



# District School Board of Pasco County

20430 Gator Lane • Land O' Lakes, Florida 34638 • 813/794-2221

Heather Fiorentino, Superintendent


[www.pasco.k12.fl.us](http://www.pasco.k12.fl.us)

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November 1, 2011

## MEMORANDUM

**To:** Honorable School Board Members

**From:** Kendra Goodman, CPPO, CPPB, Purchasing Agent 

**Subject:** Pharmacy Benefit Manager Contract  
Envision Pharmaceutical Services, Inc.,

On October 4, 2011, The Board granted permission to Employee Benefits Staff (EBARM) and the Finance Subcommittee to negotiation with Envision Pharmaceutical Services, Inc. (Envision), to provide pharmacy benefit management services for District School Board of Pasco County employees.

EBARM and District consultants form MedVision and Crowne Consulting have negotiated the attached contract with Envision and are recommending The Board approve said contract as submitted. The term of this contract will be for three years starting on January 1, 2012 renewable annually by mutual consent of both parties. The terms and conditions have been approved by Nancy Alfonso, Board Attorney. The District is permitted to negotiate for services of this nature under Florida Administrative Code 6A.012(15).

It is estimated that the costs to the District for this service will be \$12,000,000 and will generate significant savings under the "pass-through" style contract offered by Envision.

At this time, we are requesting The Board approve the attached contract with Envision. If you have any questions please contact Mary Tillman or me at your earliest convenience.

KDG/mw  
attachments



## District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

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DATE: November 1, 2011

TO: Kendra Goodman, Purchasing Agent

FROM: Mary Tillman, Director of Employee Benefits *Mary H. Tillman*

RE: Pharmacy Benefit Manager Contract- Envision

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On October 4, 2011, the Board gave approval for Employee Benefits Staff and the Finance Subcommittee (of the District Insurance Committee) to negotiate with Envision to provide pharmacy benefit management services for Pasco School Board employees. The District Insurance Committee gave approval for the Subcommittee to interview Envision and make the final recommendation. The Insurance Committee voted unanimously to select Envision.

Based on analysis made by consultants from MedVision and Crowne Consulting, and reviewed by EBARM staff and the Finance Subcommittee, it appears that the District will see significant savings under the "pass-through" style contract offered by Envision.

At this time, I am requesting your assistance in obtaining the Board's approval of the attached contract with Envision. As always I appreciate your assistance and that of your staff during this process.

## PHARMACY BENEFIT MANAGEMENT SERVICES AGREEMENT

This Pharmacy Benefit Management Services Agreement (hereinafter this "Agreement"), effective as of the 1st day of January, 2012 (hereinafter the "Effective Date"), is entered into by and between Envision Pharmaceutical Services, Inc., an Ohio Corporation (hereinafter "Envision"), and **District School Board of Pasco County**, a Florida School District (hereinafter "Plan Sponsor").

### BACKGROUND

Envision is a URAC accredited Pharmacy Benefit Management (PBM) company engaged in the business of providing comprehensive pharmacy benefit management services nationwide to various employers, unions, and health plans which sponsor or administer health benefit plans covering outpatient prescription medications.

Plan Sponsor has established one or more health benefit plans providing coverage for prescription medications to covered individuals and desires to engage Envision to provide pharmacy benefit management services in accordance with the terms and conditions of this Agreement.

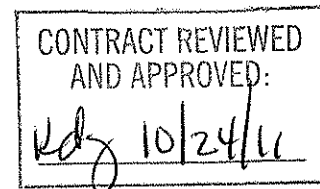
NOW, THEREFORE, in consideration of the mutual promises and agreements herein contained, Plan Sponsor and Envision hereby agree as follows:

### 1. DEFINITIONS

1.1 "Administrative Fee" means the amount that Envision charges Plan Sponsor for included services under this Agreement. Envision represents and warrants that the Administrative Fee and any fees for Additional Services and Miscellaneous Expenses set forth in Exhibit 1 are its sole compensation for the services rendered hereunder, and that it retains no revenues, directly or indirectly, from any other source.

1.2 "Annual Average Effective Rate" means, for the category of drugs being reviewed, the result calculated by the following formula:  $(IC/AWP)-1$ , where IC ("Ingredient Cost") is the sum of all amounts paid by Plan Sponsor for the ingredient cost of the Covered Medications dispensed during the calendar year, and AWP is the sum of the Average Wholesale Price amounts associated with the same Covered Medications.

1.3 "Average Wholesale Price" or "AWP" shall mean the average wholesale price of a Covered Medication in effect on the date the Covered Medication was dispensed as listed by an applicable industry standard reference on which pricing hereunder is based (i.e. Medi-Span), for the actual drug dispensed using the 11 digit National Drug Code (NDC) number provided by the dispensing pharmacy. Envision uses a single source, Medispan, for determining AWP and updates the AWP source file once a week.



1.4 “Benefit Plan” means the group health plan, insurance plan, prescription drug plan, or other benefit plan sponsored or administered by Plan Sponsor that covers the cost of Covered Medications dispensed to Covered Individuals.

1.5 “Benefit Specification Form” means the form that is completed by Plan Sponsor, in conjunction with Envision, which details the specifics of the Benefit Plan such as which prescription medications are covered by Plan Sponsor, any limitations or exclusions, the Benefit Plan’s tier structure and Cost Share requirements, and any conditions associated with the specific services to be rendered by Envision under this Agreement (i.e. prior authorizations, drug therapy management, etc.).

1.6 “Brand Drug” means a drug where the Medi-Span multisource (“MONY”) code attached to the 11 digit NDC for such drug indicates an “N” (a single-source brand name drug product available from one manufacturer and is not available as a generic), an “M” (a branded drug product that is co-branded and not considered generic, nor is it available as a generic, and is generally considered a single-source drug product despite multiple manufacturers), or an “O” (an original branded drug product available from one or more manufacturers as a generic). A drug is classified as a Brand Drug at the Point-of-Sale based on the MONY code assigned by Medi-Span and shall not be reclassified for any purposes hereunder.

1.7 “Claim” means an invoice or transaction (electronic or paper) for a Covered Medication dispensed to a Covered Individual that has been submitted to Envision by the dispensing pharmacy or a Covered Individual (including transactions where the Covered Individual paid 100% of the cost). A “340B Claim” is a Claim which has been processed under Section 340B of the Public Health Service Act.

1.8 “Compound Drug” means a Covered Medication that requires compounding by a pharmacist because it is not available from the manufacturer in the prescribed form or strength. Compound Drugs consist of two or more solid, semi-solid or liquid ingredients, at least one of which is recognized under federal law as a “Legend Drug” (i.e. a drug that is required by federal law to bear the legend: “Rx Only” or “Caution: Federal law prohibits dispensing without prescription.”)

1.9 “Contract Year” means the complete twelve month period commencing on the Effective Date and each consecutive complete twelve month period thereafter that this Agreement remains in effect.

1.10 “Cost Share” means the amount of money that a Covered Individual must pay to the Participating Pharmacy to obtain a Covered Medication in accordance with the terms of the Benefit Plan. The Cost Share may be a fixed amount (co-payment) or a percentage of the drug cost (co-insurance), or a deductible that must be satisfied before drugs are covered under the Benefit Plan.

1.11 “Covered Individual” or “Member” means each individual (Employee and each of his or her dependents) who has been identified by Plan Sponsor on the Eligibility File as being eligible to receive Covered Medications.

CONTRACT REVIEWED  
AND APPROVED:  
Katy 10/24/11

1.12 “Covered Medication” means a prescription drug, medication, or device that meets the requirements for coverage under the Benefit Plan, after applying all conditions and exclusions set forth in the Benefit Specification Form, and which is dispensed to a Covered Individual pursuant to a written or electronic prescription order or allowable refill.

1.13 “Eligibility File” means that electronic communication supplied to Envision by Plan Sponsor which identifies the Covered Individuals covered under Plan Sponsor’s Benefit Plan, along with other eligibility information necessary for Envision to provide PBM Services hereunder. Effective dates of coverage for each employee are part of the weekly eligibility file. Coverage always begins on the first day of the month and coverage always ends on the last day of the month. Eligibility files will be weekly and are always a full file.

1.14 “Employee” means an Employee of Plan Sponsor covered under Plan Sponsor’s Benefit Plan, together with such Employee’s eligible dependents.

1.15 “Formulary” means Envision’s list of commonly prescribed drugs and supplies which has been reviewed by Envision’s Pharmacy & Therapeutics Committee (using evidence-based evaluation criteria for safety and efficacy in accordance with URAC standards and, when applicable, CMS guidelines) to be used by Plan Sponsor, Licensed Prescribers, Participating Pharmacies, and Covered Individuals to guide the selection of cost effective Covered Medications. The Formulary may be modified from time to time as new medications and/or new clinical information become available, is constantly updated to reflect any changes, and is accessible via Envision’s website.

1.16 “Generic Drug” means a drug where the Medi-Span multisource code attached to the 11 digit NDC for such drug indicates a “Y” (a generic drug product available from one or more manufacturers). A drug is classified as a Generic Drug at the Point-of-Sale based on the MONY code assigned by Medi-Span and shall not be reclassified for any purposes hereunder.

1.17 “HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as amended.

1.18 “Licensed Prescriber” means a licensed Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Podiatry (D.P.M.), Doctor of Dentistry (D.D.S.), or other licensed health practitioner with independent prescribing authority in the state in which the dispensing pharmacy is located.

1.19 “Manufacturer Derived Revenue” means any discounts, rebates, pharmaceutical manufacturers administrative fees, and any other revenue received by Envision from pharmaceutical manufacturers (whether as a result of the number of covered lives, other incentives or other amounts received) for Covered Medications dispensed to Covered Individuals.

1.20 “MAC List” means a proprietary list of Generic Drugs for which Envision establishes a maximum price (“MAC Price”) payable to the dispensing pharmacy, ~~which includes most~~, but

not all Generic Drugs. Envision maintains one commercial MAC List per Participating Pharmacy which is used to both determine the negotiated price payable to the dispensing pharmacy and the price charged to Plan Sponsor. Plan Sponsor will be charged the exact negotiated amount payable by Envision to the dispensing pharmacy without any markup or spread. Envision updates the MAC List from time-to-time as Generic Drugs come on the market or come off the market, or as their availability changes due to market circumstances. Generic Drugs that are excluded from the MAC List include Newly Available Generic Drugs, Single-Source Generic Drugs, and Limited Availability Generic Drugs (“Excluded Generics”). For purposes of this definition, a Newly Available Generic Drug is one which, at the time the drug is dispensed, is subject to the Hatch-Waxman 180 day market exclusivity provision, a Single-Source Generic Drug is one which, at the time the drug is dispensed, is available from only one manufacturer, and a Limited Availability Generic Drug is one which, at the time the drug is dispensed, is priced higher than normal due to supply limitations or limited market competition. Envision will provide supporting documentation to Plan Sponsor for the drugs categorized as Limited Availability Generic Drug once each month.

Envision agrees that the percentage of all Generic Drugs covered by the MAC List shall be at least 96% (except for Excluded Generics and drugs listed in Exhibit 3). In the event that Envision fails to meet the 96% standard, then the number of prescriptions, extended AWP and ingredient cost of the non-MAC drugs shall be apportioned between MAC and non-MAC such that the 96% guarantee is met.

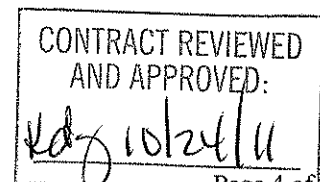
1.21 “NCPDP” shall mean the National Council for Prescription Drug Programs Standard Claims Billing Tape and Payment Format 2.0, or a revised and then current version.

1.22 “Participating Pharmacy” means a pharmacy (including a designated mail order or specialty pharmacy) that has entered into a negotiated pricing agreement with Envision to dispense Covered Medications to Covered Individuals. A “Retail Pharmacy” is a pharmacy that dispenses medications to outpatients.

1.23 “Plan Sponsor” means the entity (identified above as Plan Sponsor) which (i) has created and maintains the Benefit Plan on behalf of the Covered Individuals, and has determined the rules by which the Benefit Plan is to be administered, and (ii) is financially responsible for the payment of Administrative Fees, Fees for Additional Services and Miscellaneous Expenses, and Covered Medications dispensed to Covered Individuals hereunder.

1.24 “Point-of-Sale” means the location and time that a Covered Medication is dispensed to a Covered Individual, and the corresponding Claim is submitted by the dispensing pharmacy for adjudication by Envision’s on-line computerized claims processing system (hereinafter “Claims Adjudication System”).

1.25 “Specialty Drug” means those high-cost injectable, infused, oral, inhaled, or biotech drugs which require special ordering, handling and/or patient intervention. Specialty Drugs will be priced based on where the drug is dispensed (i.e. retail, mail order, or specialty pharmacy).



## 2. PBM SERVICES

Envision shall perform the following pharmacy benefit management services (“PBM Services”):

2.1 Identification Card: Envision shall provide Envision approved identification cards (“ID Cards”), up to two per family directly to Covered Individuals at no additional cost, except for the cost of postage and handling. Additional ID Cards or replacement ID Cards (i.e. for lost or stolen ID Cards) will be provided at a cost as specified in Exhibit 1. If Plan Sponsor desires to re-design and/or re-issue ID Cards, or for special graphic requests, additional charges may apply.

2.2 Claims Processing: During the term of this Agreement, Envision shall accept, process, and adjudicate Claims for Covered Medications (i) submitted electronically by Participating Pharmacies in National Council for Prescription Drug Programs (NCPDP) formats; (ii) submitted by Covered Individuals as Direct Member Reimbursements (DMRs, as defined below); or (iii) received from third parties, such as Medicaid, for reimbursement by Plan Sponsor. Claims shall be checked for eligibility, benefit design, Cost Share requirements, and exclusions to determine which Claims are successfully processed, pended for prior authorization, or rejected for ineligibility or other factors in accordance with Plan Sponsor’s specifications as set forth in Plan Sponsor’s Benefit Specification Form (incorporated herein by this reference). Claims that must be processed manually or require special handling, including, without limitation, (i) DMRs or (ii) Claims received from third parties, such as Medicaid, for reimbursement by Plan Sponsor for ineligible payments, will incur a fee as set forth in Exhibit 1. After termination of this Agreement, Envision shall process Claims for dates of service on or before the effective date of termination, for a period of ninety (90) days (“Run-Out Period”).

2.3 Direct Member Reimbursement (DMR): Envision shall provide, via its website, a DMR form, for use by Covered Individuals to obtain reimbursement for amounts paid out-of-pocket (other than Cost Share) for Covered Medications (e.g. Covered Medications dispensed at a non-Participating Pharmacy). Envision shall accept, process, and adjudicate DMR Claims within ten (10) business days of receipt of the DMR form, but shall not be liable to reimburse a Covered Individual until Plan Sponsor provides funds for such purpose.

2.4 Pass-Through of Discounts and Dispensing Fees: Envision has negotiated discounted drug prices and dispensing fees with Participating Pharmacies. Envision shall pass-through to Plan Sponsor one hundred percent (100%) of the negotiated discount for the drug dispensed (plus any applicable dispensing fee) without any reclassification, mark-up or spread by Envision. The amount charged to Plan Sponsor shall be determined as follows and as specified in Exhibit 1:

2.4.1 For Brand Drugs: Envision shall charge Plan Sponsor the lower of:

(i) The calculated negotiated amount payable to the Participating Pharmacy based on the drug pricing fields (i.e. AWP, MONY code, etc.) for the 11 digit NDC of the drug dispensed (plus applicable dispensing fees); less any applicable Manufacturer Derived Revenue and/or any applicable Covered Individual Cost Share; or

(ii) The Participating Pharmacy's usual and customary price (except for mail order and specialty pharmacies); less any applicable Manufacturer Derived Revenue and/or any applicable Covered Individual Cost Share.

For purposes of this Agreement, the usual and customary price (“U&C Price”) is the retail amount the pharmacy charges its cash paying customers for the drug dispensed, as reported to Envision by the dispensing pharmacy.

2.4.2 For Generic Drugs: Envision shall charge Plan Sponsor the lower of:

(i) For Generic Drugs included on the then current Envision MAC List, the MAC Price for the drug dispensed (plus applicable dispensing fees); or

(ii) The calculated negotiated amount payable to the Participating Pharmacy based on the drug pricing fields (i.e. AWP, MONY code, etc.) for the 11 digit NDC of the drug dispensed (plus applicable dispensing fees); or

(iii) The Participating Pharmacy's U&C Price (except for mail order and specialty pharmacies); less

any applicable Manufacturer Derived Revenue and/or any applicable Covered Individual Cost Share.

2.4.3 Modifications by Plan Sponsor: Plan Sponsor’s Benefit Plan may contain certain programs (e.g. mandatory generic program) and/or rules which determine the way in which Claims are adjudicated (i.e. what portion of a Claim is payable by Plan Sponsor and what portion is payable by Covered Individuals). The rules by which Plan Sponsor’s Claims are adjudicated are detailed by Plan Sponsor as set forth in the Benefit Specification Form. To the extent Plan Sponsor’s Benefit Plan modifies the standard Claims adjudication process, the Claims Adjudication System will be configured accordingly. However, such modifications shall not result in the reclassification of a Claim.

2.4.4 For Dispensing Fees: Envision shall charge Plan Sponsor the actual dispensing fee amount payable to the Participating Pharmacy for both Brand Drugs and Generic Drugs as applicable.

2.4.5 Drug Pricing and Dispensing Fees Guarantee: Within four months after the end of each Contract Year, Envision shall provide Plan Sponsor with a report showing the actual Annual Average Effective Rates and Annual Average Dispensing Fees paid by Plan Sponsor for the Contract Year. If the amounts paid by Plan Sponsor for all Claims during the Contract Year are less favorable, overall, than the Annual Average Effective Rates and Annual Average Dispensing Fees stated in Exhibit 1, Envision shall credit Plan Sponsor with the difference.

## 2.5 Manufacturer Derived Revenue

2.5.1 Pass-Through of Manufacturer Derived Revenue: Envision has negotiated contracts with pharmaceutical manufacturers to obtain Manufacturer Derived Revenue for eligible Brand Drugs, and shall pass through to Plan Sponsor one hundred percent (100%) of all earned Manufacturer Derived Revenue paid to Envision by contracted pharmaceutical manufacturers for such eligible Brand Drugs. Envision shall include such eligible Brand Drugs on the Formulary, subject to approval by Envision’s Pharmacy & Therapeutics Committee. Plan Sponsor acknowledges that its yield of Manufacturer Derived Revenue is dependent on certain factors including, without limitation, the following: (i) whether the ~~terms and conditions of Plan~~

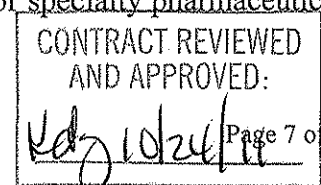


Sponsor's Benefit Plan are consistent with the application of Envision's Formulary; (ii) the structure of Plan Sponsor's Benefit Plan; and (iii) the drug utilization patterns of Covered Individuals. Plan Sponsor further acknowledges that Plan Sponsor's portion of market share rebates is based on (i) Plan Sponsor's ability to meet and earn market share rebate levels by manufacturer and (ii) the ratio of Plan Sponsor's Claims for a particular rebated drug to the total number of Claims for such drug for all Envision clients, as adjusted for the effect of Plan Sponsor's Benefit Plan (e.g. tier structure and Cost Share differentials) on the overall yield of market share rebates. Manufacturer Derived Revenue for Claims paid entirely by Covered Individuals (e.g. a Claim occurring while the Covered Individual has not yet met his or her deductible), 340B Claims, and Claims for which Envision has not been paid in full, are ineligible for Manufacturer Derived Revenue, and no Manufacturer Derived Revenue shall be payable to Plan Sponsor for such Claims.

2.5.2 Pass-Through Methodology: Manufacturer Derived Revenue shall be advanced to Plan Sponsor by adjusting the Claim for an eligible Brand Drug by the estimated Manufacturer Derived Revenue using Envision's patent-pending Point-of-Sale Technology. Envision's Point-of-Sale Technology generates a Claim that will be invoiced to Plan Sponsor at the net price after applying credit for expected earned Manufacturer Derived Revenue. (Plan Sponsor acknowledges that, unless otherwise indicated by Plan Sponsor on the Benefit Specification Form, if a Covered Individual pays a percentage of the drug cost (i.e. co-insurance) under the Benefit Plan, a proportional amount of the Manufacturer Derived Revenue will be passed on to the Covered Individual at the Point-of-Sale). Any earned Manufacturer Derived Revenue (including market share rebates) not applied to Claims at the Point-of-Sale shall be paid to Plan Sponsor when collected by Envision.

2.5.3 Sole Source: Plan Sponsor represents and warrants to Envision that, at no time during or after the term of this Agreement, is Plan Sponsor receiving Manufacturer Derived Revenue other than through Envision, either directly or indirectly (through a Group Purchasing Organization, drug wholesaler, or otherwise) for Claims processed by Envision under this Agreement. Plan Sponsor agrees that it shall not, at any time, submit Claims which have been transmitted to Envision to another pharmacy benefit manager or carrier for the collection of Manufacturer Derived Revenue or create a situation which would cause a manufacturer to decline payments to Envision. Envision reserves the right to recover from Plan Sponsor, and Plan Sponsor shall refund to Envision, any Manufacturer Derived Revenue advanced to Plan Sponsor by Envision which is connected with any Claims for which Plan Sponsor received Manufacturer Derived Revenue from any other source or for amounts advanced to Plan Sponsor by Envision which have been withheld by a manufacturer due to the ineligibility of such Claims for Manufacturer Derived Revenue (i.e. 340B Claims) or breach of these provisions by Plan Sponsor.

2.6 Pharmacy Network: Envision shall arrange for the dispensing of Covered Medications to Covered Individuals pursuant to contracts with one or more networks of Participating Pharmacies (referred to herein as a "Network"). The Network selected by Plan Sponsor to be used by Covered Individuals hereunder shall be specified in the Benefit Specification Form. Plan Sponsor understands and agrees that the pharmacies participating in a Network may change from time to time, including the designated mail order provider and/or specialty pharmaceuticals



provider. The list of Participating Pharmacies is constantly updated to reflect any changes in the Network, including pharmacy addresses and telephone numbers, and is accessible via Envision's website. Plan Sponsor acknowledges that (i) orders exceeding a thirty day supply are not available at all Retail Pharmacies; (ii) Covered Medications shall not be dispensed to Covered Individuals without a prescription order by a Licensed Prescriber; and (iii) the availability of drugs are subject to market conditions and that Envision cannot, and does not, assure the availability of any drug from any Participating Pharmacy.

2.7 Generic Substitution: Unless otherwise specified by Plan Sponsor in the Benefit Specification Form, the Claims Adjudication System will permit Participating Pharmacies to dispense a Generic Drug when a prescription is written for a Brand Drug. The decision to substitute a Generic Drug for a Brand Drug and the choice of drug is at the discretion of the dispensing pharmacy and subject to the law of the state in which the pharmacy is located.

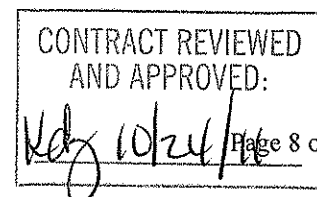
## 2.8 Prior Authorizations; Drug Utilization Review; and Drug Therapy Management

2.8.1 System Generated Prior Authorizations: Envision shall configure the Claims Adjudication System to require prior authorization before Covered Medications are dispensed in certain circumstances which have been specified by Plan Sponsor in the Benefit Specification Form. Examples of system generated prior authorizations include requests for lost or stolen drugs, vacation supplies, certain package sizes, dosage changes, and invalid days' supply. System generated prior authorizations are included in the Administrative Fee.

2.8.2 Clinical Prior Authorizations: If Plan Sponsor has elected to receive Clinical Prior Authorization services from Envision, for those Covered Medications and circumstances specified by Plan Sponsor in the Benefit Specification Form, Envision shall contact the prescriber and verify that the requested drug is appropriate for the diagnosis in the judgment of the prescriber. Plan Sponsor will be charged for Clinical Prior Authorizations as specified in Exhibit 1.

2.8.3 Concurrent Drug Utilization Review: Envision shall program edits into the Claims Adjudication System which are applied to Claims during the adjudication process to identify the following: duplicate prescriptions; over-utilization/refill too soon; under-utilization; drug interactions; pediatric warnings; geriatric warnings; acute/maintenance dosing; formulary compliance; therapeutic duplication; drug inferred health state; drugs exceeding maximum dose; drugs below minimum daily dosage, and other financial and cost limitations which are specified by Plan Sponsor in the Benefit Specification Form. The Claims Adjudication System will provide the dispensing pharmacy with the appropriate messaging to advise the pharmacy of Concurrent Drug Utilization Review issues.

2.8.4 Retrospective Drug Utilization Review: Envision may review Claims retrospectively, as specified in the Benefit Specification Form, to determine the drug utilization patterns of Covered Individuals, and report the results of retrospective reviews to Plan Sponsor. Retrospective Drug Utilization Review reports may include, but are not limited to: high cost/high utilization of a particular drug class, or therapeutic appropriateness of drug for a particular disease state, and other agreed upon reports.



2.8.5 Drug Therapy Management (DTM) and other Clinical Programs: Envision provides certain clinical programs such as Drug Therapy Management, Drug Therapy Care Gap Management, and Formulary Adherence. Plan Sponsor may elect to receive some or all of these services at an additional charge by indicating so in the Benefit Specification Form. A description and cost of these programs will be provided upon request.

2.9 Business Associate Agreement: Envision shall execute a HIPAA Business Associate Agreement, attached as Exhibit 2.

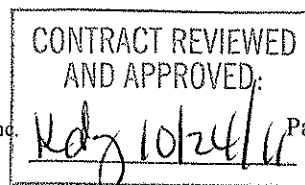
2.10 Customer Service: Envision shall maintain and operate a customer service center with toll-free customer service numbers and adequately staffed with trained personnel 24 hours a day, 7 days a week, 365 days a year, for the use of Plan Sponsor, Covered Individuals, Licensed Prescribers, and Participating Pharmacies.

2.11 Records: Envision shall maintain such business records as may be required by applicable law or regulation, or as may be necessary to properly document the delivery of, and payment for, Covered Medications and the provision of services by Envision under this Agreement.

2.12 Reports: Envision shall provide Plan Sponsor with access to web-based report generator through which Plan Sponsor may create and download a variety of standard and customized reports. Envision shall provide training for a Plan Sponsor designated individual on the capabilities of Envision's web-based reporting program. Plan Sponsor represents that the designated individual has received training and has knowledge of the HIPAA privacy and security regulations. Any reports that are to be provided by Envision to Plan Sponsor without cost (other than those available from Envision's web-based reporting program) shall be mutually determined prior to the configuration of Plan Sponsor's Benefit Plan in the Claims Adjudication System and shall be specified in the Benefit Specification Form. Plan Sponsor shall be charged a fee for any other reports requested by Plan Sponsor.

2.13 Distribution of Materials: Envision shall bulk ship printed materials produced by Envision as agreed hereunder to Plan Sponsor at no additional charge. If Plan Sponsor requests ID Cards or other printed materials to be mailed directly to Covered Individuals, Plan Sponsor shall reimburse Envision its costs of postage and handling.

2.14 Retiree Drug Subsidy (RDS) Reports: For Plan Sponsors which submit requests for drug subsidies under the Medicare RDS program, Envision shall provide Plan Sponsor with quarterly reports summarizing Claims paid by Plan Sponsor for Medicare Part D drugs dispensed to Covered Individuals who Plan Sponsor has identified on the appropriate form as Medicare eligible retirees. Plan Sponsor acknowledges that any estimated Manufacturer Derived Revenue which has been passed-through to Plan Sponsor will have been deducted from the Claim amounts reported. Unless otherwise specified herein or included under an addendum to this Agreement, Envision shall not be responsible or liable to Plan Sponsor for any RDS services or subsidies. Any assistance requested by Plan Sponsor and/or provided by Envision shall be solely consultative and shall not be deemed to be an acceptance by Envision of any responsibility or



liability for the completion or submission of any RDS application or request for subsidies under Medicare Part D.

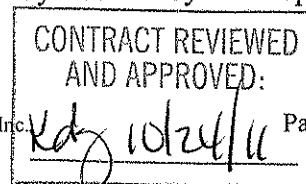
2.15 Additional Services: Any services to be rendered under this Agreement which are not included in the Administrative Fee shall be itemized in the Exhibits and Addendums hereto along with any associated costs or charges.

### 3. PLAN SPONSOR RESPONSIBILITIES

3.1 Eligibility Data: Plan Sponsor shall provide Envision (either directly or through an authorized third party administrator) with an Eligibility File, at least monthly, in the HIPAA 834 standard transaction code set format, or such other format as has been previously agreed to by Envision. Plan Sponsor shall provide timely eligibility updates (for example, additions, terminations, change of address or personal information, etc.) to ensure accurate determination of the eligibility status of Covered Individuals. Plan Sponsor acknowledges and agrees that (i) Envision provides such eligibility data to the Participating Pharmacies and understands that Envision and Participating Pharmacies will act in reliance upon the accuracy of data received from Plan Sponsor; (ii) Envision will continue to rely on the information provided by Plan Sponsor until Envision receives notice that such information has changed; and (iii) Envision shall not be liable to Plan Sponsor for any Claims or expense resulting from the provision by Plan Sponsor (or its designee) of inaccurate, erroneous, or untimely information. In addition, if Envision must create or update eligibility by manually entering Covered Individual data, Plan Sponsor will be charged a data entry fee as specified in Exhibit 1. In lieu of the Eligibility File, Plan Sponsor may provide eligibility information by updating the Claims Adjudication System directly (except for the initial Eligibility File, which must be provided to Envision during the initial implementation), provided Plan Sponsor continues to meet Envision's conditions and specifications for direct eligibility updates.

3.2 Benefit Plan: Plan Sponsor shall provide Envision with complete information concerning the Benefit Plan. Plan Sponsor understands and agrees that Envision shall rely on the terms and conditions provided by Plan Sponsor on the Benefit Specification Form. The Benefit Specification Form may be changed from time to time by Plan Sponsor; provided, however, that the form must be signed by Plan Sponsor and any changes to the Benefit Plan must be communicated to Envision, in writing, at least thirty (30) days before any such change shall be implemented. The most recent executed Benefit Specification Form shall supersede any prior dated form. Plan Sponsor shall have sole authority to determine the terms of the Benefit Plan and the coverage of benefits thereunder, however, Plan Sponsor understands and agrees that any change in the Benefit Plan (e.g. mandatory generic program, coverage of over-the-counter drugs or medications, etc.) may affect yields in Manufacturer Derived Revenue and average drug pricing, and that Envision will not be liable to Plan Sponsor for a reduction of such yields or increase in pricing which result from any change in the Benefit Plan.

3.3 Formulary: Plan Sponsor acknowledges that adherence to the Formulary is necessary to maximize cost savings and yields in Manufacturer Derived Revenue, however, the determination of which Formulary and non-Formulary drugs are covered, limited, or excluded are governed by Plan Sponsor's Benefit Plan. Any customization of the Formulary desired by Plan Sponsor for



its use must be approved, in writing, by Envision, and Plan Sponsor acknowledges that such modifications may affect yields in Manufacturer Derived Revenue.

3.4 Payment: Plan Sponsor shall timely pay, or cause its designee to timely pay, Envision for services rendered hereunder in accordance with Section 4 below and Exhibit 1.

3.5 Cooperation: Plan Sponsor shall provide such cooperation and support as reasonably necessary to ensure that Envision can provide all services described hereunder in a timely, responsible, and professional manner.

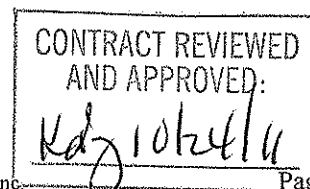
#### 4. TERMS OF PAYMENT

4.1 Fees and Drug Pricing: Envision and Plan Sponsor agree that fees for PBM Services and drug pricing payable by Plan Sponsor hereunder are as set forth in Exhibit 1 hereto, as may be amended in writing from time to time. Plan Sponsor acknowledges that (i) Exhibit 1 has been reviewed and approved by Plan Sponsor; (ii) the rates specified in Exhibit 1 are conditioned upon Plan Sponsor's adherence to certain conditions under this Agreement; and (iii) the rates specified in Exhibit 1 are subject to adjustment for Contract Years after the Initial Term due to, among other factors, changes to administrative costs, and/or changes in the negotiated discounts with Participating Pharmacies.

4.2 Payments for Claims: Envision shall provide Plan Sponsor with an invoice of payable Claims on a weekly basis and Plan Sponsor shall pay Envision's invoices no later than 12:00 p.m. on the forty-fifth calendar day from receipt of said invoices, pursuant to Sections 218.73 & 218.74, Florida Statutes. Invoices shall be deemed to have been received by Plan Sponsor upon the earliest delivery of the invoice by mail, e-mail, fax, or courier.

4.3 Financial Responsibility: Plan Sponsor understands and agrees that Envision cannot obligate Participating Pharmacies to continue to dispense Covered Medications without receiving payment for past Claims and Envision shall not be obligated to pay Participating Pharmacies if Plan Sponsor fails to timely pay Envision as required under this Agreement within 45 days. Plan Sponsor shall be and remain responsible for the payment of all invoices for Covered Medications dispensed to Covered Individuals. If Plan Sponsor should fail to pay any amounts due Envision hereunder due to insolvency, bankruptcy, termination of business, sale, or rebuff, Envision reserves the right to pursue payment from Covered Individuals to the extent permitted by law.

4.4 Payment of Administrative Fee: Beginning with the first month under this Agreement, Envision shall provide Plan Sponsor with an invoice of Administrative Fees on or about the first day of each month. Administrative Fees are due within forty-five (45) calendar days of receipt of Envision's invoice. The monthly Administrative Fee is calculated by multiplying the number of Employees who are eligible to receive services hereunder at any time during the prior month (as reflected in the Claims Adjudication System) by the Administrative Fee amount set forth in Exhibit 1 (except for the initial invoice which is based on Plan Sponsor's initial Eligibility File). Invoices shall be deemed to have been received by Plan Sponsor upon the earliest delivery of the invoice by mail, e-mail, fax, or courier.



4.5 Fees for Additional Services and Miscellaneous Expenses: Plan Sponsor agrees to reimburse Envision for Additional Services and Miscellaneous Expenses (e.g. postage) specified in Exhibit 1 hereunder, within forty-five (45) calendar days of receipt of an invoice.

4.6 Retroactive Disenrollment: Retroactive termination or disenrollment of a group, Employee, or Covered Individual shall not release Plan Sponsor of its obligation to pay Claims incurred, at any time, on behalf of a Covered Individual or Administrative Fees due to Envision for a Covered Individual during any period for which services were renderable hereunder based on the then current eligibility.

4.8 Taxes: Any sales or use taxes for Covered Medications sold to Covered Individuals shall be charged, collected, and paid to state and local taxing authorities by the dispensing pharmacy. Plan Sponsor shall reimburse Envision or the dispensing pharmacy for taxes paid as part of the reimbursement for Claims.

4.9 Financial Audit by Plan Sponsor: During each Contract Year hereunder, Plan Sponsor, at its sole expense, may audit Envision's records of Claims adjudicated during the prior Contract Year. Envision shall make available to Plan Sponsor's auditor, any and all financial records containing Plan Sponsor's information and such other records as reasonably necessary for auditor to confirm that the amounts paid by Plan Sponsor are the cost to Envision on the day the Covered Medication was dispensed. Plan Sponsor agrees to not use as its auditors, any person or entity which is a competitor of Envision or a pharmaceutical manufacturer representative. Plan Sponsor understands that Envision's contracts with pharmaceutical manufacturers, Participating Pharmacies, and other third parties may contain non-disclosure provisions, and hereby agrees to comply with such non-disclosure provisions. Plan Sponsor's auditor shall execute a conflicts of interest disclosure and confidentiality agreement with Envision prior to the audit. Audits shall only be made during normal business hours following thirty (30) days written notice, be conducted without undue interference to Envision's business activity, and in accordance with reasonable audit practices. Plan Sponsor's auditor may inspect Envision's contracts with Participating Pharmacies and pharmaceutical manufacturers at Envision's offices only, and no copies of such contracts may be removed from Envision's offices. Plan Sponsor agrees to disclose the findings and methodologies of a completed audit, and provide Envision with a reasonable period of time to respond to such findings and methodologies, before a demand is made by Plan Sponsor for amounts it believes are due from Envision.

## 5. TERM AND TERMINATION

5.1 Term: The term of this agreement will be three (3) years, renewable annually at the mutual agreement of the parties.

5.2 Termination: This Agreement may be terminated as follows:

5.2.1 For Cause: By either party hereto in the event the other party breaches any of its material obligations hereunder; provided, however, that the defaulting party shall have thirty (30) days to correct such breach after written notice is given by such non-breaching party specifying the alleged breach;

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5.2.2 Insolvency: By either party hereto in the event the other party (i) is adjudicated insolvent, under state and/or federal regulation, or makes an assignment for the benefit of creditors; (ii) files or has filed against it, or has an entry of an order for relief against it, in any voluntary or involuntary proceeding under any bankruptcy, insolvency, reorganization or receivership law, or seeks relief as therein allowed, which filing or order shall not have been vacated within sixty (60) calendar days from the entry thereof; (iii) has a receiver appointed for all or a substantial portion of its property and such appointment shall not be discharged or vacated within sixty (60) calendar days of the date thereof; (iv) is subject to custody, attachment or sequestration by a court of competent jurisdiction that has assumed of all or a significant portion of its property; or (v) ceases to do business or otherwise terminates its business operations, is declared insolvent or seeks protection under any bankruptcy, receivership, trust deed, creditors arrangement or similar proceeding;

5.2.3 Failure to Pay: By Envision, upon reasonable notice, in the event Plan Sponsor fails to pay Envision according to terms of this Agreement.

5.2.4 Termination With or Without Cause: This Agreement may be terminated by either party following, with or without cause, provided ninety (90) calendar days written notice is provided.

5.3 Notices: All notices required in this Section 5 shall be reasonably specific concerning the cause for termination and shall specify the effective date and time of termination.

5.4 Effect of Termination: Termination of this Agreement for any reason shall not release any party hereto from obligations incurred under this Agreement prior to the date of termination. All services required to be performed under the terms of this Agreement shall be provided through the effective date of termination. Except as otherwise agreed, in writing, no services shall be provided by Envision after the effective date of termination. All payments required to be paid under the terms of this Agreement shall be paid in full.

## 6. CONFIDENTIAL INFORMATION

6.1 Confidentiality: Except as otherwise stated herein or required by law, neither party hereto shall disclose any information of, or concerning the other party which has either been provided by one party to the other or obtained by a party in connection with this Agreement (including this Agreement and the terms of this Agreement) or related to the services rendered under this Agreement, all of which information is deemed confidential information. All data, information, and knowledge supplied by a party hereto shall be used by the other party exclusively for the purposes of performing this Agreement. Upon termination of this Agreement, each party shall return to the other party, all confidential information provided including, without limitation, all copies and electronic magnetic versions thereof. Notwithstanding any of the foregoing to the contrary, "confidential information" shall not include any information which was known by a party prior to receiving it from the other party, or that becomes rightfully known to a party from a third party under no obligation to maintain its confidentiality, or that becomes publicly known through no violation of this Agreement.



6.2 Protected Health Information: Plan Sponsor will have access to Protected Health Information (PHI) (as defined by HIPAA) contained in reports provided by Envision or accessed by Plan Sponsor via Envision's website. Plan Sponsor agrees, for itself and its employees, that PHI shall not be used for any impermissible purpose, including, without limitation, the use of PHI for disciplinary or discriminatory purposes, and any user names and passwords assigned to designated individuals shall not be shared with non-designated individuals.

## 7. INDEMNIFICATION

7.1 Limited Indemnification by Envision: Envision hereby agrees to indemnify, hold harmless, and defend Plan Sponsor and its employees, officers, directors, trustees, shareholders, and agents from and against any and all liabilities, actions, claims, damages, costs, losses and expenses (including without limitation, reasonable costs of investigation and attorneys' fees) caused by or arising out of (i) any act or omission by Envision in the performance of the services provided under this Agreement; or (ii) any breach of any representation, covenant, or other agreement of Envision contained in this Agreement.

7.2 Limited Indemnification by Plan Sponsor: Plan Sponsor hereby agrees to indemnify, hold harmless, and defend Envision and its employees, officers, directors, shareholders, affiliates and agents from and against any and all liabilities, actions, claims, damages, costs, losses and expenses (including without limitation, reasonable costs of investigation and attorneys' fees) caused by or arising out of (i) the provision by Plan Sponsor or its designee of erroneous information; or (ii) Plan Sponsor's failure to comply with state or federal law in the operation of its Benefit Plan.

7.3 Limitation of Liability: Except for the indemnification obligations set forth above, each party's liability to the other hereunder will in no event exceed the actual proximate losses or damages caused by breach of this Agreement. In no event will either party or any of their respective affiliates, directors, employees or agents, be liable for any indirect, special, incidental, consequential, exemplary or punitive damages, or any damages for lost profits relating to a relationship with a third party, however caused or arising, whether or not they have been informed of the possibility of their occurrence.

7.4 Survival: This Section 7 shall survive the expiration or termination of this Agreement for any reason.

## 8. RELATIONSHIP WITH CONTRACTED PHARMACIES

Plan Sponsor acknowledges that Envision is neither an operator of pharmacies nor exercises control over the professional judgment used by any pharmacist when dispensing drugs or medical supplies to Covered Individuals. Nothing in this Agreement shall be construed to usurp the dispensing pharmacist's professional judgment with respect to the dispensing or refusal to dispense any drugs or medical supplies to Covered Individuals. Plan Sponsor releases Envision from any liability arising from the dispensing of drugs or medical supplies by any pharmacy to Covered Individuals.

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AND APPROVED:

*Katy Wolke/11*



## 9. GENERAL

9.1 Standards of Performance: PBM shall perform its obligations under this Agreement with care, skill, prudence, and diligence, and in accordance with the standards of conduct applicable to a fiduciary. PBM shall fully disclose all administrative fees and drug costs charged, directly or indirectly to Plan Sponsor, fully disclose all revenues collected by PBM, directly or indirectly, for Plan Sponsor's Claims, and permit Plan Sponsor to fully audit such fees, costs, and revenues, as set forth in this Agreement. PBM shall also disclose to Plan Sponsor any activity, policy, or practice that presents a conflict of interest with the performance of its obligations hereunder. Notwithstanding the foregoing, Plan Sponsor retains the sole responsibility for the terms and provisions of the Benefit Plan; its compliance with applicable law; and the interpretation and determinations of coverage under the Benefit Plan. Unless otherwise agreed in writing, Plan Sponsor shall also be responsible for the disclosing or reporting of information regarding the Benefit Plan or changes in the Benefit Plan (e.g., calculation of Co-Payments, deductibles; or creditable coverage) as may be required by law to be disclosed to governmental agencies or Covered Individuals.

9.2 Independent Contractors: Envision and Plan Sponsor are independent contractors. Notwithstanding anything herein to the contrary, neither party hereto, nor any of its respective employees, shall be construed to be the employee, agent, or representative of the other for any reason, or liable for any acts of omission or commission on the part of the other.

9.3 Exclusivity: During the term of this Agreement, Envision shall be the sole provider of PBM Services to Plan Sponsor, including, without limitation, the exclusive contractor of rebates with pharmaceutical manufacturers for Plan Sponsor's Claims.

9.4 Assignment: Except as follows, this Agreement may not be assigned by either party hereto without the express written consent of the other party, which may not be unreasonably withheld. Envision may assign this Agreement to a commonly controlled subsidiary or affiliate company, or a controlling parent company.

9.5 Binding Effect: This Agreement and the exhibits and schedules attached hereto shall be binding upon and inure to the benefit of the respective parties hereto and their respective successors and assigns.

9.6 Intellectual Property: Each party hereto reserves the right to and control of the use of their names, symbols, trademarks or service marks presently existing or hereafter established, and no party may use any names, symbols, trademarks or service marks of any other party without the owner's written consent.

9.7 Waiver: Neither the failure nor any delay on the part of either party hereto to exercise any right, power or privilege hereunder will operate as a waiver thereof, nor will any single or partial exercise of any such right, power or privilege preclude any other or further exercise thereof, or the exercise of any other right, power or privilege. In the event any party hereto

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Kdy 10/24/16

should waive any breach of any provision of this Agreement, it will not be deemed or construed as a waiver of any other breach of the same or different provision.

9.8 Severability: The invalidity or non-enforceability of any term or provision of this Agreement shall in no way affect the validity or enforceability of any other term or provision.

9.9 Change in Law or Market Conditions: If any law, regulation, or market condition (e.g. an applicable industry standard reference on which pricing hereunder is based, changes the methodology for determining drug price in a way that materially changes the pricing or economics of this Agreement), either now existing or subsequently occurring, affects the ability of either party hereto to carry out any obligation hereunder (a "Material Change"), Envision and Plan Sponsor shall renegotiate the affected terms of this Agreement, in good faith, to preserve, to the extent possible, the relative positions of the parties that existed prior to such Material Change. Either party may notify the other party of a Material Change. If a successful renegotiation is not achieved within thirty (30) days after notification of a Material Change, any failure of the affected party to meet its obligations hereunder due to the effect of such Material Change shall not be deemed to be a breach of this Agreement; however, if continuation of this Agreement without modification is in violation of any law or regulation, or makes it impracticable for the affected party to meet its obligations hereunder, either party may terminate this Agreement with sixty (60) days prior written notice.

9.10 Headings: The section or paragraph headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

9.11 Entire Agreement: This Agreement shall constitute the entire agreement between Envision and Plan Sponsor with respect to the subject matter herein and supersede any prior understanding or agreements of any kind preceding this Agreement with respect to such subject matter. Any modification or amendment to this Agreement, or additional obligation assumed by Envision or Plan Sponsor in connection with this Agreement, shall be binding only if evidenced in a writing signed by both parties hereto. No term or provision of this Agreement shall establish a precedent for any term or provision in any other agreement.

9.12 Acceptance of Offer: Notwithstanding anything herein to the contrary, this Agreement shall not be binding upon the parties hereto unless and until this Agreement is signed and executed by a duly authorized officer of each of the parties. The signing of this Agreement by Plan Sponsor constitutes an offer only until the same has been accepted by Envision.

9.13 Mediation: If either party to this Agreement should declare a breach of this Agreement, or if any dispute arises from this Agreement or the subject of this Agreement, the parties shall first submit the matter to non-binding mediation and attempt to resolve the matter, in good faith, prior to the institution of any other legal action. Any statements made at such mediation shall be for settlement purposes only and shall not be construed to be an admission. Each party shall pay its own costs of mediation and all such mediation proceedings shall be conducted on a confidential basis.



9.14 Choice of Law: This Agreement shall be construed, interpreted, and governed according to the laws of the State of Florida, except to the extent such laws are preempted by applicable Federal law.

9.15 Force Majeure: Neither Envision nor Plan Sponsor will be deemed to have breached this Agreement or be held liable for any failure or delay in the performance of all or any portion of its obligations under this Agreement if prevented from doing so by a cause or causes beyond its control. Without limiting the generality of the foregoing, such causes include acts of God or the public enemy, fires, floods, storms, earthquakes, riots, strikes, boycotts, lock-outs, acts of terrorism, acts of war or war-operations, restraints of government, power or communications line failure or other circumstances beyond such party's control, or by reason of the judgment, ruling or order of any court or agency of competent jurisdiction, or change of law or regulation (or change in the interpretation thereof) subsequent to the execution of this Agreement. The party claiming force majeure must provide the other party with reasonable written notice. However, as soon as cause preventing performance ceases, the party affected thereby shall fulfill its obligations as set forth under this Agreement. This Section 9.15 shall not be considered to be a waiver of any continuing obligations under this Agreement, including, without limitation, the obligation to make payments.

9.16 Notices: All notices required under this Agreement shall be in writing, signed by the party giving notice and shall be deemed sufficiently given immediately after being delivered by hand, or by traceable overnight delivery service, or by registered or certified mail (return receipt requested), to the other party at the address set forth below or at such address as has been given by proper notice.

9.17 Representations: Each signatory named below represents and warrants that he or she (i) has read this Agreement, Exhibits, and other attachments, and fully understands and agrees to the content therein; (ii) has entered into this Agreement voluntarily; (iii) has not transferred or assigned or otherwise conveyed in any manner or form any of the rights, obligations or claims which are the subject matter of this Agreement; and (iv) has the full power and authority to execute this Agreement. Envision further represents that there are no organizational arrangements that could potentially create a conflict of interest that affects clinical or financial decisions. Plan Sponsor further represents and warrants that (i) the entering into this Agreement for PBM Services is not in violation of any other agreement; (ii) has no undisclosed conflicts of interest; and (iii) it maintains, and shall continue to maintain throughout the term of this Agreement, any and all licenses, governmental authority, or other authorization required to operate an entity of its type.

[SIGNATURE PAGE FOLLOWS]



IN WITNESS WHEREOF, Envision and Plan Sponsor have executed this Agreement as of the Effective Date above.

For ENVISION:

For PLAN SPONSOR:

By: \_\_\_\_\_

By: \_\_\_\_\_

Joseph R. Schauer, COO  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

Address:  
Envision Pharmaceutical Services, Inc.  
2181 East Aurora Road  
Twinsburg, OH 44087  
PH: 330-405-8080  
FX: 330-405-8081

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PH: \_\_\_\_\_  
FX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
FEIN: \_\_\_\_\_

CONTRACT REVIEWED  
AND APPROVED:  
*Katy Wolz*

**EXHIBIT 1  
DRUG PRICING AND FEES**

<b>Drug Pricing Guarantees and Dispensing Fees<sup>(A)</sup></b>				
<b>Supply/Source</b>	<b>BRAND</b>		<b>GENERIC</b>	
<b>For Contract Year 1 (based on 3 year Agreement)</b>	<b>Drug Price <sup>(B)</sup></b>	<b>Dispensing Fee <sup>(D)</sup></b>	<b>Drug Price <sup>(C)</sup></b>	<b>Dispensing Fee <sup>(D)</sup></b>
30 Days' Supply at a Retail Pharmacy	Annual Average Effective Rate of AWP minus 14.70% (Equivalent to Pre-Settlement discount of 17.25%)	Annual Average \$1.30	Annual Average Effective Rate of AWP minus 74% (Generic Drugs not on MAC List will be paid at AWP minus 25%)	Annual Average \$1.40
84 Days' Supply (or greater) at a Retail Pharmacy (non-Mail Order)	Annual Average Effective Rate of AWP minus 19.40% (Equivalent to Pre-Settlement discount of 22%)	None	Annual Average Effective Rate of AWP minus 76% (Generic Drugs not on MAC List will be paid at AWP minus 25%)	None
Mail Order (at Orchard Pharmaceutical Services)	Annual Average Effective Rate of AWP minus 20.35% (Equivalent to Pre-Settlement discount of 23%)	None	Annual Average Effective Rate of AWP minus 73 % (Generic Drugs not on MAC List will be paid at AWP minus 25%)	None
Specialty (at Orchard Pharmaceutical Services)	Pass-through of negotiated price with dispensing pharmacy. Current Specialty Drugs List is attached as Exhibit 1-A.			

<sup>(A)</sup> Calculated price using the applicable negotiated contract rate (i.e. AWP or MAC rate, or U&C Price). In order to illustrate economic neutrality to the 2009 McKesson/First Data Bank Settlement, the pre-settlement AWP values noted in this exhibit have been adjusted to restore the relationship between the wholesale acquisition cost (WAC) and AWP as it was prior to September 26<sup>th</sup>, 2009. Only the post-settlement AWP values are used to calculate the Average Annual Effective Rates as set forth in Exhibit 1. If the calculated price is lower than the allowable amount under any state Medicaid "Favored Nations" rule, Envision shall pass-through, and Plan Sponsor shall pay, the Medicaid allowable amount.

<sup>(B)</sup> Annual Average Effective Rate for Brand Drugs is calculated using the actual price paid by Envision (before deducting Manufacturer Derived Revenue) to Participating Pharmacies in the Network selected by Plan Sponsor, plus any Cost Share, (the Ingredient Cost) for all Brand Drug Claims (including Claims paid at the U&C Price) during a Contract Year, excluding (i) Compound Drugs; (ii) Specialty Drugs; (iii) Claims

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*[Signature]*

from non-Participating Pharmacies, LTC pharmacies, or government owned or operated pharmacies (e.g. Veterans Administration); (iv) DMRs; (v) Claims paid at government required amounts (e.g. Medicaid); (vi) 340B Claims; and (vii) Claims from Plan Sponsor's owned pharmacies, if any.

(C) Annual Average Effective Rate for Generic Drugs is calculated using actual price paid by Envision to Participating Pharmacies in the Network selected by Plan Sponsor, plus any Cost Share, (the Ingredient Cost) for all Generic Drug Claims (including Claims paid at the U&C Price) during a Contract Year, excluding (i) Excluded Generics; (ii) Compound Drugs; (iii) Specialty Drugs; (iv) Claims from non-Participating Pharmacies, LTC pharmacies, or government owned or operated pharmacies (e.g. Veterans Administration); (v) DMRs; (vi) Claims paid at government required amounts (e.g. Medicaid); (vi) 340B Claims; and (v) Claims from Plan Sponsor's owned pharmacies, if any.

(D) Annual Average Dispensing Fee is the average per Claim fee for all Claims by Envision to Participating Pharmacies in the Network selected by Plan Sponsor (including Claims paid at the U&C Price) during a Contract Year, excluding (i) Compound Drugs; (ii) Specialty Drugs; (iii) Claims from non-Participating Pharmacies, LTC pharmacies, or government owned or operated pharmacies (e.g. Veterans Administration); (iv) DMRs; (v) Claims paid at government required amounts (e.g. Medicaid); and Claims from Plan Sponsor's owned pharmacies, if any.

**Annual Average Manufacturer Derived Revenue Guarantee**

**100% Pass through to Plan Sponsor.**

**Administrative Fee** (Payable to Envision; not including fees payable to Plan Sponsor's TPAs, consultants, or brokers, if any)

**For Contract Year 1:** \$2.90 Per Employee, Per Month (PEPM)

**For Contract Year 2:** \$2.90 PEPM

**For Contract Year 3:** \$2.90 PEPM

**Fees for Additional Services and Miscellaneous Expenses**

1. Replacement by Envision of lost or stolen ID Cards	\$1.00 per card plus cost of postage
2. Manual Claims Processing and Direct Member Reimbursements (DMRs)	\$1.50 per Claim processed
3. Claim Adjustment Checks (charged to Plan Sponsor for reimbursements made to Covered Individuals for Claim adjustments requested by Plan Sponsor.)	\$8.50 per check
4. Manually create or update the Eligibility File	\$1.00 per Covered Individual data entry
5. Ad Hoc Computer or Report Programming	\$150.00 per hour
6. Clinical Prior Authorizations	\$8.00 per authorization

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AND APPROVED:  
*Katy W. [Signature]*

EXHIBIT 2  
BUSINESS ASSOCIATE AGREEMENT

(To be supplied)

CONTRACT REVIEWED  
AND APPROVED:  
*[Handwritten Signature]*

EXHIBIT 3  
EXCLUDED DRUGS FROM THE MAC LIST PERCENTAGE GUARANTEE,  
as defined in section 1.20

Exclusion to be valid only during period of Hatch-Waxman 180 day exclusivity  
(unless otherwise an Excluded Generic as defined in the Agreement):

- Zyprexa<sup>®</sup>
- Caduet<sup>®</sup>
- Lipitor<sup>®</sup>
- Lexapro<sup>®</sup>
- Seroquel<sup>®</sup>
- Plavix<sup>®</sup>
- Singulair<sup>®</sup>
- OxyContin<sup>®</sup>
- Nexium<sup>®</sup>
- Celebrex<sup>®</sup>

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*WJ* 10/24/11



**EXHIBI 1-A**  
**EnvisionRxOptions**  
**Specialty Drugs List**

<u>NDC</u>	<u>Drug Name</u>	<u>GPI</u>	<u>MONY</u>	<u>Discount*</u>
60793070010	BICILLIN L-A INJ 600000	01100020001810	N	18.00%
60793070110	BICILLIN L-A INJ 1200000	01100020001810	N	18.00%
60793070210	BICILLIN L-A INJ 2400000	01100020001810	N	18.00%
60793060010	BICILLIN C-R INJ 1200000	01990002101820	N	18.00%
60793060110	BICILLIN C-R INJ 1200000	01990002101820	N	18.00%
60793060002	BICILLIN C-R INJ 1200000	01990002101820	N	18.00%
60793060210	BICILLIN C-R INJ 900/300	01990002101850	N	18.00%
00078049471	TOBI NEB 300/5ML	07000070002520	N	18.00%
00004038039	FUZEON KIT	12102530006420	N	18.00%
00006022761	ISENTRESS TAB 400MG	12103060100320	N	18.00%
61958050101	HEPSERA TAB 10MG	12352015100320	N	18.00%
00003161112	BARACLUDGE TAB 0.5MG	12352030000320	N	18.00%
00003161113	BARACLUDGE TAB 0.5MG	12352030000320	N	18.00%
00003161212	BARACLUDGE TAB 1MG	12352030000330	N	18.00%
00003161412	BARACLUDGE SOL .05MG/ML	12352030002020	N	18.00%
66435020115	INFERGEN INJ 15MCG	12353040102220	N	18.00%
66435020195	INFERGEN INJ 9MCG	12353040102220	N	18.00%
66435020196	INFERGEN INJ 15MCG	12353040102220	N	18.00%
66435020199	INFERGEN INJ 9MCG	12353040102220	N	18.00%
00004035009	PEGASYS INJ 180MCG/M	12353060052020	N	18.50%
00004035239	PEGASYS KIT	12353060056440	N	18.50%
00085136801	PEG-INTRON KIT 50MCG	12353060106410	N	18.00%
00085132301	PEG-INTRON KIT 50MCG RP	12353060106410	N	18.00%
00085132302	PEG-INTRON KIT 50MCG RP	12353060106410	N	18.00%
00085129101	PEG-INTRON KIT 80MCG	12353060106416	N	18.00%
00085131601	PEG-INTRON KIT 80MCG RP	12353060106416	N	18.00%
00085131602	PEG-INTRON KIT 80MCG RP	12353060106416	N	18.00%
00085130401	PEG-INTRON KIT 120MCG	12353060106424	N	18.00%
00085129701	PEG-INTRON KIT 120 RP	12353060106424	N	18.00%
00085129702	PEG-INTRON KIT 120 RP	12353060106424	N	18.00%
00085127901	PEG-INTRON KIT 150MCG	12353060106430	N	18.00%
00085137001	PEG-INTRON KIT 150 RP	12353060106430	N	18.00%
00085137002	PEG-INTRON KIT 150 RP	12353060106430	N	18.00%

**CONTRACT REVIEWED  
AND APPROVED:**  


00085119403	REBETOL	CAP 200MG	12353070000120	O	18.00%
00085135105	REBETOL	CAP 200MG	12353070000120	O	18.00%
00085138507	REBETOL	CAP 200MG	12353070000120	O	18.00%
00781204342	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00781204367	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00781204316	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00781204304	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
66435010118	RIBASPHERE	CAP 200MG	12353070000120	Y	50.00%
00093722758	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00093722763	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00093722772	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00093722777	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026004	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026007	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026009	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026012	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68084017965	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026010	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68382026028	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
68084017911	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
54738095318	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
54738095342	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
54738095356	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
54738095370	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
54738095384	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
66435010170	RIBASPHERE	CAP 200MG	12353070000120	Y	50.00%
66435010184	RIBASPHERE	CAP 200MG	12353070000120	Y	50.00%
66435010142	RIBASPHERE	CAP 200MG	12353070000120	Y	50.00%
66435010156	RIBASPHERE	CAP 200MG	12353070000120	Y	50.00%
65862029018	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
65862029042	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
65862029056	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
65862029070	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
65862029084	RIBAVIRIN	CAP 200MG	12353070000120	Y	50.00%
00004008694	COPEGUS	TAB 200MG	12353070000320	O	20.00%
66435010216	RIBASPHERE	TAB 200MG	12353070000320	Y	50.00%
68382004603	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
00093723281	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
49884004532	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
00781517728	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
68084015065	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
68382004610	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
68382004628	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
68084015011	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
54738095016	RIBAVIRIN	TAB 200MG	12353070000320	Y	50.00%
66435010356	RIBASPHERE	TAB 400MG	12353070000340	Y	50.00%
54738095156	RIBAVIRIN	TAB 400MG	12353070000340	Y	50.00%
66435010556	RIBAPAK	PAK 800/DAY	12353070000340	Y	50.00%
66435010599	RIBAPAK	PAK 800/DAY	12353070000340	Y	50.00%
66435010456	RIBASPHERE	TAB 600MG	12353070000360	Y	50.00%
54738095256	RIBAVIRIN	TAB 600MG	12353070000360	Y	50.00%
66435010756	RIBAPAK	PAK 1200/DAY	12353070000360	Y	50.00%

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*Kay Wolz*

66435010799	RIBAPAK	PAK 1200/DAY	12353070000360	Y	50.00%
66435010656	RIBAPAK	PAK 1000/DAY	12353070006320	N	50.00%
66435010699	RIBAPAK	PAK 1000/DAY	12353070006320	Y	50.00%
61958090101	CAYSTON	INH 75MG	16000005402120	N	18.00%
63323011310	PENTAM 300	INJ 300MG	16000045002130	N	18.00%
44206310101	CYTOGAM	INJ	19100005002200	N	18.00%
61953000301	FLEBOGAMMA	INJ 5%	19100020102005	N	25.00%
61953000302	FLEBOGAMMA	INJ 5%	19100020102005	N	25.00%
61953000303	FLEBOGAMMA	INJ 5%	19100020102005	N	25.00%
61953000304	FLEBOGAMMA	INJ 5%	19100020102005	N	25.00%
67467084301	OCTAGAM	INJ 1GM	19100020102005	N	25.00%
67467084302	OCTAGAM	INJ 2.5GM	19100020102005	N	25.00%
67467084303	OCTAGAM	INJ 5GM	19100020102005	N	25.00%
67467084304	OCTAGAM	INJ 10GM	19100020102005	N	25.00%
61953000401	FLEBOGAMMA	INJ DIF 5%	19100020102005	N	25.00%
61953000402	FLEBOGAMMA	INJ DIF 5%	19100020102005	N	25.00%
61953000403	FLEBOGAMMA	INJ DIF 5%	19100020102005	N	25.00%
61953000404	FLEBOGAMMA	INJ DIF 5%	19100020102005	N	25.00%
61953000405	FLEBOGAMMA	INJ DIF 5%	19100020102005	N	25.00%
67467084305	OCTAGAM	INJ 25GM	19100020102005	N	25.00%
68209084301	OCTAGAM	INJ 1GM	19100020102005	N	25.00%
68209084302	OCTAGAM	INJ 2.5GM	19100020102005	N	25.00%
68209084303	OCTAGAM	INJ 5GM	19100020102005	N	25.00%
68209084304	OCTAGAM	INJ 10GM	19100020102005	N	25.00%
64208823401	GAMMAPLEX	INJ 2.5GM	19100020102005	N	25.00%
64208823402	GAMMAPLEX	INJ 5GM	19100020102005	N	25.00%
64208823403	GAMMAPLEX	INJ 10GM	19100020102005	N	25.00%
00944270002	GAMMAGARD	INJ 1G/10ML	19100020102010	N	25.00%
00944270003	GAMMAGARD	INJ 2.5GM/25	19100020102010	N	25.00%
00944270004	GAMMAGARD	INJ 5GM/50ML	19100020102010	N	25.00%
00944270006	GAMMAGARD	INJ 20GM/200	19100020102010	N	25.00%
13533064515	GAMUNEX	INJ 10%	19100020102010	N	25.00%
13533064520	GAMUNEX	INJ 10%	19100020102010	N	25.00%
13533064524	GAMUNEX	INJ 10%	19100020102010	N	25.00%
13533064571	GAMUNEX	INJ 10%	19100020102010	N	25.00%
00944270005	GAMMAGARD	INJ 10GM/100	19100020102010	N	25.00%
13533064512	GAMUNEX	INJ 10%	19100020102010	N	25.00%
44206043605	PRIVIGEN	INJ 5 GRAMS	19100020102010	N	25.00%
44206043710	PRIVIGEN	INJ 10GRAMS	19100020102010	N	25.00%
44206043820	PRIVIGEN	INJ 20GRAMS	19100020102010	N	25.00%
00944262001	GAMMAGARD SD	INJ 0.5GM HU	19100020102113	N	35.00%
00944262002	GAMMAGARD SD	INJ 2.5GM HU	19100020102115	N	35.00%
44206041603	CARIMUNE NF	INJ 3GM	19100020102117	N	25.00%
00944262003	GAMMAGARD SD	INJ 5GM HU	19100020102120	N	35.00%
00944265503	GAMMAGARD SD	INJ 5GM HU	19100020102120	N	35.00%

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44206041706	CARIMUNE NF INJ 6GM	19100020102125	N	25.00%
00944262004	GAMMAGARD SD INJ 10GM HU	19100020102130	N	35.00%
00944265504	GAMMAGARD SD INJ 10GM HU	19100020102130	N	35.00%
44206041812	CARIMUNE NF INJ 12GM	19100020102135	N	25.00%
00053759603	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
00053759610	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
00053759615	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
00053759620	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
00053759625	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
00053759601	VIVAGLOBIN SOL 160MG/ML	19100020202020	N	25.00%
13533063102	HYPERRHO S/D INJ 300MCG	19100050002220	N	12.00%
00562780501	RHOGAM PLUS INJ 300MCG	19100050002220	N	18.00%
00562780505	RHOGAM PLUS INJ 300MCG	19100050002220	N	18.00%
00562780525	RHOGAM PLUS INJ 300MCG	19100050002220	N	18.00%
60574411301	SYNAGIS INJ 100MG/ML	19502060002020	N	18.00%
60574411401	SYNAGIS INJ 50MG	19502060002020	N	18.00%
63459039120	TREANDA INJ 100MG	21100009102120	N	17.00%
61703033918	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
61703033922	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
61703033950	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
55390015301	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
55390015401	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
55390015501	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
61703033956	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
00703324911	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
00703424801	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
55390015601	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
63323017260	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
00703424601	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
63323017245	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
00703424401	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
61703036018	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
61703036050	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
00409112910	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
00409112911	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
00409112912	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
15210006112	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
15210006312	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
15210006612	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
15210006712	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
10139006005	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
10139006015	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
10139006045	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
66758004701	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%
66758004702	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
66758004703	CARBOPLATIN INJ 450/45ML	21100015002025	Y	50.00%
63323017205	CARBOPLATIN INJ 50MG/5ML	21100015002025	Y	50.00%

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*Katy Whelan*

63323017215	CARBOPLATIN INJ 150/15ML	21100015002025	Y	50.00%
66758004704	CARBOPLATIN INJ 600/60ML	21100015002025	Y	50.00%
55390015001	CARBOPLATIN INJ 50MG	21100015002110	N	25.00%
63323016721	CARBOPLATIN INJ 150MG	21100015002120	Y	50.00%
55390015101	CARBOPLATIN INJ 150MG	21100015002120	Y	50.00%
55390015201	CARBOPLATIN INJ 450MG	21100015002140	N	25.00%
63323010351	CISPLATIN INJ 50/50ML	21100020002010	Y	15.00%
63323010364	CISPLATIN INJ 200MG	21100020002010	Y	15.00%
63323010365	CISPLATIN INJ 100MG	21100020002010	Y	15.00%
00703574711	CISPLATIN INJ 50/50ML	21100020002010	Y	15.00%
00703574811	CISPLATIN INJ 100MG	21100020002010	Y	15.00%
55390011250	CISPLATIN INJ 50/50ML	21100020002010	Y	15.00%
55390011299	CISPLATIN INJ 100MG	21100020002010	Y	15.00%
63323010391	CISPLATIN INJ 50/50ML	21100020002010	Y	15.00%
63323010395	CISPLATIN INJ 100MG	21100020002010	Y	15.00%
55390009901	CISPLATIN INJ 200MG	21100020002010	Y	15.00%
63323017530	OXALIPLATIN INJ 50MG	21100028002120	Y	50.00%
41616017640	OXALIPLATIN INJ 50MG	21100028002120	Y	50.00%
41616017840	OXALIPLATIN INJ 100MG	21100028002130	Y	50.00%
63323017650	OXALIPLATIN INJ 100MG	21100028002130	Y	50.00%
10019095501	CYCLOPHOSPH INJ 500MG	21101020002120	N	25.00%
10019095550	CYCLOPHOSPH INJ 500MG	21101020002120	N	25.00%
10019095601	CYCLOPHOSPH INJ 1GM	21101020002125	Y	50.00%
10019095616	CYCLOPHOSPH INJ 1GM	21101020002125	Y	50.00%
10019095701	CYCLOPHOSPH INJ 2GM	21101020002130	N	25.00%
10019095711	CYCLOPHOSPH INJ 2GM	21101020002130	N	25.00%
67386091151	MUSTARGEN INJ 10MG	21101030102105	N	25.00%
00173013093	ALKERAN INJ 50MG	21101040102110	O	25.00%
67457019501	MELPHALAN INJ 50MG	21101040102110	Y	50.00%
00015301260	BICNU INJ 100MG	21102010002105	N	25.00%
00015303020	CEENU CAP 10MG	21102020000110	N	16.00%
00703463601	ZANOSAR INJ 1GM	21102030002105	N	15.00%
00085300401	TEMODAR CAP 5MG	21104070000110	N	18.00%
00085300402	TEMODAR CAP 5MG	21104070000110	N	18.00%
00085151901	TEMODAR CAP 20MG	21104070000120	N	18.00%
00085151902	TEMODAR CAP 20MG	21104070000120	N	18.00%
00085136602	TEMODAR CAP 100MG	21104070000140	N	18.00%
00085136601	TEMODAR CAP 100MG	21104070000140	N	18.00%

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*Katy Wolz*

00085142501	TEMODAR	CAP 140MG	21104070000143	N	18.00%
00085142502	TEMODAR	CAP 140MG	21104070000143	N	18.00%
00085143001	TEMODAR	CAP 180MG	21104070000147	N	18.00%
00085143002	TEMODAR	CAP 180MG	21104070000147	N	18.00%
00085141701	TEMODAR	CAP 250MG	21104070000150	N	18.00%
61703033218	BLEOMYCIN	INJ 15UNIT	21200010102105	Y	15.00%
00703315401	BLEOMYCIN	INJ 15UNIT	21200010102105	Y	15.00%
55390000501	BLEOMYCIN	INJ 15UNIT	21200010102105	Y	15.00%
63323013610	BLEOMYCIN	INJ 15UNIT	21200010102105	Y	15.00%
61703032322	BLEOMYCIN	INJ 30UNIT	21200010102115	Y	15.00%
00703315501	BLEOMYCIN	INJ 30UNIT	21200010102115	Y	15.00%
55390000601	BLEOMYCIN	INJ 30UNIT	21200010102115	Y	15.00%
63323013720	BLEOMYCIN	INJ 30UNIT	21200010102115	Y	15.00%
67386081155	COSMEGEN	INJ 0.5MG	21200020002105	N	25.00%
61958030101	DAUNOXOME	INJ 2MG/ML	21200030052210	N	15.00%
55390028110	CERUBIDINE	INJ 20MG	21200030102105	O	18.00%
63323011908	DAUNORUBICIN	INJ 20MG	21200030102105	Y	50.00%
55390010801	DAUNORUBICIN	INJ 5MG/ML	21200030102210	Y	18.00%
55390010810	DAUNORUBICIN	INJ 5MG/ML	21200030102210	Y	18.00%
00703523313	DAUNORUBICIN	INJ 5MG/ML	21200030102210	Y	18.00%
63323088305	DOXORUBICIN	INJ 2MG/ML	21200040102010	Y	50.00%
63323088310	DOXORUBICIN	INJ 2MG/ML	21200040102010	Y	50.00%
63323088330	DOXORUBICIN	INJ 2MG/ML	21200040102010	Y	50.00%
55390023610	ADRIAMYCIN	INJ 2MG/ML	21200040102010	Y	50.00%
55390023510	ADRIAMYCIN	INJ 2MG/ML	21200040102010	Y	50.00%
55390023701	ADRIAMYCIN	INJ 2MG/ML	21200040102010	Y	50.00%
55390023801	ADRIAMYCIN	INJ 2MG/ML	21200040102010	Y	50.00%
00703504303	DOXORUBICIN	INJ 10MG	21200040102010	Y	50.00%
00703504001	DOXORUBICIN	INJ 200MG	21200040102010	Y	50.00%
00703504601	DOXORUBICIN	INJ 50MG	21200040102010	Y	50.00%
63323010161	DOXORUBICIN	INJ 2MG/ML	21200040102010	Y	50.00%
55390023301	ADRIAMYC	INJ 50MG	21200040102115	Y	16.00%
17314960001	DOXIL	INJ 2MG/ML	21200040402210	N	16.00%
17314960002	DOXIL	INJ 2MG/ML	21200040402210	N	16.00%
00009509301	ELLENC	INJ 2MG/ML	21200042102020	O	18.00%
00009509101	ELLENC	INJ 2MG/ML	21200042102020	O	18.00%
55390020701	EPIRUBICIN	INJ 50/25ML	21200042102020	Y	50.00%
55390020801	EPIRUBICIN	INJ 200MG	21200042102020	Y	50.00%
59762509101	EPIRUBICIN	INJ 50/25ML	21200042102020	Y	50.00%
59762509301	EPIRUBICIN	INJ 200MG	21200042102020	Y	50.00%
61703035959	EPIRUBICIN	INJ 200MG	21200042102020	Y	50.00%
61703035993	EPIRUBICIN	INJ 50/25ML	21200042102020	Y	50.00%

CONTRACT REVIEWED  
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*Katy Wolke*

00703306711	EPIRUBICIN INJ 50/25ML	21200042102020	Y	50.00%
00703306911	EPIRUBICIN INJ 200MG	21200042102020	Y	50.00%
10139006101	EPIRUBICIN INJ 200MG	21200042102020	Y	50.00%
10139006125	EPIRUBICIN INJ 50/25ML	21200042102020	Y	50.00%
63323015100	EPIRUBICIN INJ 200MG	21200042102020	Y	50.00%
63323015125	EPIRUBICIN INJ 50/25ML	21200042102020	Y	50.00%
61703035991	EPIRUBICIN INJ 150/75ML	21200042102020	Y	50.00%
61703035992	EPIRUBICIN INJ 10MG/5ML	21200042102020	Y	50.00%
25021020325	EPIRUBICIN INJ 50/25ML	21200042102020	Y	50.00%
25021020351	EPIRUBICIN INJ 200MG	21200042102020	Y	50.00%
66758004201	EPIRUBICIN INJ 50/25ML	21200042102020	Y	50.00%
00013257691	IDAMYCIN PFS INJ 1MG/ML	21200045102020	O	18.00%
00013258691	IDAMYCIN PFS INJ 1MG/ML	21200045102020	O	18.00%
00013259691	IDAMYCIN PFS INJ 1MG/ML	21200045102020	O	18.00%
00703415411	IDARUBICIN INJ 5MG/5ML	21200045102020	Y	50.00%
00703415511	IDARUBICIN INJ 10MG/10M	21200045102020	Y	50.00%
00703415611	IDARUBICIN INJ 20MG/20M	21200045102020	Y	50.00%
55390021501	IDARUBICIN INJ 1MG/ML	21200045102020	Y	50.00%
55390021601	IDARUBICIN INJ 1MG/ML	21200045102020	Y	50.00%
55390021701	IDARUBICIN INJ 1MG/ML	21200045102020	Y	50.00%
59762257601	IDARUBICIN INJ 5MG/5ML	21200045102020	Y	50.00%
59762258601	IDARUBICIN INJ 10MG/10M	21200045102020	Y	50.00%
59762259601	IDARUBICIN INJ 20MG/20M	21200045102020	Y	50.00%
63323019405	IDARUBICIN INJ 5MG/5ML	21200045102020	Y	50.00%
63323019410	IDARUBICIN INJ 10/10ML	21200045102020	Y	50.00%
63323019420	IDARUBICIN INJ 20/20ML	21200045102020	Y	50.00%
55390025101	MITOMYCIN INJ 5MG	21200050002105	Y	15.00%
63323019120	MITOMYCIN INJ 5MG	21200050002105	Y	15.00%
62701001001	MITOMYCIN INJ 5MG	21200050002105	Y	15.00%
16729011505	MITOMYCIN INJ 5MG	21200050002105	Y	15.00%
62701001101	MITOMYCIN INJ 20MG	21200050002110	Y	15.00%
55390025201	MITOMYCIN INJ 20MG	21200050002110	Y	15.00%
16729010811	MITOMYCIN INJ 20MG	21200050002110	Y	15.00%
55390025301	MITOMYCIN INJ 40MG	21200050002120	N	15.00%
44087152001	NOVANTRONE INJ 2MG/ML	21200055001310	O	18.00%
00703468001	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
00703468501	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
00703468601	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
55390008301	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
55390008401	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
55390008501	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
61703034318	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
61703034365	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
61703034366	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
63323013210	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
63323013212	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
63323013215	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
15210040335	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
15210040337	MITOXANTRON INJ 2MG/ML	21200055001310	Y	50.00%
10518010511	MITOXANTRON INJ 25MG	21200055001310	Y	50.00%

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10518010512	MITOXANTRON INJ 30MG	21200055001310	Y	50.00%
67386041151	ELSPAR INJ 10000UNT	21250010002110	N	25.00%
00004110020	XELODA TAB 150MG	21300005000320	N	18.00%
00004110150	XELODA TAB 500MG	21300005000350	N	18.00%
61703030346	CYTARABINE INJ 20MG/ML	21300010002011	Y	50.00%
61703030538	CYTARABINE INJ 20MG/ML	21300010002011	Y	50.00%
61703031922	CYTARABINE INJ 100MG/ML	21300010002040	Y	15.00%
63323012020	CYTARABINE INJ 100MG/ML	21300010002040	Y	15.00%
55390013401	CYTARABINE INJ 2GM	21300010002120	Y	15.00%
00024582020	OFORTA TAB 10MG	21300025100320	N	18.00%
00703485211	FLUDARABINE INJ 50MG/2ML	21300025102020	O	18.00%
00703485281	FLUDARABINE INJ 50MG/2ML	21300025102020	O	18.00%
66758004601	FLUDARABINE INJ 50MG/2ML	21300025102020	Y	50.00%
63323019202	FLUDARABINE INJ 50MG/2ML	21300025102020	Y	50.00%
50419051106	FLUDARA INJ 50MG	21300025102120	O	18.00%
00703585401	FLUDARABINE INJ 50MG	21300025102120	Y	50.00%
63323019606	FLUDARABINE INJ 50MG	21300025102120	Y	50.00%
61703034418	FLUDARABINE INJ 50MG	21300025102120	Y	50.00%
25021020505	FLUDARABINE INJ 50MG	21300025102120	Y	50.00%
63323011710	FLUOROURACIL INJ 50MG/ML	21300030002010	Y	50.00%
63323011720	FLUOROURACIL INJ 50MG/ML	21300030002010	Y	50.00%
63323011761	FLUOROURACIL INJ 50MG/ML	21300030002010	Y	50.00%
63323011751	FLUOROURACIL INJ 50MG/ML	21300030002010	Y	50.00%
00703301513	ADRUCIL INJ 50MG/ML	21300030002010	Y	50.00%
00703301812	ADRUCIL INJ 50MG/ML	21300030002010	Y	50.00%
00703301912	ADRUCIL INJ 50MG/ML	21300030002010	Y	50.00%
10139006311	FLUOROURACIL INJ 500MG/10	21300030002010	Y	50.00%
10139006312	FLUOROURACIL INJ 1GM/20ML	21300030002010	Y	50.00%
10139006350	FLUOROURACIL INJ 2.5G/50M	21300030002010	Y	50.00%
10139006301	FLUOROURACIL INJ 5GM/100M	21300030002010	Y	50.00%
66758004401	FLUOROURACIL INJ 500MG/10	21300030002010	Y	50.00%
10139006310	FLUOROURACIL INJ 500MG/10	21300030002010	Y	50.00%
10139006320	FLUOROURACIL INJ 1GM/20ML	21300030002010	Y	50.00%
66758004403	FLUOROURACIL INJ 500MG/10	21300030002010	Y	50.00%
00002750101	GEMZAR INJ 200MG	21300034102110	N	16.00%
00002750201	GEMZAR INJ 1 GM	21300034102140	N	16.00%
48818000101	FOLOTYN INJ 20MG/ML	21300054002020	N	18.00%
48818000102	FOLOTYN INJ 40MG/2ML	21300054002020	N	18.00%
50242006001	AVASTIN INJ	21335020002020	N	15.00%
50242006101	AVASTIN INJ	21335020002020	N	15.00%





50419035703	CAMPATH	INJ 30MG/ML	21353010002040	N	15.00%
66733094823	ERBITUX	INJ 100MG	21353025002020	N	16.00%
66733095823	ERBITUX	INJ 200MG	21353025002020	N	16.00%
00173080802	ARZERRA	CON 100/5ML	21353045001320	N	17.00%
00173080805	ARZERRA	CON 100/5ML	21353045001320	N	17.00%
55513095401	VECTIBIX	INJ 100MG	21353050002020	N	17.00%
55513095601	VECTIBIX	INJ 400MG	21353050002020	N	17.00%
50242005121	RITUXAN	INJ 100MG	21353060001310	N	18.00%
50242005306	RITUXAN	INJ 500MG	21353060001310	N	18.00%
50242013468	HERCEPTIN	INJ 440MG	21353070002120	N	18.00%
50242005656	HERCEPTIN	INJ 440MG	21353070002120	N	18.00%
00310072050	FASLODEX	INJ 250MG	21403530002020	N	15.00%
00310095036	ZOLADEX	IMP 3.6MG	21405005102310	N	20.00%
00310095130	ZOLADEX	IMP 10.8MG	21405005102330	N	20.00%
67979050001	VANTAS	KIT 50MG	21405007106450	N	16.00%
00074364103	LUPRON DEPOT	INJ 3.75MG	21405010106405	N	18.00%
00185740085	LEUPROLIDE	INJ 1MG/0.2	21405010106407	Y	15.00%
00703401418	LEUPROLIDE	INJ 1MG/0.2	21405010106407	Y	15.00%
41616093640	LEUPROLIDE	INJ 1MG/0.2	21405010106407	Y	15.00%
00074364203	LUPRON DEPOT	INJ 7.5MG	21405010106410	N	18.00%
00024079375	ELIGARD	INJ 7.5MG	21405010106415	N	18.00%
00074366303	LUPRON DEPOT	INJ 11.25MG	21405010156420	N	18.00%
00074334603	LUPRON DEPOT	INJ 22.5MG	21405010156430	N	18.00%
00024022205	ELIGARD	INJ 22.5MG	21405010156432	N	18.00%
00024061030	ELIGARD	INJ 30MG	21405010206435	N	18.00%
52544015302	TRELSTAR DEP	INJ 3.75MG	21405050201920	N	18.00%
52544018976	TRELSTAR DEP	INJ 3.75MG	21405050201920	N	18.00%
52544015402	TRELSTAR LA	INJ 11.25MG	21405050201930	N	18.00%
52544018876	TRELSTAR LA	INJ 11.25MG	21405050201930	N	18.00%
68158014951	PLENAXIS	INJ 100MG	21405515001920	N	16.00%
55566830101	FIRMAGON	INJ 80MG	21405525102120	N	20.00%
00075800180	TAXOTERE	INJ 80MG/2ML	21500005001320	N	16.00%
00075800120	TAXOTERE	INJ 20/0.5ML	21500005001320	N	16.00%

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63323010405	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
63323010425	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
63323010450	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
55390029101	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
55390029301	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
55390029201	ETOPOSIDE	INJ 20MG/ML	21500010002020	Y	15.00%
00703565301	TOPOSAR	INJ 100/5ML	21500010002020	Y	15.00%
00703565701	TOPOSAR	INJ 1GM/50ML	21500010002020	Y	15.00%
00703565601	TOPOSAR	INJ 500/25ML	21500010002020	Y	15.00%
00015340420	ETOPOPHOS	INJ 100MG	21500010602120	N	15.00%
00015191012	IXEMPRA KIT	INJ 15MG	21500011002120	N	16.00%
00015191113	IXEMPRA KIT	INJ 45MG	21500011002140	N	16.00%
55390011405	PACLITAXEL	INJ 30MG/5ML	21500012001320	Y	60.00%
55390011420	PACLITAXEL	INJ	21500012001320	Y	60.00%
55390011450	PACLITAXEL	INJ 300/50ML	21500012001320	Y	60.00%
61703034209	PACLITAXEL	INJ 30MG/5ML	21500012001320	Y	60.00%
61703034222	PACLITAXEL	INJ	21500012001320	Y	60.00%
61703034250	PACLITAXEL	INJ 300/50ML	21500012001320	Y	60.00%
66758004301	PACLITAXEL	INJ 30MG/5ML	21500012001320	Y	60.00%
66758004302	PACLITAXEL	INJ	21500012001320	Y	60.00%
66758004303	PACLITAXEL	INJ 300/50ML	21500012001320	Y	60.00%
00703476601	PACLITAXEL	INJ	21500012001320	Y	60.00%
00703476701	PACLITAXEL	INJ 150/25ML	21500012001320	Y	60.00%
63323076305	PACLITAXEL	INJ 30MG/5ML	21500012001320	Y	60.00%
63323076316	PACLITAXEL	INJ	21500012001320	Y	60.00%
63323076350	PACLITAXEL	INJ 300/50ML	21500012001320	Y	60.00%
00703476801	PACLITAXEL	INJ 300/50ML	21500012001320	Y	60.00%
00703476401	PACLITAXEL	INJ 30MG/5ML	21500012001320	Y	60.00%
00015307519	VUMON	INJ 50MG/5ML	21500015002020	N	15.00%
61703030906	VINCRISTINE	INJ 1MG/ML	21500020102005	Y	50.00%
61703030916	VINCRISTINE	INJ 1MG/ML	21500020102005	Y	50.00%
00703440211	VINCASAR PFS	INJ 1MG/ML	21500020102005	Y	50.00%
00703441211	VINCASAR PFS	INJ 1MG/ML	21500020102005	Y	50.00%
63323027810	VINBLASTINE	INJ 1MG/ML	21500030102020	Y	50.00%
64370053201	NAVELBINE	INJ 10MG/ML	21500050802020	O	25.00%
64370053202	NAVELBINE	INJ 50MG/5ML	21500050802020	O	25.00%
00703418201	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
00703418301	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
55390006901	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
55390007001	VINORELBINE	INJ 50MG/5ML	21500050802020	Y	50.00%
63323014801	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
63323014805	VINORELBINE	INJ 50MG/5ML	21500050802020	Y	50.00%
61703034106	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
61703034109	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
00703418381	VINORELBINE	INJ 50MG/5ML	21500050802020	Y	50.00%
00703418281	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%

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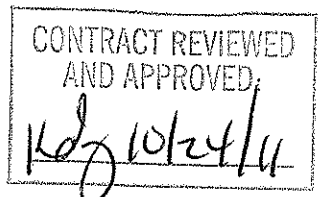
66758004501	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
66758004502	VINORELBINE	INJ 50MG/5ML	21500050802020	Y	50.00%
25021020401	VINORELBINE	INJ 10MG/ML	21500050802020	Y	50.00%
25021020405	VINORELBINE	INJ 50MG/5ML	21500050802020	Y	50.00%
46026098301	ISTODAX	INJ 10MG	21531560002120	N	18.00%
00006056840	ZOLINZA	CAP 100MG	21531575000120	N	17.00%
00078056651	AFINITOR	TAB 5MG	21532530000320	N	18.00%
00078056661	AFINITOR	TAB 5MG	21532530000320	N	18.00%
00078056761	AFINITOR	TAB 10MG	21532530000330	N	18.00%
00078056751	AFINITOR	TAB 10MG	21532530000330	N	18.00%
50419048858	NEXAVAR	TAB 200MG	21533060400320	N	18.00%
00069055038	SUTENT	CAP 12.5MG	21533070300120	N	17.00%
00069077038	SUTENT	CAP 25MG	21533070300130	N	17.00%
00069098038	SUTENT	CAP 50MG	21533070300140	N	17.00%
00003052711	SPRYCEL	TAB 20MG	21534020000320	N	18.00%
00003052811	SPRYCEL	TAB 50MG	21534020000340	N	18.00%
00003052411	SPRYCEL	TAB 70MG	21534020000350	N	18.00%
50242006201	TARCEVA	TAB 25MG	21534025000320	N	18.00%
50242006301	TARCEVA	TAB 100MG	21534025000340	N	18.00%
50242006401	TARCEVA	TAB 150MG	21534025000360	N	18.00%
00078040134	GLEEVEC	TAB 100MG	21534035100320	N	18.00%
00078043815	GLEEVEC	TAB 400MG	21534035100340	N	18.00%
00173075200	TYKERB	TAB 250MG	21534050100320	N	17.00%
00078052687	TASIGNA	CAP 200MG	21534060000120	N	18.00%
00078052651	TASIGNA	CAP 200MG	21534060000120	N	18.00%
00173080409	VOTRIENT	TAB 200MG	21534070100320	N	18.00%
00009752902	CAMPTOSAR	INJ 20MG/ML	21550040102020	O	18.00%
00009752901	CAMPTOSAR	INJ 20MG/ML	21550040102020	O	18.00%
00703443211	IRINOTECAN	INJ 20MG/ML	21550040102020	Y	50.00%
00703443411	IRINOTECAN	INJ 20MG/ML	21550040102020	Y	50.00%
59762752901	IRINOTECAN	INJ 20MG/ML	21550040102020	Y	50.00%
59762752902	IRINOTECAN	INJ 20MG/ML	21550040102020	Y	50.00%
61703034909	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
61703034916	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
61703034936	IRINOTECAN	INJ 500MG/25	21550040102020	Y	50.00%

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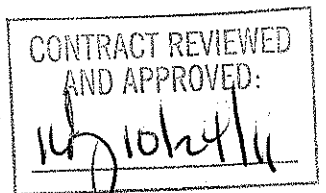
10019093401	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
10019093402	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
10019093417	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
10019093479	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
18111000202	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
18111000203	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
63323019302	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
63323019305	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
00703443711	IRINOTECAN	INJ 500MG/25	21550040102020	Y	50.00%
55390029501	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
55390029601	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
25021020002	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
66758004801	IRINOTECAN	INJ 40MG/2ML	21550040102020	Y	50.00%
66758004802	IRINOTECAN	INJ 100/5ML	21550040102020	Y	50.00%
00007420511	HYCAMTIN	CAP 0.25MG	21550080100120	N	16.00%
00007420711	HYCAMTIN	CAP 1MG	21550080100140	N	16.00%
00007420101	HYCAMTIN	INJ 4MG	21550080102120	N	16.00%
00007420105	HYCAMTIN	INJ 4MG	21550080102120	N	16.00%
63459060010	TRISENOX	SOL 10MG/10M	21700008102020	N	25.00%
00052060202	TICE BCG	INJ	21700013001930	N	18.00%
00052060302	TICE BCG	INJ	21700013001930	N	18.00%
49281088001	THERACYS	INJ	21700013001940	N	18.00%
63323012820	DACARBAZINE	INJ 200MG	21700020002110	Y	15.00%
00703507501	DACARBAZINE	INJ 200MG	21700020002110	Y	15.00%
00703507503	DACARBAZINE	INJ 200MG	21700020002110	Y	15.00%
55390009010	DACARBAZINE	INJ 200MG	21700020002110	Y	15.00%
61703032722	DACARBAZINE	INJ 200MG	21700020002110	Y	15.00%
62856060301	ONTAK	INJ 150/ML	21700024002020	N	25.00%
00409080101	NIPENT	INJ 10MG	21700045002120	O	25.00%
55390024401	PENTOSTATIN	INJ 10MG	21700045002120	Y	50.00%
00085116801	INTRON-A	INJ 18MU	21700060202022	N	18.50%
00085113301	INTRON-A	INJ 25MU	21700060202030	N	18.50%
00085057102	INTRON-A	INJ 10MU	21700060202130	N	18.50%
00085111001	INTRON-A	INJ 18MU	21700060202135	N	18.50%
00085053901	INTRON-A	INJ 50MU	21700060202160	N	18.50%
00085124201	INTRON-A	INJ 3MU PEN	21700060206450	N	18.50%
00085123501	INTRON-A	INJ 5MU PEN	21700060206460	N	18.50%
00085125401	INTRON-A	INJ 10MU PEN	21700060206470	N	18.50%

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64116001112	ACTIMMUNE INJ 2MU/0.5	21700060702020	N	18.00%
00078049561	PROLEUKIN INJ 22MU	21703020002120	N	18.00%
58914015575	PHOTOFRIN INJ 75MG	21707070102140	N	15.00%
00555080802	TRETINOIN CAP 10MG	21708080000110	N	17.00%
62856060210	TARGRETIN CAP 75MG	21708220000120	N	18.00%
00013871762	ZINECARD INJ 250MG	21754040002120	O	25.00%
55390001402	DEXRAZOXANE INJ 250MG	21754040002120	Y	50.00%
38423011001	TOTECT INJ 500MG	21754040002140	N	25.00%
00013872789	ZINECARD INJ 500MG	21754040002140	O	25.00%
55390006002	DEXRAZOXANE INJ 500MG	21754040002140	Y	50.00%
55390000901	LEUCOVOR CA INJ 10MG/ML	21755040102030	N	15.00%
55390005110	LEUCOVOR CA INJ 50MG	21755040102120	Y	15.00%
55390005210	LEUCOVOR CA INJ 100MG	21755040102130	Y	15.00%
00703514001	LEUCOVOR CA INJ 100MG	21755040102130	Y	15.00%
55390005301	LEUCOVORIN INJ 200MG	21755040102150	Y	15.00%
00703514501	LEUCOVOR CA INJ 350MG	21755040102160	Y	15.00%
55390005401	LEUCOVOR CA INJ 350MG	21755040102160	Y	15.00%
58178001701	ETHYOL INJ 500MG	21758010102120	O	18.00%
58178001703	ETHYOL INJ 500MG	21758010102120	O	18.00%
62756058140	AMIFOSTINE INJ 500MG	21758010102120	Y	50.00%
62756058142	AMIFOSTINE INJ 500MG	21758010102120	Y	50.00%
55390030803	AMIFOSTINE INJ 500MG	21758010102120	Y	50.00%
00338130501	MESNEX INJ 1GM	21758050002010	O	18.00%
00338130503	MESNEX INJ 1GM	21758050002010	O	18.00%
63323073310	MESNA INJ 1GM	21758050002010	Y	50.00%
63323073311	MESNA INJ 1GM	21758050002010	Y	50.00%
00703480503	MESNA INJ 1GM	21758050002010	Y	50.00%
55390004501	MESNA INJ 1GM	21758050002010	Y	50.00%
10019095301	MESNA INJ 1GM	21758050002010	Y	50.00%
10019095302	MESNA INJ 1GM	21758050002010	Y	50.00%
10019095362	MESNA INJ 1GM	21758050002010	Y	50.00%
00703410048	IFOSFAMIDE KIT MESNA	21990002406440	N	18.00%
00703410058	IFOSFAMIDE KIT MESNA	21990002406440	N	18.00%
00009082501	SOLU-CORTEF INJ 100MG	22100025402110	O	18.00%
00009001103	SOLU-CORTEF INJ 100MG	22100025402110	O	18.00%
00009001104	SOLU-CORTEF INJ 100MG	22100025402110	O	18.00%
00409485605	A-HYDROCORT INJ 100MG	22100025402110	Y	50.00%
00009001612	SOLU-CORTEF INJ 500MG	22100025402120	N	18.00%



00009034702	DEPO-TESTOST INJ 100MG/ML	23100030101710	O	25.00%
00781307370	TESTOST CYP INJ 100MG/ML	23100030101710	Y	50.00%
00009041702	DEPO-TESTOST INJ 200MG/ML	23100030101715	O	18.00%
00009041701	DEPO-TESTOST INJ 200MG/ML	23100030101715	O	18.00%
00591322379	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00781307470	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00781307471	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00703612101	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00703612501	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00574082001	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
00574082010	TESTOST CYP INJ 200MG/ML	23100030101715	Y	50.00%
67979050140	DELATESTRYL INJ 200MG/ML	23100030201710	O	18.00%
00591322126	TESTOST ENAN INJ 200MG/ML	23100030201710	Y	50.00%
00574082105	TESTOST ENAN INJ 200MG/ML	23100030201710	Y	50.00%
00004018809	BONIVA KIT 3MG/3ML	30042048106420	N	18.00%
55390020401	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
63323073410	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
63323073435	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
61703032439	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
00703407559	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
15210040111	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
61703032418	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
40042001910	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
23360002310	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
25021080210	PAMIDRONATE INJ 30/10ML	30042060102006	Y	50.00%
00078046391	AREDIA INJ 30MG	30042060102120	O	15.00%
55390012701	PAMIDRONATE INJ 30MG	30042060102120	Y	50.00%
00781314784	PAMIDRONATE INJ 30MG	30042060102120	Y	50.00%
00781314770	PAMIDRONATE INJ 30MG	30042060102120	Y	50.00%
00078046461	AREDIA INJ 90MG	30042060102140	O	18.00%
55390012901	PAMIDRONATE INJ 90MG	30042060102140	Y	50.00%
00781314870	PAMIDRONATE INJ 90MG	30042060102140	Y	50.00%
00078038725	ZOMETA INJ 4MG/5ML	30042090001320	N	16.00%
00078043561	RECLAST INJ 5/100ML	30042090002020	N	16.00%
00002840001	FORTEO SOL 600/2.4	30044070002020	N	18.00%
00052031510	PREGNYL INJ 10000UNT	30062020002140	O	20.00%
63323002510	CHOR GONADOT INJ 10000UNT	30062020002140	Y	50.00%
55566150101	NOVAREL INJ 10000UNT	30062020002140	Y	50.00%
44087115001	OVIDREL INJ	30062022052220	N	20.00%
44087111201	GONAL-F RFF INJ 450	30062030052020	N	20.00%
44087111301	GONAL-F RFF INJ 300	30062030052020	N	20.00%
44087111401	GONAL-F RFF INJ 900	30062030052020	N	20.00%



44087900501	GONAL-F RFF INJ 75UNIT	30062030052115	N	20.00%
44087900506	GONAL-F RFF INJ 75UNIT	30062030052115	N	20.00%
44087903001	GONAL-F INJ 450UNIT	30062030052140	N	20.00%
44087907001	GONAL-F INJ 1050UNIT	30062030052150	N	20.00%
00052030802	FOLLISTIM AQ INJ 75UNIT	30062030102003	N	20.00%
00052030902	FOLLISTIM AQ INJ 150UNIT	30062030102006	N	20.00%
00052031301	FOLLISTIM AQ INJ 300UNIT	30062030102020	N	20.00%
00052031601	FOLLISTIM AQ INJ 600UNIT	30062030102030	N	20.00%
00052032601	FOLLISTIM AQ INJ 900UNIT	30062030102040	N	20.00%
44087137501	LUVERIS INJ 75UNIT	30062045052150	N	17.00%
55566718502	REPRONEX INJ 75UNIT	30062050002155	N	20.00%
55566750102	MENOPUR INJ 75UNIT	30062050002175	N	20.00%
55566750101	MENOPUR INJ 75UNIT	30062050002175	N	20.00%
55566850506	BRAVELLE INJ 75UNIT	30062090102112	N	20.00%
00074210803	LUPR DEP-PED INJ 7.5MG	30080050106420	N	18.00%
00074228203	LUPR DEP-PED INJ 11.25MG	30080050106430	N	18.00%
00074244003	LUPR DEP-PED INJ 15MG	30080050106440	N	18.00%
44087122501	CETROTIDE KIT 0.25MG	30090025106420	N	20.00%
44087120301	CETROTIDE KIT 3MG	30090025106440	N	20.00%
00052030151	GANIRELIX AC INJ	30090040102020	N	20.00%
50242002220	NUTROPIN AQ INJ 10MG/2ML	30100020002020	N	18.00%
50242004314	NUTROPIN AQ INJ 10MG/2ML	30100020002020	N	18.00%
50242007401	NUTROPIN AQ INJ 10MG/2ML	30100020002020	N	18.00%
00169776811	NORDITROPIN INJ 5/1.5ML	30100020002050	N	18.00%
00169770411	NORDITROPIN INJ 5/1.5ML	30100020002050	N	18.00%
00781300107	OMNITROPE INJ 5/1.5ML	30100020002050	N	18.00%
00781300144	OMNITROPE INJ 5/1.5ML	30100020002050	N	18.00%
00781300126	OMNITROPE INJ 5/1.5ML	30100020002050	N	18.00%
00169770421	NORDITROPIN INJ 5/1.5ML	30100020002050	N	18.00%
00169770511	NORDITROPIN INJ 10/1.5ML	30100020002056	N	18.00%
00781300407	OMNITROPE INJ 10/1.5ML	30100020002056	N	18.00%
00781300426	OMNITROPE INJ 10/1.5ML	30100020002056	N	18.00%
00781300444	OMNITROPE INJ 10/1.5ML	30100020002056	N	18.00%
00169770521	NORDITROPIN INJ 10/1.5ML	30100020002056	N	18.00%

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00169777011	NORDITROPIN INJ 15/1.5ML	30100020002062	N	18.00%
00169770811	NORDITROPIN INJ 15/1.5ML	30100020002062	N	18.00%
00169770821	NORDITROPIN INJ 15/1.5ML	30100020002062	N	18.00%
50242007301	NUTROPIN AQ INJ 20MG/2ML	30100020002064	N	18.00%
50242007601	NUTROPIN AQ INJ 20MG/2ML	30100020002064	N	18.00%
00169770311	NORDITROPIN INJ 30/3ML	30100020002066	N	18.00%
00002733516	HUMATROPE INJ 5MG	30100020002120	N	18.00%
00002733511	HUMATROPE INJ 5MG	30100020002120	N	18.00%
00013262681	GENOTROPIN INJ 5MG	30100020002121	N	18.00%
50242001902	NUTROPIN INJ 5MG	30100020002121	N	18.00%
50242007203	NUTROPIN INJ 5MG	30100020002121	N	18.00%
57844071319	TEV-TROPIN INJ 5MG	30100020002121	N	18.00%
00781400436	OMNITROPE INJ 5.8MG	30100020002123	N	18.00%
00781401471	OMNITROPE INJ 5.8MG	30100020002123	N	18.00%
00002814701	HUMATROPE INJ 6MG	30100020002125	N	18.00%
00002814801	HUMATROPE INJ 12MG	30100020002132	N	18.00%
00013264681	GENOTROPIN INJ 12MG	30100020002134	N	18.00%
00002814901	HUMATROPE INJ 24MG	30100020002150	N	18.00%
00013264902	GENOTROPIN INJ 0.2MG	30100020002166	N	18.00%
00013265002	GENOTROPIN INJ 0.4MG	30100020002168	N	18.00%
00013265102	GENOTROPIN INJ 0.6MG	30100020002170	N	18.00%
00013265202	GENOTROPIN INJ 0.8MG	30100020002172	N	18.00%
00013265302	GENOTROPIN INJ 1MG	30100020002174	N	18.00%
00013265402	GENOTROPIN INJ 1.2MG	30100020002176	N	18.00%
00013265502	GENOTROPIN INJ 1.4MG	30100020002178	N	18.00%
00013265602	GENOTROPIN INJ 1.6MG	30100020002180	N	18.00%
00013265702	GENOTROPIN INJ 1.8MG	30100020002182	N	18.00%
00013265802	GENOTROPIN INJ 2MG	30100020002184	N	18.00%
44087000407	SEROSTIM INJ 4MG	30100020102118	N	18.00%
44087000401	SEROSTIM INJ 4MG	30100020102118	N	18.00%
44087100502	SAIZEN INJ 5MG	30100020102120	N	18.00%
44087000507	SEROSTIM INJ 5MG	30100020102121	N	18.00%

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44087000501	SEROSTIM INJ 5MG	30100020102121	N	18.00%
44087000601	SEROSTIM INJ 6MG	30100020102125	N	18.00%
44087000607	SEROSTIM INJ 6MG	30100020102125	N	18.00%
44087108801	SAIZEN INJ 8.8MG	30100020102130	N	18.00%
44087108001	SAIZEN INJ 8.8MG	30100020102130	N	18.00%
15054104005	INCRELEX INJ 40MG/4ML	30160045002020	N	18.00%
15054006001	SOMATULINE INJ 60/0.2ML	30170050102025	N	36.00%
15054009001	SOMATULINE INJ 90/0.3ML	30170050102030	N	36.00%
15054012001	SOMATULINE INJ 120/.5ML	30170050102040	N	36.00%
00078018001	SANDOSTATIN INJ 50MCG/ML	30170070102005	O	18.00%
55390016010	OCTREOTIDE INJ 50MCG/ML	30170070102005	Y	50.00%
63323036501	OCTREOTIDE INJ 50MCG/ML	30170070102005	Y	50.00%
62756034844	OCTREOTIDE INJ 50MCG/ML	30170070102005	Y	50.00%
00703330104	OCTREOTIDE INJ 50MCG/ML	30170070102005	Y	50.00%
00078018101	SANDOSTATIN INJ 100MCG	30170070102010	O	18.00%
55390016110	OCTREOTIDE INJ 100MCG	30170070102010	Y	50.00%
00703331104	OCTREOTIDE INJ 100MCG	30170070102010	Y	50.00%
63323037601	OCTREOTIDE INJ 100MCG	30170070102010	Y	50.00%
62756034944	OCTREOTIDE INJ 100MCG	30170070102010	Y	50.00%
00703331101	OCTREOTIDE INJ 100MCG	30170070102010	Y	50.00%
00078018325	SANDOSTATIN INJ 200MCG	30170070102015	O	18.00%
55390016301	OCTREOTIDE INJ 200MCG	30170070102015	Y	50.00%
00703333301	OCTREOTIDE INJ 200MCG	30170070102015	Y	50.00%
63323037805	OCTREOTIDE INJ 200MCG	30170070102015	Y	50.00%
62756035040	OCTREOTIDE INJ 200MCG	30170070102015	Y	50.00%
00781316575	OCTREOTIDE INJ 200MCG	30170070102015	Y	50.00%
00078018201	SANDOSTATIN INJ 500MCG	30170070102020	O	18.00%
55390016210	OCTREOTIDE INJ 500MCG	30170070102020	Y	50.00%
00703332104	OCTREOTIDE INJ 500MCG	30170070102020	Y	50.00%
63323037701	OCTREOTIDE INJ 500MCG	30170070102020	Y	50.00%
62756035144	OCTREOTIDE INJ 500MCG	30170070102020	Y	50.00%
00703332101	OCTREOTIDE INJ 500MCG	30170070102020	Y	50.00%
00078018425	SANDOSTATIN INJ 1000MCG	30170070102030	O	18.00%
55390016401	OCTREOTIDE INJ 1000MCG	30170070102030	Y	50.00%
00703334301	OCTREOTIDE INJ 1000MCG	30170070102030	Y	50.00%
63323037905	OCTREOTIDE INJ 1000MCG	30170070102030	Y	50.00%
62756035240	OCTREOTIDE INJ 1000MCG	30170070102030	Y	50.00%
00781316475	OCTREOTIDE INJ 1000MCG	30170070102030	Y	50.00%
00078034061	SANDOSTATIN KIT LAR 10MG	30170070106410	N	18.00%
00078034161	SANDOSTATIN KIT LAR 20MG	30170070106420	N	18.00%
00078034261	SANDOSTATIN KIT LAR 30MG	30170070106430	N	18.00%

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00053245300	STIMATE SOL 1.5MG/ML	30201010102015	N	18.00%
63004773101	ACTHAR HP INJ 80UNIT	30300010004010	N	17.00%
58468004101	FABRAZYME INJ 5MG	30903610102110	N	18.00%
58468004001	FABRAZYME INJ 35MG	30903610102120	N	18.00%
55513007330	SENSIPAR TAB 30MG	30905225100320	N	18.00%
55513007430	SENSIPAR TAB 60MG	30905225100330	N	18.00%
55513007530	SENSIPAR TAB 90MG	30905225100340	N	18.00%
58468007001	ALDURAZYME INJ 2.9MG/5M	30906550002020	N	18.00%
68135002001	NAGLAZYME INJ 1MG/ML	30907535002020	N	16.00%
58468015001	MYOZYME SOL 50MG	30907715002120	N	18.00%
68135030002	KUVAN TAB 100MG	30908565107320	N	16.00%
00069419068	REVATIO TAB 20MG	40143060100320	N	18.00%
66302046760	ADCIRCA TAB 20MG	40143080000320	N	18.00%
61958080102	LETAIRIS TAB 5MG	40160007000310	N	18.00%
61958080202	LETAIRIS TAB 10MG	40160007000320	N	18.00%
66302020601	TYVASO START SOL 0.6MG/ML	40170080002020	N	18.00%
66302020602	TYVASO REFIL SOL 0.6MG/ML	40170080002020	N	18.00%
66302020603	TYVASO SOL 0.6MG/ML	40170080002020	N	18.00%
42023010101	ADRENALIN INJ 1MG/ML	44202020202010	O	25.00%
42023012225	ADRENALIN INJ 1MG/ML	44202020202010	O	25.00%
00517107125	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
00548906100	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
00517113005	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
66860002102	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
66860002001	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
00409724101	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
00143998490	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
00143998403	EPINEPHRINE INJ 1MG/ML	44202020202010	Y	50.00%
50242004062	XOLAIR SOL 150MG	44603060002120	N	18.00%
50242010040	PULMOZYME SOL 1MG/ML	45304020002010	N	18.00%
50242010039	PULMOZYME SOL 1MG/ML	45304020002010	N	18.00%
00088120632	ANZEMET INJ 20MG/ML	50250025202020	N	16.00%
00088120926	ANZEMET INJ 20MG/ML	50250025202020	N	16.00%
00088120806	ANZEMET INJ 20MG/ML	50250025202020	N	16.00%

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00703789102	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
60505076402	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
63323031701	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
64679066201	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
66758003702	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
55390025010	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
66860008106	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
17478054701	GRANISETRON INJ 0.1MG/ML	50250035102001	Y	50.00%
00004024009	KYTRIL INJ 1MG/ML	50250035102010	O	18.00%
00004023909	KYTRIL INJ 1MG/ML	50250035102010	O	18.00%
00703797103	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
10019005303	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
63323031801	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
63323031904	GRANISETRON INJ 4MG/4ML	50250035102010	Y	50.00%
66758003501	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
66758003601	GRANISETRON INJ 4MG/4ML	50250035102010	Y	50.00%
00703797301	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
64679066102	GRANISETRON INJ 4MG/4ML	50250035102010	Y	50.00%
64679066103	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
10019005314	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
60505069200	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
60505069300	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
00703797101	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
66860008206	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
66860008301	GRANISETRON INJ 4MG/4ML	50250035102010	Y	50.00%
17478054601	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
17478054604	GRANISETRON INJ 1MG/ML	50250035102010	Y	50.00%
00173044200	ZOFRAN INJ 40/20ML	50250065052020	O	18.00%
00173044202	ZOFRAN INJ 4MG/2ML	50250065052020	O	18.00%
00703722102	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
00703722104	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
00703722601	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
00703722603	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
00781305714	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
00781305780	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
00409475501	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
00409475901	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
10019090501	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
10019090603	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
55390012101	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
55390012110	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
60505074401	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
60505074406	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
61703024407	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
61703024522	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
63323037420	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
64679072601	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
64679072701	ONDANSETRON INJ 40/20ML	50250065052020	Y	50.00%
00409112062	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
63323037302	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%
00143989001	ONDANSETRON INJ 2MG/ML	50250065052020	Y	50.00%
00143989105	ONDANSETRON INJ 2MG/ML	50250065052020	Y	50.00%
00409475502	ONDANSETRON INJ 4MG/2ML	50250065052020	Y	50.00%

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10019090517	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
62756018101	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
62756018201	ONDANSETRON	INJ 40/20ML	50250065052020	Y	50.00%
00703722101	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
00781305772	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
10019090663	ONDANSETRON	INJ 40/20ML	50250065052020	Y	50.00%
66860008706	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
66860008801	ONDANSETRON	INJ 40/20ML	50250065052020	Y	50.00%
23360001602	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
23360001620	ONDANSETRON	INJ 40/20ML	50250065052020	Y	50.00%
00409475503	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
00781301072	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
00781301095	ONDANSETRON	INJ 4MG/2ML	50250065052020	Y	50.00%
00781301180	ONDANSETRON	INJ 40/20ML	50250065052020	Y	50.00%
00703723939	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
00409476013	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
00143977106	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
25021077650	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
00069070012	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
00409476024	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
36000001406	ONDANSETRON	INJ 32/50ML	50250065152007	Y	50.00%
62856079701	ALOXI	INJ 0.25MG/5	50250070102020	N	18.00%
00006388432	EMEND	SOL 115MG	50280035102120	N	18.00%
50474070062	CIMZIA	KIT	52505020106420	N	18.00%
50474071079	CIMZIA	KIT 200MG/ML	52505020106440	N	18.00%
57894003001	REMICADE	INJ 100MG	52505040002120	N	18.00%
00517970225	DROPERIDOL	INJ 2.5MG/ML	57200030002005	Y	50.00%
00517970510	DROPERIDOL	INJ 2.5MG/ML	57200030002005	Y	50.00%
00517971010	DROPERIDOL	INJ 2.5MG/ML	57200030002005	Y	50.00%
00409118701	DROPERIDOL	INJ 2.5MG/ML	57200030002005	Y	50.00%
50458030911	RISPERDAL	INJ 12.5MG	59070070101910	N	18.00%
50458030611	RISPERDAL	INJ 25MG	59070070101920	N	18.00%
50458030711	RISPERDAL	INJ 37.5MG	59070070101930	N	18.00%
50458030811	RISPERDAL	INJ 50MG	59070070101940	N	18.00%
67386042101	XENAZINE	TAB 12.5MG	62380070000310	N	16.00%
67386042201	XENAZINE	TAB 25MG	62380070000320	N	16.00%
68546031730	COPAXONE	KIT 20MG/ML	62400030106420	N	16.00%
44087002203	REBIF	INJ 22/0.5	62403060452020	N	18.00%
44087004403	REBIF	INJ 44/0.5	62403060452040	N	18.00%

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44087882201	REBIF TITRTN SOL PACK	62403060452060	N	18.00%
59627000104	AVONEX KIT 30MCG	62403060456420	N	18.00%
59627000103	AVONEX KIT 30MCG	62403060456420	N	18.00%
59627000205	AVONEX PREFL KIT 30MCG	62403060456430	N	18.00%
59627000207	AVONEX PREFL KIT 30MCG	62403060456430	N	18.00%
50419052335	BETASERON INJ 0.3MG	62403060502120	N	18.00%
00078056912	EXTAVIA INJ 0.3MG	62403060502120	N	18.00%
59075073015	TYSABRI INJ	62405050001320	N	18.00%
10144042760	AMPYRA TAB 10MG	62406030007420	N	16.50%
59075072310	PRIALT INJ 25MCG/ML	64154090102010	N	18.00%
59075072010	PRIALT INJ 100MCG	64154090102020	N	18.00%
59075072210	PRIALT INJ 500MCG	64154090102020	N	18.00%
55513017728	KINERET INJ	66260010002020	N	18.00%
66658023428	KINERET INJ	66260010002020	N	18.00%
00074379902	HUMIRA KIT 40MG/0.8	66270015006420	N	18.00%
00074433902	HUMIRA PEN KIT 40MG/0.8	66270015006420	N	18.00%
00074433906	HUMIRA PEN KIT CROHNS	66270015006420	N	18.00%
00074433907	HUMIRA PEN KIT PSORIASI	66270015006420	N	18.00%
57894007001	SIMPONI INJ 50MG	66270040002020	N	18.00%
57894007002	SIMPONI INJ 50MG	66270040002020	N	18.00%
58406043501	ENBREL INJ 50MG/ML	66290030002020	N	18.00%
58406043504	ENBREL INJ 50MG/ML	66290030002020	N	18.00%
58406044501	ENBREL SRCLK INJ 50MG/ML	66290030002020	N	18.00%
58406044504	ENBREL SRCLK INJ 50MG/ML	66290030002020	N	18.00%
58406045501	ENBREL INJ 25/0.5ML	66290030002020	N	18.00%
58406045504	ENBREL INJ 25/0.5ML	66290030002020	N	18.00%
58406042534	ENBREL INJ 25MG	66290030006420	N	18.00%
58406042541	ENBREL INJ 25MG	66290030006420	N	18.00%
00003218710	ORENCIA INJ 250MG	66400010002120	N	18.00%
61755000101	ARCALYST INJ 220MG	66450060002120	N	60.00%
00078058261	ILARIS INJ 180MG	66460020002120	N	18.00%
50242013501	ACTEMRA INJ 80MG/4ML	66500070002020	N	18.00%
50242013601	ACTEMRA INJ 200/10ML	66500070002020	N	18.00%
50242013701	ACTEMRA INJ 400/20ML	66500070002020	N	18.00%
66490004101	D.H.E. 45 INJ 1MG/ML	67000030102005	O	18.00%
00574085005	DIHYDROERGOT INJ 1MG/ML	67000030102005	Y	50.00%
55390001310	DIHYDROERGOT INJ 1MG/ML	67000030102005	Y	50.00%

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00574085010	DIHYDROERGOT INJ 1MG/ML	67000030102005	Y	50.00%
15054050001	DYSPORT INJ 500UNIT	74400020032120	N	36.00%
00023114501	BOTOX INJ 100UNIT	74400020052120	N	18.00%
10454071010	MYOBLOC INJ 2500/0.5	74400020102020	N	18.00%
10454071110	MYOBLOC INJ 5000/ML	74400020102020	N	18.00%
10454071210	MYOBLOC INJ 10000/2	74400020102020	N	18.00%
58281056201	LIORESAL INT INJ 0.05MG/1	75100010002020	N	18.00%
58281056001	LIORESAL INT INJ 10MG/20	75100010006420	N	18.00%
58281056002	LIORESAL INT INJ 10MG/20	75100010006420	N	18.00%
58281056102	LIORESAL INT INJ 10MG/5ML	75100010006440	N	18.00%
58281056301	LIORESAL INT INJ 40MG/20	75100010006440	N	18.00%
58281056302	LIORESAL INT INJ 40MG/20	75100010006440	N	18.00%
58468009001	SYNVISC INJ 8MG/ML	75800040002220	N	18.00%
58468009003	SYNVISC ONE INJ 8MG/ML	75800040002220	N	18.00%
59676036001	ORTHOVISC INJ 15MG/ML	75800060002020	N	18.00%
08024072420	HYALGAN INJ 20MG/2ML	75800070102020	N	18.00%
08024072412	HYALGAN INJ 20MG/2ML	75800070102020	N	18.00%
08363776101	SUPARTZ INJ 25/2.5ML	75800070102020	N	18.00%
55566410001	EUFLEXXA INJ 10MG/ML	75800070102020	N	18.00%
55513000201	ARANESP INJ 25MCG	82401015112010	N	18.00%
55513000204	ARANESP INJ 25MCG	82401015112010	N	18.00%
55513000301	ARANESP INJ 40MCG	82401015112020	N	18.00%
55513000304	ARANESP INJ 40MCG	82401015112020	N	18.00%
55513005701	ARANESP INJ 25MCG	82401015112030	N	18.00%
55513005704	ARANESP INJ 25MCG	82401015112030	N	18.00%
55513000401	ARANESP INJ 60MCG	82401015112030	N	18.00%
55513000404	ARANESP INJ 60MCG	82401015112030	N	18.00%
55513002101	ARANESP INJ 40MCG	82401015112040	N	18.00%
55513002104	ARANESP INJ 40MCG	82401015112040	N	18.00%
55513000501	ARANESP INJ 100MCG	82401015112040	N	18.00%
55513000504	ARANESP INJ 100MCG	82401015112040	N	18.00%
55513002301	ARANESP INJ 60MCG	82401015112050	N	18.00%
55513002304	ARANESP INJ 60MCG	82401015112050	N	18.00%
55513002501	ARANESP INJ 100MCG	82401015112050	N	18.00%
55513002504	ARANESP INJ 100MCG	82401015112050	N	18.00%
55513000601	ARANESP INJ 200MCG	82401015112050	N	18.00%
55513005301	ARANESP INJ 150MCG	82401015112050	N	18.00%
55513005304	ARANESP INJ 150MCG	82401015112050	N	18.00%
55513011001	ARANESP INJ 300MCG	82401015112060	N	18.00%

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55513003201	ARANESP	INJ 500MCG	82401015112075	N	18.00%
55513002801	ARANESP	INJ 200MCG	82401015112075	N	18.00%
55513011101	ARANESP	INJ 300MCG	82401015112075	N	18.00%
55513002701	ARANESP	INJ 150MCG	82401015112075	N	18.00%
55513002704	ARANESP	INJ 150MCG	82401015112075	N	18.00%
59676030201	PROCRIT	INJ 2000/ML	82401020002010	M	18.00%
59676030202	PROCRIT	INJ 2000/ML	82401020002010	M	18.00%
55513012601	EPOGEN	INJ 2000/ML	82401020002010	M	18.00%
55513012610	EPOGEN	INJ 2000/ML	82401020002010	M	18.00%
59676030301	PROCRIT	INJ 3000/ML	82401020002015	M	18.00%
59676030302	PROCRIT	INJ 3000/ML	82401020002015	M	18.00%
55513026701	EPOGEN	INJ 3000/ML	82401020002015	M	18.00%
55513026710	EPOGEN	INJ 3000/ML	82401020002015	M	18.00%
59676030401	PROCRIT	INJ 4000/ML	82401020002020	M	18.00%
59676030402	PROCRIT	INJ 4000/ML	82401020002020	M	18.00%
55513014801	EPOGEN	INJ 4000/ML	82401020002020	M	18.00%
55513014810	EPOGEN	INJ 4000/ML	82401020002020	M	18.00%
59676031001	PROCRIT	INJ 10000/ML	82401020002040	M	18.00%
59676031002	PROCRIT	INJ 10000/ML	82401020002040	M	18.00%
55513014401	EPOGEN	INJ 10000/ML	82401020002040	M	18.00%
55513014410	EPOGEN	INJ 10000/ML	82401020002040	M	18.00%
55513028301	EPOGEN	INJ 10000/ML	82401020002040	M	18.00%
55513028310	EPOGEN	INJ 10000/ML	82401020002040	M	18.00%
59676031204	PROCRIT	INJ 10000/ML	82401020002040	M	18.00%
59676031000	PROCRIT	INJ 10000/ML	82401020002040	M	18.00%
55513047801	EPOGEN	INJ 20000/ML	82401020002050	M	18.00%
55513047810	EPOGEN	INJ 20000/ML	82401020002050	M	18.00%
59676032004	PROCRIT	INJ 20000/ML	82401020002050	M	18.00%
59676034001	PROCRIT	INJ 40000/ML	82401020002060	N	18.00%
55513053001	NEUPOGEN	INJ 300MCG	82401520002010	N	18.00%
55513054601	NEUPOGEN	INJ 480MCG	82401520002010	N	18.00%
55513054610	NEUPOGEN	INJ 480MCG	82401520002010	N	18.00%
55513053010	NEUPOGEN	INJ 300MCG	82401520002010	N	18.00%
55513020910	NEUPOGEN	INJ 480/0.8	82401520002020	N	18.00%
55513092410	NEUPOGEN	INJ 300/0.5	82401520002020	N	18.00%
55513020901	NEUPOGEN	INJ 480/0.8	82401520002020	N	18.00%
55513092401	NEUPOGEN	INJ 300/0.5	82401520002020	N	18.00%
55513019001	NEULASTA	INJ 6MG/0.6M	82401570002020	N	18.00%
58468018102	LEUKINE	INJ 500 MCG	82402050002025	N	18.00%
50419000233	LEUKINE	INJ 250MCG	82402050002120	N	18.00%
50419000201	LEUKINE	INJ 250MCG	82402050002120	N	18.00%
58468018002	LEUKINE	INJ 250MCG	82402050002120	N	18.00%
58394000408	NEUMEGA	INJ 5MG	82403060002120	N	18.00%



00007464013	PROMACTA	TAB 25MG	82405030100320	N	18.00%
00007464113	PROMACTA	TAB 50MG	82405030100330	N	18.00%
00007464213	PROMACTA	TAB 75MG	82405030100340	N	18.00%
55513022101	NPLATE	INJ 250MCG	82405060002120	N	18.00%
55513022201	NPLATE	INJ 500MCG	82405060002130	N	18.00%
58468014001	MOZOBIL	INJ	82502060002020	N	18.00%
58468198301	CEREZYME	INJ 200UNIT	82700050002110	N	18.00%
58468466301	CEREZYME	INJ 400UNIT	82700050002120	N	18.00%
66215020118	ZAVESCA	CAP 100MG	82700070000120	N	14.75%
66215020190	ZAVESCA	CAP 100MG	82700070000120	N	14.75%
63323054001	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
63323054011	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
63323054031	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
63323027602	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
00409272001	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
00409272002	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
00409272003	HEPARIN SOD	INJ 1000/ML	83100020202015	Y	30.00%
00409258102	HEPARIN SOD	INJ 2000/ML	83100020202018	Y	30.00%
63323026201	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00641246045	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00641246041	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00409140231	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00641040002	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00641040064	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
63323004710	HEPARIN SOD	INJ 5000/ML	83100020202025	Y	30.00%
00409272301	HEPARIN SOD	INJ 5000U/ML	83100020202025	Y	30.00%
00409272302	HEPARIN SOD	INJ 5000U/ML	83100020202025	Y	30.00%
63323054201	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00641247045	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00641247041	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00409131666	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00409131632	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
63323054207	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00641041002	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00641041064	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00409131625	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
00409272101	HEPARIN SOD	INJ 10000/ML	83100020202035	Y	30.00%
63323091501	HEPARIN SOD	INJ 20000/ML	83100020202045	Y	30.00%
00944293001	HEMOFIL M	INJ 220-400	85100010002109	N	30.00%

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*Kalyan Kumar*



13533066520	KOATE-DVI	INJ 250UNIT	85100010002110	N	30.00%
00944293502	HEMOFIL M	INJ 401-800	85100010002125	N	30.00%
00944293101	HEMOFIL M	INJ 401-800	85100010002125	N	30.00%
13533066530	KOATE-DVI	INJ 500UNIT	85100010002130	N	30.00%
00944293503	HEMOFIL M	INJ 801-1700	85100010002139	N	30.00%
00944293201	HEMOFIL M	INJ 801-1700	85100010002139	N	30.00%
13533066550	KOATE-DVI	INJ 1000UNIT	85100010002140	N	36.00%
00944293504	HEMOFIL M	INJ 1701+	85100010002147	N	30.00%
00944293301	HEMOFIL M	INJ 1701+	85100010002147	N	30.00%
00053765601	MONOCLATE-P	INJ 250UNIT	85100010006410	N	34.00%
00053765602	MONOCLATE-P	INJ 500UNIT	85100010006430	N	34.00%
00053765604	MONOCLATE-P	INJ 1000UNIT	85100010006460	N	#N/A
00944283110	RECOMBINATE	INJ 220-400	85100010202115	N	30.00%
00944283210	RECOMBINATE	INJ 401-800	85100010202125	N	30.00%
00944283310	RECOMBINATE	INJ 801-1240	85100010202135	N	30.00%
00053813001	HELIXATE FS	SOL 250UNIT	85100010206420	N	30.00%
00026378220	KOGENATE FS	INJ 250UNIT	85100010206420	N	30.00%
00026379220	KOGENATE FS	INJ 250/BS	85100010206420	N	30.00%
00053813102	HELIXATE FS	INJ 250UNIT	85100010206420	N	30.00%
00053813002	HELIXATE FS	SOL 500UNIT	85100010206430	N	30.00%
58394000602	REFACTO	INJ 500UNIT	85100010206430	N	30.00%
00026378330	KOGENATE FS	INJ 500UNIT	85100010206430	N	30.00%
00026379330	KOGENATE FS	INJ 500/BS	85100010206430	N	30.00%
58394000604	REFACTO	INJ 500UNIT	85100010206430	N	30.00%
00053813202	HELIXATE FS	INJ 500UNIT	85100010206430	N	30.00%
00053813004	HELIXATE FS	SOL 1000UNIT	85100010206440	N	30.00%
00026378550	KOGENATE FS	INJ 1000UNIT	85100010206440	N	30.00%
00026379550	KOGENATE FS	INJ 1000/BS	85100010206440	N	30.00%
00053813302	HELIXATE FS	INJ 1000UNIT	85100010206440	N	30.00%
00944294110	ADVATE	INJ 250UNIT	85100010252120	N	33.00%
00944294210	ADVATE	INJ 500UNIT	85100010252130	N	30.00%
00944294310	ADVATE	INJ 1000UNIT	85100010252140	N	30.00%
00944294410	ADVATE	INJ 1500UNIT	85100010252150	N	30.00%
58394001201	XYNTHA	INJ 250UNIT	85100010266420	N	25.00%
58394001301	XYNTHA	INJ 500UNIT	85100010266430	N	25.00%

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*Katy Wolzella*

58394001401	XYNTHA	INJ 1000UNIT	85100010266440	N	25.00%
58394001501	XYNTHA	INJ 2000UNIT	85100010266460	N	25.00%
00053762005	HUMATE-P	INJ 500UNIT	85100015102120	N	36.00%
67467018101	WILATE	INJ	85100015102128	N	16.00%
00053762010	HUMATE-P	INJ 1000UNIT	85100015102130	N	36.00%
67467018102	WILATE	INJ	85100015102138	N	16.00%
00053762020	HUMATE-P	INJ 2000UNIT	85100015102140	N	36.00%
64193022204	FEIBA VH	INJ IMMUNO	85100020002100	N	26.00%
64193022203	FEIBA VH	INJ IMMUNO	85100020002100	N	26.00%
64193022205	FEIBA VH	INJ IMMUNO	85100020002100	N	26.00%
64193022302	FEIBA NF	INJ	85100020002100	N	26.00%
64193022402	FEIBA NF	INJ	85100020002100	N	26.00%
64193022502	FEIBA NF	INJ	85100020002100	N	26.00%
00169706001	NOVOSEVEN	INJ 1200MCG	85100026202120	N	25.00%
00169706101	NOVOSEVEN	INJ 2400MCG	85100026202130	N	25.00%
00169706201	NOVOSEVEN	INJ 4800MCG	85100026202140	N	25.00%
00053766801	MONONINE	INJ 250UNIT	85100028002160	N	26.00%
00053766802	MONONINE	INJ 500UNIT	85100028002170	N	26.00%
68516360102	ALPHANINE SD	INJ 500UNIT	85100028002170	N	26.00%
00053766804	MONONINE	INJ 1000UNIT	85100028002180	N	26.00%
68516360202	ALPHANINE SD	INJ 1000UNIT	85100028002180	N	26.00%
58394000306	BENEFIX	INJ 250UNIT	85100028202120	N	25.00%
58394000305	BENEFIX	INJ 250UNIT	85100028202120	N	25.00%
58394000206	BENEFIX	INJ 500UNIT	85100028202130	N	25.00%
58394000205	BENEFIX	INJ 500UNIT	85100028202130	N	25.00%
58394000106	BENEFIX	INJ 1000UNIT	85100028202140	N	25.00%
58394000105	BENEFIX	INJ 1000UNIT	85100028202140	N	25.00%
68516320101	PROFILNINE	INJ 500UNIT	85100030002105	N	25.00%
64193024402	BEBULIN VH	INJ 200-1200	85100030002150	N	18.00%
63833891501	RIASTAP	SOL IGM	85100035002120	N	18.00%
42227008105	CINRYZE	SOL 500 UNIT	85802020002120	N	18.00%
63833082502	BERINERT	INJ 500UNIT	85802022006420	N	18.00%



47783010101	KALBITOR	INJ 10MG/ML	85840030002020	N	18.00%
68782000102	MACUGEN	INJ	86655050302020	N	18.00%
50242008001	LUCENTIS	SOL	86655060002020	N	18.00%
00078043761	VISUDYNE	INJ 15MG	86700065002120	N	18.00%
00469002104	AMEVIVE	INJ 15MG	90250515002130	N	18.00%
00469002103	AMEVIVE	INJ 15MG	90250515002130	N	18.00%
57894006002	STELARA	INJ 45MG/0.5	90250585002020	N	18.00%
57894006003	STELARA	INJ 45MG/0.5	90250585002020	N	18.00%
57894006103	STELARA	INJ 90MG/ML	90250585002020	N	18.00%
62856060422	TARGRETIN	GEL 1%	90376220004020	N	18.00%
65757030001	VIVITROL	INJ 380MG	93400030001920	N	18.00%
58468184904	THYROGEN	INJ 1.1MG	94200090102120	N	18.00%
66887000301	XIAFLEX	INJ 0.9MG	99350035002120	N	18.00%
59572020594	THALOMID	CAP 50MG	99392070000120	N	18.00%
59572020514	THALOMID	CAP 50MG	99392070000120	N	18.00%
59572022096	THALOMID	CAP 200MG	99392070000140	N	18.00%
59572022016	THALOMID	CAP 200MG	99392070000140	N	18.00%
59572040500	REVLIMID	CAP 5MG	99394050000120	N	18.00%
59572040528	REVLIMID	CAP 5MG	99394050000120	N	18.00%
59572042500	REVLIMID	CAP 25MG	99394050000150	N	18.00%
59572042521	REVLIMID	CAP 25MG	99394050000150	N	18.00%
58468008001	THYMOGLOBULN	INJ 25MG	99402540302120	N	18.00%
00469301601	PROGRAF	INJ 5MG/ML	99404080002010	N	18.00%

\* Listed discounts effective 5/15/11 and are subject to change at any time. Discounts may vary based on manufacturer, drug form, and strength.

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AND APPROVED:  
*Kdy 10/24/11*