIROLIMUS	TRANSPLANT	13.5%
00378204501	TACROLIMUS	TRANSPLANT	16.7%
00378204505	TACROLIMUS	TRANSPLANT	16.7%
00378204601	TACROLIMUS	TRANSPLANT	16.7%
00378204605	TACROLIMUS	TRANSPLANT	16.7%
00378204701	TACROLIMUS	TRANSPLANT	16.7%
00378204705	TACROLIMUS	TRANSPLANT	16.7%
00591335901	TACROLIMUS	TRANSPLANT	16.7%
00781210201	TACROLIMUS	TRANSPLANT	16.7%
00781210301	TACROLIMUS	TRANSPLANT	16.7%
00781210401	TACROLIMUS	TRANSPLANT	16.7%
00781930201	TACROLIMUS	TRANSPLANT	16.7%
00781930301	TACROLIMUS	TRANSPLANT	16.7%
00781930401	TACROLIMUS	TRANSPLANT	16.7%
16729004101	TACROLIMUS	TRANSPLANT	16.7%
16729004201	TACROLIMUS	TRANSPLANT	16.7%
16729004301	TACROLIMUS	TRANSPLANT	16.7%
50742020701	TACROLIMUS	TRANSPLANT	16.7%
50742020801	TACROLIMUS	TRANSPLANT	16.7%
50742020901	TACROLIMUS	TRANSPLANT	16.7%
51079002801	TACROLIMUS	TRANSPLANT	16.7%
51079002820	TACROLIMUS	TRANSPLANT	16.7%



51079081701	TACROLIMUS	TRANSPLANT	16.7%
51079081720	TACROLIMUS	TRANSPLANT	16.7%
51079081801	TACROLIMUS	TRANSPLANT	16.7%
51079081820	TACROLIMUS	TRANSPLANT	16.7%
55111052501	TACROLIMUS	TRANSPLANT	16.7%
55111052601	TACROLIMUS	TRANSPLANT	16.7%
55111052701	TACROLIMUS	TRANSPLANT	16.7%
60429037701	TACROLIMUS	TRANSPLANT	16.7%
60429037801	TACROLIMUS	TRANSPLANT	16.7%
60429037901	TACROLIMUS	TRANSPLANT	16.7%
62175038037	TACROLIMUS	TRANSPLANT	16.7%
62175038137	TACROLIMUS	TRANSPLANT	16.7%
62175038237	TACROLIMUS	TRANSPLANT	16.7%
68084044901	TACROLIMUS	TRANSPLANT	16.7%
68084044911	TACROLIMUS	TRANSPLANT	16.7%
68084045001	TACROLIMUS	TRANSPLANT	16.7%
68084045011	TACROLIMUS	TRANSPLANT	16.7%
68084045101	TACROLIMUS	TRANSPLANT	16.7%
68084045111	TACROLIMUS	TRANSPLANT	16.7%
64380072006	TACROLIMUS	TRANSPLANT	16.7%
64380072106	TACROLIMUS	TRANSPLANT	16.7%
64380072206	TACROLIMUS	TRANSPLANT	16.7%
00904642561	TACROLIMUS	TRANSPLANT	16.7%
00078041420	ZORTRESS	TRANSPLANT	13.5%
00078041461	ZORTRESS	TRANSPLANT	13.5%
00078041520	ZORTRESS	TRANSPLANT	13.5%
00078041561	ZORTRESS	TRANSPLANT	13.5%
00078041720	ZORTRESS	TRANSPLANT	13.5%
00078041761	ZORTRESS	TRANSPLANT	13.5%
00006067968	CUPRID CAP 250MG	WILSONS DISEASE	13.5%
00006066168	SYPRINE	WILSONS DISEASE	13.5%
25010071015	SYPRINE	WILSONS DISEASE	13.5%
00187212010	SYPRINE	WILSONS DISEASE	13.5%